

MANCHESTER REGIONAL HIGH SCHOOL

HEALTH EDUCATION 1

**REVISED & ADOPTED
OCTOBER 2017**

Manchester Regional High School Board of Education

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Curriculum Committee for Physical HEALTH 1

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COURSE DESCRIPTION: Health Education 1

The purpose of Health instruction is twofold: The first is to help the student appreciate the value of physical, mental, and social health. The second is to help the student acquire and maintain such a state of well-being. In addition to the minimum ten hours of drug/alcohol and HIV/AIDS education taught each year, the course content for Grade 9 will include the study of the body systems and how they relate to wellness.

COURSE DATA:

Length of Course : One marking period

Credits : 1.25

Periods Per Week : Five

Classification : Required

Prerequisite : None

EVALUATION:

The purpose of evaluation is to provide information about student progress and to determine if students have learned the subject matter, which has been taught. Teachers will evaluate student progress by utilizing standardized tests, teacher-made quizzes and tests, oral questioning, class participation, homework, and projects.

Grading Structure: Benchmark for mastery of course content is 65%: content mastery for students with IEP's may be less than the Board of Education approved minimum for regular education students.

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COURSE TITLE: HEALTH EDUCATION 1

COURSE PROFICIENCIES:

As a result of Health instruction in Grade 9, students will:

1. describe the interrelationship of mental/emotional, social and physical health during adolescence.
2. describe how the family and peers influence the health of adolescents.
3. analyze how environment and personal health are interrelated.
4. describe ways to reduce risks related to adolescent health problems.
5. explain the importance of assuming responsibility for personal health behaviors.
6. analyze how messages from media and other sources influence health behaviors.
7. analyze how information from peers influences health.
8. analyze a personal health assessment to determine strengths and risks.
9. demonstrate healthy ways to express needs, wants and feelings.
10. demonstrate ways to communicate care, consideration, and respect of self and others.
11. demonstrate refusal and negotiation skills to enhance health.
12. analyze the possible causes of conflict among youth in schools and community.
13. demonstrate strategies to manage conflict in healthy ways.
14. demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively.
15. analyze how health-related decisions are influenced by individuals, family values.
16. predict how decisions regarding health behaviors have consequences for self and others.
17. describe how personal health goals are influenced by changing information, abilities, priorities and responsibilities.
18. develop a plan that addresses strengths, needs, and health risks.

C. EVALUATIVE ACTIVITIES:

1. Periodic tests.....70%
2. Homework assignments.....10%
3. Student participation.....20%
4. Class attendance as per Board of Education policy.
5. Daily notes of lectures, diagrams and audio-visual presentation.

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COURSE OUTLINE: Health Education 1

STUDENT OUTCOMES

The student should be able to:

1. Define the three aspects of health.
2. Identify characteristics of each aspect.
3. Apply personal choices to each aspect and ways to improve.
4. Explain the decision making process.
5. Understand how to make positive decisions.
6. Identify refusal skills.
7. Practice ways of using refusal skills through role playing.
8. Define positive and negative peer pressure.
9. Identify positive and negative peer pressure.
10. Explain the difference of short term and long term goals.
11. List short term and long term goals.
12. Define self-esteem.
13. Identify factors that may increase self-esteem.
14. List ways of how to increase self-esteem.
15. Demonstrate ways of changing negative behaviors to positive behaviors.
16. Analyze the mechanics of menstruation.
17. Summarize the fertilization of the ovum, determination of sex and the mechanics of pregnancy.
18. Define the disorders of the reproductive system.
19. Define various terms dealing with the male and female reproductive system.
20. List and explain various forms of birth control.
21. Describe what happens during puberty and menopause.
22. Explain how S.T.D.'s are passed.
23. List various signs, symptoms, and effects of S.T.D.'s.
24. Define nutrients and know why they are necessary.
25. List the six classes of nutrients and know: a) their sources b) how the body uses them c) results of deficiencies or overindulgence.
26. List the four basic food groups and tell how many servings of each a person should receive.
27. Analyze daily/weekly caloric intake using computer generated links.
28. Explain the two eating disorders.
29. Explain how to diet sensibly and nutritionally.
30. List various items that appear on a food label.
31. Define various terms relating to nutrition.
32. Describe the two types of tumors.
33. List the warning signals of cancer.
34. Explain ways cancer spreads through the body.
35. Explain ways cancer can be detected.
36. List the five types of cancer.
37. List various known carcinogens.
38. Explain ways of treating cancer.
39. Demonstrate a basic understanding of drugs/alcohol and their use/abuse.
40. List long and short term effects of alcohol use.
41. Explain the difference between misuse and abuse.

42. Define the two types of drug interactions.
43. Define various related terms such as: tolerance, addiction, withdrawal and overdose.
44. Analyze the effects of alcohol/drug abuse on the individual, family and society.

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COURSE OUTLINE: HEALTH EDUCATION 1

Introduction to Teen Health: Understanding and Keeping your Body Healthy

TOPICS

UNIT I: Understanding Your Health

- A. Definition
- B. Description of Health Triangle
 - 1. Physical
 - a. Changes during adolescence (puberty)
 - 2. Mental
 - 3. Social
- C. Taking Responsibility
 - 1. Healthy Lifestyles
 - 2. Positive Exercise Habits
 - 3. Effects on Cardiovascular System
- D. Decision Making
- E. Refusal Skills
- F. Peer Pressure
 - 1. Influences
 - 2. Handling Positive and Negative
 - 3. Society and Media
- G. Goal Setting
 - 1. Self-Esteem

Standards 2.1.12.A-1-2,B1-3,C 1-4, 2.2.12 A1-3,2.4.12 A1-6,B1-5,C1-7

Time Frame: 2-3 weeks

UNIT II: Reproductive System

- A. Functions - meaning
- B. Types
 - 1. Asexual
 - 2. Sexual
- C. Development - Puberty
 - 1. Primary changes
 - 2. Secondary changes
 - a. Mental
 - B. Physical
- D. Female reproductive system
 - 1. Primary sex organs
 - a. Ovaries
 - 1) Location
 - 2) Function

- b. Fallopian tubes
 - 1) Location
 - 2) Function
 - c. Vagina
 - 1) Location
 - 2) Function
 - d. Vulva - Labia, Hymen, Clitoris
 - 1) Location
 - 2) Function
 - e. Breasts
 - 1) Location
 - 2) Function
 - f. Uterus
 - 1) Body
 - 2) Cervix
 - Uterus wall
 - 1)) Structure
 - a)) Endometrial
 - b)) Myometr
 - c)) Parietal peritoneum
 - 2)) Function
- Menstruation
- E. Mechanics of menstrual cycle
 - F. Male reproductive system
 - 1. Types of organs
 - a. Sex glands
 - Testes
 - a) Location
 - b) Function
 - b. Series of ducts
 - 1) Epididymis
 - a) Location
 - b) Function
 - 2) Vas deferens
 - a) Location
 - b) Function
 - 3) Seminiferous tubules
 - a) Location
 - b) Function
 - 4) Urethra
 - a) Location
 - b) Function
 - c. Accessory glands
 - 1) Prostate gland
 - a) Location
 - b) Function
 - 2) Cowper's glands
 - a) Location
 - b) Function
 - 3) Seminal vesicles
 - a) Location
 - b) Function
 - d. Supporting structure
 - 1) Scrotum
 - a) Location
 - b) Function
 - 2) Penis

- a) Location
 - b) Function
- G. Male reproductive terms
 - 1. Ejaculation
 - 2. Castration
 - 3. Erection
 - 4. Circumcision
 - 5. Impotent
- H. Fertilization of the ovum
- I. Determination of sex
 - 1. Chromosomes
 - 2. Reduction division
- J. Mechanics of pregnancy
- K. Disorders of reproductive system
 - Sterility
 - a. Scar formation after an infection in tubules in male
 - b. Pelvic inflammation
 - c. Inflammation of tubes in female
 - d. Tubal pregnancy
 - e. Cesarean section
- L. Reproductive hormones
 - 1. Estrogen
 - 2. Progesterone
 - 3. Testosterone
- M. Male and female menopause
- N. Birth control
 - 1. I.U.D.
 - 2. Condom- Male and Female
 - 3. Spermicide
 - 4. Diaphragm
 - 5. Tubal ligation
 - 6. Vasectomy
 - 7. Pill
 - 8. Withdrawal
 - 9. Norplant
 - 10. Rhythm
 - 11. Plan B
 - 12. Nuva Ring
 - 13. Abstinence
- O. Multiple Births
- P. Sexually transmitted diseases/infections
 - 1. HIV/AIDS
 - 2. Gonorrhea
 - 3. Syphilis
 - 4. Other S.T.D.'s/ S.T.I.'s
- Q. The Beginning of Life
 - 1. Growth During Pregnancy
 - 2. Heredity and Environment
 - 3. Birth Defects
 - 4. Staying Healthy
- R. Problems In Male and Female Reproductive Systems
 - 1. Cancer
 - 2. Sterility
 - 3. Enlarged Glands
 - 4. Hernia
 - 5. Infertility

- 6. Toxic Shock Syndrome
- 7. Ovarian Cysts
- 8. Premenstrual Cycle
- S. Ways of Keeping Reproductive Systems Healthy
 - 1. Physical Exams
 - 2. Abstinence
 - 3. Staying Drug- Free
- T. Effects of Alcohol and Smoking on Reproductive Systems

Standards: 2.1.12.A-1-2,B1-3,C 1-4, 2.2.12 A1-3,2.4.12 A1-6,B1-5,C1-7

Time Frame: 2-3 weeks

Unit III. HIV/AIDS

- A. Definition
- B. Transmission
 - 1. Four Bodily Fluids
- C. Effects on Immune System
- D. Risky Behaviors
 - 1. Recognizing
 - 2. Avoidance
 - 3. Keeping Safe
- E. Testing and Treatment
- F. Preventing the Spread of HIV

Standards: 2.1.12.A-1-2,B1-3,C 1-4, 2.2.12 A1-3,2.4.12 A1-6,B1-5,C1-7

Time Frame: 1-2 weeks

UNIT IV: Nutrition

- A. Nutrient
 - 1. Definition
 - 2. Necessity
- B. Appetite
- C. Hunger
- D. Six classes of nutrients
 - 1. Protein
 - a. Sources
 - b. Use
 - c. Amino acids
 - d. Deficiencies
 - 2. Carbohydrates
 - a. Sources
 - b. Use
 - c. Cellulose
 - d. Deficiencies
 - 3. Fats
 - a. Sources
 - b. Saturated & unsaturated

- c. Use
 - d. Deficiencies
 - 4. Vitamins
 - a. Definition
 - b. Types
 - c. Deficiencies
 - 5. Minerals
 - a. Definition
 - b. Types
 - c. Deficiencies
 - 6. Water
 - a. Dehydration
 - b. Percent of water loss
- E. Effects of negative and positive diets in body systems
- E. Daily Logging
- F. Adapting new dietary guidelines to more positive Lifestyles

Standards: 2.1.12.A-1-2,B1-3,C 1-4, 2.2.12 A1-3,2.4.12 A1-6,B1-5,C1-7

Time Frame: 2-3 weeks

UNIT V: Cancer

- A. Tumor
 - Types
 - a. Benign
 - b. Malignant
- B. Seven warning signals
- C. How cancer spreads
 - 1. Infiltration
 - 2. Metastasis
- D. Cancer detection
 - 1. Tests
 - 2. X-rays
 - 3. Biopsy
 - 4. Self examination
- E. Types of cancer
 - 1. Lymphoma
 - 2. Sarcoma
 - 3. Carcinoma
 - 4. Melanoma
 - 5. Leukemia
- F. Carcinogens
- G. Treatment
 - 1. Surgery
 - 2. Chemotherapy
 - 3. Radiation therapy

Standards: 2.1.12.A-1-2,B1-3,C 1-4, 2.2.12 A1-3,2.4.12 A1-6,B1-5,C1-7

Time Frame: 1 week

UNIT X: Drugs and alcohol

- A. Refer to syllabus for drug and alcohol education.
- B. All topics are introduced/discussed.

Standards: 2.1.12.A-1-2,B1-3,C 1-4, 2.2.12 A1-3,2.4.12 A1-6,B1-5,C1-7

Time Frame: 2-3 weeks

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COURSE OUTLINE: Drug and Alcohol Education

Unit I: Necessity for increased knowledge in Drug Education

Unit II: Discovery of individual needs

- a. Basic physical needs
- b. Basic psychological needs

Unit III: Reasons for the uses and abuse of drugs

- a. Curiosity
- b. Social Pressure (peer pressure)
- c. Desire to please
- d. Fear of Unpopularity
- e. Escape from school, family, etc.
- f. Boredom
- g. Rebellion against authority
- h. Despair and frustration
- i. To prove that they can control drugs
- j. To relax
- k. To fulfill a purposeless life
- l. To shock the “establishment”

Unit IV: Marijuana (Cannabis)

A. Specifics

- 1. Medical use – none in the United States (used in the Middle East)
- 2. Dependence – Psychological not physical
- 3. Abuse – May cause drowsiness or excitability, dilated pupils. May cause excessive talking, laughter, hallucinations, and feeling of euphoria. Sense of time, distance, vision, hearing may be distorted. Ability to perform certain tasks may be impaired (drive autos, operate machinery, etc.) May cause dizziness, dry mouth, burning eyes, frequent urination, diarrhea, nausea, hunger (particularly for sweets)
- 4. Tolerance – (controversial point) no clear medical determination to date
- 5. Taken – smoked or orally
- 6. Controls – Marijuana Tax Act (1937) Federal

A. Comments

- 1. Legally defined as a narcotic at present
- 2. Acts like alcoholic (loosens inhibitions)

3. Can have unpredictable effects
4. A “learned substance” – it will do for a person what he wants it to do for him
5. Used in some religious rites in the Far East
6. Physical harm not established
7. May lead to other drugs if the group (subculture) also uses other drugs
8. Found in resin from flowering tops and leaves of female Indian hemp plant
9. Potency varies with geographical location and time of harvest
10. Since reaction to marijuana is psychological and to heroin physical, the use of one does not necessarily lead to the other.

Unit V: Barbiturates and Amphetamines

A. Barbiturates – (sleeping pills)

1. Specifics
 - a. Medical use – sedation, insomnia, epilepsy, high blood pressure, nervous and mental conditions
 - b. Dependence – physical and psychological
 - c. Tolerance – created
 - d. Abuse – drowsiness, staggering, slurred speech
 - e. Taken – orally or by injection
 - f. Controls – Drug Abuse Control Amendments (1956) (Federal)
2. Comments
 - a. Prescription
 - b. Original prescription expires after six months
 - c. Only 5 refills permitted within this period
 - d. Dependence generally occurs only with the use of high doses for a protracted period of time
 - e. Combination of barbiturates and alcohol extremely dangerous
 - f. Names usually end in “al”
 - g. Synthetics – made from coal tar
 - h. Capsules – usually colored (nicknames pertain to color)
 - i. Produce – physical and strong psychological dependence
 - j. Serious damage may result
 - k. Detoxification – extremely dangerous if not conducted under medical supervision
 - reduction of ¼ grain for user may lead to Lethal convulsions

- l. Degree of use greater than opiates
 - m. Under medical supervision – safe and effective
 - n. More people die from barbiturate poisoning than from any other drug
3. Withdrawal Symptoms of Barbiturates (sleeping pills)
- a. 8-12 hours after last dose (abuser starts to improve)
 - b. 12-24 hours – increasing nervousness, headaches, anxiety, muscle twitching, tremors, weakness, insomnia, sudden drop in blood pressure (may faint if tries to stand suddenly)
 - c. 24 hours – symptoms very severe
 - d. 26-72 hours – convulsions resembling epileptic seizures may develop
 - e. May last as long as eight days
 - f. Delirium Tremors may develop
 - g. Convulsions may be fatal
- B. Amphetamines (pep pills, diet pills, amphetamine sulfate) (Benzedrine, dextro-amphetamine, methedrine (speed))
- 1. Specifics
 - a. Medical use – to counteract mild depression, reduce appetite, Narcolepsy (sleeping sickness) also used as a nasal vasoconstrictor in treatment of colds – for obesity, menopausal depression, senility, grief
 - b. Dependence – psychological – not physical
 - c. Tolerance – created
 - d. Abuse – excitation, dilated pupils, tremors, talkative, diarrhea, frequent urination, insomnia
 - e. Taken – orally or by injection
 - f. Controls – Drug Abuse Control Amendment (1965) (Federal)
 - 2. Comments
 - a. Prescription only
 - b. Original prescription expires after six months
 - c. Only 5 refills permitted during this period
 - d. May be physically destructive – “burns out” body (over production of adrenaline)
 - e. Involved with stimulant – sedative (walkers and sleepers) cycle

Unit VI: Hallucinogens (Psychedelics) “mind expanders” or “awareness expanders”
May cause distortion of perception, dream images, hallucinations

A. LSD (lysergic acid diethylamide)

1. Most powerful of hallucinogens
 2. Synthesized in 1934 from a fungus growing on rye
 3. Obtained – small white pill, crystalline powder – powder – capsules – tasteless, colorless, odorless liquid – impregnated sugar cubes, cookies or crackers
 4. Physical effects
 - a. Central nervous system – can produce changes in mood, behavior, and perception (sight, hearing, touch, body image, time, space relations)
 - b. Dilated pupils, tremors, elevated temperature and blood pressure
 - c. Tolerance – no clear medical evidence to date
 - d. No physical dependence
 - e. Splits chromosome structure – the possibility of creating permanent genetic damage is under investigation
 5. Psychological effects
 - a. Trivial events and objects can assume unusual significance
 - b. Variety of moods (laughter to tears)
 - c. User
 - d. User may undergo impulsive behavior (suicidal attempts, disrobing, panic states, homicidal tendencies)
 - e. Psychological dependence (under investigation)
 - f. “Trips” – depends on dosage as to time
 - waves (alternating diminish in intensity)
 - some fatigue, tension, and recurrent hallucinations may persist for long periods
 - Psychological changes can persist for indefinite periods.
 - g. Psychotic states – being admitted into hospitals in increasing numbers
 - h. Reactions unpredictable – (even with experienced users_ some harmless, some “casualties”)
 - i. Delayed reaction may occur and recur for weeks
 - j. Controls – FDA – Drug Control Amendments (1966) (Federal)
- B. Other Hallucinogens
1. Mescaline
 - a. Derived from Mexican cactus, peyote
 - b. Used by certain southwest Indians in religious tribal rites
 - c. Available as crystalline in capsules
 - d. Available as liquid in vials
 - e. Can be obtained as green-brown cloudy liquid
 - f. Can be obtained as a whole cactus “bottom”
 - g. Injected or taken orally often in tea, coffee or some beverage (because of its bitter taste)
 - h. Dependence – psychological not physical
 - i. Tolerance – created

- j. Abuse – can cause excitation, hallucinations or rambling speech
- k. May result in visions seen in vivid colors

2. Psilocybin

- a. Derived from mushrooms found in Mexico
- b. Used in some Indian religious rites
- c. May produce hallucinations
- d. Available in crystalline powder or liquid
- e. Dependence – psychological not physical

3. DMT (dimethyltryptamine)

- a. “Watered down” version of LSD
- b. Derived from seeds of certain West Indian and south American plants
- c. Also prepared synthetically
- d. Powder used as “snuff” for centuries – still used by some Indians (Mexico and Southwest United States)
- e. Reactions shorter than LSD (approximately ½ hour)

Unit VII: The Opiates and Cocaine, Crack – all produce physical and psychological dependence – not harmful to society or the individual if properly handled – use learned through connection with sub-culture group (in the case of the “street heroin addict”)

A. Opium – seldom used by American addicts (except in its derivatives), milky juice extract from unripe seeds of opium poppy which is processed to a dark gummy extract bitter taste, heavy disagreeable odor when smoked in pipe may cause dreamy stupor

B. Morphine (derivative of opium)

- fine white powder
- usually adulterated with milk sugar (lactose) or other substances
- usually distributed in “bag” or “cap” (flat glassine packet)

1. Medical use – to relieve pain
2. Dependence – physical and psychological
3. Tolerance – create
4. Abuse – drowsiness, pinpoint, pupils, stupor
5. Taken – orally, pill form – one of the major ingredients in prescription cough syrup
6. Controls – Harrison Act (Federal)
7. Comments – The standard against which other narcotic analgesics are compared – legally available under prescription only – doctors usually avoid long use to prevent “accidental addiction”

- C. Heroin (derivative of morphine) – most addictive of all opiates
1. Medical use – relieve pain (illegal in the United States even to the medical profession)
 2. Dependence – physical and psychological
 3. Tolerance – created
 4. Abuse – drowsiness, stupor, pinpoint, pupils
 5. Taken – sniffed or injected (orally for medical use in Germany)
 6. Controls – Harrison Act (Federal)
 7. Comments – Used medically in some countries – because of pressure by law enforcement, supplies have tended to be of low percentages – overdose can cause death
- D. Codeine (derivative of opium) about 1/6 strength-Cheracol
1. Medical use – to relieve pain and suppress coughing
 2. Dependence – physical and psychological
 3. Tolerance – created
 4. Abuse – drowsiness, pinpoint, pupils, stupor
 5. Taken – orally, pill form – one of the major ingredients in prescription cough syrup
 6. Controls – Harrison Act (Federal)
 7. Comments – preparation containing specified minimal amounts are classified as “exempt” (differing in states) – can be obtained without prescription in some states
- E. Paregoric
1. Medical use – to control diarrhea; to reduce discomfort of teething (local application)
 2. Dependence – physical and psychological
 3. Tolerance – created
 4. Abuse – drowsiness, pinpoint pupils, stupor
 5. Taken – orally
 6. Controls – Harrison Act (Federal)
 7. Comments – classified as “exempt narcotic” – prescription not needed in some states
- F. Synthetic Opiates (continued)
1. Meperidine (morphine like drug) trade name Demerol
 - a. Medical use – to relieve pain
 - b. Dependence – physical and psychological
 - c. Tolerance – created
 - d. Abuse – orally or injected
 - e. Taken – orally or injected

- f. Controls – brought under the Harrison Act (1944) (Federal)
- g. Shorter acting than morphine – withdrawal symptoms appear quickly – prescription only

2. Methadone (morphine-like drug)

- a. Medical use – to relieve pain-used to “block” craving for heroin in some individuals
- b. Dependence – physical and psychological
- c. Tolerance – created
- d. Abuse – same morphine
- e. Taken – orally or by injection
- f. Controls – brought under the Harrison (1953) (Federal)
- g. Comments – longer acting than morphine – withdrawal symptoms develop more slowly, are less intense and more prolonged

G. Cocaine/Crack

- 1. Origins – obtained from leaves of cocoa plant (South America) – not the same as cocoa (from cocoa plant) – odorless, white crystalline powder, bitter taste
- 2. Specifics
 - a. Medical Use – local anesthetic (although rare today)
 - b. Dependence – Psychological not physical
 - c. Tolerance – (controversial point) – no clear medical determination to date
 - d. Abuse – extreme excitation, tremors, hallucination – may produce euphoria; a sense of increased muscle strength; anxiety and fear – pupils dilate; increase in heartbeat and blood pressure – stimulation followed by period of depression – may depress heart and respiratory functions so that death occurs
 - e. Taken – sniffed or injected
 - f. Controls – Harrison Act (Federal)
- 3. Comments
 - a. Although pharmacologically not a narcotic, classified as such in Federal and State laws
 - b. Combined with heroin to counteract sedation
 - c. May produce violent behavior
 - d. No withdrawal symptoms

H. General Effect on Opiates

- 1. May reduce sensitivity to both physical and psychological stimuli and produce a state of euphoria in beginning and recently detoxified users
- 2. Fear, tensions and anxieties may be dulled
- 3. Addict may become lethargic and indifferent to his environment and personal situation
- 4. A pregnant woman may produce an addicted child

5. Side effects – nausea, vomiting, constipation, itching, flushing, constriction of pupils, respiratory depression
- I. Withdrawal – Symptoms of Opiates - typical – varies with the degree of physical dependency, is related to the amount of the drug customarily used and to the individual’s physiological reactions)
1. Onset may start from about 4 hours on after last dose
 2. 12-24 hours – eyes and nose runs, excessive yawning, excessive sweating, pupils enlarge, “goose flesh” may appear
 3. 35 hours – cramps in back, legs, and abdomen, painful twitching, vomiting, diarrhea, loss appetite, fever, jerking of leg muscles (kicking the habit)
 4. 48-72 hours – peak of suffering
 5. 5-10 days – tapering off period, symptoms gradually diminish
 6. Weariness, insomnia, nervousness, muscle aches, pains may persist for several weeks
 7. In extreme cases – death may result
- J. Definition used in relation to drugs
1. Dependence – a state arising from the repeated administration of a drug on a periodic or continuous basis – refers to a type – Examples:
 - “Drug dependence of the heroin type”
 - “Drug dependence of the cocaine type”
 - “Drug dependence of the barbiturate type”
 - a. Physical dependence – an adaptation wherein the body:
 - “Learns” to live with the drug
 - “Learns” to tolerate increasing doses
 - Reacts with withdrawal symptoms when deprived of its (abstinence syndrome)
 2. Tolerance – refers to the body adapting to the substance so that increasing doses are required for any or all of the following reasons:
 - a. In order to obtain an effect equal to the initial dose
 - b. To prevent withdrawal symptoms. (Tolerance can occur within physical dependence)
 - c. Addiction – a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves Tolerance, Psychological dependence, no physical dependence, and a desire (not a compulsion) to continue taking the drug for the feeling of well-being received.
 - d. Habituation – a condition, resulting from the repeated consumption of a drug, which involves little or no evidence of tolerance, some psychological dependence, no physical dependence, and a desire (not a compulsion) to continue taking the drug for the feeling of well-being received.

- e. Abuse – Drugs that are not obtained by prescription, used without medical knowledge or supervision, used in amounts beyond that for which medically intended.

K.

Alcohol use and abuse

1. Alcohol: What it is and what it does
 - a. Alcoholic Beverages
 - b. How alcohol works in the body
 - c. How alcohol affects the body
 - d. How alcohol affects behavior
 - e. How alcohol affects mental processes

2. What Determines the Effects of Alcohol
 - a. Blood Alcohol level
 - b. Rate of absorption
 - c. Rate of consumption
 - d. Type of beverages
 - e. Motivation
 - f. Experience

3. Development of Drinking Habits
 - a. Drinking and the family
 - b. Drinking and teenagers
 - c. Drinking and driving

4. Alcoholism
 - a. What is alcoholism
 - b. What causes alcoholism
 - c. Physical factors
 - d. Psychological factors
 - e. Sociological factors
 - f. Treatment

Unit VIII:

Social Effects of Drug Abuse

- a. Great waste of human talent and energy
- b. Destruction of personal and family relationships on any socioeconomic level
- c. Anti-social and criminal behavior while under the influence
- d. Stealing and other criminal acts in order to keep a drug supply.

Unit IX:

Alternatives to the use of Drugs – What can be done to guard against abuse?

- a. The only sane policy is complete avoidance except under the care of a physician
- b. Adopt sound mental health habits

1. Develop an attitude toward stress, tension, anxiety, and pain as useful signs of hidden problems.
 - a. Define your problem
 - b. Try to find a positive way to solve your problems
 - c. Substitute a worthwhile project
 - d. Learn to live with situations that can't be immediately changed
2. Consult a qualified professional for help with chronic unhappiness

Unit X: Current Laws Relating to Control of Drugs

A. International (United Nations)

1. The Permanent Central Opium Board
2. Drug Supervisory Body
 - a. Studies legitimate narcotic needs throughout the world
 - b. Encourages production and distribution quotes limited to those needs
3. Commission on Narcotic Drugs – gives technical assistance to countries requesting it.
4. World Health Organization (WHO) – disseminates information and internationally agreed upon medical and health standards
5. Interpol (International Criminal Police)
 - a. Acts as a clearing house for information about crimes and criminals
 - b. Does not have any powers to enforce laws against drug traffic

B. Federal

1. Harrison Act (1914) and amendments (amended seven times). A stamp tax act tax brings it under the Treasury Department Provisions
 - a. Registration of individuals and firms which manufacture, buy or sell narcotics
 - b. Marijuana Tax Act (1937) - Provides controls over marijuana similar to the controls the Harrison Act has over narcotics
 - c. Opium Poppy Control Act (1942) – Prohibits the growing of opium poppies in the United States except under license
 - d. Bogs Act (1951) – Establishes mandatory, severe penalties for conviction on narcotics charge.
 - e. Bogs – Daniel Amendment (1956) – Legislation intends to impose very severe penalties for those convicted on narcotics or marijuana charges
 - f. Drug Abuse Control Amendments (1956) – Adopts strict controls over stimulants, depressants, LSD, and similar

substances with provision to add new substances as the need arises

1. Specific penalties for violation of the Drug Abuse Control Amendments
 - a. First offender - \$1000 fine or up to a year in jail, or both
 - b. Subsequent offenses - \$10,000 fine, up to 3 years in jail, or both
 - c. Sellers to those under twenty-one - \$5000 or 2 years in jail, or both for first offender
 - d. Subsequent offenders - \$15,000 or 6 years or both

C. Penalties

1. \$20,000 fine and a (5 to 20 year term) (first offense)
2. Subsequent offenses – same fine and a 10-40 year term
3. Sale to persons under 18 (parole and probation denied) – life term or even death

D. Illegal Possession

1. Fine of 2-10 years (first offense)
2. 5-10 years (second offense)
3. 10-20 years for subsequent offenses
4. Parole and probation denied after first offense

Unit XI: Steroids

- A. Social reasons for abuse
- B. Availability
- C. Dangers of overuse
- D. Laws pertaining to illegal use
 1. Students will understand the reasons for steroid use.
 2. Students will understand the dangers of steroid use.

Unit XII: Tobacco

- A. What is a cigarette
- B. Smoking and disease
- C. Why people smoke
- D. Kicking the habit
 1. Students will understand the components of cigarette smoke
 2. Factors that influence smoking
 3. Ways to quit smoking

Drug and Alcohol education will be incorporated into the curriculum in the following manner:

Grade 9: Drugs and their effect on the individual body systems.

- Grade 10: Drugs and their effect on the individual while operating a vehicle.
- Grade 11: - First Aid for individuals under the influence of drugs.
 - Peer group influence and the need to understand personal choices.
- Grade 12: - The effect of drugs on the body.
 - Understanding addiction and the emotional and physical dangers of drug use.

Bullying

Activity Statement:

Students will learn about bullying.

Materials:

1. Handout
2. Black/whiteboard or poster paper
3. Chalk/Markers

Procedures:

1. Distribute a Bullying packet to each student.
2. Discuss the definition of bullying, concentrating on the underlined words. Be sure each student has a clear understanding of bullying. (5 mins.)
3. Ask students to complete the Bullying Stories sheet in the packet. Ask them to be honest, but remind them that they are not to use any names or identify the bully or the victim. (10 mins.)
4. Discuss the students' Bullying Stories worksheets. Allow students to discuss their emotions surrounding the bullying instances. (10 mins.)
5. On the black/whiteboard or on poster paper if you have neither, ask students to brainstorm word associations with "bully" (like our web activity from the in-service). Ask students, "When I say 'Bully', what do you think of?" Record every answer, regardless of whether or not it's a myth (as you learned in the in-service) or seems off track. DO NOT let students name bullies. After students have exhausted their word associations, feel free to discuss this list as you see fit. (10 mins.)
6. Ask students to complete the "Identifying Bullying Behavior" worksheet in the packet, if time permits. Otherwise, you'll have them complete it next time. (5 mins.)
7. **Collect students' packets before the first period bell, as we'll be having two more bullying STAT sessions.**

Sample Discussion Questions:

1. How did you feel when you were bullied/when you bullied another?
2. Why do you think some people become bullies/become victims of bullies?

3. Do you think there are a lot of bullies in our school? (remember: no names!)
4. What do you think can be done about bullying behavior?

Activity Statement:

Students will learn how to properly use ‘I’ statements in everyday situations.

Materials:

4. Handouts
5. Black/whiteboard or poster paper
6. Pen

Procedures:

8. Review Normal Conflict vs. Bulling and Sympathy vs. Empathy. (5 mins.)
9. Write on the board or poster paper the definition of ‘I’ Statements
 - a. ‘I’ Messages are a clear, assertive, non-threatening, respectful way of telling another person how you feel and what you want.
10. Define the ‘I’ Statement and make sure students have a clear understanding. (5 mins)
11. Distribute “Appropriate vs. Inappropriate Responses” worksheet and have students complete and discuss answers. (10 mins)
12. Orally give students 3 bullying examples and the improper response. Have students create the proper ‘I’ statement. (10 mins)

Examples

1. You give a wrong answer in class, and another student laughs and calls you stupid.
Incorrect: You tell them to shut up.
What is correct ‘I’ statement?
 2. A student that is in several of your classes thinks he is funny and tries to trip you in the hall, but this upsets you.
Incorrect: You fake laugh and blow it off.
What is correct ‘I’ statement?
 3. You found something on another kid’s MySpace page about you that made you mad.
Incorrect: You come to school; start a fight with the girl who wrote it.
What is correct ‘I’ statement?
13. Discuss why more people do not use ‘I’ statements.
Reasons: Not enough self-esteem, not their right to say something (5 mins.)
 14. Use examples from students’ Bullying Surveys and ask students how they should properly handle the situation as a victim and a bystander. **Keep examples anonymous!!!** (5 mins.)

Sample Discussion Questions:

1. How is normal conflict different from bullying?
2. Why is it important to use ‘I’ Statements?
3. The importance of bystanders for bullying prevention

Activity Statement:

Students will become aware of the school consequences associated with bullying behavior.

Materials:

7. Handouts
8. Black/whiteboard or poster paper
9. Pen

Procedures:

15. If you were unable to cover any of the first two days materials please do so first thing.
16. Review 'I' Statements. (5 mins.)
17. Distribute the 'Teasing vs Bullying' Handout.
18. Identify and discuss the difference between Teasing vs. Bullying and make sure students have a strong understanding of the two types of situations. (10 mins)
19. Use examples from students' Bullying Surveys and ask students if they think some of the instances are teasing or bullying.
20. Distribute Bullying Discipline Rubric
21. Briefly discuss how to read the rubric and ask students if they have any questions (10 mins)
22. Distribute Exit inventory worksheet and have students complete. (10 mins)

Standards: 2.1.12.A-1-2, B1-3, C 1-4, 2.2.12 A1-3, 2.4.12 A1-6, B1-5, C1-7