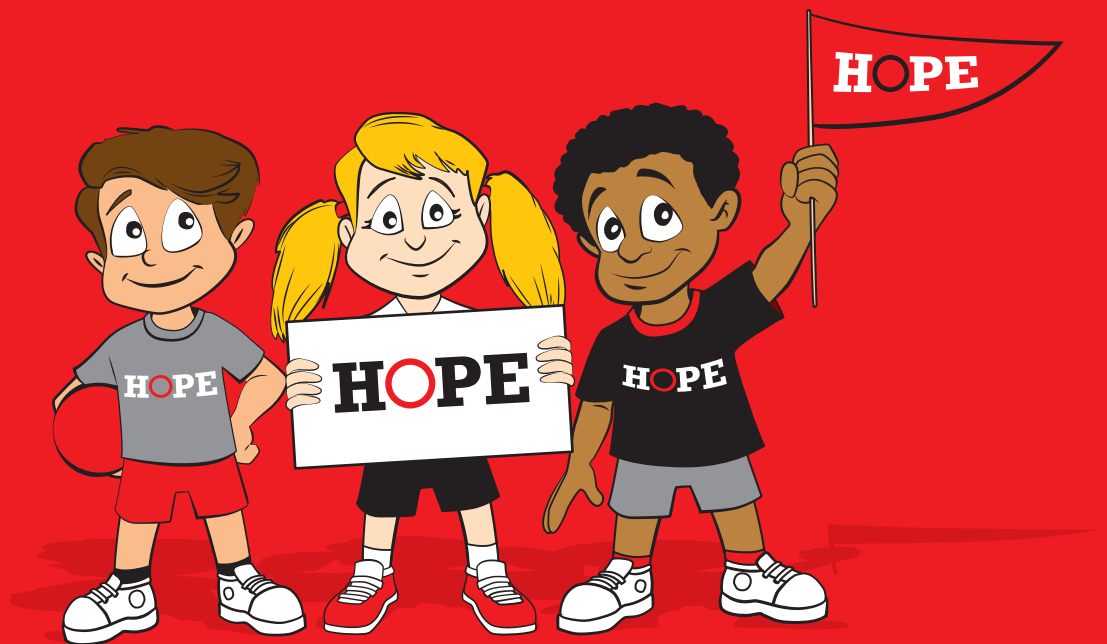


HOPE

Health and Opioid
Prevention Education



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What is the HOPE Curriculum?

The HOPE Curriculum is a K-12 health education curriculum designed to enhance opioid prevention in Ohio's schools to meet the requirements of HB 367. The HOPE Curriculum is a set of lesson plans, assessments, instructional materials, teacher resources, school administrator guides, and tips for connecting with parents and community resources. The goal of the HOPE Curriculum is for students to develop essential skills and knowledge to make healthy choices about opioids and prescription medicines throughout their life.

How will it help my students?

Students will learn key concepts about prescription medicines and opioids, apply skills to make healthy choices, and develop communication skills to be drug-free throughout their life. The lessons target key concepts about medicine safety and opioid prevention, including the following:

- Only take medicine from a trusted adult.
- Never share or take someone else's medicine.
- Store medicine in a locked cabinet away from children.
- Identify the difference between healthy and unhealthy choices.

Students also learn decision-making and communication skills to make healthy choices. This includes using the **STOP, THINK, CHOOSE** strategy and demonstrating assertive communication, refusal skills, and avoidance strategies.

Why was the HOPE Curriculum created?

Ohio HB 367 requires boards of education from each local district to select a K-12 health curriculum that includes instruction on the dangers of prescription opioid abuse. The bill required the Ohio Department of Education to publish the recommendations from the Governor's Cabinet Opiate Action Team (GCOAT). While the legislation and recommendations are helpful in guiding curriculum, schools need additional support to develop health education curriculum to meet the requirements of HB 367. The Ohio Department of Health (2015) School Health Profiles determined that only 29.6 percent of teachers reported receiving professional development in alcohol/drug prevention in the last two years. A study by Raffle, Ware, Lorson, & Blinsky (2017) of health education curriculum in Ohio found that teachers either did not know the last time their health education curriculum was updated (27.2%) or identified their curriculum was updated more than five years ago (30.6%). The HOPE Curriculum was created to facilitate schools updating their curriculum to comply with HB 367. The HOPE Curriculum includes elements that could be easily assimilated into a health education curriculum including:

- Learning outcomes.
- A progression of developmentally appropriate learning experiences aligned with the objectives.
- Continuity between lessons or experiences to reinforce the adoption of health-enhancing behaviors.
- Accompanying content or materials that correspond with learning activities.
- Assessments or assessment strategies.

The HOPE Curriculum was also created to equip Ohio's students with the skills to make healthy choices with prescription medication and opioids. The skills-based approach of the HOPE Curriculum combines essential knowledge with key skills to demonstrate healthy literacy and the ability to make healthy and drug-free choices. A skills-based approach was selected because an information-only or science-based approach provided only basic knowledge about the effects of opioids and other drugs on the body or reasons to avoid drug use. Without these skills, students will not be equipped to adopt healthy behaviors. The HOPE Curriculum develops decision-making and communication skills, analyzing influences, and identifying trusted adults. These skills are not only essential to opioid prevention, but also transfer to other drugs and health topics such as healthy eating, physical activity, violence prevention, mental health, and personal safety.

HOPE Health and Optical
Prevention Education

MAKING CHOICES!

Student Name _____ Date _____

*I will make healthy choices
because*

I can make this choice by

©

Understanding the Lessons Plans

Format for the elementary lessons:

- A. Purpose of the Lesson:** Reason for the lesson and how it connects with the skills students need for healthy living.
- B. Background Knowledge (Talking Points):** Summary of the lesson's main ideas and key cues.
- C. Lesson Objectives and Assessments:** The table identifies the knowledge and skill expectations taught and assessed in the lesson.
- D. Materials:** All materials are attached at the end of the lesson. PowerPoints can be found on the HOPE Curriculum Pilot website.
- E. Introduction:** Statement to prepare students for the content of the lesson. Addresses "What are we doing today?"
- F. Teaching Steps:** Description of the activities transitions, checks for understanding, and discussion questions.

KINDERGARTEN

LESSON 1

Trusted Adults & Using Medicines Safely

Purpose of the Lesson

The lesson emphasizes why we take medicine and the rule that we only take medicine with the help of a trusted adult. Students will also differentiate between an adult, friends and a trusted adult. Students will identify trusted adults at home, school or in the community who can help with taking medicines.

Background Knowledge (Talking Points)

- What is a Medicine?
 - Medicines are used to treat an illness or to keep someone healthier than they would be without medicine.
- Rules for Medicines
 - Medicine is only to be taken or touched when given by a trusted adult.
- Trusted Adults
 - A trusted adult is someone who is ready to help if needed, answers questions, is ready to listen and can help you feel safe and comfortable.

Objective	Activity & Assessments
1. Explain that the medicine can only be taken with the help of a trusted adult.	<ul style="list-style-type: none"> Trusted Adult Activity Sheet & Trusted Adult Picture Frame
2. Differentiate between an adult and a trusted adult.	<ul style="list-style-type: none"> Trusted Adult Activity Sheet
3. Identify trusted adults in their home and in their community who will help them use medicines in a healthy way.	<ul style="list-style-type: none"> Check for Understanding Question Closure Sentence Stem Completion

Materials

Who Should I Trust Activity Sheet (See Attachment 1), scissors, glue and coloring supplies

KINDERGARTEN

LESSON 1

Trusted Adults & Using Medicines Safely

Introduction

- ASK:** When I say the word "adult," what are some things you think about?
 - Adults can play an important part in your lives. They help you in many ways.
 - TEACHER NOTE:** Write the word "adult" on the board or chart paper, but leave space next to it so another word can be added.
- ASK:** What are some things adults can help you do?
 - (Examples: healthy choices – food, safe, medicines; do things to help us – if we were hurt they help, crossing the street, put things together reach things; help if we're in trouble)
- ASK:** How many of you believe adults are important?
 - TEACHER:** "Yes, adults can be very important in helping you."
- ASK:** Who are some of the adults in your life?

Teaching Steps

- Let's add a word to "adult."
 - TEACHER NOTE:** Write the word "Trusted" in front of the word "adult."
- Pointing to each word, read to students, "Trusted adult."
- State:** "A trusted adult is a grown up who can help you feel safe. A trusted adult can help you if needed, answer your questions, is ready to listen, and can make you feel safe and comfortable."
- Ask students to name someone who is a **trusted** adult. (i.e., Parent, guardian, police officer, nurse, doctor, etc.)

Activity 1 – "Who Should I Trust?" Activity Sheet

- Students will complete the first question on the Activity Sheet and circle who is a trusted adult.
 - (Students should circle – police, parents, teacher and nurse)
 - Point to each person on the worksheet and ask: Is this an adult? A trusted adult?
 - Use pictures of trusted adults to explain the term.
 - Contrast the difference between an adult and a trusted adult.
- Why do we need trusted adults?
 - They can help us make healthy choices and can help us feel safe
- Can you tell me who is a trusted adult at home? At school? Anyone else who is a trusted adult?
 - Ask the students how do you know you can trust this person? Because not all adults can be trusted adults. You, your parents, or other trusted adults have said you can trust this person.
- Transition: Trusted adults can help you take needed medicines. Let's talk about medicines and how to follow the rules to make healthy choices about medicines.

Activity 2 - What is medicine? What are the rules for taking medicine?

- ASK:** What is medicine?
 - (Write the word "medicine" on board or chart paper.)

Understanding the Lessons Plans

Format for the elementary lessons:

- G. Closure:** Recap of lesson and a review of the lesson objectives.
- H. National Health Education Standards:** Identifies the standards and related performance indicators.
- I. Healthy Behavior Outcome:** The healthy behavior to be achieved at the end of the lesson.
- J. English Language Arts Standards:** The ELA standards addressed in the lesson.
- K. Additional Teacher Resources:** List of resources used to develop the lesson or support its implementation.
- L. Attachments:** Activities and rubrics to assess student learning.

HOPE

Health and Opioid
Prevention Education

**KINDERGARTEN
LESSON 1**

**Trusted Adults & Using
Medicines Safely**

ASK: Why do people sometimes need to take medicine?

- o (Medicines are used to help when a person is sick or gets hurt. Many times medicines help a person get well.)

State: "Medicine is not candy or a toy, is it? No. There are rules about medicine."

State: "The number 1, biggest, most important rule about medicines for you IS: You must have the help of a trusted adult when you take medicine. You **NEVER** take or touch medicine unless a trusted adult helps you."

State: "That sounds like a very important rule because it is one you need to **ALWAYS** follow. Now let's look at your "Who Should I Trust Activity Sheet" again. Draw a checkmark or heart next to the trusted adults who could help you take medicine. **(TEACHER NOTE:** Check to see all students correctly circled the trusted adult.)

Direct students to the bottom of the Activity Sheet to the 2 frames. Explain that they have trusted adults at home and trusted adults at school or in the community. Remember: You take medicine **ONLY** with the help of a **TRUSTED ADULT**. Draw an outline of a house on the board/ chart paper and write "home" under it. Then draw an outline of a school and several buildings and write "community" under it. May need to explain a little about a community by asking them to name a few trusted adults in their community. Have the students add details to the frames on the Activity Sheet to show a trusted adult at home and in the community.

**Option: Students can also draw a heart or use a crayon/colored pencil on the pictures to identify who can help them with medicine.*

Closure

- State:** "Today you learned the most important rule about how to take medicines. You **ONLY** take medicine with the help of a _____." (Students say _____ that belong in the blanks [trusted adult])

National Health Education Standards

Standard 1: Comprehending Concepts.

Standard 3: Accessing Resources.

Healthy Behavior Outcome (HBO)

Alcohol and Other Drugs HBOs:

HBO 1: Avoid misuse and abuse of over-the-counter and prescription drugs.

HBO 4: Avoid the use of illegal drugs.

English Language Arts Standards

SL.K.4 Describe familiar people, places, things and events, with prompting and support, provide additional detail.

SL.K.5 Add drawings or other visual displays to descriptions as desired to provide additional detail.

SL.K.6 Speak audibly and express thoughts, feelings and ideas clearly.

L.K.5a Sort common objects into categories to gain insight into the concepts the categories represent.

Additional Teacher Resources:

- HOPE Teacher Handbook
- Generation Rx: <http://www.generationrx.org/elementary/>

**KINDERGARTEN
LESSON 1**


**Trusted Adults & Using
Medicines Safely**

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WHO SHOULD I TRUST?

Circle if trusted adult, check if it is a trusted adult who can help you take medicine.


NAME _____




☐ FAMILY




☐ FRIENDS




☐ POLICE



☐ TEACHER



☐ MAN ON BENCH



☐ NURSE

Attachment 1a: Who Should I Trust Activity Sheet.

**KINDERGARTEN
LESSON 1**


**Trusted Adults & Using
Medicines Safely**

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Prevention Education


WHO SHOULD I TRUST?

Draw a picture of someone you trust helping you.

NAME _____



HOME



COMMUNITY

Attachment 1b: Who Should I Trust Activity Sheet.

The HOPE Curriculum is intended to enhance existing K-12 Health Education Curriculum. It is not viewed as an additional or separate program or curriculum. The curriculum for Grades K-8 includes four 30-minute lessons per grade level. The high school curriculum includes ten lessons, each 45-50 minutes to be implemented within a health education class. The lessons can be modified to meet school and student needs. The middle and high school lessons are designed to be implemented by a licensed health education teacher in an alcohol and other drugs (AOD) unit within a standards-based health education curriculum.

HOPE Curriculum: A K–12 Overview

Table 1 presents an overview of the key concepts and skills taught across the grade bands. Appendix B includes lesson summary tables for each of the grade bands (K-2, 3-5, 6-8, high school).

Elementary Lessons (K–5)

The K-5 lessons are designed for a classroom teacher to integrate within English Language Arts (ELA). Each grade level has three 30-minute lessons with one lesson enhancement. The lesson enhancement can be used as a separate lesson or integrated within another lesson. The lesson progression in the elementary curriculum is similar for each grade level. Lesson 1 primarily focuses on the key concepts of making healthy choices, taking medicine with the help of trusted adult, and the consequences of making unhealthy choices. Lesson 2 focuses on decision-making, whether it is identifying healthy or unhealthy choices or using the **STOP, THINK, CHOOSE** model to make a healthy decision. Lesson 3 develops communication skills, in particular assertiveness and refusal skills. Lesson 4 is the lesson enhancement where students advocate to others the importance of making healthy and drug-free choices.

Middle School Lessons (Grades 6–8)

Each grade level in middle school has three lessons with one additional lesson enhancement. Lesson 4 in the middle school lessons is appropriate for grade 6, 7 or 8. The HOPE Curriculum targets opioid abuse prevention within the scope of a larger (Alcohol and Other Drugs) unit. HOPE provides specific lessons, scenarios, and assessments that target opioids, but teachers can modify, adapt, and add other scenarios and activities for alcohol, tobacco, and other drugs. If health education is not offered every year in middle school, select the HOPE lessons and assessments that meet your student needs from each of the lesson themes (overview, decision-making, communication skills). Due to the limited health education offerings, schools will have to identify other opportunities within other subjects or activities such as an Advisory Period to address drug and opioid prevention.

High School Lessons

The high school curriculum presents a scope and sequence for opioid prevention that could fit within an existing AOD unit. The first three lessons target the key concepts and functional knowledge to make healthy choices, including addressing the proper use of medication, recognizing the signs of addiction, and the consequences of drug use. Lessons 4, 5, and 6 address decision-making, the influences on drug use, and the impact of the opioid epidemic on the individual, families, and community. Lessons 7, 8, 9 combine decision-making and communication skills to develop the use of refusal skills, practice avoiding driving or riding with a person under the influence, and develop empathy to support someone to make a drug-free choice or help a person misusing opioids or other drugs. In Lesson 10, students develop a drug-free message to encourage others to make healthy and drug-free choices.

Key Concepts				
K-2	3-5	6-8	9-12	Overall
<ul style="list-style-type: none"> Who is a trusted adult? 	<ul style="list-style-type: none"> Take medicine only from a trusted adult and never share or take someone else's medicine. 	<ul style="list-style-type: none"> Only take medicine from a trusted adult. Never share or take someone else's medicine. Store medicines in a locked cabinet and out of reach of children. Properly dispose of excess or expired prescriptions. 	<ul style="list-style-type: none"> Only take medicine from a trusted adult. Never share or take someone else's medicine. Store medicines in a locked cabinet and out of reach of children. Properly dispose of excess or expired prescriptions. 	<ul style="list-style-type: none"> Only take medicine from a trusted adult. Never share or take someone else's medicine. Store medicines in a locked cabinet and out of reach of children. Properly dispose of excess or expired prescriptions.
<ul style="list-style-type: none"> Difference between a healthy/unhealthy choice 	<ul style="list-style-type: none"> Healthy choices have positive consequences and unhealthy or unsafe choices have negative consequences. 	<ul style="list-style-type: none"> Choices can have a positive or negative impact on our physical, social, and emotional health. 	<ul style="list-style-type: none"> Choices can have a positive or negative impact on our health, friends, family, and community. 	<ul style="list-style-type: none"> Healthy choices have a positive impact on our health. Unhealthy or unsafe choices can have a negative impact.
<ul style="list-style-type: none"> Identify substances that are healthy, unsafe, or unsure. 	<ul style="list-style-type: none"> Identify situations or substances that are healthy, unsafe, or unsure. 	<ul style="list-style-type: none"> Think about the consequences of all options to make a healthy choice. 	<ul style="list-style-type: none"> Think about the consequences and consider healthy alternatives to make a healthy choice. 	<ul style="list-style-type: none"> Use the STOP, THINK, CHOOSE model to consider options and consequences of a decision.
<ul style="list-style-type: none"> If it is unhealthy, unsafe, or you're unsure: "Don't take! Don't taste! Don't touch! Tell a trusted adult." 	<ul style="list-style-type: none"> If it is unhealthy, unsafe, or you're unsure: "Don't take! Don't taste! Don't touch! Tell a trusted adult." 	<ul style="list-style-type: none"> If it is unhealthy, unsafe, or you're unsure: "Don't take! Don't taste! Don't touch! Tell a trusted adult." 	<ul style="list-style-type: none"> If it is unhealthy, unsafe, or you're unsure: "Don't take! Don't taste! Don't touch! Tell a trusted adult." 	<ul style="list-style-type: none"> If it is unhealthy, unsafe, or you're unsure: "Don't take! Don't taste! Don't touch! Tell a trusted adult."
Key Skills				
<ul style="list-style-type: none"> Identify a safe and healthy choice. 	<ul style="list-style-type: none"> Use STOP, THINK, CHOOSE to make a healthy choice. 	<ul style="list-style-type: none"> Use STOP, THINK, CHOOSE to identify healthy alternatives and make a healthy choice. 	<ul style="list-style-type: none"> Use STOP, THINK, CHOOSE to identify healthy alternatives and make a healthy choice. 	<ul style="list-style-type: none"> Apply decision-making skill of STOP, THINK, CHOOSE to make a healthy choice.
<ul style="list-style-type: none"> Remember to only take medicine from a trusted adult. 	<ul style="list-style-type: none"> Consider the family and school rules before making a decision. 	<ul style="list-style-type: none"> Consider how our friends and others impact our choices. 	<ul style="list-style-type: none"> Consider how friends, technology, family, school rules, and laws can impact decisions. 	<ul style="list-style-type: none"> Analyze influences on healthy choices.
<ul style="list-style-type: none"> Use assertive communication skills to ask for help or say no to unhealthy choices. 	<ul style="list-style-type: none"> 3 No's and a Walk to avoid an unhealthy choice; assertive communication. 	<ul style="list-style-type: none"> Assertive communication and refusal skills to avoid an unhealthy choice 	<ul style="list-style-type: none"> Different ways to say no; assertive communication; show empathy and seek help to support others. 	<ul style="list-style-type: none"> Assertive communication skills to be drug-free and support others to make drug-free choices.

Table 1. K-12 HOPE Curriculum Summary Table.

Implementing the HOPE Curriculum In Your Classroom

The local school and classroom teacher is best qualified to implement the HOPE Curriculum based on students' needs, contextual constraints, and curriculum factors. There is no prescribed time of the year. The classroom teacher is best qualified to determine the timeline (e.g. four consecutive days or four lessons across a number of days) based on student needs, contextual constraints, and curriculum factors. The HOPE Curriculum has been implemented at the beginning of the year to establish the importance of making healthy and safe choices. Lessons 2 and 3 to revisit and reinforce how to make healthy choices throughout the school year. Lesson 4 can be used at any time, but many teachers use the lesson as an additional writing prompt after teaching at least Lesson 1. The HOPE lessons can be implemented over consecutive days or a short period of time, then reinforced in other health and prevention lessons throughout the year.

Before implementing the lessons, consider prompting parents, school administrators, counselors, and other school personnel about your implementation plans. Please use the attached information letters (See Appendix A) to communicate the rationale and key concepts of the HOPE Curriculum. Develop and implement a student support plan when you are teaching the lessons to support and care for your students. Carefully consider your curriculum, available time, and student needs to determine the best opportunity to implement the curriculum.

Role of School Counselor, School Social Worker, Prevention Specialists, School Nurse, and Other School Personnel

The school counselor, school social worker, prevention specialist, and other school personnel play a key role in the HOPE Curriculum. The HOPE Curriculum envisioned all of these positions as leaders of a school's drug prevention efforts and important support for teachers and students. The original intent of the HOPE Curriculum is for the classroom teacher to deliver the lessons with the counselor, social worker, and prevention specialist supporting implementation. The counselor and school social worker are essential when teachers and students need support with questions, concerns, or assistance. The school counselor, social worker, or prevention specialist could act as leader of the drug prevention efforts for the school, acting as a coordinator rather than the sole implementer of the lessons. If the classroom teacher feels underprepared or needs additional support, the support personnel can use a co-teaching model to build up their skills and confidence with the HOPE lessons.

Schools will need a leader to facilitate the development and implementation of a school-wide drug prevention plan that includes the HOPE Curriculum. This includes supporting teachers implementing the lessons by co-teaching lessons, modeling lessons, and supporting students and staff. Building the capacity of K-5 classroom teachers could allow the prevention specialist and school counselors more time to provide additional or targeted services. Additional support for opioid prevention can be leading supplemental lessons to the HOPE lessons, providing additional lessons to selected or targeted/intensive group, or reinforcing messages throughout the school year. The prevention programming and health education curriculum should be aligned to maximize resources and share consistent messages. There is also a need to facilitate school-wide messaging and connecting with parents to reinforce key messages and skills.



The HOPE Curriculum addresses a topic that may elicit a range of responses, emotions, questions, and concerns from students. The classroom should be a safe environment where students feel supported. Be prepared to care for and support students who may be facing the impact of drug use; family, friends or others using drugs; and other community or family factors. This section will provide guidance and resources for teachers to support their students.

General Guidelines for Meeting Your Students' Needs

Educators are not expected to be mental health or behavioral health professionals. However, teachers need to “recognize, reach out, and refer” young people to professionals who can help address problems before they escalate to crisis level. Teachers are not expected to provide a clinical intervention, treatment, or services, but teachers are expected to be a resource for students. The Safer Schools Safety and Violence Prevention Curriculum Module 1 addresses **the Behavioral Health Needs of Students Addressing Mental Health and Substance Abuse** (Ohio Department of Education, 2013). The modules develop teachers’ key knowledge and essential skills in mental health and behavioral needs.

Recognize, Reach Out, Refer and Recharge is a useful and practical tool for teachers and school personnel using the HOPE Curriculum (Lorson, Lawrence, Huber, Brown & Francis, 2020; ODE, 2013). The most important thing teachers can do is to *recognize* the signs and symptoms of distress in students, *reach out* to them, tell them you care, and make the appropriate *referral* so they can get the help they need to be successful in school and life.

1. Recognize

- Recognize a *change* in indicators, including:
 - o Show a decline in school work; grades drop or slip dramatically.
 - o Miss school (skipping secretly or being too “tired” or “sick” to attend).
 - o Have unexplainable and dramatic mood changes (irritable, crying jags).
 - o Drop out of usual activities (music, sports, hobbies).
 - o Change their physical appearance (poor hygiene, unusual style changes).
 - o Lose motivation; seem depressed or anxious; are forgetful.
 - o Change their sleeping habits, are tired, and possibly fall asleep in class.
- Signs of drug abuse:
 - o Suddenly change friends and do not introduce new friends to parents.
 - o May take money or valuables from others’ purses, lockers, desks, or homes.
 - o Show secretive behaviors such as locking bedroom doors and taking a long time to answer.
 - o Have hostile, aggressive outbursts.
 - o Smell of alcohol or marijuana on their breath or body.
 - o Are negative, argumentative, or destructive.
 - o Are paranoid, confused, or anxious.
 - o Overreact to criticism.
 - o Act rebelliously.
 - o Are overly tired or hyperactive.
 - o Exhibit drastic weight loss or gain.
 - o Always need money or have excessive amounts of money.

- The list of symptoms that school professionals may observe is important to know, but a key indicator is any change in the *pattern* of behaviors that might indicate a student could be struggling or need support. Educators should not take any one of these signs as a definitive certainty of substance use, abuse, or addiction.
- Refer to the [Partnership for Drug-Free Kids Drug-Guide](#) (Partnership for Drug-Free Kids) for additional information specific to opioids and prescription drugs.

2. Reach Out

- Once you “recognize” the signs and symptoms, the next step is to “reach out” to the student. Develop a plan to reach out that includes key messages to share with the student and next steps that follow school policy and procedures.
- Additional considerations to ensure you are prepared to reach out include:
 - Practice how you will respond to a student disclosure, incorporating youth-centered and non-judgmental approaches.
 - Know to whom appropriate school supports/services should be referred.
 - Understand that your role is one of support and referral.
 - Know your own biases about these issues.
- Prepare how you will take care of yourself after a disclosure by a student (Ohio Department of Education, 2013)
- Identify key messages to use with the student once disclosure has occurred including “I” messages in a supportive and non-judgmental tone to show your concern and willingness to help. Examples include:
 - “Thank you for sharing something so personal with me.”
 - “I am glad you brought this issue to my attention.”
 - “I may not be able to answer all your questions, but I will get you connected to someone who can help.”
 - “I am concerned about you. Can we talk about this more with the guidance counselor (or other trusted adult at school)?”

3. Refer

- Remember, teachers are not expected to provide a clinical intervention, treatment, or services, but teachers are expected to refer to support services and be a resource for students. Please consult the school’s policy and procedures for a referral (Ohio Department of Education, 2013). Utilize school-wide efforts and work with your school improvement team or school climate committee to identify resources to support teachers and create a safe, drug-free school.
- Reporting and Referral Requirements

A reminder from the Safer Schools Ohio Training, Module One: Behavioral Health Needs of Students addressing Mental Health and Substance Abuse (Ohio Department of Education, 2013):

“As an educator in the state of Ohio, you are a mandated reporter of suspected child abuse. Ohio law mandates teachers, school employees and school officials report unknown or suspected child abuse and neglect to children’s services or a police officer. In addition, educators should adhere to district policies for reporting incidents of abuse or mental and behavioral health issues including substance use and abuse. Educators should be knowledgeable of their district or building policy and procedures for reporting and referring identified students. Educators should know to whom incidents of abuse or mental and behavioral health issues should be reported. This includes substance use and abuse as well as to whom students in their building should be referred. These connections may include social service agencies or 211 systems in the community.”

- Please contact your school administrator for this essential information or begin to develop a plan to support your teachers and students.

The Power of One Caring Adult

Teachers and school professionals are essential to supporting our students to be healthy and drug-free. One caring adult is a significant protective factor in drug prevention. We support the Safer Schools Ohio Training statement (Ohio Department of Education, 2013):

“School professionals care about students. Because they see students five days out of seven, educators are perhaps the only other adults, besides parents, who are more aware of how kids are doing and who have the same power to influence a child’s life. Resilience literature highlights the importance of one caring adult in the life of a child – stories in which the caring adult literally saves a child’s life by noticing distress and communicating care. This curriculum has been designed to translate that innate care into action on a student’s behalf, to enable each participant to develop the skills needed to recognize distress, and to refer as needed and communicate care to the child, if appropriate. It is up to each of us to make the decision to act – a conscious choice to extend a helping hand to a student in distress.”

Words Matter: Addiction Language & Terminology

The stigmas and stereotypes associated with addiction remain a barrier for treatment and our students can also experience trauma because of the language used. Broyles and colleagues (2014) provide guidance for appropriate language use in the field of addiction to avoid stigma. Examples include:

- Avoid using the terms “addict,” “abuser,” or “junkie”
- Use person-first language (e.g. person in active addiction, person experiencing an alcohol/drug problem)
- Avoid using “clean” or “dirty” when referring to a drug test; instead use “negative,” “positive,” or “substance-free”



Effective Health Education Curriculum

The HOPE Curriculum was developed using best practice principles for writing standards-based health education curriculum. The resources suggested below are fundamental to planning a health education curriculum to best impact student health behaviors. If your school is considering revising, reinventing, or creating a skills-based health education curriculum aligned with the principles of the HOPE Curriculum, we suggest using the following steps and the [OAHPERD Model Curriculum](#) as a resource:

- **Step 1:** Alignment with National Health Education Standards (NHES).
 - o Health Education Standards are used as a framework for curriculum development, instruction, and student assessment. Ohio is the only state without state health education standards. Health education is also the only content area in Ohio without content standards. Standards set the foundation for the curriculum development process by identifying learning outcomes. The recommendation is for local districts to adopt the NHES, and then interpret these standards for each health topic area (e.g. opioid prevention, healthy eating, etc.) and grade level. Specific outcomes for health topics such as healthy eating, physical activity, alcohol and other drugs, and tobacco can be found in the Health Education Curriculum Analysis Tool (HECAT) Content Modules (Centers for Disease Control, 2015). Refined local standards will guide the curriculum planning process and ultimately instruction and skill practice in the classroom. (Joint Committee on National Health Education Standards, 2007)
 - o The NHES that are addressed in the HOPE curriculum include:
 - **Standard 1: Comprehending Concepts**
 - o Students will comprehend concepts related to health promotion and disease prevention to enhance health.
 - **Standard 2: Analyzing Influences**
 - o Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
 - **Standard 3: Access Valid Health Information**
 - o Students will demonstrate the ability to access valid information, products, and services to enhance health.
 - **Standard 4: Interpersonal Communication Skills**
 - o Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
 - **Standard 5: Decision Making**
 - o Students will demonstrate the ability to use decision-making skills to enhance health.
 - **Standard 8: Advocating for Healthy Choices**
 - o Students will advocate for personal, family, and community health.
 - o The HOPE Curriculum aligns with the NHES standards because they were common outcomes in evidence-based drug prevention programs known to impact student health behavior.
- **Step 2:** Evaluate the Current Curriculum.
 - o *Health Education Curriculum Analysis Tool (CDC, 2012).*
 - The HECAT is a guide to assess and improve a current curriculum or develop a standards-based health

curriculum. The HECAT guides the curriculum planning process by identifying key outcomes, resources, and local considerations for the curriculum, including health topics and skill analyses.

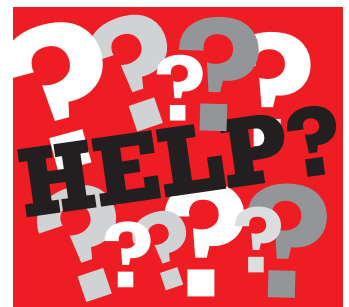
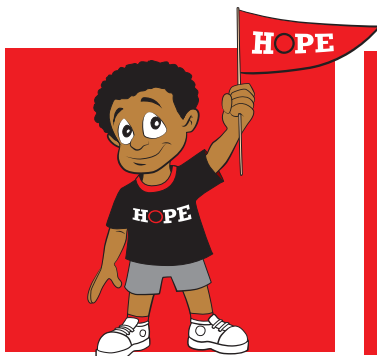
- The HECAT contains modules that address specific health topics. The module contains a description of the topic, HBOs, and specific knowledge and skill expectations for each grade band. Schools can utilize the modules to develop a comprehensive health education curriculum that address the Health Behavior Outcomes. Modules include:
 - o Alcohol and other drugs
 - o Healthy eating
 - o Mental and emotional health
 - o Physical activity
 - o Safety
 - o Sexual health
 - o Tobacco
 - o Violence prevention
 - o Comprehensive health education
- Utilize the OAHPERD Health Education Model Curriculum to develop a scope and sequence.
 - o <https://www.ohahperd.org/oahperd-health-education-model-curriculum>
- **Step 3:** Use the Characteristics of Effective Health Education (Centers for Disease Control, 2015) to guide instruction.
 - o The characteristics were formulated from reviews of effective programs and curricula and input from experts in the field of health education.
 - o The characteristics emphasize “teaching functional health information or essential concepts; shaping personal values that support healthy behaviors; shaping group norms that value a healthy lifestyle; and developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.” (Centers for Disease Control, 2015)
 - o There are 15 Characteristics of Effective Health Education Curricula (Centers for Disease Control, 2015):
 1. Focuses on clear health goals and related behavioral outcomes.
 2. Is research-based and theory-driven.
 3. Addresses individual values, attitudes, and beliefs.
 4. Addresses individual and group norms that support health-enhancing behaviors.
 5. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.
 6. Addresses social pressures and influences.
 7. Builds personal competence, social competence and self-efficacy by addressing skills.
 8. Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.
 9. Uses strategies designed to personalize information and engage students.

10. Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials.
11. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
12. Provides adequate time for instruction and learning.
13. Provides opportunities to reinforce skills and positive health behaviors.
14. Provides opportunities to make positive connections with influential others.
15. Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

• **Step 4:** Other Health Education Curriculum Considerations.

o Ohio Health Education Requirements

- **Graduation Requirements.** Ohio requires students to take and complete a minimum of one-half unit of health education in high school to meet the minimum 20 required credits for graduation. One-half unit requires a minimum of 60 hours of instruction (Ohio Department of Education, 2017).
 - o Students must complete the middle school curriculum before taking the high school health education class towards the half-unit graduation credit.
 - o The curriculum completed for high school credit must be the high school curriculum.
- **Curriculum Requirements:** School districts shall prescribe a Health Education curriculum for all schools that includes the follow topics in Grades K-6 (Ohio Department of Education, 2017):
 - o *K-6 health education:*
 - There is no minimum time requirement, but school must have a health education curriculum for all students.
 - Curriculum must include (Ohio Department of Education, 2017):
 - o Nutritive value of foods (including natural and organically produced foods, the relation of nutrition to health, and the use and effects of food additives)
 - o Harmful effects and legal restrictions against the use of drugs of abuse, alcoholic beverages, and tobacco
 - o Personal safety and assault prevention
 - o Prescription opioid abuse prevention
 - The district should consider age-appropriate content and develop its own curriculum based on the needs of the students and community.



The HOPE Curriculum is just one part of the school-wide efforts for drug prevention and enhancing the health of students. A school-wide plan includes identifying, developing, and coordinating school and community resources. This overview is for developing a school-wide plan for drug prevention and identifying resources that could support the development of the plan. Leading the development and implementation of the plan could be any school stakeholder, including administrators, teachers, counselors, prevention specialists, parents, and community members. The two resources outlined in this section could be helpful to schools developing a school-wide drug prevention plan. The HOPE Curriculum recognizes that the best plans and decisions are made at the local level. These two tools provide guidance, but the responsibility ultimately resides with the local school to develop a plan.

Recommendations for Drug Prevention Education

- Ohio Joint Study Committee on Drug Use Prevention Education ([Ohio Joint Study Committee on Drug Use Prevention Education](#), 2017) developed 15 recommendations describing how communities can implement consistent, age-appropriate drug prevention, particularly in schools:
 - o Developed 15 recommendations describing how communities can implement consistent, age-appropriate drug prevention, particularly in schools:
 1. *K-12 substance abuse prevention education*: Consistent, age-appropriate, evidence-based.
 2. *Required reporting for schools*: Schools report how they are fulfilling the requirements to provide substance abuse education in HB 367.
 3. *Social and emotional learning standards*: ODE will write social and emotional standards for all grades (K-12).
 4. *School and community surveys*: Complete YRBS or OHYES! survey annually to monitor substance abuse or mental health and measure success of prevention efforts.
 5. *Expand substance abuse curriculum across subjects*.
 6. *Resources for schools about substance abuse prevention*: ODMHAS provides guidance, training, and other resources to schools about curriculum and policies
 7. *Substance abuse and mental health intervention training*: Provides free training to detect substance abuse or mental illness in children
 8. *Dedicated prevention personnel at the Department of Education*.
 9. *Strengthen and involve law enforcement in substance abuse prevention efforts*.
 10. *Support before- and after-school programs to promote healthy habits*.
 11. *Community-based prevention*: Continued support and information sharing with community coalitions
 12. *Engaging families and caregivers*
 13. *Encourage youth-led prevention*
 14. *Incorporate prevention in higher education*
 15. *Future work of the study committee*
- Additional Prevention Resources can be found at the Ohio [K-12 Prevention Initiative](#).

The Whole School, Whole Community, Whole Child (WSCC) Model

The Whole School, Whole Community, Whole Child (WSCC) model combines and builds on elements of the traditional coordinated school health approach and the **Whole Child Framework** (Association for Supervision and Curriculum Development, 2017b) by:

- Responding to the call for greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development.
- Incorporating the components of a coordinated school health program around the tenets of a whole child approach to education.
- Providing a framework to address the symbiotic relationship between learning and health.

The **WSCC Model** (Association for Supervision and Curriculum Development, 2017b) highlights the School Health Components, which every school should have to ensure the health, safety, and well-being of their students, staff, and environment. The focus of the WSCC model is an ecological approach directed at the whole school, with the school in turn drawing its resources and influences from the whole community and serving to address the needs of the whole child. The WSCC model can be incorporated into School Improvement Plans. The table on the next page outlines the 10 components of the WSCC model and how they impact a school drug prevention plan.



Components of the WSCC

Component	Description	Example in School Drug Prevention Plan
Health Education	Planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions.	<ul style="list-style-type: none"> HOPE Curriculum
Social and Emotional School Climate	Psychosocial aspects of students' educational experience that influence their social and emotional development as well as provide a safe and supportive learning environment	<ul style="list-style-type: none"> PBIS
Health Services	Intervene with actual and potential health problems, including providing first aid, emergency care, and assessment and planning for the management of chronic conditions (such as asthma or diabetes). In addition, wellness promotion, preventive services, and staff, student, and parent education complement the provision of care coordination services.	<ul style="list-style-type: none"> School nurse administering medicine as a trusted adult Responding to student health needs
Counseling, Psychological, and Social Services	Support the mental, behavioral, and social-emotional health of students and promote success in the learning process.	<ul style="list-style-type: none"> Supporting students and their families Provide teachers with referral support
Community Involvement	Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities.	<ul style="list-style-type: none"> Generation Rx Information sessions to promote medication safety and disposal
Family Engagement	Families and school staff work together to support and improve the learning, development, and health of students.	<ul style="list-style-type: none"> Start Talking Parent education session Social media
Physical Environment	Encompasses the school building and its contents, the land on which the school is located, and the area surrounding it.	<ul style="list-style-type: none"> Trash removal and securing school grounds
Employee Wellness	Fostering school employees' physical and mental health protects school staff	<ul style="list-style-type: none"> Staff education for prescription medicine safety
Physical Education and Physical Activity	Opportunities for students to be physically active throughout the school day.	<ul style="list-style-type: none"> N/A in drug prevention
Nutrition Environment and Services	Opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus.	<ul style="list-style-type: none"> N/A in drug prevention

Schools follow a plan to determine their capacity, readiness, and assess current needs using the [ASCD School Improvement Tool](#) (Association for Supervision and Curriculum Development, 2017a). Schools should use the WSCC model to ensure the development of the whole child. For drug prevention, eight of the components can be used to coordinate a school-wide drug prevention plan. Visit the [WSCC Model website](#) for additional information.

Additional Prevention Resources can be found at the Ohio [K-12 Prevention Initiative](#).

Connecting with Stakeholders

The following letters in [Appendix A](#) could be useful tools to share with parents, school administrators, and students to describe the HOPE Curriculum and its role in drug prevention. Building relationships with other stakeholders will be important to support students and healthy behaviors. Utilize the following key points:

- Overview the lessons.
- Reinforce the key concepts and skills learned.
- Outline the role of the parent in drug prevention.
- Identify other potential resources and supports.

HOPE Curriculum: Commonly Asked Questions

1. *Is the HOPE Curriculum an Evidence-Based Program?*

The HOPE Curriculum is considered evidence-informed. The HOPE Curriculum is based on the principles of evidence-based drug prevention programs and effective health education. The foundation of the HOPE Curriculum is built on the Characteristics of Effective Health Education Curriculum and the NHES; both tools have been identified as effective for developing health behaviors. School health education has been proven to be effective in promoting healthy and drug-free behaviors. We continue to conduct research to learn more about the impact of the HOPE Curriculum on students and teachers.

2. *How does the HOPE Curriculum align and fit within my existing health education curriculum?*

The HOPE Curriculum is part of a K-12 health education curriculum. The K-5 lessons are designed for elementary classroom teachers to integrate opioid prevention within English Language Arts. These key messages and skills can be reinforced throughout the school year. The middle and high school lessons are designed for licensed health education teachers to implement in health education classes within an existing Alcohol and Other Drugs Unit. The HOPE Curriculum utilizes a skills-based approach that develop skills to make healthy choices about drugs and medicines. These health literacy concepts and corresponding skills would transfer to other substances and other health behaviors.

2a. *How does the HOPE Curriculum fit within an **ELEMENTARY** (K-5) health education curriculum?*

The K-5 lessons are designed for elementary classroom teachers to integrate opioid abuse prevention within their classroom. The HOPE Curriculum outcomes align with English language arts standards. These key messages and skills of the HOPE Curriculum can be reinforced throughout the school year. Students should participate in these lessons each year to meet the requirements of HB 367.

The K-5 lesson progression is similar for each grade level. Lesson 1 primarily focuses on the key concepts of making healthy choices, taking medicine with the help of trusted adult, and the consequences of making unhealthy choices. Lesson 2 focuses on decision-making, whether it is identifying healthy or unhealthy choices or using the **STOP, THINK, CHOOSE** model to make a healthy decision. Lesson 3 develops communication skills, particularly assertiveness and refusal skills. Lesson 4 is the lesson enhancement where students advocate to others the importance of making healthy and drug-free choices.

2b. *How does it fit within a **MIDDLE SCHOOL** health education curriculum?*

The HOPE Curriculum provides three lessons for each grade level with an additional lesson enhancement that can be used at any grade level. Middle school health education has a significant time constraint. Approximately 35 percent of Ohio's middle school students receive health education every year (Ohio Department of Health, 2015). Teachers will have to analyze their curriculum and their current health education course offerings to decide how to include not only the HOPE Curriculum but also the other required health education topics. If a student is only

receiving one semester of middle school health, teachers will have to select the HOPE lessons that best fit the needs of their students.

*2c. How does it fit within a **HIGH SCHOOL** health education curriculum?*

The HOPE Curriculum recognizes the contextual constraints of high school health education. With only a semester and 60 hours of health education required to graduate in Ohio, teachers may find it challenging to allocate 10 full lessons to opioid prevention. The HOPE Curriculum provides a scope and sequence of opioid prevention that could be a template for an AOD unit. Many of the scenarios or examples could be modified to address alcohol or other drugs. Most AOD units should be at least 10 lessons to best support their students' needs and the HOPE Curriculum can be used as a template or modified to fit those needs. Use local data to identify specific areas of need and modify or add HOPE lessons to meet the local community, school, and student needs.

3. What is the relationship between the HOPE Curriculum and Social-Emotional Learning?

Both the outcomes of the HOPE Curriculum and social-emotional learning help to develop essential skills to make healthy and drug-free choices. Social-emotional learning provides a set of foundational skills that can be used across topics, content, and situations to demonstrate self-management, self-awareness, responsible decision-making, relationship skills, and social awareness. The HOPE Curriculum focuses on increasing students' knowledge, decision-making skills, and positive attitudes to promote lifelong healthy behaviors. The HOPE Curriculum provides specific knowledge and skills related to opioid prevention.

4. How does it teach about heroin, and synthetic opioids such as fentanyl and carfentanyl?

Each of these substances are considered an opioid, and are thus targeted collectively in the HOPE lessons. The skills learned in the HOPE Curriculum would transfer across each of these substances. These substances are specifically addressed in High School Lesson 5, where the impact of opioids on self, others, and our community is addressed. Emphasis in K-5 is on skills needed to make healthy choices with drugs and medicines. These same skills are used when the topic is expanded in middle and high school beyond medication safety to include other opioids.

5. What about other drugs, alcohol, and tobacco?

The skills learned in the HOPE Curriculum transfer to alcohol, tobacco, and other drugs. The key is not the knowledge base about a substance, but a set of skills to make healthy choices. The HOPE Curriculum targets opioids specifically, but the lessons, activities, and assessments could be modified to meet the local needs and priorities. Modifications can be within a lesson or worksheet by substituting one substance for another in an activity. One suggestion is to split alcohol, tobacco, and other drugs into two units where the skills can be introduced and practiced in one topic, then reinforced in another unit toward the end of the semester.

6. What should I do if a student shares sensitive information about their own, parents', or others' experiences?

Your health education classroom or classrooms should be a safe and nurturing environment for all students.

Utilize Recognize, Reach Out and Refer (Ohio Department of Education, 2013):

1. **Recognize:** You should recognize information sharing as a signal the student needs assistance.
2. **Reach Out:** Respond to the student in a non-judgmental tone; show your concern and a willingness to help.
3. **Refer:** Seek the support of administrators, counselors, or other support personnel to provide additional resources to meet the student's needs. Provide accurate and timely information when referring the student.

ALWAYS follow district policy and procedures for reporting student concerns.

- Check with administrators to determine the current policy and reporting procedures.

7. How do I address a student's question about a controversial topic or a difficult question to answer?

It is not uncommon for students to ask questions while completing the HOPE lessons. Students may have questions or share information that might be difficult for teachers to answer or avoid disclosing sensitive information.

Determine district policy and, if you are unsure about district policy, seek an administrator's assistance.

- Affirm and clarify the question.
- Separate your personal emotions from the question or response.
- Maintain the line of communication by answering the question if it is an appropriate question. If the answer is unknown, develop a strategy such as "Let me get a little more information and give you an answer later today."
- Try to find out the motivation for the question or ask a clarifying question before answering.
- If you deem it an inappropriate question, express to the student your discomfort in answering the question.

If the content of the question is about drugs or prescription medicines, use [Generation Rx's Collaborate](#) tool or [Partnership for Drug Free Kids](#).

8. Why incorporate the HOPE Curriculum into health education and English language arts, but not science class?

The health education standards and activities of the HOPE Curriculum align with the ELA standards. While science helps students better understand their bodies and how they work, this knowledge is only important if it can be used with skills to make healthy choices. Science could be helpful regarding some components of Health Education Standard 1 (functional health knowledge), but the HOPE Curriculum uses functional knowledge as a foundation for developing the needed skills to engage in healthy behaviors.

9. Why is the classroom teacher important to the implementation of the HOPE Curriculum?

The classroom teacher is a trusted adult for students, one that is with them every day. The classroom teacher often plays the role of "The One Caring Adult." The classroom teacher can provide consistent messages and capitalize on moments to reinforce the importance of making healthy choices with medicines throughout the school year. The classroom teacher communicates frequently with parents and contributes to other protective factors in drug prevention through their classroom environment and developing social-emotional skills.

10. What is the role of the school counselor in the HOPE Curriculum?

The school counselor plays a key role in the HOPE Curriculum. The HOPE Curriculum envisioned the school counselor as a leader and major supporter. The original intent is for the classroom teacher to deliver the lessons with the school counselor supporting implementation. The counselor is there when teachers and students need support with questions, concerns, or assistance. The counselor could act as leader of the drug prevention efforts for the school, acting as a coordinator rather than the sole implementer of the lessons. If the classroom teacher feels underprepared or needs additional support, use a co-teaching model to build up their skills and confidence with the HOPE lessons. Counselors can also facilitate school-wide messaging and connecting with parents to reinforce key messages and skills.

11. What is the role of the school nurse in the HOPE Curriculum?

The school nurse is a key asset as a leader and major supporter of the HOPE Curriculum. Our intent was for the classroom teacher to deliver the lessons with the support of the whole school. The role of the school nurse would vary depending on the needs and resources available to each school.

12. What is the role of the prevention specialist in the HOPE Curriculum?

The HOPE Curriculum is designed for the health education curriculum, health education teachers and classroom teachers. The prevention specialist can facilitate the development of a school-wide drug prevention plan that includes the HOPE Curriculum. Similar to the school counselor, the prevention specialist can support teachers implementing the lessons by co-teaching lessons and supporting students and staff. The activities of the prevention specialist should be aligned with the health education teacher and health education curriculum so that the lessons and additional drug prevention efforts are aligned to maximize resources and share consistent messages. The school will also need the help of the prevention specialist with school-wide messaging and connecting with parents to reinforce key messages and skills.



The following section contains additional information about opioids, prescription medicines, information about the opioid crisis, and information about health education.

Resources for Teachers, Parents and Administrators

- Start Talking — <http://starttalking.ohio.gov/>
 - Access point for many resources for family, schools, and community
 - Identifies key concepts, including talking to your kids, safeguarding your home, and signs and symptoms of drug abuse
- Parents360 Rx — <http://starttalking.ohio.gov/Schools/Parents360-Rx>
 - Increase parent knowledge of substance use and improve parent confidence to speak with youth about substance use
 - Provides a template for parent education events and other connections with parents
- Know! — <http://starttalking.ohio.gov/Schools/Know>
 - TEACHable Moments: Tips designed for educators, emailed twice monthly, useful for parent newsletters, announcements, and reinforcing key concepts throughout the school year
 - A drug prevention and awareness partnership with Prevention Action Alliance for parents and caregivers of middle school students

Additional information for Opioids

- Partnership for Drug Free Kids
 - Heroin, Fentanyl, and Other Opioids from Understanding to Action
 - <https://drugfree.org/article/heroin-other-opioids-from-understanding-to-action/>
 - <https://drugfree.org/drug/drug-heroin/>
 - <https://drugfree.org/drug/prescription-pain-relievers-opioids/>
- Drug Free Action Alliance
 - <https://preventionactionalliance.org/learn/prescription-drug-misuse/>
- Centers for Disease Control
 - <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

Prescription Medication Information

- Prescription Medication Guidelines and Information
 - Ohio Information
 - <https://mha.ohio.gov/Researchers-and-Media/Combating-the-Opioid-Crisis>
 - Generation Rx
 - <https://www.generationrx.org/learn/key-messages/>

- Storage of medication
 - Partnership for Drug-Free Kids
 - <https://drugfree.org/medicine-abuse-project/>
- Disposal of unused medication
 - U.S. Food & Drug
 - <https://www.fda.gov/forconsumers/consumerupdates/ucm101653.htm>

Opioid Crisis: Information and Unintentional Overdose Data

- Understanding the national epidemic
 - <https://www.cdc.gov/drugoverdose/epidemic/index.html>
- Ohio Data
 - Drug Overdose in Ohio — Ohio Department of Health
 - <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/Drug-overdose/>
 - Ohio Youth Risk Behavior Survey
 - <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/MHYouthSurvey>

- County

Please refer to the websites and contacts in your county, but we have provided examples from Montgomery County.

- County Health Department
 - <http://www.phdmc.org/coat/158-accidental-overdose-death-totals>
- ADAMHS Board
 - <http://www.mcadamhs.org/>
- County Drug-Free Coalition or Opiate Task Force
 - <http://www.mcdrugfree.org/>

Guidelines for Ohio Health Education

- Health Education Requirements from Ohio Department of Education
 - <http://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education>

HB 367 Opioid Abuse Prevention Legislation

- Ohio Governor’s Cabinet Opiate Action Team (GCOAT) Recommendations
 - <http://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education/Opioid-Abuse-Prevention>
- Ohio Department of Higher Education Directive
 - https://www.ohiohighered.org/sites/ohiohighered.org/files/Directive_2017-009_ODHE.pdf

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APPENDIX A

Letter to Parents

Letter to School Administrator

Letter to Students

HOPE

Health and Opioid
Prevention Education

Dear Family,

Your child will be learning how to make healthy choices as part of the Health & Opioid Prevention Education (HOPE) Curriculum. Your child will learn key concepts and skills to use medication safely and prevent opioid misuse, including:

- Only take medicine with the help of a trusted adult.
- Do not share medicine or take someone else's medication.
- If a substance is unhealthy, unsafe, or unknown: "Don't Touch! Don't Taste! Don't Take! Tell a Trusted Adult."

Parents, guardians, and trusted adults are keys to preventing opioid and drug misuse by providing consistent messages, supporting children to make healthy decisions, and reinforcing the importance of medication safety. Support your child in making healthy choices by:

1. Talking to your child about making healthy decisions with medicines.
2. Securing your family's medicine in a locked cabinet out of reach of children.
3. Properly disposing of extra medications.

Use these resources to learn more about drug prevention, medication safety, and tips for parents to talk with their children about healthy choices:

- *Start Talking* (<http://starttalking.ohio.gov/>) – Ohio's resource for families, educators, and community leaders to learn more about supporting our children to live drug-free lives.
 - o *HOPE Curriculum* information can be found at (<http://starttalking.ohio.gov/Schools/The-HOPE-Curriculum>)
 - o *Know!* – Provides parents and other caregivers with twice-monthly email of free tips and information to reinforce prevention messages.
- *Generation Rx* (<https://www.generationrx.org/>) – Provides medication safety information and additional support from pharmacists and other prevention specialists.
- *Partnership for Drug-Free Kids* (<https://drugfree.org/>) – Another tool to support families and drug prevention education efforts.

Thank you for your support in helping your child make healthy and drug-free choices.

Dear Principal,

The HOPE Curriculum is a series of lessons designed to develop the knowledge and skills to make healthy choices with opioids and prescription medicine. HB 367 requires every school in Ohio to select a health education curriculum that includes instruction on the dangers of prescription opioid abuse and the connection between prescription opioid abuse and addiction to other drugs.

In health education class, your students will be learning how to prevent opioid abuse by making healthy choices with medication. Students will understand key concepts and develop skills to prevent opioid and other drug use, including:

- Take medicine under the direction of a trusted adult.
- Do not share medicine or take someone else's medication.
- Avoid riding in a car with someone under the influence, and avoid driving under the influence.
- Take steps to make healthy decisions.
- Use refusal and assertive communication skills and strategies.
- Demonstrate empathy and support others in making healthy choices.

Teachers, school personnel, administrators, and families are key factors in preventing drug abuse by providing consistent messages about healthy decisions and reinforcing the importance of using medicines appropriately. Together we can develop a school-wide drug prevention plan that includes consistent messages throughout the school day and school year. We suggest reviewing your existing health education curriculum to incorporate the HOPE Curriculum and review your course offerings to ensure you are meeting Ohio's requirements for health education. We also suggest developing a plan to support teachers, staff and students by sharing resources as they Recognize, Reach Out, and Refer students that might need additional support.

Use these resources to learn more about drug prevention, medication safety, and tips for parents:

- HOPE Curriculum (<http://starttalking.ohio.gov/Schools/The-HOPE-Curriculum>)
- The Safety and Violence Prevention Curriculum. Module 1: Behavioral health needs of students addressing mental health and substance abuse. (https://saferschools.ohio.gov/content/k_12_schools_training).
 - o Learn more about help your teacher Recognize, Reach Out, and Refer.
- Start Talking! (<http://starttalking.ohio.gov/>)
 - o Ohio's resource for parents to learn how to help our children to live drug-free lives.
- Know! (<http://starttalking.ohio.gov/Schools/Know>)
 - o Encourage your teachers and parents to sign up for free email tips to support your students' health.
- Generation Rx (<https://www.GenerationRx.org>)
 - o Medication safety and drug prevention resources.
- Partnership for Drug-Free Kids (<https://drugfree.org/>)
 - o Additional information about drugs to support drug prevention efforts.

Thank you for your support in helping your students make healthy and drug-free choices.

Dear Student,

You will be using the HOPE Curriculum to learn how to prevent opioid abuse by making healthy choices with medication. You will learn medication safety tips, including:

- Take medicine under the direction of a trusted adult.
- Keep for yourself — do not share medicine or take someone else's medication.
- Follow instructions.
- If you are unsure or don't what a substance is — Don't take! Don't touch! Don't taste! Tell a trusted adult.
- Be a good role model.

You will also learn:

- The steps to make healthy decisions.
- How to use refusal and assertive communication skills and strategies to make healthy choices.
- How to demonstrate empathy and support others in making healthy choices.

If you have questions or need more information about the HOPE Curriculum, medication safety, or making healthy choices please ask your teacher. These links might also be helpful:

- Start Talking! (<http://starttalking.ohio.gov/>)
 - o Ohio's resource for parents to learn how to help our children live drug-free lives.
- Generation Rx (<https://www.GenerationRx.org>)
 - o Medication safety and drug prevention resources.
- Partnership for Drug-Free Kids (<https://drugfree.org/>)
 - o Additional information about drugs to support drug prevention efforts.

Thank you for making healthy choices.

APPENDIX B

Summary Guide Tables

K-2 LESSON OVERVIEW

	K	1st	2nd
Lesson 1	Trusted Adults & Using Medicines Safely Students will differentiate between an adult, friends and trusted adults. Students will identify trusted adults at home, school or in the community who can help with taking medicines. The lesson emphasizes why we take medicine and the rule that we only take medicines with the help of a trusted adult.	We Make Healthy Choices The lesson focus is on how to make healthy and safe choices with medicine. Students will read multiple scenarios and sort them into healthy and unhealthy choices. The lesson reinforces how to make healthy and safe choices with medicine and only take medicines from a trusted adult.	Making Healthy Choices to Protect My Brain Students play a <i>Jeopardy</i> -type game to review making healthy choices, family and school rules about medicines and trusted adults. The lesson reinforces the importance of protecting the brain, particularly from the negative consequences of drug misuse.
Lesson 1 Objectives	1. Explain that the medicine can only be taken with the help of a trusted adult.	1. Differentiate between healthy/unhealthy and safe/unsafe choices about medicines.	1. Describe a healthy choice and how to make a healthy choice about medicines by involving a trusted adult.
	2. Differentiate between an adult and a trusted adult.	2. Identify who can help children make healthy choices.	2. Describe family and school rules about medicine use.
	3. Identify trusted adults in their home and in their community who will help them use medicines in a healthy way.		3. Sort pictures about medicines, drugs and other substances into categories of healthy/safe, unsure, and unhealthy/unsafe.
			4. Describe how the brain works, reasons to protect our brain and how misusing medicines can be harmful to you and your brain.
Lesson 2	Safe, Unsafe, or Unsure? Making Healthy Decisions The lesson focus is making healthy decisions and applying the guidelines for medicines and household products. Students will look at pictures to decide if they are safe, unsure or unsafe decisions. If a student is faced with a substance or situation where they feel it is unhealthy, unsafe or they are unsure remember – Don't Touch! Don't Taste! Don't Take! Tell a Trusted Adult.	Who Wants to Make Healthy Choices? Students will play the game "Who Wants to Make Healthy Choices?" During the game, students analyze the situation to determine if it was a healthy and safe, or unhealthy and unsafe choice. Following the game, a quick debrief will reinforce to ask for help from a trusted adult to make a healthy decision.	Steps to Making Healthy Choices Students will use the steps of making a healthy decision (STOP, THINK, CHOOSE) in three situations. Students will apply school and home rules for medicines and drugs to make healthy choices and unlock the "Code of Choices."
Lesson 2 Objectives	1. Describe the word harmful.	1. Identify trusted adults who can help make healthy decisions about medicines.	1. Describe the basic steps (STOP, THINK, CHOOSE) to make a healthy decision
	2. Differentiate between medicines and non-medicines (candy, harmful substances, and unknown substances).	2. Identify a healthy or unhealthy decision from a given scenario.	2. Apply the basic steps of decision-making to make a healthy choice about using medicine.
	3. Describe rules about medicines, harmful and unknown household products.	3. Describe what to do to make healthy choices about using medicines, harmful household products, unknown substances and things given to you by strangers.	3. Apply the rules and key points to remember to make a healthy decision about medicines.

K-2 LESSON OVERVIEW (CONTINUED)

	K	1st	2nd
Lesson 3	Healthy Decisions Keep “Sammy Safe” Students will analyze choices and determine if they are safe and healthy or unsafe and unhealthy. Students will then apply the guidelines for making healthy decisions with medicine to help the “Sammy” puppet be safe, happy, and healthy.	Asking a Trusted Adult for Help to Make a Healthy Decision Lesson 3 applies decision-making and communication skills in scenarios. The emphasis initially will be to identify healthy choices and when to ask for help from a trusted adult.	Being Assertive To Be Healthy The lesson will introduce assertive skills, which will help students communicate their healthy decisions to others. Students will seek help from trusted adults for situations involving medicines or drugs.
Lesson 3 Objectives	1. Describe the meaning of healthy.	1. Describe a healthy choice and unhealthy choice and how it feels to make a healthy choice.	1. Explain assertive communication is important to standing up for what you know is right and for healthy decisions.
	2. Identify healthy (safe) or unhealthy (unsafe) decisions involving medicines.	2. Identify situations that need help from a trusted adult.	2. Demonstrate assertive communication skills to refuse an unhealthy choice.
	3. Identify a trusted adult to help make healthy choices.	3. Demonstrate how to ask for help from a trusted adult to make a healthy decision using medicines.	
Lesson 4	I Will Make Healthy Choices Students will develop and sign the pledge to be safe with medicines and harmful substances, “I will make healthy choices about medicine. I will only take medicine from a trusted adult.”	I Will Make Healthy Choices about Medicine Students will brainstorm three possible reasons for making healthy choices. The student selects their favorite reason and writes a sentence. The student also writes a sentence about who can help them make a healthy choice.	Encouraging Others to Make Healthy Choices about Medicines Students will develop a paragraph to encourage others to make healthy choices by describing who can help with making healthy choices and the reasons to make healthy choices.
Lesson 4 Objectives	1. Share with others how they will make healthy choices and seek the help of trusted adults when taking medicines.	1. Write a statement about why it is important to make healthy choices about medicine and asking for help to make healthy choices.	1. Students write an informative paragraph that states the importance of healthy decisions about medicines and who can help them make healthy decisions about medicines.
		2. Students will write about who can help them make a healthy choice.	2. Provide supporting facts or reasons to make healthy choices about medicines.

3–5 LESSON OVERVIEW

	3 rd	4 th	5 th
Lesson 1	Healthy Choices are Best for Me! Students will compare and contrast the positive and negative consequences of making healthy choices about medicines. The lesson will reinforce following school and family rules for medicine and always asking for help from a trusted adult to take medicine.	Your Health is not a Game of Chance The purpose of the lesson is to reinforce making healthy choices and the consequences of unhealthy choices. We will use a “Game of Chance” activity to show the risks and consequences of making healthy or unhealthy decisions.	Healthy Decisions: Over-The-Counter and Prescription Medicines. Students will compare and contrast OTC and prescription medicines. The lesson will reinforce home and school rules for taking, storing and disposing medicines (including always taking under the direction of an adult) in the context of learning about prescription medicines.
Lesson 1 Objectives	1. Identify positive and negative outcomes for healthy decisions about medicine on physical, social and emotional health.	1. Describe possible risks and consequences of making unhealthy decisions about medicines and drugs.	1. Compare and contrast the characteristics of OTC and prescription medicines.
	2. Make a healthy choice about medicines in a scenario.	2. Summarize the potential effects of a decision on a person’s physical, social, and emotional health.	2. Identify rules for taking medicine at home and school.
	3. Describe home and school rules about medicine safety.	3. Explain the guidelines or rules for taking medicines at home or school and how they can help us make healthy decisions.	3. Explain that OTC and prescription medicine are only to be taken as directed and under the supervision of a trusted adult.
			4. Explain how medicines should be stored and how they should be disposed after use.
			5. Discuss the risks and impact of unhealthy decisions about OTC, prescriptions and drugs on physical, emotional and social health.
Lesson 2	Healthy Decision Detective Students will apply the steps to making a healthy decision in the role of Detective H.S. (Healthy, Safe) Decision. Detective H.S. Decision will use the steps of making a healthy decision, identify consequences of the decision, and determine if the decision healthy, safe and respectful.	Your Mission? Making Healthy Decisions Students will pose as a secret agent and solve a series of case files that require a healthy decision to complete the mission. The missions will require students to “think ahead,” and determine if places, people or things could lead to unhealthy decisions.	STOP, THINK, CHOOSE to Make Healthy Decisions The STOP, THINK, CHOOSE model will be used to help student think about the alternatives and possible consequences before making a choice. Students will play a board game where they will review key concepts, identify positive/negative consequences to decisions and apply the STOP, THINK, CHOOSE model.
Lesson 2 Objectives	1. Apply STOP, THINK, CHOOSE to make a healthy decision in a scenario.	1. Explain ways a person can think ahead to avoid situations, people, places and things that could lead to possible unhealthy behaviors.	1. Describe the components of the STOP, THINK, CHOOSE model.
	2. Determine if a possible consequence of a decision is positive or negative.	2. Analyze a situation and determine possible positive and negative on self and others	2. Apply the STOP, THINK, CHOOSE model to make a healthy decision about drugs or medicines.
	3. Analyze a situation or choices to determine if it is healthy, safe, demonstrates respect and aligns with family or school rules and laws.	3. Analyze the decision to determine if the will be safe, healthy, follow rules, and respect self and others.	3. Describe the components of a healthy, safe, respectful decision.
			4. Determine positive and negative consequences of a potential decision.

3–5 LESSON OVERVIEW (CONTINUED)

	3 rd	4 th	5 th
Lesson 3	Refuse to Use The focus is on standing up for yourself and the healthy decisions you make. Students will learn practice the four aspects of assertive communication including: looking at the person, stating the decision firmly but politely, walking away if pressured continuously and telling a trusted adult about an unhealthy/unsafe situation.	Being Confident & Assertive to Make Healthy Choices The lesson will develop assertive communication skills and strategies to be confident and stand up for themselves and their healthy decisions. Students will think about what they will say in a situation, and then practice being assertive in delivering the message with a peer.	Don't Give in to Peer Pressure: Make Healthy Choices Students will practice the “Three No’s and a Walk” refusal technique. Students will apply the refusal techniques in two different scenarios. The teacher will debrief the scenarios to reinforce positive influences on healthy choices, and being assertive to make healthy choices.
Lesson 3 Objectives	1. Apply the steps of “Standing Up for Yourself” to make healthy decisions about medicines.	1. Practice using assertive communication skills when making a healthy decision with medicines or drugs in a scenario.	1. Explain why it is important to resist peer pressure.
	2. Recall what to do if faced with an unhealthy situation or being pressured to make an unhealthy decision about medicines or drugs.	2. Describe healthy alternatives to using medicines or drugs.	2. Write statements to demonstrate “Three No’s and a Walk,” for a given situation.
	3. Identify trusted adults and resources to support healthy choices.	3. Analyze assertive communication of a peer to determine strengths and areas to improve.	3. Demonstrate assertiveness communication while demonstrating the refusal technique of “Three No’s and a Walk.”
		4. Describe how friends and peers influence making healthy choices about medicine or poisons.	4. Analyze a peer’s refusal technique to determine if the communication was assertive.
Lesson 4	Advocating to be Drug-Free Students are asked to share what they have learned about healthy choices and express that in a creative manner using a RAFT (Role, Audience, Format, Topic).	Why I Make Healthy Choices Students are asked to share what they have learned about healthy choices and express that in a creative manner using a RAFT (Role, Audience, Format, Topic).	I Make Healthy Choices about Medicines and You Should Too. Students are asked to share what they have learned about healthy choices and express that in a creative manner using a RAFT (Role, Audience, Format, Topic).
Lesson 4 Objectives	1. Write on a specific topic, choosing an appropriate role, audience, and format.	1. Write on a specific topic (making healthy choices about medicines and drugs, choosing an appropriate role, audience, and format.	1. Write on a specific topic (making healthy choices about medicines and drugs, choosing an appropriate role, audience, and format.
	2. Describe three details about how to make healthy choices about medicines or drugs.	2. Describe three details about how to make healthy choices about medicines or drugs.	2. Describe three details about how to make healthy choices about medicines or drugs.