

HOPE

Health and Opioid
Prevention Education

HOPE



The HOPE Curriculum was funded by a grant from the Ohio Department of Higher Education.

Project Manager – Kevin Lorson, Wright State University.

For additional information, please contact HOPECurriculum@wright.edu.

We would like to thank all of the individuals who contributed to the project:

Grades K-5

Kevin Lorson, Ph.D.	<i>Professor, Health & Physical Education, Wright State University</i>
Judy Jagger-Mescher, M.S.	<i>Instructor, Health & Physical Education, Wright State University</i>
Tracey Kramer, M.Ed.	<i>Senior Lecturer, Director of the Office of Partnership & Field Experience, Wright State University</i>
Shannon Dipple	<i>Teacher, Kettering City Schools (J.E. Prass Elementary)</i>

Grades 6-8

Tina Dake, M.Ed.	<i>Health Education Teacher, Washington Local Schools (Whitmer High School)</i>
Joe Dake, Ph.D., M.P.H.	<i>Chair, School of Population Health, University of Toledo</i>
Kevin Lorson, Ph.D.	<i>Professor, Health & Physical Education, Wright State University</i>
Allison Tomlin	<i>Health Education Teacher, Upper Arlington Schools (Hastings Middle School)</i>
Lindsey Steuer	<i>Health & Physical Education Teacher, St. Mary School</i>

High School

Tina Dake, M.Ed.	<i>Health Education Teacher, Washington Local Schools (Whitmer High School)</i>
Joe Dake, Ph.D., M.P.H.	<i>Chair, School of Population Health, University of Toledo</i>
Kevin Lorson, Ph.D.	<i>Professor, Health & Physical Education, Wright State University</i>
Pam Malone	<i>Health Education Teacher, Chagrin Falls High School</i>

HOPE Curriculum K-12 Consultants

Mary Huber, Ph.D., C.R.C.	<i>Associate Professor, Director of Chemical Dependency Counseling Graduate Program, Wright State University</i>
Laura Rooney, M.P.H.	<i>Ohio Department of Health</i>
Christa Hyson, M.P.H.	<i>Project Director, Not Even Once; People Liberty Grantee; Cincinnati Health Department.</i>

School Administrator Advisory Group

Trevor Thomas, Ed.D.	<i>Superintendent, Heath City Schools</i>
Tony Dunn, M.Ed.	<i>Superintendent, Belpre City Schools</i>
Dennis Eichinger, M.Ed.	<i>Principal, Belpre High School</i>
Desiree Powell, M.Ed.	<i>Curriculum & Instruction, Director Interscholastic Athletics, EnCore and Student Activities, Cleveland Metropolitan School District</i>

HOPE Curriculum Advisory Group

Kevin Lorson	<i>Professor, Health & Physical Education, Wright State University</i>
Jana Fornario	<i>Governor's Office</i>
Tina Bickert	<i>Ohio Department of Health</i>
Molly Stone	<i>Ohio Department of Mental Health & Addiction Services</i>
Ryan Eldridge	<i>Ohio Department of Education</i>
Dan Badea	<i>Ohio Department of Education</i>
Marcie Seidel	<i>Drug Free Action Alliance</i>
Nicole Kwiek	<i>Generation Rx</i>
Sarah Moore	<i>Start Talking!</i>

Graphic Design and Illustrations

Scott Dawson	<i>DawsonCreativity and Wright State University Office of Marketing</i>
--------------	---

Additional Editing

Andrew Call	<i>Wright State University Office of Marketing</i>
-------------	--

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.

Who is the target audience?

The HOPE Curriculum is designed for Ohio’s teachers and their students. Teachers can foster positive school climates, communicate consistent messages, and serve as caring, trusted adults. Teachers take on the role of a trusted adult in the classroom, have daily contact with students, and provide consistent messages across the school year. Teachers also contribute to drug prevention in many ways, including developing social emotional skills, promoting academic achievement, and connecting with parents.

The elementary (K-5) lessons are designed for classroom teachers to integrate opioid abuse prevention within English Language Arts (ELA). The HOPE Curriculum outcomes of decision-making, communication, and advocating for healthy choices more closely align with the ELA standards. The aligned ELA standards are identified in each lesson. The key messages and skills of the HOPE Curriculum can be reinforced throughout the school year by the classroom teacher with other social-emotional learning and health education curriculum.

Middle and high school health education is also part of the HOPE Curriculum’s target audience. This meets Ohio’s requirement from HB 367 to adopt a health education curriculum that includes the dangers of prescription drugs and opioids. This also re-establishes the role of the health education teacher in opioid prevention and developing healthy literacy in Ohio’s students. The middle and high school lessons are designed for licensed health education teachers to implement within the health education curriculum.

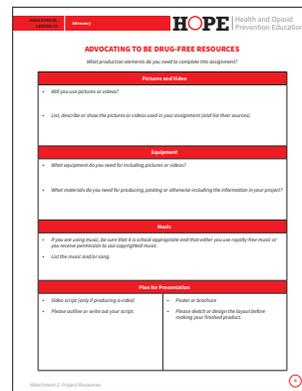
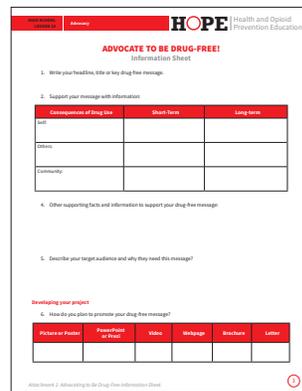
School administrators, other school personnel, counselors, and stakeholders in school-based drug prevention can also make key contributions to the success of the HOPE Curriculum:

- Reinforce key messages.
- Make consistent connections.
- Be ready to respond to support teachers, students, and families.
- Provide leadership to build a comprehensive school-wide drug prevention program.

The key concepts and skills of the HOPE Curriculum can also be integrated into existing school-wide drug prevention programs. The HOPE Curriculum is designed for health education curriculum, but other prevention programs and providers can utilize the lessons to provide comprehensive and consistent messages to students. A school-wide or whole child approach can be used to reinforce skills that lead to healthy behaviors across programs or initiatives.

How do I get a copy of the HOPE Curriculum and Lesson Plans?

Health education teachers and school administrators can have access to preview the lessons by contacting HOPECurriculum@wright.edu to gain access to the website hosting the lesson plans and materials. The lessons and support materials will also be available on the *StartTalking!* website.



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.

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

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 (AOD) 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 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.

Understanding the Lessons Plans

Format for the middle school/high school lessons:

- A. Overview:** Snapshot summary of the contents of the lesson.
- B. National Health Education Standards:** Identifies the related performance indicators addressed in the lesson.
- C. Healthy Behavior Outcome:** The healthy behavior to be achieved at the end of the lesson.
- D. Lesson Objectives and Assessments:** A table identifying the knowledge and skill expectations.
- E. Materials and Resources:** List of assessments, PowerPoint, and other materials.



**HIGH SCHOOL
LESSON 2** | **Addiction**

Overview

In this lesson, students will take a closer look at the stages of addiction. The students will see various scenarios and see how the progression of the addiction leads to severe consequences. A

National Health Education Standards

Standard 1: Comprehending Concepts

Performance Indicator 1.12.6: Summarize the harmful short- and long-term physical, psychological, and social consequences of drug use. B

Performance Indicator 1.12.9: Evaluate situations that could lead to the use of other drugs.

Healthy Behavior Outcome (HBO) C

Make choices about drugs that support a healthy lifestyle.

Lesson Objectives D

Students will be able to:

Objective	Assessment
1. Identify stages of addiction and situations that could lead to the use of other drugs.	• <i>Stages of Addiction</i> notes
2. List physical, psychological, and social consequences associated with drug addiction.	• <i>Discussion Questions 2, 3, 4</i> from Addiction Activity
3. Identify the influences of others on drug use, including those impacted by drug use.	• <i>Discussion Question 2</i> from Addiction Activity
4. Analyze how drug addiction can lead to multiple unhealthy behaviors.	• <i>Discussion Question 4</i>
5. State specific reasons that motivate themselves to be drug free; their “anti-drug.”	• <i>Discussion Question 6</i>

Time: 25-30 minutes

Materials E

Assessments and Worksheets

- *Stages of Addiction* notes (**Attachment 1**); *Addiction Scenarios* (**Attachment 2**); and *Questions* (**Attachment 3**).

Resources

- Four colors of paper cut into squares

1

Understanding the Lessons Plans

Format for the middle school/high school lessons:

- F. Lesson Resources:** Additional materials outside of the HOPE Curriculum that provide information that supported the development or implementation of the lesson.
- G. Introduction:** Statement to prepare students for the content of the lesson. Answers the famous student question “What are we doing today?”
- H. Teaching Steps:** The bell ringer (anticipatory set that prepares the student for the focus of the lesson), transitions, check for understanding, and descriptions of activities to implement the lesson.
- I. Closure:** Recap of lesson and a review of the lesson objectives.
- J. Attachments:** Activities, assessments, and rubrics to assess student learning.

HOPE Health and Opioid Prevention Education

HIGH SCHOOL LESSON 2 | Addiction

Resources

- National Institute on Drug Abuse: Drugs, Brains, & Behavior—The Science of Addiction <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>
- Help for Addiction:
 - <https://www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-addicted-loved-one-has-a-problem-drugs>
 - <https://findtreatment.samhsa.gov/>

Introduction

Today we are going to take a closer look at addiction and the consequences that come with it.

Teaching Step

Activity 1: Stages of Addiction Notes

- We are talking about addiction today because people underestimate the power of physical and psychological addiction. People do not intend to ruin their relationships, health, career, education, etc. when they begin using; it is just a natural consequence associated with addiction.
- Ask students, “Why do people start using drugs even when they know they are ruining their health?”
- Tell students that some people who try drugs out of curiosity do not always get a good chance in life. Addiction is very powerful physically and psychologically and can take a person from this world with one hit.
- Distribute *Stages of Addiction* notes and review.
 - Experimental:** Drugs are used out of curiosity
 - Occasional:** Drugs may also be used socially or occasionally
 - Situational:** Use of drugs associated with particular activities
 - Intense:** Users habitually turn to drugs whenever they are faced with a problem
 - Compulsive:** Users cannot control their drug use; emotionally and most of the time physically dependent on the drug

Activity 2: Addition Activity

- Now that you have a better understanding of addiction, let’s look at the life of an addict.
- Step 1:** Distribute three squares of paper with four different colors to each student; students will end up with twelve pieces of paper. Have four student volunteers distribute the papers.
 - The students will write the following items on the cards:
 - Color 1** – Three special people in their life
 - Color 2** – Three possessions special to them
 - Color 3** – Three activities they enjoy
 - Color 4** – Three personal attributes, abilities, talents or characteristics about themselves

HIGH SCHOOL LESSON 2 | Addiction | **HOPE** Health and Opioid Prevention Education

DISCUSSION QUESTIONS

- How did you feel ripping up the papers?

- In your opinion, what category of papers had the most impact on you when ripping up the papers? Why?

- How does this activity relate to addiction?

Attachment 2a: Discussion Questions

HOPE Health and Opioid Prevention Education

HIGH SCHOOL LESSON 2 | Addiction

6. What will you do to prevent becoming a victim of drug addiction?

- Students state various reasons that motivate them to be drug free. This can be defined as their “anti-drug.” This question also allows for students to map out their drug free path and set goals for the future.

Closure

- We have identified the stages and consequences of addiction. Addiction does not just affect the user; it has consequences that is has on the user’s life and the lives of their loved ones.
- Students turn in Discussion Questions.

HIGH SCHOOL LESSON 2 | Addiction | **HOPE** Health and Opioid Prevention Education

DISCUSSION QUESTIONS (CONTINUED)

- How would you explain the life of a drug addict? (include physical, psychological and social consequences as well as the potential for other unhealthy behaviors)

- At what point in the activity did the user lose control?

- What will you do to prevent becoming a victim of drug addiction?

Attachment 2b: Discussion Questions

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 the following steps and resources:

- **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 The curriculum completed for high school credit must be the high school curriculum. If a student completes the health education in another instructional environment (online, summer school, or credit flexibility), the student learning outcomes and curriculum must align. Students must complete the middle school curriculum before taking the high school health education class towards the half-unit graduation credit.
 - *Curriculum Requirements:* School districts shall prescribe a health education curriculum for all schools that includes the topics (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 Venereal disease education (parent exemption)
 - o Dating violence prevention education
 - o Prescription opioid abuse prevention
 - o Anatomical gifts
 - o Grades 7-8:
 - There is no minimum time requirement for K-8, but each school must provide 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 Venereal disease education (parent exemption)
 - o Dating violence prevention education
 - 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.

Teaching and Developing Skills in Health Education

The HOPE lessons are designed to develop knowledge and skills that will lead to health literacy. There are developmental steps to nurture skill development in students and are similar to the steps to develop motor skills. The HOPE Curriculum utilizes these steps throughout the middle and high school lessons.

- These steps to teaching health skills are (Benes & Alperin, 2016):
 1. Discussing the importance of the skill, its relevance, and relationship to other learned skills.
 2. Model or demonstrate the skill.
 3. Present the steps for developing the skill.
 4. Practicing and rehearsing the skill.
 5. Practice the skill using real-life scenarios.
 6. Provide feedback and reinforcement.

Facilitating Discussions and Responding to Students' Questions

The HOPE lessons include questions to check for understanding and help facilitate discussions about the topic and skills being learned. Students may have questions that might be difficult for teachers to answer or avoid disclosing sensitive information. The following guidelines are useful for creating a classroom environment, facilitating discussions, and addressing student questions.

- Create a Positive Learning Environment:
 - o A positive learning environment establishes trust and leads to participation and engagement in learning. Students are more likely to feel valued, safe, and supported. A positive learning environment begins with the teacher and can be seen in planning, implementation, and reflection. The following are characteristics of a positive learning environment (Benes & Alperin, 2016):
 1. Students feel physically and emotionally safe.
 2. Students know they are valued and respected regardless of other factors such as ability, gender, sexuality, race, ethnicity, or religion.
 3. Students have ownership and input related to class structure and expectations.
 4. All students are challenged to achieve high expectations.
 5. Standards of behavior are established and are consistently and equitably enforced for all students.
 6. Class structure provides multiple and varied opportunities for students to experience success.
 7. The teacher gets to know all students and uses that knowledge to create meaningful experiences.
 8. There is positive teacher-student rapport.
- How to Address Student Questions or Students Sharing Sensitive Information or Situations
 - o It is not uncommon for students to ask questions while completing the HOPE Lessons. Students may have questions that might be difficult for teachers to answer or avoid disclosing sensitive information.
 - o Determine district policy and, if you are unsure about district policy, please seek the assistance of an administrator.
 - o Steps to consider:
 - 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.

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).

1. Recognize

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

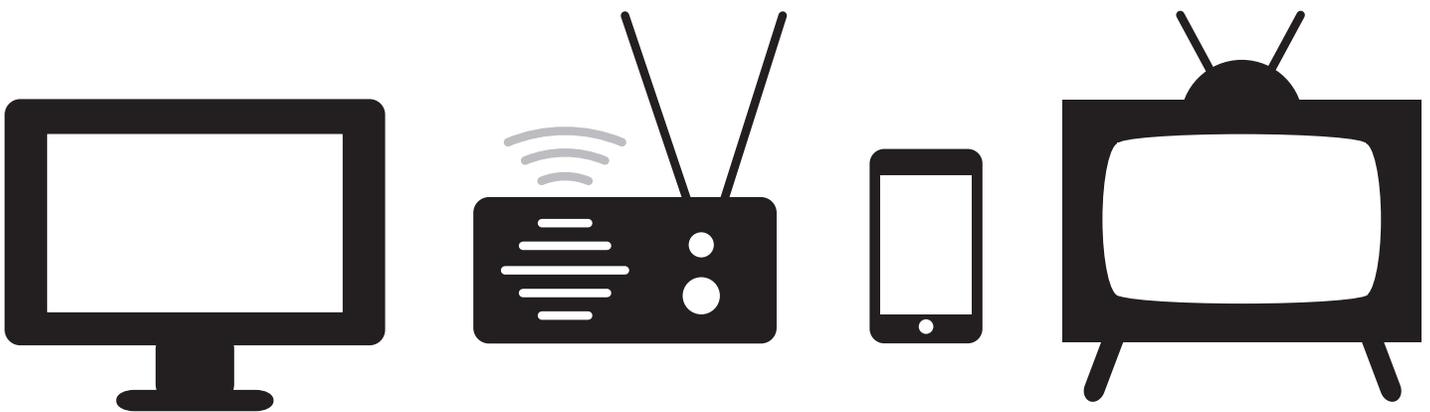
Teachers and school professionals are essential to supporting our students to be healthy and drug-free. One caring adult is a significant protective factor in drug prevention. We support the Safer Schools Ohio Training statement (Ohio Department of Education, 2013) (Lorson et al, 2020):

“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:

- 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”



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)
 - 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*.
- In June 2018 the Committee published a resource guide (<https://www.ohioattorneygeneral.gov/getdoc/45e17fe1-a35a-4549-967f-c2d6f9cfcdd7>) to assist schools in providing comprehensive prevention education.
- 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](#).

HOPE Curriculum Informational Letters

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. The parent letter should be provided before beginning the lessons to:

- 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 carfentanil?

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

- Association for Supervision and Curriculum Development. (2017). *ASCD School Improvement Tool*. Retrieved from <http://sitool.ascd.org/Default.aspx>
- Association for Supervision and Curriculum Development. (2017). *Whole Child*. Retrieved November 1, 2017, from <http://www.ascd.org/whole-child.aspx>
- Benes, S., & Alperin, H. (2016). *The Essential of Teaching Health Education: Curriculum, Instruction and Assessment*. Champaign, IL: Human Kinetics.
- Centers for Disease Control. (2015). *Characteristics of Effective Health Education*. Retrieved October 31, 2017, from <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>
- Centers for Disease Control and Prevention. (2012). *Health Education Curriculum Analysis Tool*. Atlanta, GA: CDC.
- Joint Committee on National Health Education Standards. (2007). *National Health Education Standards, Second Education: Achieving Excellence*. Washington, D.C.: The American Cancer Society.
- Lorson, K., Lawrence, J., Neyland-Brown, L., Huber, L., & Francis, J. (2020). The Opioid Crisis and the Role of the Health and Physical Education. *Future Focus*.
- Ohio Department of Education. (2013). *The Safety and Violence Prevention Curriculum. Module 1: Behavioral health needs of students addressing mental health and substance abuse*. Retrieved October 30, 2017, from https://saferschools.ohio.gov/content/k_12_schools_training
- Ohio Department of Education. (2017, October 3). *7-8 Health Education Curriculum Legislated Requirements*. Retrieved October 20, 2017, from <https://education.ohio.gov/getattachment/Topics/Ohios-Learning-Standards/Health-Education/7-8-Health-Education-Curriculum.pdf.aspx>
- Ohio Department of Education. (2017, October 3). *9-12 Health Education Curriculum Legislated Requirements*. Retrieved from <https://education.ohio.gov/getattachment/Topics/Learning-in-Ohio/Health-Education/9-12-Health-Education-Curriculum.pdf.aspx>
- Ohio Department of Education. (2017, October 3). *Health Education*. Retrieved October 20, 2017, from <https://education.ohio.gov/Topics/Learning-in-Ohio/Health-Education>
- Ohio Department of Education. (2017, October 3). *K-6 Health Education Curriculum Legislated Requirements*. Retrieved October 20, 2017, from <https://education.ohio.gov/getattachment/Topics/Ohios-Learning-Standards/Health-Education/K-6-Health-Education-Curriculum.pdf.aspx>
- Ohio Department of Health. (2015). *2014 Ohio School Health Profiles Summary: An Overview of Ohio Middle and High School Health Policies and Programs*. Columbus, OH: Author.
- Ohio Joint Study Committee on Drug Use Prevention Education. (2017). *Ohio Joint Study Committee on Drug Use Prevention Education Report*. Columbus, OH: Author.
- Partnership for Drug-Free Kids. (n.d.). *Drug Guide*. Retrieved October 30, 2017, from <https://drugfree.org/wp-content/uploads/2017/02/Drug-Guide-for-Parents.pdf>
- Raffle, H., Ware, L. J., Lorson, K., & Blinsky, B. (2017, November). Portrait of middle and high school health education in Ohio. *Paper presented at the convention of the Ohio Association for Health, Physical Education, Recreation and Dance*. Sandusky, OH.

APPENDIX A

HOPE Curriculum Informational Letters for
Family, Principal and Student



Dear Family,

As part of the Health Education Curriculum, your son or daughter will be learning how to make healthy choices with medicine and opioids as part of the supplemental Health and Opioid Prevention Education (HOPE) Curriculum. The focus is on learning the following key concepts and skills to use medication safely and prevent opioid misuse:

- Take medicine only 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 of drugs and avoid driving under the influence.
- Take steps to make healthy decisions.
- Use refusal and assertive communication skills and strategies.
- Demonstrate empathy and supporting others in making healthy choices.

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

- Talking to your child about making healthy decisions with medicines.
- Securing your family's medicine in a locked cabinet out of the reach of children.
- Disposing of extra medications properly.

Additional resources are available to learn more about drug prevention, medication safety, and tips for parents:

- *HOPE Curriculum* (<http://starttalking.ohio.gov/Schools/The-HOPE-Curriculum>)
- *Start Talking!* (<http://starttalking.ohio.gov/>)
 - o Ohio's resource for parents to learn how to teach our children to live drug-free lives.
- *Know!* (<http://starttalking.ohio.gov/Schools/Know>)
 - o Sign up for free twice-monthly email tips to help parents support their child's health.
- *Generation Rx* (<https://www.generationrx.org/>)
 - o Take advantage of safe medication practices and drug prevention resources.
- *Partnership for Drug-Free Kids* (<https://drugfree.org/>)
 - o Additional information about drugs to support families and drug prevention 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

GRADES 6–8 LESSON OVERVIEW

	6 th	7 th	8 th
Lesson 1	<p>Proper Use v. Misuse</p> <p>The purpose of this lesson is for students to understand the dangers associated with taking prescription and Over the Counter (OTC) medications inappropriately. Students will discuss perceptions of norms regarding prescription and OTC medications. They will practice identifying proper and improper use of medications by analyzing various scenarios.</p>	<p>Reasons for Drug Abuse</p> <p>Students will take a closer look at influences and examine how positive personal values, beliefs and goals for their future can help them lead a drug-free lifestyle. Students will leave this lesson with a visual reminder of why they want to stay drug-free for their lifetime.</p>	<p>Influences on Drug Use</p> <p>The purpose of this lesson is to analyze the influence of media on health behaviors. Students will learn about the influence of advertising of prescription drugs in our country and how these messages might influence healthy decisions about drugs. Students identify other valid and reliable sources of information for healthy use of prescription drugs and medicines.</p>
Lesson 1 Objectives	1. Explain the rules for safe and healthy use of medicine.	1. Identify influences including norms, family, community, peers, personal values, media that affect substance abuse practices and behaviors.	1. List at least three media sources they see or hear prescription drug references.
	2. Differentiate between proper use and misuse of prescription and OTC medicines.	2. Summarize the potential effects of a decision on a person’s physical, social, and emotional health.	2. Identify specific guidelines for appropriate use of prescription and over-the-counter medicines.
	3. Identify the potential consequences for misuse of prescription and over-the-counter (OTC) medicines.	3. Explain the guidelines or rules for taking medicines at home or school and how they can help us make healthy decisions.	3. Analyze the validity and reliability of information for over-the-counter and prescription medicines.
	4. Identify peer norms, personal values and beliefs that influence drug-use practices and behaviors.		5. Explain how medicines should be stored and how they should be disposed after use.
			6. Discuss the risks and impact of unhealthy decisions about OTC, prescriptions and drugs on physical, emotional and social health.
Lesson 2	<p>Communication Strategies for Refusing Drugs</p> <p>This lesson helps students to understand verbal and nonverbal communication skills that assist in an assertive refusal skill. Students will learn the difference between passive, assertive and aggressive communication and strategies to deliver an assertive message. Students will practice what they have learned by writing assertive refusal skill statements in response to being offered drugs.</p>	<p>Refusal Skills</p> <p>The goal of this lesson is for students to gain confidence in using refusal skills. Students will learn refusal strategies to say no to drugs and put the skills into practice during a role play. Students will analyze the effectiveness of a peer’s refusal skill performance.</p>	<p>Refusal & Communication Skills</p> <p>The purpose of this lesson is for students to refine and practice existing refusal skills and gain additional strategies to say no to drugs. Students will analyze situations that could lead to substance abuse and examine different influences present to apply an effective refusal skill or strategy</p>
Lesson 2 Objectives	1. Students will be able to identify the difference between passive, aggressive and assertive communication.	1. Use effective peer resistance skills when faced with the pressure to use drugs. 2. Show how to reinforce their drug free choice both verbally and nonverbally.	1. Identify situations that could lead to drugs.
	2. Students will identify the steps of the STOP strategy.		2. Identify influences that are present in peer pressure situations.
	3. Students will write assertive refusal messages to demonstrate skills to be drug-free.		3. Apply various refusal skill strategies to avoid drug use through role playing different peer pressure scenarios.
	4. Students will identify assertive verbal and nonverbal cues in an effective drug-free message.		4. Identify elements of effective peer resistance skills when observing a role play.

GRADES 6–8 LESSON OVERVIEW (CONTINUED)

	6 th	7 th	8 th
Lesson 3	<p>Making Healthy Decisions about Drug Use</p> <p>The purpose of this lesson to reinforce the decision-making process of STOP, THINK, CHOOSE and to identify all the important things students need to consider when making decisions. Students will gain confidence in decision-making by practicing the proper decision-making steps through scenarios.</p>	<p>Decision-Making</p> <p>This lesson is for students to review the STOP, THINK, CHOOSE decision-making model and analyze the outcomes of a decision. Students will also identify various influences on the decisions we make and how to combat them to make the healthiest choice.</p>	<p>Effective Communication to Facilitate Healthy Choices</p> <p>The purpose of this lesson is to provide students with effective communication strategies and equip students with the skills to make healthy decisions. Students will practice decision-making using STOP, THINK, CHOOSE and effective communication skills in scenarios that include making the healthy choice to avoid dangerous situations.</p>
Lesson 3 Objectives	1. Identify healthy options when making decision.	1. Define the steps of the STOP, THINK, CHOOSE decision-making model.	1. Identify the negative social, physical and psychological impact of substance abuse.
	2. Identify possible positive and negative consequences of a decision.	2. Identify possible influences and how they affect decisions related to drug use.	2. Identify appropriate and inappropriate reasons why a person would use a drug.
	3. Apply the STOP, THINK, CHOOSE model to analyze a scenario and think about possible options to make a healthy choice.	3. Use their knowledge of consequences and benefits for each outcome and evaluate the healthiest choice.	3. Identify consequences associated with dangerous behaviors associated with substance abuse.
	4. Identify valid health resources who support healthy choices about drugs.		5. Apply the STOP, THINK, CHOOSE decision-making model to make healthy choices.
			6. Apply communication and decision-making strategies to avoid riding in a motor vehicle with an impaired driver.
Lesson 4	<p>Lesson 4 would be appropriate for 6th, 7th or 8th grade students. This lesson is for students to promote and advocate to others to make drug-free choices using the information they have learned throughout the drug prevention unit. Students will have the opportunity to write a letter to a 5th grade student that promotes the benefits of being drug free and positive alternatives to using drugs. Writing these letters will help students recognize the influence they have on others and the responsibilities of being a positive role model. Students who promote healthy behaviors are more likely to adopt positive behaviors.</p>		
Lesson 4 Objectives	1. Define advocacy.		
	2. Write a letter to encourage a 5th Grader to be drug-free that includes accurate information about proper use of medicine.		
	3. Identify the benefits of being drug free.		
	4. Describe positive alternatives to using drugs and strategies to be drug free.		

HIGH SCHOOL LESSON OVERVIEW

	Lesson 1	Lesson 2	Lesson 3
Lesson Description	<p style="text-align: center;">Drug Use & Its Impact on You</p> <p>Students will discuss appropriate and inappropriate uses of a drug, and explore reasons why a person would abuse a drug. Students will explore the scope of the problem by analyzing the impact of drug use on relationships and society, as well as the user's health, education, and future.</p>	<p style="text-align: center;">Addiction</p> <p>Students will take a closer look at drug misuse, drug abuse and addiction. The students will listen to various scenarios and see how the progression of the addiction leads to severe consequences.</p>	<p style="text-align: center;">Proper Use of Prescription and OTC Medicines</p> <p>Students will identify the characteristics of appropriate use, storage and disposal of over-the-counter (OTC) and prescription medicines. Students will describe the consequences associated with misuse of prescription and OTC medicines. Students will read scenarios to identify proper use/misuse as well as alternatives to misuse of OTC and prescription medicine.</p>
Lesson Objectives	<ol style="list-style-type: none"> 1. Identify appropriate and inappropriate reasons why a person would use a drug. 2. Analyze the trends of drug use by reviewing data from the Ohio Youth Risk Behavior Survey (YRBS) and identify group norms for drug use. 3. Identify the negative social, physical and psychological impact of drug abuse. 4. Analyze at least two reasons why people abuse illegal or legal drugs and determine an alternative to combat each reason. 5. Write a declarative sentence that summarizes at least one specific reason why they will not abuse drugs. 	<ol style="list-style-type: none"> 1. Identify stages of addiction. 2. List physical, psychological, and social consequences associated with drug addiction. 3. Identify the influences of others on drug abuse, including those impacted by drug use. 4. Identify ways you could support a person with an addiction. 5. State specific reasons that motivate themselves to be drug free in their "anti-drug" message. 	<ol style="list-style-type: none"> 1. Differentiate between OTC and prescription drugs. 2. Analyze the consequences associated with the abuse of prescription and OTC drugs. 3. Identify proper steps for storage and disposal of OTC and prescription drugs. 4. Apply knowledge about proper use and abuse to determine proper or improper use of prescription or OTC medicines in the scenarios.

HIGH SCHOOL LESSON OVERVIEW (CONTINUED)

	Lesson 4	Lesson 5	Lesson 6
Lesson Description	<p>Decision-Making</p> <p>Students will apply the STOP, THINK, CHOOSE model in decision-making scenarios. Students will think about the various options and examine the possible positive and negative consequences on self and others. Students will apply their knowledge about prescription and other drugs to identify the healthy choice. A class discussion will identify others who could be helpful and a positive influence in making healthy, drug-free choices.</p>	<p>Opioid Abuse Prevention</p> <p>Students will identify the consequences associated with opioid use. Students will analyze the impact opioid use has on an individual's health, relationships with loved ones, career opportunities, academic success, and the communities we live in.</p>	<p>Influences on Drug Use</p> <p>Students will identify various influences on drug use: specifically, biological, psychological, environmental, and social influences. Students will also describe the influence of risk and protective factors in regard to drug use.</p>
Lesson Objectives	1. Identify barriers to making decisions to be drug free.	1. Identify negative short- and long-term physical, psychological and social effects of opioid use.	1. Examine and consider how culture supports and challenges drug use beliefs, practices and behaviors
	2. Describe the benefits associated with thoughtful decision-making related to drug use.	2. Identify the impact of opioid use on relationships with others; the community; health of the user; other risky behaviors; academic success; and future goals, including finances and career opportunities.	2. Identify how peers and perceptions of norms have an influence on healthy and unhealthy drug use behaviors
	3. Analyze the best mode of decision-making (individual or collaborative) when making decisions-related to drug use.	3. Analyze how culture supports and challenges drug use beliefs, practices, and behaviors.	3. Analyze how drug use can influence the likelihood of engaging in other unhealthy behaviors.
	4. Generate at least two healthy alternatives when making decisions related to drug use.		4. Recognize how laws, rules and regulations impact the actions of an individual related to drug use.
	5. Identify short- and long-term consequences of alternatives when making decisions related to drug use.		5. Analyze the effect that law, media, and technology have on personal, family, and community behaviors related to drug use.
	6. Evaluate the effectiveness of the decisions related to drug use on self and others.		
	7. Select the healthiest option when making a decision and justify that decision.		

HIGH SCHOOL LESSON OVERVIEW (CONTINUED)

	Lesson 7	Lesson 8	Lesson 9
Lesson	<p style="text-align: center;">Refusal Skills</p> <p>Students will practice peer resistance skills in role play scenarios. Identifying improper use of prescription drugs and practicing communication skills to avoid prescription drugs in a safe classroom environment will help to build confidence if ever faced with these pressures. By the end of this lesson, students will have multiple strategies to keep them safe from the pressures associated with drug use.</p>	<p style="text-align: center;">Avoiding Driving or Riding with a Person Under the Influence</p> <p>Students will analyze situations to understand the dangers associated with impaired driving. The scenarios will prompt students to think about what to do if they are offered a ride from an impaired driver. Students will practice what to say and do if they want to prevent a person from driving while under the influence. This lesson will reinforce decision-making and communication skills and apply them in new situations.</p>	<p style="text-align: center;">Getting Help</p> <p>Students will learn how to get help for themselves and/or others who are dealing with drug abuse. They will learn how to identify warning signs regarding drug use and the proper steps for getting help. Students will practice demonstrating empathy to reach out and support the individual while also seeking out help from others.</p>
Lesson Objectives	<ol style="list-style-type: none"> 1. Identify the negative physical, psychological and social effects of drug use. 2. Identify inappropriate use of prescription medicines and suggest alternatives to inappropriate use. 3. Demonstrate effective peer resistance, negotiation, and verbal/non-verbal communication skills to avoid drug use. 	<ol style="list-style-type: none"> 1. Analyze the dangers and possible consequences associated with driving under the influence. 2. Identify decision points that require a healthy decision. 3. Detail the importance of not riding with a driver who is under the influence. 4. Identify what to do or say as a bystander seeing a person under the influence attempt to drive. 5. Write an effective communication statement to avoid riding in a motor vehicle with a driver who is under the influence of other drugs. 6. Choose a healthy alternative when making a decision related to riding in a motor vehicle with a driver who has been using drugs. 	<ol style="list-style-type: none"> 1. Identify signs of drug use from each category: paraphernalia, appearance, behavioral symptoms. 2. Identify and apply the strategies to help someone (friend, family, classmate, others) suffering from drug abuse. 3. Identify and apply how to approach trusted adults at school and in the community to help with drug addiction for self or others. 4. Use effective communication skills to support themselves and/or others who need help for their drug addiction.

HIGH SCHOOL LESSON OVERVIEW (CONTINUED)

	Lesson 10
Lesson	<p>Advocating to be Drug Free</p> <p>Students will put the skills and information they have learned from the unit into action by formulating a drug-free promotion message for their target audience. Promotion messages can include: video, news story, poster, poem, rap, commercial, role play, etc. Students who advocate for healthy behaviors are more likely to adopt those healthy behaviors.</p>
Lesson Objectives	<ol style="list-style-type: none"> 1. Develop drug-free messaging that persuades others to be drug-free by identifying short- and long-term effects or benefits, identifies positive/negative consequences with an appropriate message. 2. Identifies accurately both short- and long-term effects or benefits/consequences in drug-free messaging. 3. Communicate group norms for being drug free with supporting facts and data.