

***Health Education Standards Modernization
Supplemental Guidance Document:
Instructional Resource Packet
For Heroin & Opioids***

This document was created in partnership with the New York State Education Department (NYSED), the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) Bureau of Prevention Services, and the New York State Department of Health (NYSDOH).

A Note for Teachers:

This supplement to the existing NYS Health Education guidance document was developed with the express purpose of assisting teachers in addressing the functional knowledge content for Heroin and Opioids (e.g. prescription painkillers), which is aligned with the NYS Learning Standards for Health Education for students at three levels: elementary, intermediate, and commencement. This work explicitly corresponds with the June 2014 NYS Legislation that mandates that Heroin and Opioid content be included within Health Education drug and alcohol curricula. The recent law also offers provisions for guidance and resource support to assist teachers in addressing functional knowledge content and related skills.

The economic burden of substance abuse and addiction (e.g. tobacco, alcohol, and illicit drugs) to our nation exceeds \$700 billion dollars annually. The major substance abuse cost centers are: health care, productivity loss, crime, accidents, incarceration, homelessness, and drug enforcement (National Institute on Drug Abuse; NIDA, 2015). Regarding Heroin and Opioid abuse addiction specifically, Heroin abuse and overdose has increased in NYS at a rate higher than the national figures, with rates of Opioid overdoses hovering below the national figures (CDC Wonder, 2007-2013). This general pattern for NYS as compared to national trends is also apparent in Heroin and Opiate treatment admissions (TEDS, 2010-2012). In recent years, the prevalence of Heroin use for youth 12-17 years of age has held constant; however, increases are reported for older age groups (National Survey on Drug Use and Health; NSDUH, 2002-2013). For non-medical use of prescription Opioid painkillers, the most common access sources for youth ages 12 and older are: free from a friend/relative, a doctor's prescription, and bought/took from friend/relative (NSDUH, 2012-2013).

Preventing drug abuse among students is essential because nine out of ten individuals with addiction disorder began using substances before the age of 18 (National Center of Addiction and Substance Abuse at Columbia University; CASA, 2009). Furthermore, Opioid painkiller abuse must be addressed in addition to Heroin use because nearly half of the youth that report using Heroin also indicate prior abuse of Opioid painkillers. About seven percent of people who abuse painkillers are likely to use Heroin within 10 years (NIDA, 2015). In addition, more than 33% of people who begin abusing pain killers each year are youth ages 12-17 (NSDUH, 2010). For illicit drugs, 8.1% of 8th graders, 16.5% of 10th graders, and 23.6% of 12th graders reported past-month use of illicit drugs (Monitoring the Future; MTF, 2015).

Given the importance of schools, which can serve as a protective factor, in providing prevention and early intervention services, the functional knowledge and instructional resource guidance for Heroin and Opioids represented herein reflects a sensitivity toward developmental readiness; however, a teacher's knowledge of her/his own students and a previewing of the content and materials is imperative when deciding how best to structure corresponding lessons. Other considerations include the amount of time allotted for Health Education lessons and the status of a teacher's certification in Health. Therefore, the instructional guidance materials are options for teachers to strategically incorporate or consider while planning and implementing effective lessons on Heroin and other Opioids as related to the NYS Health Education standards. Note that functional knowledge to be included as per the legislation is offered within this document, yet this instructional resource guidance is not a curriculum in and of itself.

Throughout this document, underlined words and/or phrases indicate that a hyperlink to an electronically-based resource is embedded and can be accessed by clicking on the phrase. All links were valid, accurate, and safe at the time of production.

Thank you for the important work that you do each and every day!

Acknowledgements

The goal of developing this 2016 *Health Education Standards Modernization Supplemental Guidance Document: Instructional Resource Packet for Heroin and Opioids* is to assist school districts in meeting the requirements of modernizing health education instruction by including heroin and opioid content within the alcohol, tobacco, and other drugs curricula. This guide was developed to assist teachers in addressing the functional knowledge content for Heroin and Opioids (e.g., prescription painkillers) and is aligned with the NYS Learning Standards for Health Education for students at three levels: elementary, intermediate, and commencement. Utilizing this document will bolster the capacity and resources used by those responsible for health education and substance abuse prevention including district health coordinators, health educators, and those providing school health services. We are grateful for the contributions from the following professionals:

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Table of Contents

Component.....*Inclusive Page Numbers*

Functional Knowledge for Heroin & Opioids.....5-9

 Related Key Definitions.....9-11

Health Education Conceptual Framework Visual.....12

Health Education Instructional Framework Visual for Heroin & Opioids Functional Knowledge and Skills

 Elementary Level.....13

 Intermediate Level.....14-15

 Commencement Level.....16

Sample Assessment Techniques for Measuring Performance Standards.....17

Topic-Specific Instructional Alignment of Functional Knowledge for Heroin & Opioids.....18-25

Curricula Analysis.....26

Instructional Resources for Functional Knowledge on Heroin & Opioids.....27-31

Informational Resources for Educators & Related Information (Heroin & Opioids)

 New York State.....32-36

 National.....36-38

Supplemental Information for Parents & the Community.....39-40

Other Required Health (ORH) Areas Functional Knowledge

Heroin & Opioids

How to use this section: To supplement the existing functional knowledge areas, this information reflects content to be addressed as part of Health Education regimens per the June 2014 legislation. Also, new or key terms are defined following this specific functional knowledge.

Elementary (approx. grades PK-6)	Intermediate (approx. grades 7-8)	Commencement (approx. grades 9-12)
<p>ORH.E.1 When a person is sick, medicine can help them get well.</p> <p>ORH.E.2 You should take medication only when given to you by your parents, guardians, a school nurse, or a doctor. Taking medication when you are not supposed to can make you very sick.</p> <p>ORH.E.3 Some medicines are on the shelves or counters of different stores. These medicines are for illnesses that are common. They are called over-the-counter (OTC) medicines.</p> <p>ORH.E.4 Some medicines that are for serious illnesses can be bought only when the person has a doctor’s permission. This type of medicine is called a prescription medicine because you need a doctor’s prescription to get it.</p> <p>ORH.E.5 Prescription medication should be taken only when a person has a doctor’s prescription and only for the illness that the doctor is trying to treat.</p> <p>ORH.E.6 Using over-the-counter (OTC) medicines and prescription medicine can be harmful to a person’s health and create other problems if not taken as directed (e.g. purpose, dosage), which is called misuse.</p> <p>ORH.E.7 The word “drug” is sometimes used to describe a medicine that can make a sick</p>	<p>ORH.I.1 The great majority of individuals do not use Heroin or abuse prescription Opioid painkillers, although individuals as young as age 12 have reported doing so (NSDUH, 2002-2013).</p> <p>ORH.I.2 The prescribing of Opioid painkillers is being monitored because of the addictiveness of these substances. Unfortunately, some people who are addicted to prescription painkillers may turn to Heroin, which is dangerous because it is not monitored or regulated like prescription drugs.</p> <p>ORH.I.3 Misuse of prescription medications can progress to addiction to other harmful substances.</p> <p>ORH.I.4 Due to similar responses in the brain, addiction to Opioids can begin with underage alcohol consumption, and/or the use of tobacco and other drugs, such as marijuana.</p> <p>ORH.I.5 For some, experimental use and misuse of Opioids such as prescription painkillers can quickly lead to addiction and use of substances such as Heroin due to tolerance.</p> <p>ORH.I.6 As an Opioid, Heroin has a fast progression of addiction, which can result in physical dependence.</p> <p>ORH.I.7 Repeated use of a substance may lead to tolerance, which is the need for increased</p>	<p>ORH.C.1 There is no uniform profile of who becomes addicted to or abuses substances. Addiction can happen to anyone, any family, at any time. However, some factors can put people at a higher risk of developing addiction, such as trauma or mental illness.</p> <p>ORH.C.2 There has been a dangerous increase in misuse and abuse of Opioid pain killers among young adults ages 18-24 (OASAS CDS Data, 2015).</p> <p>ORH.C.3 Be aware that the misuse of Opioid painkillers such as morphine, codeine, oxycodone, and hydrocodone commonly obtained for common occurrences or procedures (e.g., sports/athletic injuries, oral surgeries) or for pain management for pervasive illnesses (e.g., cancer) can become highly addictive. Most people who are prescribed these drugs do not develop addiction.</p> <p>ORH.C.4 Heroin is dangerous regardless of the method of consumption; using methods that require needles increases the risk of overdose and disease. Access to sterile syringes greatly reduces the risk of acquiring these diseases.</p> <p>ORH.C.5 People who inject drugs can reduce their risk of getting HIV or HCV by using sterile injecting equipment and never sharing injecting equipment or anything else used to prepare the drug, such</p>

Instructional Resource Packet for Heroin & Opioids

<p>person well. It is also used to describe an illegal substance that can hurt people.</p> <p>ORH.E.8 When people use drugs or abuse medicine, they might do poorly in school, have trouble with their friends, and/or face other challenges.</p> <p>ORH.E.9 Drug addiction is when people cannot stop taking a drug even when they want to and the drug is hurting them. Being addicted does not mean that the person is bad; they need help, like with other diseases that make people sick.</p> <p>ORH.E.10 Medicines prescribed by doctors to help people with very bad pain are called Opioids. Even when legal painkillers are taken for legitimate uses, people can become addicted to these medicines if doctor’s orders are not closely followed or if too much is taken.</p> <p>ORH.E.11 Heroin is an illegal type of Opioid drug, and is not prescribed by doctors.</p> <p>ORH.E.12 Heroin and other Opioids can have very harmful effects, and people can get sick or die if they use too much.</p> <p>ORH.E.13 If you are concerned that someone you know may be misusing drugs, communicate with a trusted adult.</p> <p>ORH.E.14 Help is available for people with addiction to get better, including doctor- prescribed medication that can save the lives of people who take too much of these drugs.</p> <p>ORH.E.15 Engaging in safe activities and hobbies that you enjoy, as well as seeking help when</p>	<p>amounts to produce the same effect.</p> <p>ORH.I.8 There are other special medicines (e.g. Naloxone/Narcan) that doctors can prescribe to help people who are very sick (e.g. overdose) because of addiction to Heroin and other Opioids.</p> <p>ORH.I.9 Access to substances, peer pressure, as well as perceived risks, consequences, and familial/social acceptability of drug use contribute to a person’s experimentation with harmful substances.</p> <p>ORH.I.10 Communicate with a trusted adult if you are feeling pressured to experiment with substances that may be harmful.</p> <p>ORH.I.11 Among the people who have addictions, 9 out of 10 individuals started using substances prior to age 18 (CASA, 2009).</p> <p>ORH.I.12 Drug dealers are targeting youth at younger ages to get them addicted earlier. Be aware that dealers are selling Heroin that is packaged in bags with popular brand names or logos to make it seem safe and appealing.</p> <p>ORH.I.13 Heroin is dangerous in all forms. In recent years, additional harmful substances have been added to Heroin, leading to more deaths from using it. Illegal drugs are not regulated, so you can never be sure of what is in them.</p> <p>ORH.I.14 Heroin & Opioid use is especially dangerous for teens and young adults because their brains are still developing and damage may be irreversible.</p> <p>ORH.I.15 With Heroin use, the brain’s white matter deteriorates,</p>	<p>as water, cotton filters, or tourniquets.</p> <p>ORH.C.6 Improper, non-medical use of prescription Opioids (NMUPO) is the most prominent risk factor for later Heroin use; roughly 80% of first-time Heroin users reported misusing an Opioid painkiller for non-medical purposes (SAMHSA CBHSQ Data Review, 2013).</p> <p>ORH.C.7 Opioids are prescription drugs that are used as painkillers. Knowing common warning signs of Opioid abuse is important and may include: changes in physical appearance, academic or social behavior; drastic and sudden changes in peer circles/friends; evidence of paraphernalia; unusual sleepiness or drowsiness; mental confusion; slurred speech; intoxicated behavior; slow or shallow breathing; pinpoint pupils; slow heartbeat; low blood pressure; and difficulty waking the person from sleep.</p> <p>ORH.C.8 An overdose of Heroin and Opioid prescription drugs can be fatal. Common symptoms of overdose, which can result in death if not treated, include: extremely pale face, clammy skin, limp body, blue or purple fingers or lips, difficulty awakening from sleep, unable to speak, slowed or stopped breathing, slowed or stopped heartbeat, vomiting, a decrease in the amount of oxygen that reaches the brain (i.e., hypoxia), and gurgling noises during labored breathing.</p> <p>ORH.C.9 A Heroin or Opioid overdose involves a suppression of breathing because of Opioid receptors in the brain stem.</p> <p>ORH.C.10 Heroin and Opioid prescription drug abuse can have</p>
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Instructional Resource Packet for Heroin & Opioids

<p>feeling sad or worried, can help keep you physically and emotionally healthy.</p> <p>ORH.E.16 Commit to staying healthy, and practice prosocial skills (e.g. effective communication, peaceful conflict resolution, regulating and sharing emotions, refusal skills) in role play scenarios, in the classroom, in social situations, and with friends.</p> <p>ORH.E.17 Be aware that what you see and hear in the media (e.g. television programs and commercials; movies; billboards, posters, and magazine advertisements; radio; music; games; social media) sometimes make risky decisions and behaviors look fun. Make good choices for your safety, health, and relationships.</p> <p>ORH.E.18 Be part of and encourage a healthful and safe environment at home, in school, and within the community.</p>	<p>which adversely affects connecting information, memory, decision-making, behavior regulation, and responses to stressful situations.</p> <p>ORH.I.16 Heroin use can lead to seizures, brain injury, accidental overdose, and legal consequences.</p> <p>ORH.I.17 Pre-existing and/or resulting addiction to prescription painkillers and other drugs is often related to trauma as well as mental health concerns.</p> <p>ORH.I.18 Opioid abuse is linked to mental health concerns such as: mood disorders, major depressive disorder, bipolar disorder, anxiety disorders, suicidal ideation, and consequences with the legal system.</p> <p>ORH.I.19 The economic repercussions of using Heroin and abusing Opioids are such that addiction can become extremely expensive to maintain. This often leads to increases in: social isolation, as there is a stigma around substance abuse; emotional and psychological deterioration that accompanies addiction; and a lack of funds to engage in age-appropriate activities with friends.</p> <p>ORH.I.20 Media messages about people who are addicted to substances do not always represent an accurate portrayal of the disease.</p> <p>ORH.I.21 Inspire your peers to make safe and healthful decisions by modeling such behaviors yourself at home, in school, and within the community.</p> <p>ORH.I.22 Professionals in schools and communities can assist people</p>	<p>short- and long-term physiological and neurological effects, such as dry mouth, nausea, vomiting, severe itching, slowed heartbeat, seizure, coma, and permanent brain damage.</p> <p>ORH.C.11 Medical and social consequences of Heroin use and Opioid abuse can include: overdose, Hepatitis C (HCV), HIV, fetal effects from teratogens, crime, violence, as well as disruptions in family, workplace, and educational environments.</p> <p>ORH.C.12 Heroin use and other Opioid abuse can contribute to risky, unsafe sexual behavior with long-term consequences.</p> <p>ORH.C.13 Due to the behavioral consequences of Heroin and other Opioid addiction, the user may not be able to meet their college or work responsibilities. In order to fund the habit that becomes more expensive over time because of tolerance, users sometimes engage in illegal activities such as stealing, selling drugs, and promiscuous behavior.</p> <p>ORH.C.14 Knowing how to get help for a friend or loved one who might be addicted to Opioids (e.g. Heroin or prescription painkillers) or who is in an overdose situation is essential. In doing so, there are some legal safeguards provided as part of the <u>NYS 9-1-1 Good Samaritan Law</u>.</p> <p>ORH.C.15 Naloxone (Narcan) is an Opioid antagonist medication that can help resuscitate people who are in an Opioid overdose situation as a harm-reduction intervention.</p> <p>ORH.C.16 Naloxone (Narcan) can be administered by trained responders. Some entities who have been trained include but are</p>
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Instructional Resource Packet for Heroin & Opioids

	<p>with addictions in obtaining help to get better.</p>	<p>not limited to: people who use Opioids, first responders, law enforcement, school staff, registered nurses, family and friends of drug users, and other interested civilians.</p> <p>ORH.C.17 Opioid Overdose Prevention Programs are community-based supports that train community responders to administer Naloxone/Narcan and provide these responders with this Opioid antagonist to use in the event of an overdose.</p> <p>ORH.C.18 A minor of at least 16 years of age may become a trained Opioid overdose responder if the community program staff has evidence that there are reasonably foreseeable circumstances in which this minor will be positioned to save a life by administering Naloxone/Narcan. These minors must be deemed to be cognitively and emotionally mature enough to carry out all of the responsibilities of a trained overdose responder.</p> <p>ORH.C.19 Driving under the influence of Heroin or prescription Opioids is dangerous because they can cause blurred vision, disorientation, dizziness, and slow a person’s reaction time.</p> <p>ORH.C.20 As part of environmental strategy efforts, awareness in the community is being raised for Driving While Intoxicated (DWI) and Driving While Ability Impaired (DWAI) for alcohol and/or drug-related ability impairment while driving. This is subject to strict laws, policies, and legal system consequences for drivers both under and over 21 years old.</p> <p>ORH.C.21 Addiction treatment programs can assist people who abuse substances in being successful on the</p>
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		<p>path to recovery. ORH.C.22 Be active and advocate for awareness, prevention efforts, policies, laws, and supports that decrease the prevalence of and access to harmful substances everywhere as well as the dangers associated with Heroin and Opioid abuse.</p>
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Definitions

Addiction:

Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: craving, impaired control over drug use, compulsive use, and continued use despite harm. More specifically, addiction is the compulsive need to continue using a substance (e.g. alcohol, tobacco, marijuana, cocaine, prescription drugs, Opioids, Heroin, etc.) or engaging in a behavior (e.g. gambling, risky sexual behavior, social media, etc.) despite harmful consequences to obtain a quick effect and/or to avoid withdrawal symptoms.

Dependence:

Physical dependence develops when the neurons adapt to repeated drug exposure/use and function normally only in the presence of the drug. Physical dependence is a state of adaptation that is manifested by a drug class-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing drug level in the blood, and/or the administration of an antagonist.

Environmental Strategies:

These are prevention efforts that are based on the public health model and often address the host, agent, and environment. In preventing alcohol, tobacco and other drug abuse, there are three very influential factors that affect the environment and may contribute to risky behavior: the norms or attitudes of the people in the community, availability of substances within the environment, and the laws and policies that reinforce positive community norms.

Heroin:

This type of narcotic is an illegal Opioid drug that is synthesized from morphine, a substance extracted from the seed pod of the Asian opium poppy plant (Source: NIDA).

Opiate:

This is an alkaloid compound found in the opium poppy plant that affects the central nervous system, and is present in Opioid drugs that are legitimately used to treat pain. This substance also has high abuse potential (Source: NIH).

Opioids:

These include illegal drugs such as Heroin and also legal prescription medications used to treat intense pain. Examples include morphine, codeine, methadone, oxycodone, Oxycontin, Percodan, Percocet, hydrocodone, Vicodin, and fentanyl (Source: SAMHSA).

Over-The-Counter (OTC) Medicine:

This refers to a medication that adults can purchase without a doctor's prescription. These medicines can be found in most supermarkets, convenience stores, and pharmacies. They are used to treat common, short-term illnesses like colds, headaches, nausea, rashes, or allergies.

Naloxone (Narcan):

This is an Opioid antagonist, or overdose antidote medication, that is usually administered via intramuscular or nasal means. It blocks Opioid binding to receptors in the brain for 30-90 minutes, which can reverse the dangerous slowing of respiratory functioning. A training curriculum has been developed by the NYS Education Department and approved by the NYS Department of Health for schools interested in maintaining a supply of and administering this Opioid antagonist. For more information on this training and available resources, there are [materials for approved registered nurses \(including school nurses\)](#) and other professionals administering this medication in emergency situations. This training is available for professionals, community, and family members throughout New York State at [OASAS Addiction Treatment Centers \(ATCs\)](#) and [Department of Health registered Opioid overdose prevention programs in local communities](#),

Prescription Medicine:

A type of medicine that adults can purchase only with a doctor's prescription, used to treat a specific illness. This type of medicine is for more serious and/or long-term illnesses. Prescription medicine should be taken only by the person it was prescribed to and only for the purpose and dosage the doctor intended.

Protective Factors:

These are [conditions](#) at the [community, family, school, peer, and individual levels](#) that promote healthful youth development and decisions by decreasing the likelihood of problem behaviors.

Registered Opioid Overdose Prevention Program:

An organization or individual health care provider that is registered with the New York State Department of Health (DOH) to train people as overdose responders who are able to recognize an Opioid overdose and take all of the appropriate steps to administer Naloxone to reverse the overdose.

Risk Factors:

These are [conditions](#) at the [community, family, school, peer, and individual levels](#) that hinder healthful youth development and decisions by increasing the likelihood of problem behaviors.

Substance Abuse Prevention:

Proactive, data-driven processes as part of a comprehensive framework with effective research-based and Evidence-Based Practices, Programs, and Strategies (EBPS) that decrease risk factors for alcohol, tobacco, and other drug (ATOD) use and increase protective factors to promote safe and healthy development for individuals, peers, and families in school and community environments.

Substance Use Disorder (SUD):

As per the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), Substance Use Disorders (SUD) occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Diagnosis of SUD is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. Prevalent SUDs involve: alcohol, tobacco, marijuana (cannabis), hallucinogen, stimulant, and Opioids. Pre-existing and/or resulting SUDs are often related to mental health concerns and/or unresolved trauma.

Tolerance:

Tolerance is a state of biological adaptation in which exposure to a drug causes changes in the brain that result in a decrease of one or more of the drug's effects over time. Therefore, repeated use of a substance may lead to the need for increased amounts to produce the same effect and/or to avoid withdrawal symptoms.

Trauma:

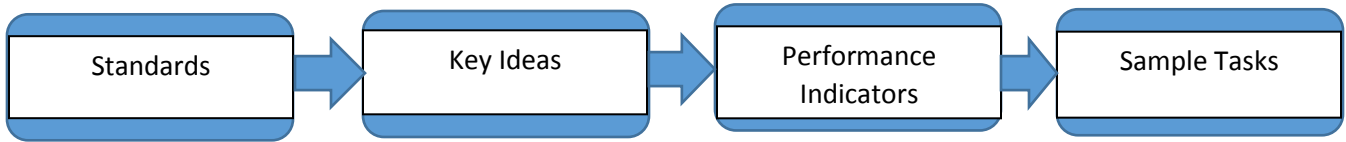
As per the new chapter on Trauma- and Stressor-Related Disorders in the DSM-5, trauma includes: direct experience of a traumatic event, witnessing a traumatic event in person, learning that a traumatic event occurred to a close family member or friend (with the actual or threatened death being either violent or accidental), or first-hand repeated or extreme exposure to aversive details of a traumatic event (not through media, pictures, television or movies unless work-related). Nearly one third of U.S. youth ages 12-17 have experienced two or more types of Adverse Childhood Experiences (ACEs); the effects of which can be risk factors and can affect children's physical and mental health as adults (National Survey of Children's Health; NSCH, 2011-2012). As such, social-emotional skills that serve as protective factors to promote healthy behaviors against substance abuse can also affect mental health.

Withdrawal:

When a consistently used drug is removed from the body's system, several physical, physiological, and/or mental substance-specific reactions can occur.

Health Education Conceptual Framework Visual for the Elementary, Intermediate, and Commencement Levels

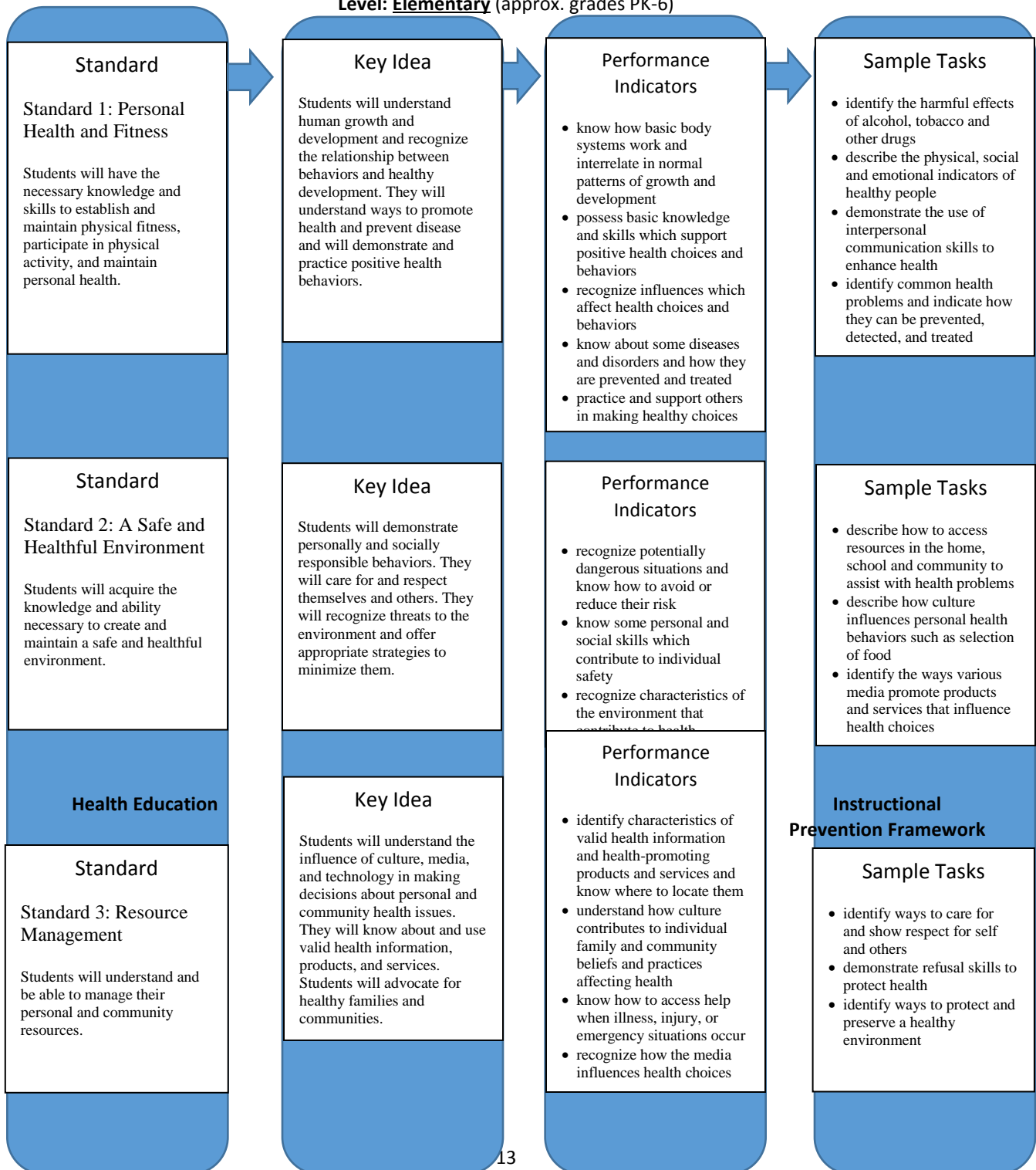
How to use this section: This graphic provides a visual representation of the sequence from existing standards, key ideas, performance indicators, and sample tasks. This information may help to operationalize the expression of the standards during Health Education lessons.



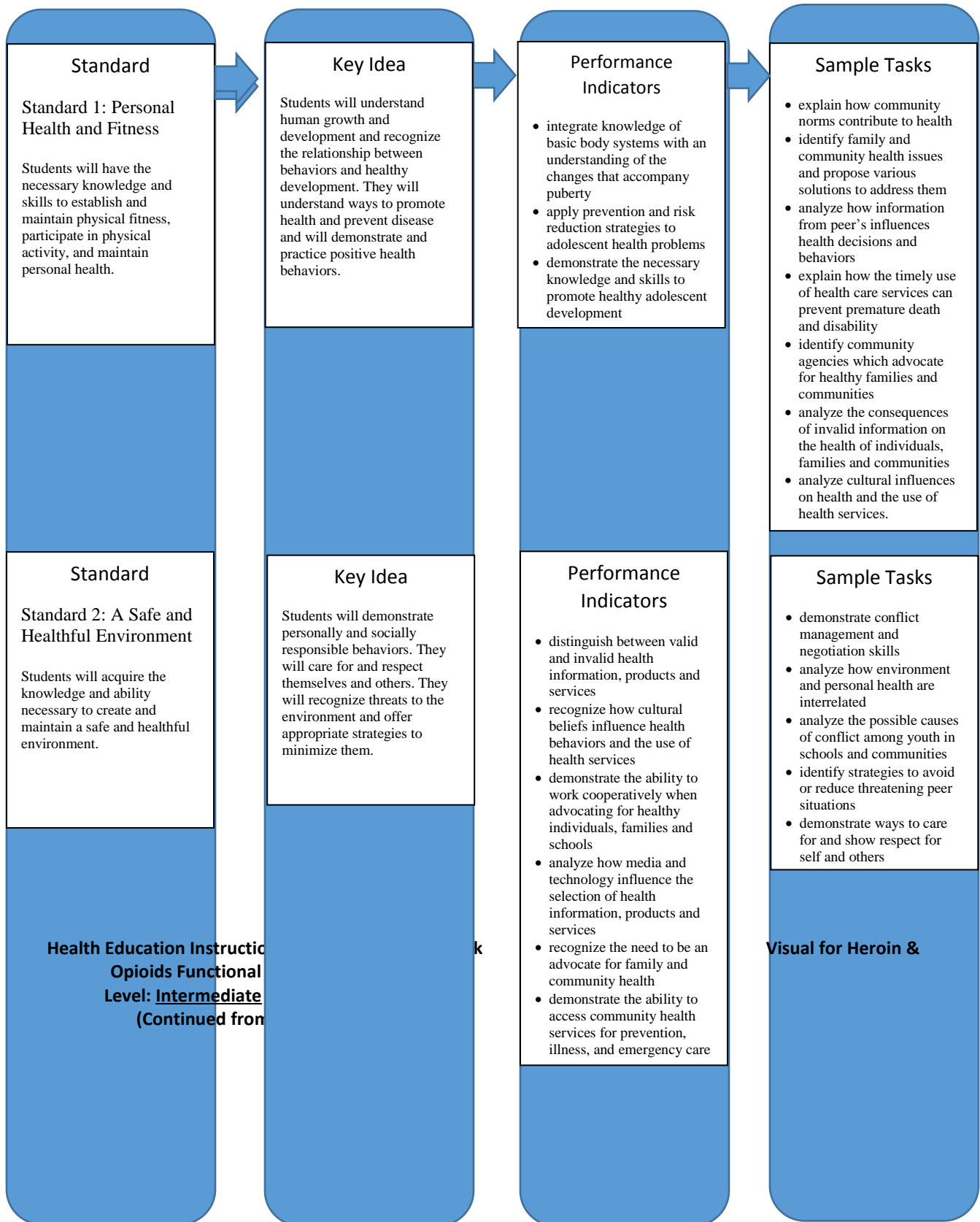
Health Education Instructional Prevention Framework Visual for Heroin & Opioids Functional Knowledge & Skills

How to use this section: Given the sequence graphic on the previous page, this visual pulls information from the existing guidance document related specifically to the topic of prevention, which is imperative when considering the messaging about Heroin and Opioids with students. This information is reflective of existing standards, key ideas, performance indicators, and sample tasks for three levels (elementary, intermediate, and commencement).

Level: Elementary (approx. grades PK-6)

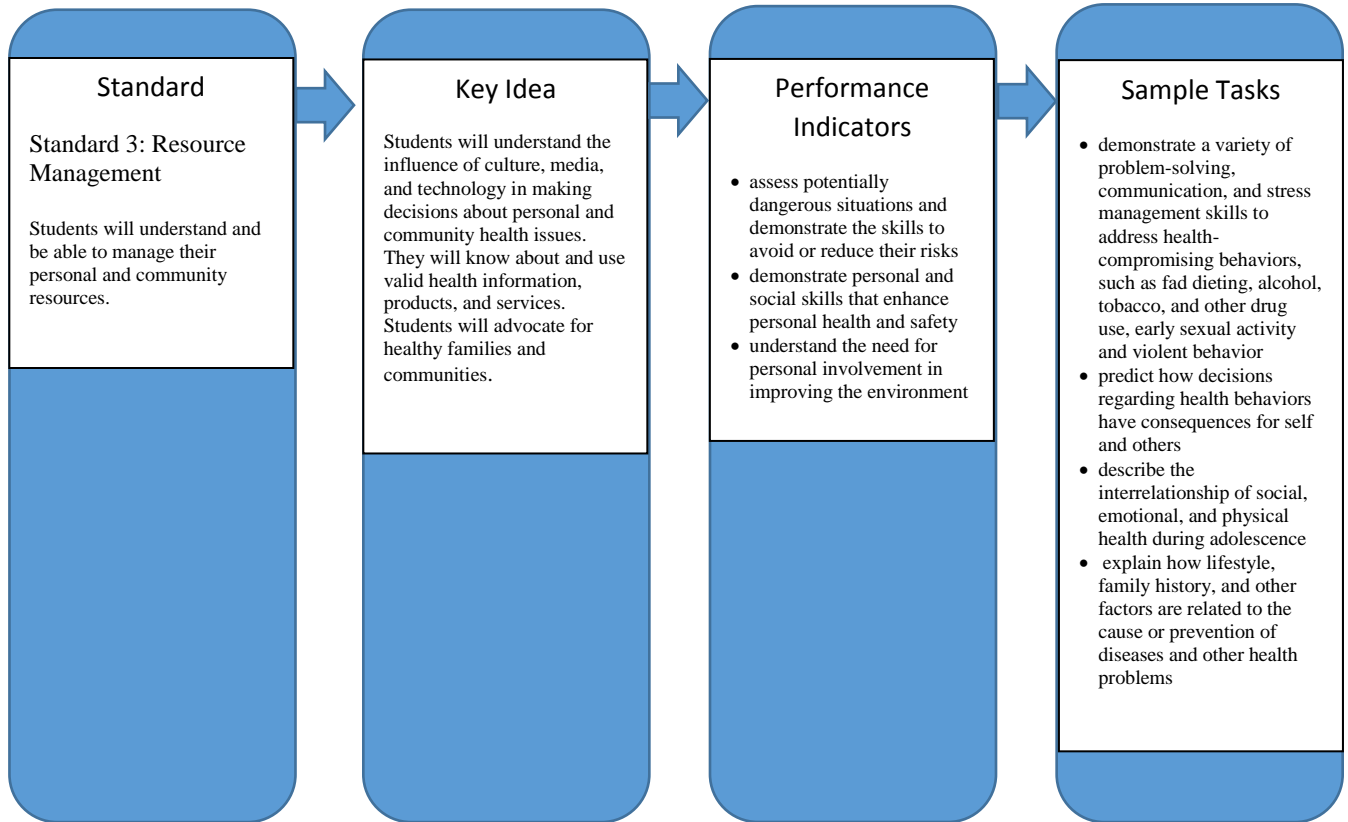


Visual for Heroin & Opioids Functional Knowledge & Skills
Level: Intermediate (approx. grades 7-8)

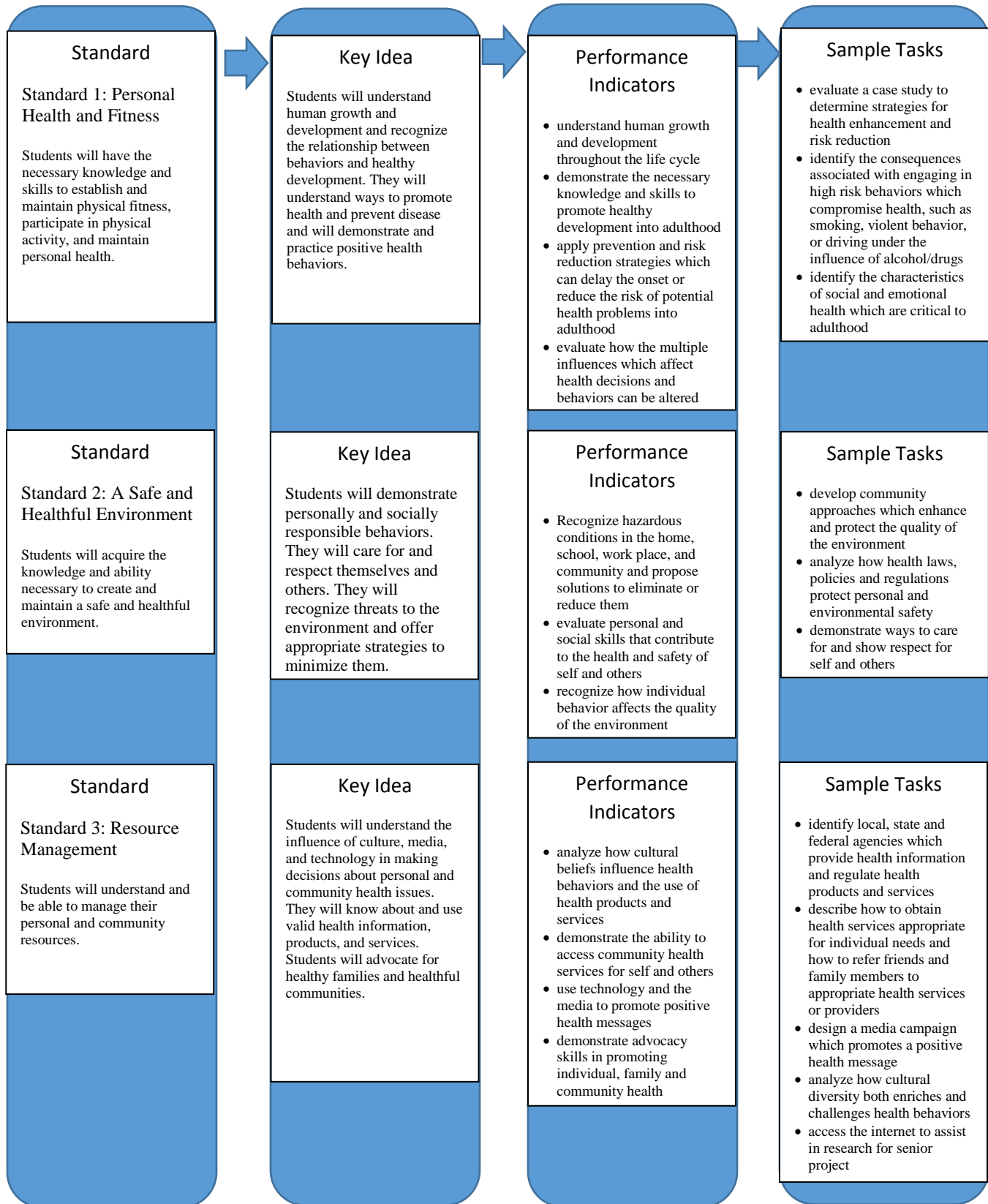


Health Education Instructional Resource Packet for Heroin & Opioids Functional Knowledge & Skills Level: Intermediate (Continued from page 13)

Visual for Heroin & Opioids



Health Education Instructional Prevention Framework Visual for Heroin & Opioids Functional Knowledge & Skills
Level: Commencement (approx. grades 9-12)



Sample Assessment Technique Options for Measuring Performance Standards

How to use this section: This table presents a partial list of options for assessment methods that teachers may employ when conducting lessons regarding the functional knowledge content for this ORH area.

<i>Formative (on-going; progress monitoring)</i>	<i>Summative (cumulative)</i>
<ul style="list-style-type: none"> • Bloom's Taxonomy & Task-Oriented Question Construction Wheel with Sample Activities • Webb's Depth of Knowledge (DOK) & Technology Apps • Skilled pedagogy as defined in the existing Health Education Guidance Document for other areas • Checking for Understanding (CFU) methods (questioning, thumbs up/down, calling sticks, simultaneous responding) • Bell ringer tasks • Exit card • Quizzes • Classroom Assessment Techniques (CATs; Angelo & Cross) • Collages • Surveys • Interviews • Reflection activities (on decisions, actions, choices, problem solving practices, etc.) • Discussions (with rubric for criteria for the skills to be measured) • Role Play activities (with rubric for criteria for the skills to be measured) • Student feedback solicited anonymously and regularly to ascertain effectiveness of curriculum/lessons • Primary Source analysis (with look-for/listen-for capture sheets) • Web-based research via valid, reliable sites • Skill-based activities with corresponding rubrics • Video viewings (with look-for/listen-for capture sheets) • Current events in the media, trade books, or Case Study responses (with rubric for criteria for the skills to be measured) 	<ul style="list-style-type: none"> • Student/group products (authentic Public Service Announcements (PSA)/ Content Acquisition Podcast (CAP), informative poster presentation, infographic, media campaign, etc. to share via hallways and school television broadcasts • Resource/information-based paper, • Creative expressions such as poems, pictures, rhymes, websites/wikis/ blogs/commercial development • Post-unit performances/ demonstrations • Chapter or unit exams, as per curriculum implemented • Portfolio project • Essays • Product presentation that educates peers, younger students, school board members, and community members on the topic • Observations for skill transfer and generalization to various settings • Senior project/capstone • Grade, School, or District measures • Youth Development Survey (YDS) (population data) County and District aggregates are common for reporting. • Youth Risk Behavior Survey 2015 the Education Department conducts the YRBS in randomly selected high schools in every odd-numbered year. The YRBS monitors priority high risk behaviors among youth and young adults. This initiative is supported by the Centers for Disease Control and Prevention (CDC) • Youth Risk Behavior Survey information at New York State Center for School Health

Topic-Specific Instructional Alignment of Functional Knowledge for Heroin & Opioids

How to use this section: This graphic organizer presents the vertical alignment of the new Heroin and Opioid functional knowledge content and prevention-related skills, which are aligned with the NYS Learning Standards and Key Ideas for Health Education for each of the levels represented. This information can be used in planning instruction that includes the new content that reflects the legislation and existing standards (noted at the beginning of this document), student outcomes, and assessment techniques (such as the options provided on the previous page). Rather than the columns being organized numerically, the *lower* and *upper* demarcations below (by standard) serve as approximate guidelines for content that should be addressed at certain points with developmental sensitivity regarding this topic.

Area	Elementary (approx. grades PK-6)	Intermediate (approx. grades 7-8)	Commencement (approx. grades 9-12)
<p>Standard 1: Personal Health and Fitness.</p> <p>Students will have the necessary knowledge and skills to establish and maintain physical fitness, participate in physical activity, and maintain personal health.</p>	<p style="text-align: center;"><i>Key Idea:</i></p> <p style="text-align: center;">Students will understand human growth and development and recognize the relationship between behaviors and healthy development. They will understand ways to promote health and prevent disease and will demonstrate and practice positive health behaviors.</p>		
<p>Functional Knowledge (content)</p>	<p><u>Lower (roughly grades PK-3)</u></p> <p>ORH.E.1 When a person is sick, medicine can help them get well.</p> <p>ORH.E.3 Some medicines are on the shelves or counters of different stores. These medicines are for illnesses that are common. They are called over-the-counter (OTC) medicines.</p> <p>ORH.E.4 Some medicines that are for serious illnesses can be bought only when the person has a doctor’s permission. This type of medicine is called a prescription medicine because you need a doctor’s prescription to get it.</p> <p>ORH.E.5 Prescription medication should be taken only when a person has a doctor’s</p>	<p><u>Lower (roughly grades 6-7)</u></p> <p>ORH.I.1 The great majority of individuals do not use Heroin or abuse prescription Opioid painkillers, although individuals as young as age 12 have reported doing so (NSDUH, 2002-2013).</p> <p>ORH.I.3 Misuse of prescription medications can progress to addiction to other harmful substances.</p> <p>ORH.I.4 Due to similar responses in the brain, addiction to Opioids can begin with underage alcohol consumption, and/or the use of tobacco and other drugs, such as marijuana.</p> <p>ORH.I.5 For some, experimental use and misuse of Opioids such as</p>	<p><u>Lower (roughly grades 9-10)</u></p> <p>ORH.C.1 There is no uniform profile of who becomes addicted to or abuses substances. Addiction can happen to anyone, any family, at any time. However, some factors can put people at a higher risk of developing addiction, such as trauma or mental illness.</p> <p>ORH.C.2 There has been a dangerous increase in the misuse and abuse of Opioid pain killers among young adults ages 18-24 (OASAS CDS Data, 2015).</p> <p>ORH.C.3 Be aware that the misuse of Opioid painkillers such as morphine, codeine, oxycodone, and hydrocodone that are usually prescribed for common occurrences or</p>

Instructional Resource Packet for Heroin & Opioids

	<p>prescription and only for the illness that the doctor is trying to treat.</p> <p>ORH.E.6 Using over-the-counter (OTC) medicines and prescription medicine can be harmful to a person’s health and create other problems if not taken as directed (e.g. purpose, dosage), which is called misuse.</p> <p><u>Upper (roughly grades 4-5)</u> ORH.E.7 The word “drug” is sometimes used to describe a medicine that can make a sick person well. It is also used to describe an illegal substance that can hurt people.</p> <p>ORH.E.9 Drug addiction means that people cannot stop taking a drug even when they want to and the drug is hurting them. Being addicted does not mean the person is bad; it means that they need help, just as they would with any other disease.</p> <p>ORH.E.10 Medicines prescribed by doctors to help people with very bad pain are called Opioids. Even when legal painkillers are taken for legitimate use, people can become addicted to these medicines if doctor’s orders are not closely followed or if too much is taken.</p> <p>ORH.E.11 Heroin is an illegal type of Opioid drug and is not prescribed by doctors.</p>	<p>prescription painkillers can quickly lead to addiction and use of substances such as Heroin due to tolerance.</p> <p>ORH.I.6 As an Opioid, Heroin has a fast progression of addiction, which can result in physical dependence.</p> <p>ORH.I.7 Repeated use of a substance may lead to tolerance, which is the need for increased amounts to produce the same effect.</p> <p>ORH.I.13 Heroin is dangerous in all forms. In recent years, additional harmful substances have been added to Heroin, leading to more deaths from using it. Illegal drugs are not regulated, so you can never be sure of what is in them.</p> <p>ORH.I.14 Heroin & Opioid use is especially dangerous for teens and young adults because the brain is still developing and damage may be irreversible.</p> <p><u>Upper (roughly grades 7-8)</u> ORH.I.11 Among the people who have addictions, 9 out of 10 individuals started using substances prior to age 18 (CASA, 2009).</p> <p>ORH.I.15 With Heroin use, the brain’s white matter deteriorates, which adversely affects connecting information, memory, decision-making, behavior</p>	<p>procedures (e.g., sports/athletic injuries, wisdom tooth extractions/oral surgeries) or for pain management for pervasive illnesses (e.g., cancer) can become highly addictive. Most people who are prescribed these drugs do not develop addiction.</p> <p><u>Upper (roughly grades 11-12)</u> ORH.C.4 Heroin is dangerous regardless of the method of consumption; using intravenous methods that require needles increases the risk of overdose and disease. Access to sterile syringes greatly reduces the risk of acquiring these diseases.</p> <p>ORH.C.9 A Heroin or Opioid overdose involves a suppression of breathing because of Opioid receptors in the brain stem.</p> <p>ORH.C.10 Heroin and Opioid prescription drug abuse can have short- and long-term physiological and neurological effects, such as dry mouth, nausea, vomiting, severe itching, slowed heartbeat, seizure, coma, and permanent brain damage.</p>
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Instructional Resource Packet for Heroin & Opioids

	<p>ORH.E.12 Heroin and other Opioids can have very harmful effects, and people can get sick or die if they use too much.</p>	<p>regulation, and responses to stressful situations. ORH.I.16 Heroin use can lead to seizures, brain injury, accidental overdose, and legal consequences.</p> <p>ORH.I.17 Pre-existing and/or resulting addiction to prescription painkillers and other drugs is often related to trauma as well as mental health concerns.</p> <p>ORH.I.18 Opioid abuse is linked to mental health concerns such as: mood disorders, major depressive disorder, bipolar disorder, anxiety disorders, suicidal ideation, and consequences with the legal system.</p>	
<p>Skills</p>	<ul style="list-style-type: none"> • Self-Management: Demonstrates the ability to practice strategies and skills to enhance personal health and safety • Relationship Management: Demonstrates the ability to apply interpersonal and intrapersonal strategies and skills to enhance personal, family, and community health • Stress Management: Demonstrates the ability to apply stress management strategies and skills to enhance personal health • Planning and Goal Setting: Demonstrates the ability to apply planning and goal-setting strategies and skills to enhance personal, family, and community health goals • Decision Making: Demonstrates the ability to apply decision-making strategies and skills to enhance personal, family, and community health • Advocacy: Demonstrates the ability to apply advocacy strategies and skills to enhance personal, family, and community health 		
<p>Standard 2: A Safe and Healthful Environment.</p> <p>Students will acquire the knowledge and ability necessary to create and maintain a safe and healthful environment.</p>	<p align="center"><i>Key Idea:</i></p> <p align="center">Students will demonstrate personally and socially responsible behaviors. They will care for and respect themselves and others. They will recognize threats to the environment and offer appropriate strategies to minimize them.</p>		
<p>Functional Knowledge (content)</p>	<p><u>Lower (roughly grades PK-3)</u> ORH.E.8 When people use drugs or abuse</p>	<p><u>Lower (roughly grades 6-7)</u> ORH.I.10 Communicate with a trusted adult if you</p>	<p><u>Lower (roughly grades 9-10)</u> ORH.C.5 People who inject drugs can reduce</p>

Instructional Resource Packet for Heroin & Opioids

	<p>medicine, they might do poorly in school, have trouble with their friends, and/or face other challenges.</p> <p>ORH.E.15 Engaging in safe activities and hobbies that you enjoy, as well as seeking help when feeling sad or worried, can help keep you physically and emotionally healthy.</p> <p><u>Upper (roughly grades 4-5)</u> ORH.E.13 If you are concerned that someone you know may be misusing drugs, communicate with a trusted adult.</p> <p>ORH.E.14 Help is available for people with addiction to get better, including medication that can save the lives of people who take too much of these drugs.</p> <p>ORH.E.16 Commit to staying healthy, and practice social skills (e.g. effective communication, peaceful conflict resolution, regulating and sharing emotions, refusal skills) in role-play scenarios, in the classroom, in social situations, and with friends.</p> <p>ORH.E.18 Be part of and encourage a healthy and safe environment at home, in school, and within the community.</p>	<p>are feeling pressured to experiment with substances that may be harmful.</p> <p><u>Upper (roughly grades 7-8)</u> ORH.I.2 The prescribing of Opioid painkillers is being monitored because of the addictiveness of these substances. Unfortunately, some people who are addicted to prescription painkillers may turn to Heroin, which is especially dangerous because it is not monitored or regulated like prescription drugs.</p> <p>ORH.I.9 Access to substances, peer pressure, perceived risks and consequences, and familial/social acceptability of drug use contribute to a person’s experimentation with harmful substances.</p>	<p>their risk of getting HIV or HCV by using sterile injecting equipment and never sharing injecting equipment or anything else used to prepare the drug, such as water, cotton filters or tourniquets.</p> <p>ORH.C.6 Improper, non-medical use of prescription Opioids (NMUPO) is the most prominent risk factor for later Heroin use; roughly 80% of first-time Heroin users reported misusing an Opioid painkiller for non-medical purposes (SAMHSA CBHSQ Data Review, 2013).</p> <p>ORH.C.7 Opioids are prescription drugs that are used as painkillers. Knowing common warning signs of Opioid abuse is important and may include: changes in physical appearance, academic or social behavior, drastic and sudden changes in peer circles/friends, evidence of paraphernalia, unusual sleepiness or drowsiness, mental confusion, slurred speech, intoxicated behavior, slow or shallow breathing, pinpoint pupils, slow heartbeat, low blood pressure, and difficulty waking the person from sleep.</p> <p>ORH.C.12 Heroin use and other Opioid abuse can contribute to risky, unsafe sexual behavior with long-term consequences.</p>
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Instructional Resource Packet for Heroin & Opioids

			<p><u>Upper (roughly grades 11-12)</u></p> <p>ORH.C.8 An overdose from Heroin and Opioid prescription drugs can be fatal. Common symptoms of overdose, include: extremely pale face, clammy skin, limp body, blue or purple fingers or lips, difficulty awakening from sleep, unable to speak, slowed or stopped breathing, slowed or stopped heartbeat, vomiting, a decrease in the amount of oxygen that reaches the brain (hypoxia), and gurgling noises during labored breathing.</p> <p>ORH.C.11 Medical and social consequences of Heroin use and Opioid abuse can include: overdose, Hepatitis C (HCV), HIV, fetal damage from teratogens, crime, violence, disruptions in family, workplace, and educational environments.</p> <p>ORH.C.13 Due to the behavioral consequences of Heroin and other Opioid addiction, the user may not be able to meet their college or work responsibilities. In order to fund the habit that becomes more expensive over time because of tolerance, users sometimes engage in illegal activities such as stealing, selling drugs, and promiscuous behavior.</p> <p>ORH.C.19 Driving under the influence of Heroin or</p>
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Instructional Resource Packet for Heroin & Opioids

			<p>prescription Opioids is dangerous because as they can blur vision, cause disorientation and dizziness, and slow a person’s reaction time.</p> <p>ORH.C.20 As part of environmental strategy efforts, awareness in the community is being raised for DWI and DWAI for alcohol and/or drug-related ability impairment while driving. This is subject to strict laws, policies, and legal system consequences for drivers both under and over 21 years old.</p>
Skills	<ul style="list-style-type: none"> • Self-Management: Demonstrates the ability to practice strategies and skills to enhance personal health and safety • Relationship Management: Demonstrates the ability to apply interpersonal and intrapersonal strategies and skills to enhance personal, family, and community health • Communication: Demonstrates the ability to apply communication strategies and skills to enhance personal, family, and community health • Planning and Goal Setting: Demonstrates the ability to apply planning and goal-setting strategies and skills to enhance personal, family, and community health goals • Decision Making: Demonstrates the ability to apply decision-making strategies and skills to enhance personal, family, and community health • Advocacy: Demonstrates the ability to apply advocacy strategies and skills to enhance personal, family, and community health 		
<p>Standard 3: Resource Management.</p> <p>Students will understand and be able to manage their personal and community resources.</p>	<p style="text-align: center;"><i>Key Idea:</i></p> <p>Students will understand the influence of culture, media, and technology in making decisions about personal and community health issues. They will know about and use valid health information, products, and services. Students will advocate for healthy families and healthful communities.</p>		
Functional Knowledge (content)	<p><u>Lower (roughly grades PK-3)</u></p> <p>ORH.E.2 You should take medication only when given to you by your parents, guardians, a school nurse, or a doctor. Taking medication when</p>	<p><u>Lower (roughly grades 6-7)</u></p> <p>ORH.I.12 Drug dealers are targeting youth at younger ages to get them addicted earlier. Be aware that dealers are selling Heroin that is</p>	<p><u>Lower (roughly grades 9-10)</u></p> <p>ORH.C.14 Knowing how to get help for a friend or loved one that might be addicted to Opioids (e.g. Heroin or prescription painkillers) or in an</p>

Instructional Resource Packet for Heroin & Opioids

	<p>you are not supposed to can make you very sick.</p> <p><u>Upper (roughly grades 4-5)</u> ORH.E.17 Be aware that what you see and hear in the media (e.g. television programs and commercials; movies; billboards, posters, and magazine advertisements; radio; music; games; social media) sometimes make risky decisions and behaviors look fun. Make good choices for your safety, health, and relationships.</p>	<p>packaged in bags with popular brand names or logos to make it seem safe and appealing.</p> <p>ORH.I.20 Media messages about people who are addicted to substances do not always represent an accurate portrayal of the disease.</p> <p>ORH.I.21 Inspire your peers to make safe and healthy decisions by modeling such behaviors yourself at home, in school, and within the community.</p> <p>ORH.I.22 Professionals in schools and communities can assist people with addictions in obtaining help to get better.</p> <p><u>Upper (roughly grades 7-8)</u> ORH.I.8 There are other special medicines (e.g. Naloxone/Narcan) that doctors can prescribe to help people who are very sick because of addiction to Heroin and other Opioids.</p> <p>ORH.I.19 The economic repercussions of using Heroin and abusing Opioids are such that addiction can become extremely expensive to maintain. This often leads to increases in social isolation, as there is a stigma around substance abuse; emotional and psychological deterioration and a lack of funds to engage in age-appropriate activities with friends.</p>	<p>overdose situation is essential. In doing so, there are some legal safeguards provided as part of the NYS <u>9-1-1 Good Samaritan Law</u>.</p> <p><u>Upper (roughly grades 11-12)</u> ORH.C.15 Naloxone (Narcan) is an Opioid antagonist medication that can help resuscitate people who are in an Opioid overdose situation as a harm harm-reduction intervention.</p> <p>ORH.C.16 Naloxone (Narcan) can be administered by trained responders. Some entities who have been trained include but are not limited to: people who use Opioids, first responders, law enforcement, school staff, registered nurses, family and friends of drug users, and other interested civilians.</p> <p>ORH.C.17 Opioid Overdose Prevention Programs are community-based supports that train community responders to administer Naloxone (Narcan) and provide these responders with this Opioid antagonist to use in the event of an overdose.</p> <p>ORH.C.18 A minor who is 16 years of age or older may become a trained Opioid overdose responder if the community program staff has evidence that there are reasonably</p>
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Instructional Resource Packet for Heroin & Opioids

			<p>foreseeable circumstances in which this minor will be in a position to save a life by administering Naloxone (Narcan). These minors must be deemed to be cognitively and emotionally mature enough to carry out all of the responsibilities of a trained overdose responder.</p> <p>ORH.C.21 Addiction treatment programs can assist people who abuse substances in being successful on the path to recovery.</p> <p>ORH.C.22 Be active and advocate for awareness, prevention efforts, policies, laws, and supports that decrease the prevalence of and access to harmful substances at home, in school, within the community as well as the dangers associated with heroin and opioid abuse.</p>
Skills	<ul style="list-style-type: none"> • Self-Management: Demonstrates the ability to practice strategies and skills to enhance personal health and safety • Relationship Management: Demonstrates the ability to apply interpersonal and intrapersonal strategies and skills to enhance personal, family, and community health • Stress Management: Demonstrates the ability to apply stress management strategies and skills to enhance personal health • Communication: Demonstrates the ability to apply communication strategies and skills to enhance personal, family, and community health • Planning and Goal Setting: Demonstrates the ability to apply planning and goal-setting strategies and skills to enhance personal, family, and community health goals • Decision Making: Demonstrates the ability to apply decision-making strategies and skills to enhance personal, family, and community health • Advocacy: Demonstrates the ability to apply advocacy strategies and skills to enhance personal, family, and community health 		

Curricula Analysis

How to use this section: These sample resources may be helpful to districts/schools/providers who are developing or selecting curricula (or topic-specific supplemental programs) that are responsive to their students' needs and may assist in addressing the New York State Standards in Health Education (via functional knowledge and skill areas). Information regarding specific curricula (e.g. Evidence-Based Programs - EBP) will be forthcoming in *A Guidance Document to Assist Schools in Creating an Instructional and Supportive Framework for Tobacco, Alcohol, and Other Drug Education and Prevention* (anticipated release: 2017).

- [Characteristics of an Effective School Health Curriculum](#)
- [Health Education Curriculum Analysis Tool \(HECAT\)](#)
The purpose of the HECAT is to provide state, regional and local education agencies with a common set of tools to assist with the selection or development of health education curricula.
- [Institute of Educational Sciences- What Works Clearinghouse \(WWC\)](#) The goal of the WWC is to be a resource for informed education decision-making for academic and social-emotional outcomes. To reach this goal, the WWC identifies studies that provide credible and reliable evidence of the effectiveness of a given practice, program, or policy (referred to as “interventions”), and disseminates summary information and free reports on the WWC website. Rather than an endorsement or requirement, this resource can be of use in helping practitioners select programming that has been found to be effective and research-based.
- [National Registry of Evidence-based Programs and Practices \(NREPP\)](#) SAMHSA
- New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) [Registry of Evidence-Based Programs & Strategies \(REPS\)](#)
- [School Health Index](#)
- [Top Tier Evidence](#) website is a resource for finding EBPs that have rigorous evidence
- [Washington State Institute for Public Policy Benefit-Cost Results](#) The goal of this report is to provide a list of well-researched public policies that can, with a high degree of certainty, lead to better statewide outcomes coupled with a more efficient use of taxpayer dollars. This information is also useful for policy makers and practitioners in other states because it provides information about the expenditures and benefits for student outcomes and systems-level goals specific to prevention programming.

Instructional Resource Options for Functional Knowledge on Heroin & Opioids and Related Topics at Three Levels

How to use this section: These resources focus on information, facts, and health outcomes for Heroin, Opioids, and related areas. Students may be encouraged to share information with family members and friends. In order to develop the social-emotional and health skills referred to in the instructional alignment table that, when honed, can serve as protective factors, existing curricula may supplement this content information. Note that these resources are not suggestive of entire curricula. Information regarding Evidence-Based Programs (EBP) that address such social-emotional skills will be forthcoming in *A Guidance Document to Assist Schools in Creating an Instructional and Supportive Framework for Tobacco, Alcohol, and Other Drug Education and Prevention*. Often, such social-emotional skills can also influence students’ behavioral and academic outcomes.

Resource Type	Level: Elementary (approx. grades PK-6)	Level: Intermediate (approx. grades 7-8)	Level: Commencement (approx. grades 9-12)
Lesson Plans & Activities	<p>Elks USA Kids Zone</p> <p>Brain Power! Challenge Modules, Videos, & Activities (Grades K-1)</p> <p>Brain Power! Challenge Modules, Videos, & Activities (Grades 2-3)</p> <p>Brain Power! Challenge Modules, Videos, & Activities (Grades 4-5)</p> <p>14 Drug Education Activities</p> <p>Rx for Understanding: Be Smart About Prescription Drugs (Grades 5-8)</p> <p>Brain Power! Challenge Modules, Videos, Posters, & Activities (Grades 6-9)</p>	<p>Opiates- Teacher’s Guide</p> <p>Elks Drug Quiz Show (pp.25-32)</p> <p>14 Drug Education Activities</p> <p>Rx for Understanding: Be Smart About Prescription Drugs (Grades 5-8)</p> <p>Mind Over Matter Teacher’s Guide & Activities (Grades 5-9)</p> <p>Brain Power! Challenge Modules, Videos, Posters, & Activities (Grades 6-9)</p> <p>Drugs & Health Blog Teaching Guide</p> <p>Heads Up: Real News About Drugs and Your Body for Teachers</p> <p>Heads Up: Compilations for students and teachers</p> <p>Mind Over Matter: Opiates</p> <p>Mind Over Matter: Prescription Drug Abuse- Lesson, Quiz & Classroom Activities (also en Español)</p> <p>School Year Compilation Archives of Lesson Plans & Activities</p>	<p>Rx for Understanding: Preventing Prescription Drug Abuse (Grades 9-12)</p> <p>NIDA Teaching Packets</p> <p>Peer X Educator Guide and Appendix</p> <p>Drugs & Health Blog Teaching Guide</p> <p>Heads Up: Real News About Drugs and Your Body for Teachers</p> <p>School Year Compilation Archives of Lesson Plans & Activities</p> <p>Tragedy and Hope: Stories of Painkiller Addiction (Grades 6-12)</p>

Instructional Resource Packet for Heroin & Opioids

<p>Display Materials (free to download or order)</p>		<p><u>Campaign Poster – “Heroin addiction starts here...”</u></p> <p><u>Prescription Drugs Poster</u></p> <p><u>Heads Up: Drugs & The Body- It Isn't Pretty. Double Sided English/Spanish Poster</u></p> <p><u>Drugs, Brain, Behavior: The Science of Addiction</u></p>	<p><u>Combat Heroin Poster and other print materials</u></p> <p><u>Chose to Try It Poster</u></p> <p><u>Drugs + Your Body: It Isn't Pretty (Teaching Guide) Poster</u></p> <p><u>911 Good Samaritan Poster English Spanish</u></p> <p><u>911 Good Samaritan Wallet Card English Spanish</u> <u>Opioid Overdose Educational Materials Order Form</u></p>
<p>Information Consumables (free to order)</p>		<p><u>Mind Over Matter: The Brain's Response to Opioids (also en Español)</u></p> <p><u>Mind Over Matter: The Brain's Response to Prescription Drugs</u></p> <p><u>10 Tips for Prevention for Youth</u></p>	<p><u>Order Form for Free Heroin and Prescription Medication Misuse Fact Sheets</u></p> <p><u>Drugs FAQs: Shatter the Myth</u></p> <p><u>Heroin: Research Report Series</u></p> <p><u>Drug Facts: Prescriptions and Over-the-Counter Medications</u></p> <p><u>Drug Facts: Heroin</u></p> <p><u>Peer X: Facts on Opioids for Teens</u></p>
<p>Infographics (free to download)</p>		<p><u>Understanding Drug Abuse and Addiction</u></p> <p><u>"Wiring" Your Brain</u></p> <p><u>Popping Pills: Prescription Drug Abuse in America</u></p> <p><u>Teens Mix Prescription Opioids with Other Substances</u></p> <p><u>Prescription Drug Abuse: Young People at Risk</u></p> <p><u>From Rx to Heroin</u></p>	<p><u>The Awesomely Evolved Human Brain</u></p> <p><u>Teen Drug Use - Monitoring the Future 2013</u></p> <p><u>Drug Overdoses Kill More Than Cars, Guns, and Falling</u></p> <p><u>Abuse of Prescription (Rx) Drugs Affects Young Adults Most</u></p> <p><u>2015 Monitoring the Future Survey Results</u></p> <p><u>The Relationship Between Substance Abuse & Social Media Addiction</u></p>

Instructional Resource Packet for Heroin & Opioids

<p>Discussion/ Debates</p>	<p>Discussion starters, as well as tips for starting the conversation, are included in the <i>Kitchen Table Tool Kit</i> (Note: A video clip is generally not recommended for this age group.)</p>	<p>Discussion starters, as well as tips for starting the conversation (with accompanying clip, Talking with Young People (13:27), are included in the <i>Kitchen Table Tool Kit</i></p> <p>Article- Traumatic Brain Injury and Drug Use- A Closer Look</p> <p>Current Trends- Prescription Drugs are Now the Most Commonly Abused Drugs Among Young Teens</p> <p>Five Things to Know About Adolescents' Brain Development and Use</p> <p>Tragedy and Hope: Stories of Painkiller Addiction (Grades 6-12)</p> <p>Adolescent Addiction Statistics & Resources</p> <p>Drug Facts: Nationwide Trends</p> <p>2013 YRBS Middle School Youth Online Results (can filter by health topic, grade, etc.)</p>	<p>Discussion starters, as well as tips for starting the conversation (with accompanying clip, Talking with Young People (13:27), are included in the <i>Kitchen Table Tool Kit</i></p> <p>Article- Play through the Pain: Participation in Organized Sports and Opioid Use Among Adolescents</p> <p>Opioid prescription painkillers are being monitored more closely (e.g. I-STOP, P/DMP) because of their highly addictive properties when not taken as prescribed or when taken for nonmedical purposes.</p> <p>Experimentation as Self-Medicating</p> <p>Students Should Know the Facts: Heroin and Prescription Opioids are a Serious Problem</p> <p>Monitoring the Future Study: Trends in Prevalence of Various Drugs</p> <p>2013 YRBS High School Youth Online Results (can filter by health topic, grade, etc.)</p> <p>2015 Monitoring the Future Survey Results</p> <p>Preventing Non-Medical Prescription Opioid Use and Overdose</p> <p>Fact Sheet: Heroin Addiction</p> <p>Research Links Addictive Social Media Behavior With Substance Abuse</p>
<p>Computer-based Modules/ Activities</p>	<p>Reconstructor's Web Adventures- Opioid Painkillers (5 sequential episodes, 30-45 minutes)</p>	<p>My Family Health Portrait Tool</p> <p>Test Your Knowledge Activity: Opiates</p>	<p>How Are Alcohol and Drugs Affecting Your Life?: Self-Assessment for Teens</p> <p>2015 National Drug IQ Challenge (English)</p>

Instructional Resource Packet for Heroin & Opioids

	per episode; also en Español)	<p><u>Web-Hunt: Facts vs. Myths- Prescription Drugs</u></p> <p><u>DSI</u> is an educational online game developed by <u>inDepthLearning</u>, with teachers and substance abuse experts for use in 6th – 9th grade health & science classrooms. (Annual license charge applies.)</p>	<p><u>2015 National Drug IQ Challenge (en Español)</u></p>
Presentations		<p><u>The Brain & the Actions of Cocaine, Opiates, and Marijuana</u> (Teaching Packet and Powerpoint)</p>	<p><u>Robert Crown Centers for Health Education: Opioid Powerpoint</u></p> <p><u>The Neurobiology of Addiction</u></p>
<p>Videos*</p> <p><i>*Please note that these clips contain information that can be sensitive for many. Please preview the resources, and use your professional judgment when deciding if such materials are appropriate for your students.</i></p>	<p><u>I'm Only Me If I'm Drug Free</u></p>	<p><u>Warning Signs Clip and PSA</u></p> <p><u>Understanding Addiction: Addiction and the Brain</u> (resources and related video clips)</p> <p><u>The Adolescent Addict</u> (8:58)</p> <p><u>Talking with Young People</u> (13:27)</p> <p><u>Project Hope PBS Video Series (assorted)</u></p>	<p><u>Talking with Young People</u> (13:27)</p> <p><u>Opiate Addiction: A New Medication</u> (9:50)</p> <p><u>Highway to Heroin Commentary</u> (59:50)</p> <p><u>Christopher Usifer's Story</u> (4:41)</p> <p><u>Combat Heroin PSAs with Different Areas of Focus</u> (clip time lengths within)</p> <p><u>Don't Let Addiction Sideline Your Dreams (:31)</u></p> <p><u>Project Hope PBS Video Series (assorted)</u></p>
<p>Books*</p> <p><i>*Please note that these books contain information that can be sensitive for many. Please preview the resources, and use your professional judgment when deciding if such materials are appropriate for your students.</i></p>	<p><u>The Berenstain Bears and the Drug-Free Zone</u> by <u>Stan Berenstain</u></p> <p><u>What Are Drugs?</u> (A Drug-Free Kids Book) by <u>Gretchen Super</u></p> <p><u>The Addiction Monster and the Square Cat</u> by <u>Sheryl Letzgus McGinnis</u></p> <p><u>Charlie and the Curious Club: Candy or Medicine?</u> by <u>Erainna Winnett</u></p>	<p><u>My Dad Loves Me, My Dad Has a Disease- A Child's View: Living with Addiction</u> by <u>Claudia Black</u></p> <p><u>Straight Talk: Drugs and Alcohol</u> (Time for Kids- Reader Level 4.5) by <u>Stephanie Paris</u></p>	<p><u>Go Ask Alice</u>, Anonymous</p> <p><u>Heroin Diaries: A Year in the Life of a Shattered Rock Star.</u> (Nikki Sixx from Motley Crue)</p>

Instructional Resource Packet for Heroin & Opioids

	<i>No Thanks!: Saying No to Alcohol and Drugs</i> by Erainna Winnett		
<p>Music/Lyrical Analysis*</p> <p><i>*Please note that these lyrics contain information that can be sensitive for many. Please preview the resources, and use your professional judgment when deciding if such materials are appropriate for your students.</i></p>	<p><u>Anti-Drug Song with Lyrics</u></p> <p>(download available for purchase)</p>		

Informational Resources for Educators & Related Information (Heroin & Opioids)

How to use this section: The resources listed below can be accessed as districts, schools, administrators, and teachers incorporate the functional knowledge area of Heroin and Opioids into their Health Education regimen. These resources can be helpful in reflecting up-to-date information, points of contact, trends, best practice, and in offering support in this area. Resources are separated by the state and national levels.

New York State

Agency/Organization (in alphabetical order)	Related Initiatives/Information
<p><u>Alcoholism and Substance Abuse Providers (ASAP) New York State</u> This association is committed to working together to support organizations, groups and individuals that prevent and alleviate the profound personal, social, and economic consequences of alcoholism and substance abuse in New York State. Prevention program members include both school- and community-based programs.</p>	
<p><u>Council on Addictions of New York State (CANYS)</u> An organization of prevention, education, intervention and treatment agencies throughout New York State that meets to address concerns and issues that both affect the practice of prevention, intervention and treatment of substance abuse and addiction.</p>	
<p><u>New York Academy of Medicine (NYAM)</u> is working to support your work in the Prevention Agenda’s priority areas of Reducing Chronic Disease and Promoting Mental Health and Preventing Substance Abuse. In addition, the relationship between Adverse Childhood Experiences (ACEs) and substance use is addressed via trauma-informed approaches. Related research, articles, best practices, webinar listings, and tools for schools are listed.</p>	<ul style="list-style-type: none"> • <u>Advancing Prevention Project</u> has resources specifically related to Opioid use and overdose, <u>Substance Abuse Prevention</u>, as well as <u>mental health</u> considerations.
<p><u>New York State Association for the Education of Young Children (NYS AEYC)</u> The New York State Association for the Education of Young Children’s mission is to promote excellence in early care and education for New York State children and families through education, advocacy, and the support of the profession.</p>	
<p><u>New York State Association for Health, Physical Education, Recreation and Dance (NYS AHPERD)</u> A professional organization composed primarily of teachers of health education, physical education, recreation and dance; agency, community, and worksite health professionals; youth coaches; and future professionals who are interested in promoting health, physical education, recreation, and dance in kindergarten through higher-education settings throughout New York State.</p>	

<p><u>New York State Council for Exceptional Children (NYS CEC)</u> Part of an international organization that represents a community of professionals who are the voice and vision of special and gifted education. CEC's mission is to improve, through excellence and advocacy, the education and quality of life for children and youth with exceptionalities and to enhance engagement of their families. On this site, there are resources for social-emotional supports and skills that often serve as protective factors associated with decreasing the probability of drug use and abuse.</p>	
<p><u>New York State Council on Children and Families (NYS CCF)</u> The Council on Children and Families coordinates New York State's health, education, and human services systems as a means of providing more effective systems of care for children and families. This website offers resources regarding social-emotional learning.</p>	<ul style="list-style-type: none"> • <u>Kids' Well-being Indicators Clearinghouse (KWIC)</u> was developed by the New York State CCF and is a tool to gather, plot, and monitor New York State children's health, education, SES, and well-being indicator data at various levels in order to improve outcomes for children and families. Recently, OASAS provided Mental, Emotional and Behavioral (MEB) <u>indicator data</u> to also be included on the site at the county and school district levels.
<p><u>New York State Department of Health (NYS DOH) Opioid Overdose Prevention</u></p>	<ul style="list-style-type: none"> • (9-1-1) <u>Good Samaritan Law</u> (2011) provides safeguards for those who report an overdose situation in order to obtain medical or other emergencies services. This law protects the incident's reporter and the person who has overdosed from legal prosecution, even if drugs or paraphernalia are discovered. These safeguards do not apply for Class A-1 drug felonies. The law allows physicians and dentists to prescribe an anti-Opioid overdose medication, and provides that peace officers, certified pharmacists, police, firefighters, paramedics, emergency medical technicians, and school employees such as school-based registered nurses authorized to administer medication may obtain and receive training to administer Opioid antagonist drugs such as <u>Naloxone (Narcan)</u>. Source: <i>The National Alliance for Model State Drug Laws</i> (January 21, 2015). • Prescription Opioids are being monitored more closely (i.e. <u>I-STOP, PDMP</u>) because of their highly addictive properties when not taken as prescribed or taken for nonmedical purposes. • <u>New York City Department of Health and Mental Hygiene Opioid Kit</u> • <u>Syringe Exchange Program and Sites</u>

<p><u>New York State Education Department (NYSED) Office of Student Support Services (SSS): School Health Education</u></p>	<ul style="list-style-type: none"> • <u>New York State Center for School Health; Opioid Overdose Prevention Tool Kit and Resources</u>: NYS Center for School Health works in collaboration with the Student Support Services team of the NYS Education Department. The Center provides technical assistance, FAQ's, resources, and training to NYS school health professionals. • <u>Naloxone Administration in Schools Flow Chart (July 2015)</u> • <u>NYSED Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels</u> • <u>NYSED Guidance Document for Achieving the New York State Standards in Health Education (November 2015)</u> • <u>New York State Assembly Legislation Regarding ATOD, including Heroin and Opioids (June 2014)</u> • <u>NYSED Memo on: Clarification of the Modernization of Health Education Curriculum Law (February 2015)</u> • <u>NYSED Guidance Document on Opioid Prevention Measures Provides New York State Education Department (NYSED), the New York State Department of Health (NYSDOH), and Harm Reduction Coalition guidance and training for schools electing to participate as Opioid antagonist recipients as defined by Public Health Law §3309 (December 2016)</u> • <u>NYSED Memo on: Information for Schools Regarding New Law on Opioid Overdose Prevention (August 2015)</u>
<p><u>New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS)</u></p> <p>The mission of OASAS is to improve the lives of all New Yorkers by leading a comprehensive premier system of addiction services for prevention, treatment, and recovery. OASAS plans, develops and regulates the state's system of substance abuse prevention, provider system, chemical dependence treatment and recovery, as well as gambling treatment agencies. OASAS also monitors gambling and substance use and abuse trends in the state; provides a comprehensive education and prevention program through more than 200 school- and community-based providers; addresses awareness of Fetal Alcohol Spectrum Disorders (FASD); and promotes public awareness and citizen</p>	<ul style="list-style-type: none"> • <u>Combat Heroin & Prescription Drug Abuse website</u> This website has information on Heroin and Opioids (e.g. prescription pain pills), clips to use in <u>school settings</u>, at home, at PTA meetings, and <u>community forums</u>, as well as PSAs on the dangerous of Heroin, prescription drug abuse, and <u>synthetics</u>. • <u>Heroin and Opioid Overdose Prevention Sessions (Naloxone Training)</u> • <u>HOPELine</u> For help 24 hours a day/365 days a year, call or text: 1-877-8-HOPENY (1-877-846-7369). Call or text anytime (online chat feature available in some areas). • <u>Prevention Resource Center (PRC)</u>- regional offices that support the work of local community coalitions and prevention councils (many of which work in partnership with schools) throughout New York State via training and technical assistance

Instructional Resource Packet for Heroin & Opioids

<p>involvement through community action groups.</p>	<ul style="list-style-type: none"> • <u>Prevention Councils & Provider Network-</u> OASAS-funded prevention providers are available to work with schools regarding the issue of substance use • <u>Youth Development Survey (YDS)</u> is a survey administered to middle school and high school students to assess the impact of prevention services in reducing the costs and consequences of addiction, and promoting more healthy lifestyles for youth and young adults in grades 7-12 in New York State. The survey measures 21 risk and 11 protective factors that predict levels of youth substance use and other problem behaviors such as dropping out of school, delinquency, violence, and teen pregnancy. These risk and protective factors operate within individual, peer, family, school, and community domains.
<p><u>New York State Police (NYSP) Drug Recognition Experts Community Resource Program</u></p>	<ul style="list-style-type: none"> • <u>Drug Impairment Training for Educational Professionals (DITEP):</u> This multi-day training is offered free-of-charge and is geared towards educators, school nurses, school resource officers, counselors, youth workers, principals, and law enforcement personnel. The goal of this training is to enhance the competence and confidence of such professionals in evaluating symptoms associated with drug use as opposed to illness in order to document suspected drug use through the use of diagnostic procedures. Request this training for your school or district via e-mail at: DOUGLAS.PAQUETTE@troopers.ny.gov • <u>Drugs and Alcohol Myths and Fallacies:</u> This 1-hour workshop is provided free-of-charge directly to students with the goal of preventing drug use through informational awareness as well as addressing students’ own theories and attitudes towards drugs and alcohol. • <u>Drug Awareness Training- The Team Approach:</u> This multi-day training is focused towards school and community leaders. It reflects upon current procedures for identifying drug and alcohol impairment and strategies for aligning practices and policies for a proactive approach in addition to effective assessment and responding regimens.
<p><u>New York State Public Health Association (PHA)</u> is an affiliate of the American Public Health Association and serves as a statewide organization for members from all disciplines in the public health spectrum including state and county health departments, healthcare; policy and advocacy organizations; community-based</p>	<p style="background-color: #cccccc;"> </p>

<p>health and human-service programs and workers; academia and research. NYSPHA advocates for policies at the national, state and regional levels that support equity in health status for all and I devoted to promoting and protecting the health of all New Yorkers.</p>	
<p><u>NYS Special Traffic Options Program for Driving While Intoxicated (STOP-DWI)</u></p>	<ul style="list-style-type: none"> • ‘Have a Plan’ free mobile app can be downloaded by teens (or any drivers) to reduce impaired driving and encourage finding a safe way home instead of driving under the influence of substances.
<p><u>NYS Success: Connecting Systems of Care with Children and Families</u> In 2012, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Upstate New York with a four-year, \$4,000,000 grant to support broad-scale operation, expansion and integration of Systems of Care (SOC) through the creation of sustainable infrastructure. With the assistance of a designated implementation & planning team, all 55 upstate counties are expected to successfully integrate and sustain the SOC philosophy within their own communities. Over the course of four years (beginning in 2012), each county in New York State will be brought into the NYS Success Network as a member of one of four learning collaborative phases. Each year, the team and existing mentor counties (those who previously received their own local SOC grant from SAMHSA) within the NYS Success Network will work together with the learning collaborative phases to assist in the building and strengthening of their own SOC. Resources, webinars, and information for various topics including LGBTQ, juvenile justice, cultural competence, SOC, evaluation, and trauma-informed care are available.</p>	
<p><u>The Governor’s Traffic Safety Committee (GTSC)</u></p>	<ul style="list-style-type: none"> • ‘Impaired Drivers Take Lives. Think’ messaging now appears across NYS to combat impaired driving.

National

<p>Agency/ Organization (in alphabetical order)</p>	<p>Related Initiatives/ Information</p>
<p><u>Centers for Disease Control (CDC)</u></p>	<ul style="list-style-type: none"> • As part of the Youth Risk Behavior Surveillance System (YRBSS), the Youth Risk Behavior Survey (YRBS) is administered to middle school and high school students every 2 years. In NYS, the YRBS is managed by the Office of Student Support Service within the NYSED. Youth Online allows people to view and analyze national, state, and local Youth Risk Behavior Surveillance System (YRBSS) data, which includes the YRBS, from 1991 through the current posted year’s results. Data from middle

Instructional Resource Packet for Heroin & Opioids

	<p>school and high school surveys are included. Data can be filtered and sorted on the basis of location, race/ethnicity, gender, grade, site, and health topic. Functionalities also include creating customized tables and graphs, as well as performing statistical analyses.</p>
<p><u>National Association of School Nurses (NASN)</u></p>	<ul style="list-style-type: none"> • <u>Naloxone Use in the School Setting: The Role of the School Nurse</u> (position statement adopted June 2015)
<p><u>National Council on Alcoholism and Drug Dependence (NCADD)</u></p>	
<p><u>National Council on Patient Information and Education (NCPPIE)</u> Focused on prescription education, this multi-stakeholder coalition is working to stimulate and improve communication of information on the appropriate use of medicines to consumers and health care professionals.</p>	
<p><u>National Highway Traffic Safety Administration (NHTSA) Drugs and Human Performance Fact Sheets (including Heroin & Opioid Painkillers)</u></p>	
<p><u>Robert Wood Johnson Foundation (RWJF) Heroin Information</u></p>	<ul style="list-style-type: none"> • <u>Robert Wood Johnson Foundation (RWJF) Opioid Information</u>
<p><u>Students Against Destructive Decisions (SADD)</u> A peer-to-peer education, prevention, and activism organization dedicated to preventing destructive decisions, particularly underage drinking, other drug use, risky and impaired driving, teen violence, and teen suicide.</p>	
<p><u>The Annie E. Casey Foundation</u></p>	<ul style="list-style-type: none"> • <u>Kids Count Data Center</u>
<p><u>The Partnership for Drug-Free Kids</u> Translates the science of teen drug use and addiction for families, providing parents with direct support to prevent and cope with teen drug and alcohol abuse. On the website, families can find the information they need to understand the ever-changing drug landscape, which now includes abuse of prescription drugs and over-the-counter cough medicine.</p>	<ul style="list-style-type: none"> • <u>The Medicine Abuse Project</u> is an action campaign that aims to prevent teens from abusing medicine. The campaign provides comprehensive resources for parents and caregivers, law enforcement officials, health care providers, educators and others so that everyone can take a stand and help end medicine abuse. The Medicine Abuse Project website includes information about prevention of prescription drug abuse, painkiller addiction, and over-the-counter (OTC) medicine abuse.
<p><u>U.S. Department of Health and Human Services (HHS)</u> The U.S. Department of Health & Human Services (HHS) strives to enhance and protect the health and well-being of all Americans. That mission is fulfilled by providing for effective health and human services and fostering advances in medicine, public health, and social services.</p>	<ul style="list-style-type: none"> • <u>National Institutes of Health (NIH)</u> • <u>National Institute on Drug Abuse (NIDA)</u> • <u>National Institute on Drug Abuse (NIDA) for Teens</u> • <u>Monitoring the Future (MTF)</u> is an annual survey of 8th, 10th, and 12th graders conducted by researchers under a grant from NIDA. • <u>Substance Abuse and Mental Health Services Administration (SAMHSA)</u> SAMHSA is the agency within the U.S. Department of Health and Human Services

Instructional Resource Packet for Heroin & Opioids

	<p>that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.</p> <ul style="list-style-type: none">• <u>Opioid Overdose Prevention Toolkit</u>• <u>National Survey on Drug Use and Health (NSDUH)</u> is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse, and mental disorders in the U.S. civilian, non-institutionalized population, ages 12 and older. The survey generates estimates at the national, state, and sub-state/metro levels.• <u>Talk. They Hear You.</u> Underage Drinking Prevention
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Supplemental Information for Parents & the Community

How to use this section: These resources represent a partial list of options for addressing the topic of drug use with families and community members in various settings. Parents and community members may be encouraged to share information with youth and others. Information for multiple topics regarding evidence-based programming will be forthcoming in *A Guidance Document to Assist Schools in Creating an Instructional and Supportive Framework for Tobacco, Alcohol, and Other Drug Education and Prevention*. These resources are organized in five main categories: assessment, campaigns, fact sheets, media, and organizational programming.

1. Assessment:

- [Family Checkup: Positive Parenting Prevents Drug Abuse](#)
- [Is Your Medicine Cabinet Safe? Prescription and Over-the-Counter Medicine Inventory](#)
- [Kids' Well-being Indicators Clearinghouse \(KWIC\)](#) Developed by the New York State Council on Children and Families and is a tool to gather, plot, and monitor New York State children's health, education, SES, and well-being.

2. Campaigns:

- [Combat Heroin & Prescription Drug Abuse website](#) This website has information on Heroin and Opioids (e.g. prescription pain pills), clips to use in the [school settings](#) at home, at PTA meetings, and [community forums](#), as well as PSAs on the dangerous of Heroin, prescription drug abuse, and [synthetics](#).
- [Guidelines for Discussing Substance Abuse and Addiction at Community Forums](#)
- [Kitchen Table Toolkit](#)
- [Talk2Prevent](#) A NYS website that gives parents and community coalitions tools to talk with youth about the risks of underage drinking including: toolkit resources; a parent-child agreement template; tips for using text messaging as an exit strategy in precarious social situations, ideas to reinforce effective messaging about alcohol; a link to its continuously-updated Facebook page with ideas, for example, about promoting safety during prom and graduation events; information about alcohol's effects on the developing brain in the childhood, youth, teen, and young adult years; as well as how parents and other sources of influence can decrease underage drinking, which can precede other drug use and abuse. Also, this website will soon feature a list of NYS community coalitions organized by county (anticipated 2016).
- [Talk. They Hear You. \(TTHY\)](#) An app that is an interactive game that helps parents and caregivers learn what's effective for talking with kids about underage drinking. Using avatars, parents and caregivers can practice bringing up the topic of alcohol, learn the questions to ask, and get ideas for keeping the conversation going. Also, [tips for teachers](#) broaching the topic of underage drinking are also offered. (Alcohol can precede Heroin & prescription painkiller abuse and addiction.)

3. Fact Sheets:

- [Back-to-School Survival Guide for Parents](#) Includes information sheets, how to have a conversation with your kids about drugs at any age, and an app to stay current with prevalent drugs, their street names, effects, etc.
- [Facts on Heroin and Prescription Opioids](#)
- [Growing Up Drug Free: A Parent's Guide to Prevention](#)
- [Marijuana: Facts Parents Need to Know](#) (Marijuana can precede Heroin & Opioid pain killer abuse and addiction.)
- [Medicine Disposal and Medicine Take-Back Events](#)
- [Naloxone: Frequently Asked Questions](#)
- [Opiate Abuse and Mental Illness](#)
- [Prescription Safety](#)

- [Preventing Non-Medical Prescription Opioid Use and Overdose Factsheet](#)
- [Protect Your Kids! Prescriptions Used as Dangerous New Party Drugs](#)
- [Risk and Protective Factor Chart](#)
- [Risk and Protective Factors Domain Examples](#)
- [Stop Rx Abuse - Ignorance is NO excuse Infographic](#)
- [Spotlight on Synthetics](#) Marijuana can precede Heroin & Opioid painkiller abuse and addiction.
- [Talking With Children About Alcohol and Drugs](#)
- [The Prescription Opioid Epidemic: An Evidence-Based Approach](#)

4. Media:

- [Ronnie's Story](#)
- [Talking with the Community](#) (17:18)
- [Talking with Young People](#) (13:27)
- [Tragedy and Hope: Stories of Painkiller Addiction- Community & Family Guide](#)

5. Organizational Programming:

- "[Naloxone Ninja](#)" can be invited to a forum or conference

Disclaimer/ Organizational & Vendor Notice:

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