

**MANCHESTER REGIONAL HIGH SCHOOL**

**HEALTH EDUCATION 4**

**REVISED & ADOPTED  
OCTOBER 2017**

**Manchester Regional High School Board of Education**

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COURSE DESCRIPTION: Health Education 4

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 a state of well being. The subjects covered in senior health are: mental health, stress management, reproductive systems, abstinence, birth control, STD's and STI's and drug and alcohol education.

COURSE DATA:

Length of Course : One Marking Period  
Credits : One and One-Quarter  
Periods Per Week : Five  
Classification : Required  
Prerequisite : Health Education 3

GRADING STRUCTURE:

Benchmark for mastery of course content is 65%; content mastery for students with IEPs may be less than the Board of Education approval minimum for regular education students.

COURSE EVALUATION:

The purposes of evaluation are 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, special projects, special exams, and other school records.

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A. COURSE TITLE: HEALTH EDUCATION 4

B. COURSE PROFICIENCIES:

1. Understand the meaning of mental health and mental illness.
2. Understand the basic concepts for developing mental illness.
3. Understand the recognizable symptoms of mental illness.
4. Understand the treatment of mental illness.
5. Understand that a state of good mental health is only possible when one is able to cope with daily problems.
6. Understand coping techniques.
7. Understand the role exercise and relation play in the ability to handle stress.
8. Understand the dangers of drug abuse and drug overdose.
9. Understand the dangers of alcohol abuse.
10. Understand the dangers of smoking.
11. Understand the proper way to lose weight and select meals according to sound nutritional principles.
12. Understand the cause and prevention of heart disease.
13. Understand male and female reproductive systems.
14. Understand abstinence prevents STD's and pregnancy.
14. Understand the various methods of birth control.
15. Understand the different types and dangers of STI's & STD's, HIV and AIDS.
16. Understand conception and how a fertilized egg develops in the human body.

C. EVALUATION ACTIVITIES:

- |                               |     |
|-------------------------------|-----|
| 1. Periodic tests and quizzes | 50% |
| 2. Projects                   | 30% |
| 3. Students participation     | 20% |

COURSE OUTLINE: HEALTH EDUCATION 4

GENERAL OBJECTIVES:

1. To have the individual develop an adequate knowledge of his own physical, mental and emotional maturation process.
2. To eliminate fears and anxieties relative to individual development and adjustments.
3. To develop objectives and understanding attitudes toward sex in all of its various manifestations in the individual and others.
4. To give the individual insight concerning his/her relationships with others and to help him/her understand obligations and responsibilities with others.
5. To provide an appreciation of the positive satisfaction that wholesome human relations can bring in both individual and family living.
6. To build an understanding of the need for the moral values that are needed to provide rational bases for making decisions.
7. To provide the understanding and conditioning that will enable each individual to utilize his/her sexuality effectively and creatively in his/her several roles (e.g.--as spouse, parent, community member and citizen).
8. To create an awareness of the negative mental, physical and social effects people can expect from alcohol abuse, tobacco and the use of illicit drugs.

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COURSE OUTLINE: HEALTH EDUCATION 4

STUDENT OUTCOMES

The student will be able to:

1. Explain the "myth of mental illness".
2. Give examples of environmental stress and direct stress.
3. Define psychosis, neuroses, personality disorder, defense mechanism, schizophrenia, manic-depressive.
4. Differentiate between fear and anxiety.
5. Identify and describe psychotherapeutic techniques.
6. Define aids virus, immune system, epidemic, HIV spreads, avoiding aids, false fears, economics of aids, education, counseling, testing, educational community, casual contact.
7. Describe the female organs and functions of reproduction.
8. Describe the parts of and functions of the male anatomy.
9. Describe the process of fertilization starting with the development of male and female reproductive cells, prenatal development, normal childbirth.
10. Identify the common causes of male and female infertility.
11. Define abstinence and discuss how to prevent pregnancy STDs, HIV, and AIDS.
12. Analyze and evaluate birth control methods.
13. Describe the risk factors involved in heart disease and how each is connected to cardiovascular health.
14. Describe the role in an individual's diet of calories, fats, carbohydrates, proteins, vitamins, minerals.
15. Understand the value of exercise and staying fit.
16. Describe the elements of fitness.
17. Describe the effects of alcohol, drugs and tobacco on health.
18. Describe the negative effects alcohol, drugs and tobacco can have on the family, friends and society.

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COURSE OUTLINE: HEALTH EDUCATION 4

TOPICS

1. The normal healthy mind
  - A. Personality structure of the normal person
  - B. Normality versus perfection
  - C. Relieving emotional tensions

STANDARDS: 2.1.12 A-1+2,C3+4,D1,E 1-4,2.212. C1-3

Time Frame: 1 week

2. Emotional disturbances
  - A. Magnitude of mental health problem
  - B. Basic emotional needs
  - C. Neuroses
    1. Differences between normal and maladjusted individuals
    2. Characteristics of neurotic individuals
    3. Psychosomatic illness
    4. Therapy

STANDARDS: 2.1.12 A-1+2,C3+4,D1,E 1-4,2.212. C1-3

Time Frame: 1-2 weeks

3. Serious emotional illness and mental deficiency
  - A. Psychopathic personality
  - B. Sexual criminality
  - C. Alcoholism and drug addiction
  - D. Sexual deviations
  - E. Psychoses

STANDARDS: 2.1.12 A-1+2,C3+4,D1,E 1-4,2.212. C1-3

Time Frame: 1-2 weeks

4. Female reproductive system
  - A. Organs of reproduction
  - B. Menstrual abnormalities
    1. Intermenstrual pain
    2. Premenstrual difficulties
  - C. Diseases of female reproductive system

STANDARDS: 2.1.12 A-1+2,C3+4,D1,E 1-4,2.212. C1-3

Time Frame: 1 week

5. Male reproductive system
  - A. Male sex organs
  - B. Problems of reproduction

6. Birth Control
  - A. Abstinence
  - B. Contraceptives

STANDARDS: 2.1.12 A-1+2,C3+4,D1,2.4.12. B3-5,C1-7

Time Frame: 1-2 weeks

7. Pregnancy and childbirth
  - A. Conception and the course of pregnancy
  - B. Multiple births
  - C. Development of the embryo
    1. Tests for pregnancy
    2. Prenatal care and activities
    3. Discomforts and dangers during pregnancy
    4. Major dangers during pregnancy
  - D. Birth of the child
    1. Natural childbirth
    2. Caesarean birth
  - E. Abortion

STANDARDS: 2.1.12 A-1+2,C3+4,D1,2.4.12. B3-5,C1-7

Time Frame: 1-2 weeks

8. Sexually Transmitted Diseases
  1. STD's
  2. STI's
  3. HIV
  4. AIDS
9. Physical Fitness
  - A. Why we need exercise
    1. Inactivity and health problems
    2. Released tension
    3. Fitness for young people
  - B. Elements of fitness
    1. Strength
    2. Suppleness
    3. Stamina
    4. Trained and untrained
  - C. Reasons for fitness
    1. Reducing risk of injury
    2. Protection against heart attack
  - D. Planning for fitness
    1. Best exercises
    2. Length and frequency
    3. Recreational sports
    4. Weight Control
    5. Anorexia and Bulimia

STANDARDS: 2.1.12 A-1+2,C3+4,D1,2.4.12. B3-5,C1-7

Time Frame: 1-2 weeks

10. Drugs and alcohol
  - A. Refer to syllabus for drug and alcohol education
  - B. Complete unit that reviews, reinforces and enhances information

Time Frame 2 weeks



- 11. Stress
  - A. Kinds of Stress
    - 1. Distress
    - 2. Eustress
  - B. What is Stress
    - 1. Stressors
    - 2. Factors influencing stress
    - 3. Body's response to stress
    - 4. Fatigue
  - C. Coping with Stress
    - 1. Personality types
    - 2. Time management
    - 3. Defense mechanism
    - 4. Managing stress

STANDARDS: 2.1.12 A-1+2,C3+4,2.3.12 C1-3,B1-4

Time Frame: 1  
1996.

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Videos:

How Can I Tell If I'm Hooked  
A D.A.P. Alcohol and Drug Awareness and Prevention  
Addictive Personality  
The Chemical People  
Brandon Tells His Story  
A Practical Guide to Sexually Transmitted Diseases  
Birth Control: Myths and Methods  
Considering Condoms  
Abstinence - Holt

Cocaine/Crack)  
Steroids)  
Sexually Transmitted Disease) Sunburst Communications  
Teenage Birth Control)

Aids Beyond Fear Current Affairs Multi Media

Crackdown II)  
Cocaine - Crack) Educational Clearinghouse, Inc.  
Avoiding Aids)

Stress  
Coping with Peer Pressure  
Self Esteem Cambridge Physical Education &  
Aids - Can I Get It Health  
Eating Disorders

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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: 2.1B2, 2.1F2-4, 2.2A1-4, 2.2C, 2.2D

WRS 2.1- 2.10, 3.1- 3-15, 4.1- 4.11

Tech. 8.1A(5,8) 8.1B (12) 9.2A (3,2)

Lit. Stand./Writ. Stand. RH9-10.2,3,4 WHST9-10.1,6

**HEALTH EDUCATION - RUBRIC  
COMPUTER REPORT**

	<b>IDEAS &amp; CONTENT</b>	<b>WEAK</b>	<b>AVERAGE</b>	<b>STRONG</b>
1.	Contains an engaging introduction that identifies the topic			
2.	Develops a topic appropriate to the assignment			
3.	Fulfills the general purpose and specific goals			
4.	States ideas clearly and elaborates on them with specific supporting details and examples			
5.	Uses vivid, precise language that is appropriate to the audience			
6.	Includes an effective conclusion			
7.	Includes a well developed introduction, body and conclusion			
8.	Demonstrates proper and effective paragraphing			
9.	Uses a logical, effective organization			

Additional Comments: