

Genital HPV Infection

About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that most sexually active men and women will get at least one type of HPV at some point in their lives. Some of these viruses are called high-risk types, and may cause abnormal Pap smears (for women). They may also lead to cancer of the cervix, vulva, anus, or penis.

"A buddy at another college got diagnosed with chlamydia. He didn't know it, but his girlfriend got diagnosed. They gave him some horse pills just to be safe."

—junior,
Western New England University

Genital warts (also called venereal warts or condylomata acuminata) are caused by human papilloma

Look Up, Look Down, STDs Are on the Rise!

- Chlamydia: 6 percent increase in reported cases since 2014 (most reported cases ever)
- Gonorrhea: 13 percent increase in cases reported since 2014
- Syphilis (primary and secondary) 19 percent increase since 2014

Source: <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>

virus, a virus related to the virus that causes common skin warts. Genital warts usually first appear as small, hard painless bumps in the vaginal area, on the penis, or around the anus. If untreated, they may grow and develop a fleshy, cauliflower-like appearance. In addition to genital warts, certain high-risk types of HPV cause cervical cancer and other genital cancers. Genital warts are treated with a topical drug (applied to the skin), by freezing, or if they recur, with injections of a type of interferon. If the warts are very large, they can be removed by surgery.

Chlamydial Infection

This infection is now the most common of all bacterial STIs. Chlamydia can be transmitted during vaginal, anal, or oral sex. It's often referred to as a "silent" STI because symptoms can be mild or absent. In both men and women, chlamydia may cause an abnormal genital discharge and burning with urination. In 2015, 1,526,658 cases of chlamydia were reported to the CDC from 50 states and the District of Columbia. This is a 6 percent increase since 2014. A large number of cases are not reported because most people with chlamydia are asymptomatic and do not seek testing. In women, untreated chlamydia may lead to pelvic inflammatory disease (PID), one of the most common causes of ectopic pregnancy and infertility in women. Many people with chlamydia, however, have few or no symptoms of infection. Sexually active females 25 years old and younger need testing every year. Chlamydia can be easily treated and cured with antibiotics. A single dose of azithromycin or a week of doxycycline (twice daily) are the most commonly used treatments.

HIV Infection and AIDS

HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. In 2014, an estimated 44,073 people were diagnosed with HIV. The annual number of new diagnoses declined by 19 percent from 2005 to 2014. AIDS was first reported in the United States in 1981. The HIV virus destroys the body's ability to fight off infection. People who have AIDS are very susceptible to many life-threatening diseases, called opportunistic infections, and to certain

Condom Fun Facts

Most condoms are made from latex rubber. Others are made from lamb intestines and are often called lambskins. Some condoms are made from polyurethane. If you aren't allergic to latex, you should use latex condoms because they are best at preventing pregnancy, and they also protect best against AIDS, herpes, and other sexually transmitted diseases (STDs). Condoms shouldn't be used with Vaseline or other brands of petroleum jelly, lotions, or oils. But they can be used with lubricants that don't have oil, such as K-Y Jelly.

The Baaad News about Lambskin

Lambskin (or natural membrane) condoms, while effective for contraception, should not be used for disease protection because the naturally occurring pores in lambskin are large enough to allow some viruses to pass through.

—FDA

forms of cancer. Transmission of the virus primarily occurs during unprotected sexual activity and by sharing needles used to inject intravenous drugs. Having multiple sex partners or the presence of other sexually transmitted diseases can increase the risk of infection during sex. Unprotected oral sex can also be a risk for HIV transmission, but it is a much lower risk than vaginal or anal sex. If you have any questions about HIV infection or AIDS, you can call the AIDS Hotline confidential toll-free number: 1-800-342-AIDS.

Gonorrhea

The CDC estimates that, annually, 820,000 people in the United States get new gonorrheal infections, and less than half of these infections are detected and reported to the CDC. The CDC estimates that 570,000 of them were among young people 15–24 years of age. In 2015, 395,216 cases of gonorrhea were reported to CDC. The

most common symptoms of gonorrhea are a discharge from the vagina or penis and painful or difficult urination.

The most common and serious complications occur in women, and, as with chlamydial infection, these complications include PID, ectopic pregnancy, and infertility. Historically, penicillin has been used to treat gonorrhea, but in the last decade four types of antibiotic-resistant strains have emerged. New antibiotics or combinations of drugs must be used to treat these resistant strains.

Syphilis

During 2015, there were 23,872 reported new cases of syphilis. This is a 19 percent increase since 2014. The first symptoms of syphilis may go undetected because they are very mild and disappear spontaneously. The initial symptom is a chancre; it is a painless open sore that usually appears on the penis or around or in the vagina. It can also occur near the mouth, anus, or on the hands. If untreated, syphilis may go on to more advanced stages, including a transient rash and, eventually, serious involvement of the heart and central nervous system. The full course of the disease can take years. Penicillin remains the most effective drug to treat people with syphilis.

Other STDs/STIs

Other diseases that may be sexually transmitted include trichomoniasis, bacterial vaginosis, cytomegalo-virus infections, scabies, and pubic lice. STDs/STIs in pregnant women are associated with a number of adverse outcomes, including spontaneous abortion and infection in the newborn. Low birth weight and prematurity appear to be associated with STDs/STIs, including chlamydial infection and trichomoniasis. Congenital or perinatal infection

(infection that occurs around the time of birth) occurs in 30 to 70 percent of infants born to infected mothers, and complications may include pneumonia, eye infections, and permanent neurological damage.

Bottom Line

If you want to find a sexually transmitted disease, college is the most convenient place in the world to get what you want. Get tested before getting into bed. With the new HIV tests, all it takes is a mouth swab—no needles. Make it a rule—no test, no getting naked.

Tip #71

The U of Birth Control

The Tip

Free condoms are all over the place. Never pay for a condom again.

The Story

I can't remember the last time I paid for a condom. I get my condoms all over campus. The people in the health office are great. They have a wide selection. I've also picked up free condoms at campus health fairs. They are

"I overheard my dad tell my brother,
'Don't be a fool—wrap your tool!'"

—senior, Alfred College

all shapes, sizes, and flavors. I've even grabbed some glow-in-the-dark ones. It's better than a

store. Stock up on free condoms. Buying them can run you about ten bucks a pack or more. I'm a poor college student. Stock up. If you don't see them in the health center, ask. They're available. I went to a party at my friend's school and a guy dressed up as a condom man was walking around the bar handing out free condoms. I never leave home without one. If you don't use a condom, you're just dumb. There's no reason not to.

—junior, Western Kentucky University

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Some people graduate with honors, some with a new job, and some with a new child. Few people expect to leave with a new member of the family—but it happens. If this isn't your plan, then plan accordingly when you're having sex.

Birth Control in College

There couldn't be an easier place or time to find birth control. Most college campuses offer many accessible and affordable birth control options. This includes both prescription and over-the-counter choices through the health center. In addition, such services as pelvic exams, Pap smears, STD/STI testing, and counseling are also available. If your campus health center doesn't offer these services or cannot prescribe birth control, they can typically offer you a referral to resources off campus. If they won't offer you a referral, talk to your family physician, visit a local Planned Parenthood office, or look up "family planning" in your local phone book. To help in your birth control education, I've listed the following birth control options from the FDA's website (visit www.FDA.gov/ForConsumers/ByAudience/ForWomen

for more information on birth control). The first one (no sex) is my addition to their list. Here's the list:

No Sex

What is it? No vaginal intercourse. How do I use it? Keep your pants on.

Possibility of getting pregnant? 0 out of 100 women report getting pregnant when avoiding sex (but there can be immaculate circumstances).

Some risks: You will get to know your sexual partner very well before having sex.

Does it protect me from sexually transmitted infections (STIs)? 100 percent (this includes no oral or anal sex).

Birth Control Fun Facts

Scary Thought:

30.8 percent of females and 27.6 percent of males reported using withdrawal as their birth control method.

A Less Scary Thought:

About half of students are using two methods of birth control. Approximately 46 percent of women and 51 percent of males reported using a male condom plus another method of birth control.

—ACHA-NCHA-II Executive
Summary Spring 2016

Male Condom, Latex/ Polyurethane

What is it? A thin film sheath placed over the erect penis to stop sperm from reaching the egg.

How do I use it? Put it on immediately before intercourse. Use only once and then discard. Pull out before the penis softens, and hold the condom against the base of the penis before you pull out.

How do I get it? You can buy it over the counter.

Possibility of getting pregnant? Out of 100 women who use this method for one year, 11–16

may get pregnant. The most important thing is that you use a condom every time you have sex.

Some risks: Irritation and allergic reactions. Polyurethane condoms are available for those with latex sensitivity.

Does it protect me from STIs? Except for abstinence, latex condoms are the best protection against HIV/AIDS and other sexually transmitted diseases. Condoms are the only contraceptive product that may protect against most STIs. Note: Condoms made from lamb-skin are available for those with latex sensitivity, but latex condoms are best at preventing pregnancy and protecting against STIs.

Female Condom

What is it? A lubricated, thin polyurethane pouch that is put into the vagina.

How do I use it? Put the female condom into the vagina right before sex. Use it only once and then throw it away. You need a new female condom each time you have sex.

How do I get it? You do not need a prescription. You can buy it over the counter.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 20 may get pregnant.

Some risks: Irritation, allergic reactions.

Does it protect me from STIs? May give some protection against STIs. Not as effective as latex condoms. More research into its effectiveness is needed.

Diaphragm with Spermicide

What is it? A dome-shaped flexible disk with a flexible rim made from latex rubber or silicone. It covers the cervix so that sperm cannot reach the egg.

How do I use it? Put spermicidal jelly on the inside of the diaphragm before putting it into the vagina. Put the diaphragm into the vagina before having sex. You must leave the diaphragm in place for at least 6 hours after having sex. It can be left in place for up to 24 hours. You need to use more spermicide every time you have sex.

How do I get it? You need a prescription. A doctor or nurse will need to do an exam to find the right size diaphragm for you. You should have the diaphragm checked after childbirth or if you lose more than 15 pounds; you might need a different size.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 15 may get pregnant.

Some risks: Irritation, allergic reactions, and urinary tract infection. If you keep it in place longer than 24 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from STIs? No.

Sponge with Spermicide

What is it? A disk-shaped polyurethane device with the spermicide nonoxynol-9.

How do I use it? Put it into the vagina before you have sex.

Protects for up to 24 hours. You do not need to use more spermicide each time you have sex.

You must leave the sponge in place for at least 6 hours after having sex. You must take the sponge out within

30 hours after you put it in. Throw it away after you use it.

How do I get it? You do not need a prescription. You can buy it over the counter.

Possibility of getting pregnant? Out of 100 women who use this method for one year, 16–32 may get pregnant. It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the sponge may not fit as well.

Some risks: Irritation and allergic reactions. Some women may have a hard time taking the sponge out. If you keep it in place longer than 24–30 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from STIs?

No.

**Want to Get Tested
Right Now (or in a
few minutes)?**

Contact your campus health center. Visit www.PlannedParenthood.org and search for a local health center. Visit: www.STDTestExpress.com and speak to a live consultant to help answer your questions and help you find a place to get tested.

Cervical Cap with Spermicide

What is it? A soft latex or silicone cup with a round rim, which fits snugly around the cervix. It covers the cervix so that sperm cannot reach the egg.

How do I use it? Put spermicidal jelly inside the cap before you use it. Put the cap in the vagina before you have sex. You may find it hard to put in. You must leave the cap in place for at least 6 hours after having sex. You may leave the cap in for up to 48 hours. You do not need to use more spermicide each time you have sex.

How do I get it? You need a prescription.
Possibility of getting pregnant? Out of 100 women who use this method for one year, about 17–23 may get pregnant. It may not work as well for women who have given birth. Childbirth stretches the vagina and cervix and the cap may not fit as well.

Some risks: Irritation, allergic reactions, and abnormal Pap smears. If you keep it in place longer than 48 hours, there is a risk of toxic shock syndrome. Toxic shock is a rare but serious infection.

Does it protect me from STIs? No.

Spermicide Alone

What is it? A foam, cream, jelly, film, or tablet that kills sperm.

How do I use it? Instructions can be different for each type of spermicide. Read the label before you use it. You need to put spermicide into the vagina between 5 and 90 minutes before you have sex. You usually need to leave it in place at least 6 to 8 hours after; do not douche or rinse the vagina for at least 6 hours after sex.

How do I get it? You do not need a prescription. You can buy it over the counter.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 30 may get pregnant.

Different studies show different rates of effectiveness.

Some risks: Irritation, allergic reactions, and urinary tract infections. If you are also using a medicine for a vaginal yeast infection, the spermicide might not work as well.

Does it protect me from STIs? No.

Oral Contraceptives—Combined Pill (“The Pill”)

What is it? A pill that uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it? You should swallow the pill at the same time every day, whether or not you have sex.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 5 may get pregnant.

Some risks: Dizziness, nausea, changes in your menstrual cycle, changes in mood, and weight gain. It is not common, but some women who take the pill develop high blood pressure. It is rare, but some women will have blood clots, heart attacks, or strokes.

Does it protect me from STIs? No.

Oral Contraceptives—Progestin-Only (“The Pill”)

What is it? A pill that has only the hormone progestin. It thickens the cervical mucus, which keeps sperm from joining with an egg. Less

often, it stops the ovaries from releasing eggs.

How do I use it? You should swallow the pill at the same time every day, whether or not you have sex.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who

“I get my pills at the health center. My doctor at home gave me a prescription and I fill it at school, but my friend got examined by the nurse and then got her prescription. It’s so inexpensive too. If your college doesn’t offer them (some don’t), then you can try a local clinic. My friend goes to Planned Parenthood.”

—junior, Northwestern University

use this method for one year, about 5 may get pregnant.

Some risks: Irregular bleeding, weight gain, and breast tenderness. Less protection against ectopic pregnancy (pregnancy in the fallopian tubes) than the combined pill.

Does it protect me from STIs? No.

Oral Contraceptives—Extended/Continuous Use (“The Pill”)

What is it? A pill that uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg. These pills are designed so women have fewer or no periods.

How do I use it? You should swallow the pill at the same time every day, whether or not you have sex.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 5 may get pregnant.

Some risks: Risks are similar to other oral contraceptives.

You may have fewer planned periods. If you miss a scheduled period, you may be pregnant. You will likely have more bleeding and spotting between periods than with other oral contraceptives.

Does it protect me from STIs? No.

Patch

What is it? A skin patch you can wear on the lower abdomen, buttocks, or upper body. It uses hormones (estrogen and progestin) to stop the ovaries from releasing eggs in

most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it? You put on a new patch and take off the old patch once a week for 3 weeks. During the fourth week, you do not wear a patch and you have a menstrual period.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 5 may get pregnant. The patch may be less effective for women who weigh more than 198 pounds.

Some risks: It will expose you to higher than average levels of estrogen than most oral contraceptives do. It is not known if serious risks, such as blood clots, are greater with the skin patch because of greater exposure to estrogen.

Does it protect me from STIs? No.

Vaginal Contraceptive Ring

What is it? A flexible ring that is about 2 inches around. You put it into the vagina and it releases hormones (progestin and estrogen) to stop the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it? You put the ring into the vagina yourself.

You need to keep the ring in your vagina for 3 weeks, then take it out for 1 week. If the ring falls out and stays out for more than 3 hours, you need to use another kind of birth control method until the ring has been used for 7 days in a row.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who use this method for one year, about 5 may get pregnant.

Some risks: Vaginal discharge, swelling of the vagina, and irritation. Other risks are similar to oral contraceptives (combined pill).

Does it protect me from STIs? No.

Shot/Injection

What is it? A shot of the hormone progestin that stops the ovaries from releasing eggs in most women. It also thickens the cervical mucus, which keeps the sperm from joining with the egg.

How do I use it? You need one shot every 3 months.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who use this method for one year, less than 1 may get pregnant.

Some risks: You may have bone loss if you get the shot for more than 2 years. Bleeding between periods, weight gain, breast tenderness, and headaches.

Does it protect me from STIs? No.

IUD—Intrauterine Device

What is it? A T-shaped device that is put into the uterus by a healthcare provider.

How do I use it? After a doctor or other healthcare provider puts in the IUD, it can stay in place for 5 to 10 years, depending on the type.

How do I get it? You need a prescription.

Possibility of getting pregnant? Out of 100 women who use this method for one year, less than 1 may get pregnant.

Some risks: Cramps, bleeding, pelvic inflammatory disease, infertility, and tear or hole in the uterus.

Does it protect me from STIs? No.

Implantable Rod

What is it? A thin, matchstick-sized rod that contains the hormone progestin. It thickens the cervical mucus, which keeps sperm from joining with the egg. Less often, it stops the ovaries from releasing eggs.

How do I use it? It is put under the skin on the inside of your upper arm. It lasts up to 3 years.

How do I get it? A doctor or nurse puts it under the skin of your arm. You will get a shot in the upper arm to make the skin numb, then the rod is placed just under the skin with a needle.

Possibility of getting pregnant? Out of 100 women who use this method for more than one year, less than 1 may get pregnant. It might not work as well for overweight or obese women. It might not work as well if you are taking certain medicines for things like tuberculosis (TB), seizures, depression, or HIV/AIDS. Tell your doctor if you are taking the herb St. John's Wort.

Some risks: Acne, weight gain, cysts of the ovaries, mood changes, depression, hair loss, headache, upset stomach, dizziness, lower interest in sexual activity, sore breasts, and changes in your periods.

Does it protect me from STIs? No.

Post-Coital Contraceptives ("Plan B"/"The Morning-After Pill")

What is it? A pill with hormones (either progestin alone or progestin plus estrogen) that is similar to other oral contraceptives. It stops the ovaries from releasing an egg or stops sperm from joining with the egg.

How do I use it? You can use it after you have unprotected

sex (did not use birth control). You can also use it if your birth control did not work (i.e., the condom broke). You must swallow the pill within 72 hours of having unprotected sex. For the best chance for it to work, you should take the pill as soon as possible after unprotected sex.

How do I get it? You can buy it over the counter if you are 18 years or older. If you are younger than 18, you need a prescription.

Possibility of getting pregnant? This method reduces the risk of pregnancy resulting from a single act of unprotected sex by almost 85 percent if you take it within 72 hours.

Some risks: Nausea, vomiting, abdominal pain, fatigue, and headache.

Does it protect me from STIs? No.

Consult your doctor for additional birth control options.

Bottom Line

If you're sexually active and not looking to start a family, stay in control of your birth control. Otherwise, you might end up with a child, or two, or three. And there's not a lot of space in dorm rooms for cribs.

Tip #72

Possibly Pregnant

The Tip

If you think you might be pregnant, get help immediately.

The Story

It was January of my junior year; I had just come off the pill in December. I was gaining too much weight from it. I was on my last pack. I didn't quite know when my cycle was because I had been on the pill for years. I was with my boyfriend one night. We were doing what we do. It ends up, the condom slipped off, but we didn't realize that until it was *all* over. When my boyfriend was looking for the condom after we finished, he couldn't find it anywhere. That freaked the hell out of us. We were looking everywhere. When I went to urinate the next day, I found it. It had slipped off and was inside of me. That next morning, I called my aunt who is a nurse. She has dealt with this sort of thing before. She guided me to seek help. I took a couple of pills that were prescribed for me. I told my boyfriend what happened. He was supportive. The next week was nerve-racking. I wasn't sure if it worked. I had some cramping and wasn't feeling so great, but I didn't get pregnant. Every time after that, we checked to make sure that the condom was still on. And we're still checking to this day! I don't want to be that 10 percent...

—junior, Florida International University

* * *

A condom breaks, a pill is forgotten, a drunken night ends and you realize, um, yeah, okay, we've got a big problem... If you think that you're pregnant, don't just sit there and panic. Contact your health center, doctor, or family physician and pick up an over-the-counter pregnancy test. If it's been within 120 hours of unprotected intercourse, ask your doctor or emergency room about emergency contraception.

Help is all around you. Here is some helpful information on emergency contraception from the FDA:

- Emergency contraception, or emergency birth control, is used to keep a woman from getting pregnant when she has had unprotected vaginal intercourse. “Unprotected” can mean that no method of birth control was used. It can also mean that a birth control method was used but did not work—like a condom breaking. Other things can

“The condom broke and it was too late. The next morning we went to the health center and she took the morning after pill. The next few days were horrible.”
—senior, Indiana University

- happen as well that put a woman at risk for getting pregnant. A woman may have forgotten to take her birth control pills. Emergency contraception should never be used as a regular method of birth control.
- Emergency contraception keeps a woman from getting pregnant by stopping ovulation (stopping the ovaries from releasing eggs that can be fertilized), fertilization (stopping the egg from being fertilized by the sperm),

Scary Sex Fact

16.4 percent of sexually active college students reported that they or their partner used emergency contraception (the “morning-after pill”) within the last twelve months.

—ACHA-NCHA-II Executive Summary Spring 2016

or implantation (stopping a fertilized egg from attaching itself to the wall of the uterus).

- There are two types of emergency contraception available to women in the United States: emergency contraceptive pills (ECPs), and intrauterine devices (IUDs). In most states, you need to see a healthcare provider to get either type of emergency

contraception. The healthcare provider may take your medical history and do a urine pregnancy test, and will talk with you about which type of emergency contraception is best for you. You should never take ECPs that belong to another family member or friend. It is very important to first talk with a healthcare provider.

If the scare is real, and you're pregnant, don't rush any decisions. Some people have babies while in college, some choose not to. Talk to all the people around you. Make sure that you have a strong support system and people you trust and love in your corner. Talk to your parents (if possible), someone in the counseling office, a sibling, an extremely trusted friend, a spiritual leader, a therapist, or a family planning counselor. Then move forward. And if you're a woman reading this tip, contact the dad. He's part of this too.

Bottom Line

If you have a pregnancy scare, don't freak out. Get help (then freak out).

Harlan's Tip Sheet

Naked People, Places, and Resources

Campus Health Center

- Doctors are standing (and sitting) by. Most college

health services offer free or extremely inexpensive screenings for sexually transmitted diseases, contraceptive consultation, and pregnancy counseling—start at your health center and counseling center. The people on campus will be able to direct you to local resources.

National Resources

- The American Sexual Health Association
1-919-361-8400 (9 a.m. to 7 p.m. Eastern Time, Monday through Friday)
Website: www.ASHASTD.org/STD-STI/Herpes.html
- National STD and AIDS Hotline
1-800-227-8922 or 1-800-342-2437 (twenty-four hours a day, seven days a week)
- National Institute of Allergy and Infectious Diseases
Website: www.NIAID.NIH.gov
Twitter: www.Twitter.com/NIAIDNews
- U.S. National Library of Medicine—MEDLINEplus
1-800-338-7657
Website: www.MEDLINEplus.gov
Twitter: www.Twitter.com/MEDLINEplus4You
- Centers for Disease Control and Prevention
1-888-232-3228
Website: www.CDC.gov
Facebook: www.Facebook.com/CDC
Twitter: www.Twitter.com/CDCgov
- Guttmacher Institute
Website: www.Guttmacher.org
Facebook: www.Facebook.com/Guttmacher
Twitter: www.Twitter.com/Guttmacher

- The American Congress of Obstetricians and Gynecologists
1-202-863-2518
Website: www.ACOG.org
- The Office on Women's Health (OWH)
1-800-994-WOMAN (1-800-994-9662)
Website: www.WomensHealth.gov
Facebook: www.Facebook.com/HHSOWH
Twitter: www.Twitter.com/WomensHealth
- Emergency Contraception Hotline
1-888-668-2528
Website: EC.Princeton.edu
- Planned Parenthood Federation of America
1-800-230-7526, 1-800-669-0156 (to order materials)
Website: www.PlannedParenthood.org
- Sex Addicts Anonymous:
Website: www.SAA-Recovery.org
- *The Naked Roommate*
Website: www.NakedRoommate.com
Facebook: www.Facebook.com/NakedRoommate
Twitter: www.Twitter.com/NakedRoommate
- Help Me, Harlan!
Website: www.HelpMeHarlan.com
Facebook: www.Facebook.com/HelpMeHarlan
Twitter: www.Twitter.com/HarlanCohen

Want to Get Tested?

- Contact your campus health center
- Contact your local hospital or caregiver
- Ask the pharmacist at your local drug store for over-the-counter options

- Visit: www.PlannedParenthood.org
- Visit: www.STDTestExpress.com