



Virginia Board of Education

Curriculum Guidelines for Instruction on the Safe Use of and Risks of Abuse of Prescription Drugs

House Bill 1532, the 2018 General Assembly
Code of Virginia § 22.1-207

VIRGINIA BOARD OF EDUCATION

Virginia Board of Education

Curriculum Guidelines for Instruction on the Safe Use of and Risks of Abuse of Prescription Drugs

I. Introduction

Pursuant to [House Bill 1532](#) (2018), the *Code of Virginia* was amended to include [§ 22.1-207](#) directing the Board of Education to develop curriculum guidelines for health instruction on the safe use of and risks of abuse of prescription drugs with approval from the State Board of Health. According to the Centers for Disease Control and Prevention, prescription drug misuse and abuse is a national epidemic and opioid abuse is now the leading cause of accidental deaths in the U.S. With one in five high school seniors reporting that they have misused prescription drugs, educators have an opportunity to innovate and build on evidence-based practices that elevate student voice and agency as reaching students early is now more important than ever.

These guidelines include actionable recommendations to help school leadership plan strategically for optimizing health literacy, empowering teachers, and providing collaborative supports and resources so that all students acquire healthy, informed mature decision-making skills when it comes to prescription medications. These guiding principles also assist in implementing evidence-based curriculum aligned with the *Health Education Standards of Learning*. The *Health Education Standards of Learning* establish, promote, and support health-enhancing behaviors, and set clear, measurable goals that define the skills, knowledge and expectations for what students should know and be able to do to be prepared for life. Students learn about a range of topics, including the science of addiction, how to properly use and dispose of prescription drugs, and how to intervene when faced with a situation involving drug misuse.

A multicultural society is best served by a culturally responsive curriculum. The guidelines recognize the central role of the teacher and parents and focus on preventative school-based instruction for prescription drug abuse prevention. Curriculum for health instruction on the safe use of and risks of abuse of prescription drugs should be inclusive, taking into account background knowledge and life experiences, analysis of types and levels of drug use among individuals, risk and protective factors, gender, ethnicity, culture, language, socio-economic status, developmental level and exceptionalities. Prescription drug abuse does not exist in a vacuum. It is part of the whole child's life, necessitating education for prevention to incorporate other issues including adolescent development, stress and coping, trauma, collaboration between home and school and personal relationships. By getting to know and interacting with students in a way that acknowledges students' backgrounds and experiences, teachers are able to respond to them more objectively and create opportunities for meaningful student input and supports that are more likely to create successful learning experiences that meet students' needs. Successful implementation of an effective standards-based curriculum for safe use of and risks of abuse of prescription drugs has the potential to empower students to live their best lives. When used as

prescribed by a medical provider, prescription drugs, also called medicines or pharmaceuticals, can be helpful in treating many illnesses and conditions. But when misused (non-prescribed use), prescription drugs can have serious consequences.

Drugs affect everyone differently. The most frequently misused medications are opioid painkillers (e.g., OxyContin and Vicodin); central nervous system (CNS) depressants used for anxiety and sleep disorders (e.g., Valium and Ativan); and stimulants that treat attention deficit hyperactivity disorder and narcolepsy. Because these drugs activate the reward center of the brain, one can become addicted to them and continue to use them even if the consequences for continued use are serious.

II. Risk and Protective Factors

According to the [National Institutes of Health National Institute on Drug Abuse](#), research over the past two decades has tried to determine how drug abuse begins and how it progresses. Many factors can add to a person's risk for drug abuse. Risk factors such as early aggressive behavior, lack of parental supervision, mental health illness and challenges, abuse, trauma, substance abuse, drug availability, and poverty can increase a person's chances for drug abuse. Protective factors such as self-control, parental monitoring, academic competence, anti-drug use policies, school engagement, family support, strong neighborhood attachment, and sense of purpose can reduce the risk. The different influence of risk and protective factors also changes over time (e.g., family factors in younger children, peers in adolescents). However, most individuals at risk for drug abuse do not start using drugs or become addicted. Also, a risk factor for one person may not be for another.

Risk factors can influence drug abuse in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors.

Research has shown that the key risk periods for drug abuse are during major transitions in children's lives. The first big transition for children is when they leave the security of the family and enter school. Later, when they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage—early adolescence—that children are likely to encounter drugs for the first time.

When they enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse prescription drugs, alcohol, tobacco, and other substances.

When young adults leave home for college or work and are on their own for the first time, their risk for drug and alcohol abuse is very high. Consequently, young adult interventions are needed as well.

Because risks appear at every life transition, prevention planners need to choose programs that strengthen protective factors at each stage of development.

Scientists have proposed various explanations of why some individuals become involved with drugs and then escalate to abuse. One explanation points to a biological cause, such as having a family history of drug or alcohol abuse. Another explanation is that abusing drugs can lead to affiliation with drug-abusing peers, which, in turn, exposes the individual to other drugs.

Researchers have found that youth who rapidly increase their substance abuse have high levels of risk factors with low levels of protective factors. Gender, race, and geographic location can also play a role in how and when children begin abusing drugs.

III. Prevention Education

Schools can be instrumental in the public health approach needed to address misuse of medicines and the opioid crisis by educating students of all ages about the safe use and risks of illegal and prescription drugs. According to Sloboda and Ringwalt (2019), school are a socialization institution and provide a protective environment for students. “As a socialization agent, the school can provide children with the knowledge and skills to become competent citizens and can reinforce prosocial attitudes and behaviors. As a protective environment, most schools are substance free, provide supervised after-school programs, and have activities to connect parents and families to school personnel.” In addition, “There are three aspects of the school environment that lend themselves specifically to substance-use prevention: (1) school climate or culture, which includes norms, beliefs, expectancies, and school bonding, by which the student is connected to the school experience and community; (2) school policy or social control; and (3) classroom curriculum, which comprises lessons that emphasize a cognitive approach to prevention.”

Most of the evidence the Substance Abuse and Mental Health Services Administration (SAMHSA, 2019) has on effective programs and practices comes from evaluations of programs implemented during childhood and adolescence. Many of these programs have lasting effects as their participants continue to show delayed or reduced substance misuse well into young adulthood when compared with nonparticipants. Programs implemented in childhood and adolescence with protective effects lasting into young adulthood typically have employed behavior modification and behavior management, classroom management, and social and emotional skills education. (SAMHSA, 2019)

Building social and emotional skills helps children learn to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions, and can also help youth develop social competencies with communication, self-efficacy, assertiveness, and substance resistance.

According to SAMHSA, two crosscutting principles should be integrated when planning and implementing substance use prevention education: cultural competence (culturally responsive program selection and implementation) and sustainability. Evidence-based interventions to

prevent substance use, misuse and addiction should also target risk factors and enhance protective factors (Facing Addiction in America. The Surgeon General’s Spotlight on Opioids, HHS, 2018). Effective school-based strategies that combine substance use prevention and health education curricula, link students to youth friendly mental and behavioral health providers in the community, and increase protective factors such as parent engagement and school connectedness can prevent the initiation of drug use. Such interventions need to begin early in life to delay or prevent initiation of substance use and continue throughout the lifespan. Addressing risk and protective factors for individuals and communities can help prevent opioid misuse. Although there are exceptions, most risk and protective factors associated with substance use also predict other problems affecting youth, including delinquency, psychiatric conditions, violence, and school dropout. Therefore, programs and policies addressing those common or overlapping predictors of problems have the potential to simultaneously prevent substance misuse as well as other undesired outcomes. (HHS, 2018)

Positive Youth Development (PYD) is an evidenced-based foundation for strengthening and broadening health-promoting efforts. The PYD perspective has been used to conceptualize and promote thriving among youth in K-12 schools (Taylor et al., 2017), sport (Holt & Neely, 2011) and out-of-school time programs (Li et al., 2008; Wang et al., 2015). This approach views youth as resources to be developed and emphasizes the alignment of individual strengths and contextual assets as a primary process of supporting positive development. The most empirically validated theory of positive youth development is the model in which PYD is composed of: competence, confidence, connection, caring, character and contribution. Higher levels of these competencies are also associated with fewer high-risk behaviors, such as drug use and delinquency, as well as lower levels of anxiety and depression. A primary tenet of positive youth development perspective is all youth have strengths, and all contexts have resources which may support positive development. Youth who are members of underserved or marginalized populations may have unique strengths (e.g., resilience) and contextual assets (e.g., affinity groups) through which their positive development may be supported. It is important to identify the means by which all youth, no matter their individual characteristics or contextual circumstances, have greater opportunity for positive development.

IV. Definitions

Addiction: a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.

<https://www.asam.org/Quality-Science/definition-of-addiction>

Drug Misuse: The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else’s prescription, (e.g., non-medical use)..

<https://www.cdc.gov/drugoverdose/opioids/terms.html>

Education for drug abuse prevention in schools: Programs, policies, procedures, and other educational experiences that contribute to the achievement of broader health goals or preventing drug use and abuse.

Evidence-based interventions: Refers to programs and policies that are supported by research and proven to be effective. (HHS, 2018)

Medicines: Chemicals or compounds used to cure, halt, or prevent disease; ease symptoms; or help in the diagnosis of illnesses.

Opioid: Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. (<https://www.cdc.gov/drugoverdose/opioids/terms.html>)

Opioid Use Disorder (opioid addiction): Occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid addiction often comes after the person has developed opioid tolerance and dependence, making it physically challenging to stop opioid use and increasing the risk of withdrawal. <https://www.cdc.gov/drugoverdose/opioids/terms.html>

Prescription opioid (or opioid pain reliever) misuse: Use of an opioid pain reliever in any way not directed by a health care professional.

Protective factors: Factors that directly decrease the likelihood of substance use and behavioral health problems or reduce the impact of risk factors on behavioral health problems. (HHS, 2018) Additional information for [protective factors](#).

Risk factors: Factors that increase the likelihood of beginning substance use, of regular and harmful use, and of other behavioral health problems associated with use. (HHS, 2018) Additional information for [risk factors](#).

School-based education for drug use prevention: The total set of experiences to which students are exposed over their time at school that contribute to prevention drug use and mitigating the consequences of drug use.

Substance Use Disorder: Occurs 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. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria. (<https://www.samhsa.gov/find-help/disorders>)

V. Virginia Board of Education Guidelines

1. Each school division may include an age-appropriate program of instruction on the safe use of and risks of abuse of prescription drugs that is consistent with these curriculum guidelines developed by the Board and approved by the State Board of Health and contribute to the broader health goals of preventing non-prescribed use and abuse of medicines.

2. Curriculum lessons and materials shall align with the [*Health Education Standards of Learning for Virginia Public Schools*](#) and focus on equipping students with information about drugs and understanding of what drugs are—life skills that enable them to manage situations without turning to misuse and abuse of drugs and the ability to resist pressure to use drugs.
3. School divisions shall provide holistic, growth-centered professional learning opportunities for educators as teachers orchestrate a critical pathway for enhancing the impact, sustainability, and fidelity of effective drug abuse prevention curriculum that includes social-emotional learning, social justice, and culturally responsive practices; interactive and engaging learning strategies; and resources and evaluation techniques appropriate to students’ needs.
4. School divisions shall create safe and supportive learning environments by cultivating practices that strengthen social and emotional health of all students; bring together administrators, teachers, youth, and community partners; include clearly communicated policies and procedures that provide compassion, counseling and support for all students and personnel; and ensure a cooperative approach among students, staff, parents, prevention specialists, agencies, and law enforcement that are responsive to the culture and communities they serve.
5. School divisions shall provide research-based, medically accurate and theory-driven curriculum lessons and materials; address social pressures and influences; build personal competence, social competence, and self-efficacy; and focus on reinforcing protective factors and increasing awareness of personal risk and the harmfulness of engaging in unhealthy practices and behaviors.
6. [School divisions shall follow the Centers for Disease Control and Prevention Healthy Schools’ Characteristics of an Effective Curriculum \(CDC, 2019\)](#) when selecting or developing curriculum aligned with the *Health Education Standards of Learning* that address substance use prevention. According to the experts in the field of health education, effective health education programs, and curricula:
 - a. Focuses on clear health-related goals and instructional strategies and learning experiences that are directly related to the behavioral outcomes.
 - b. Is research-based and has learning experiences built on theoretical approaches (e.g., social cognitive theory and social inoculation theory) that effectively influence health-related behaviors and goes beyond the cognitive level and addresses health determinants, social factors, attitudes, values, norms, and skills that influence specific health-related behaviors.
 - c. Fosters attitudes, values, and beliefs that support positive health behaviors and learning experiences that motivate students to critically examine personal perspectives and generate positive perceptions about protective behaviors and negative perceptions about risk behaviors.
 - d. Helps students accurately assess the level of risk-taking behavior among their peers (e.g., how many of their peers use illegal drugs), correct misperceptions of peer and social norms (e.g., most students do not engage in risky drug use and do not think risky drug use is acceptable), emphasizes the value of good health, and reinforces health-enhancing attitudes and beliefs.
 - e. Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and

behaviors and provides opportunities for students to validate positive health-promoting beliefs, intentions, and behaviors, assess their vulnerability to health problems, actual risk of engaging in harmful health behaviors, and exposure to unhealthy situations.

- f. Addresses social pressures and influences and provides opportunities for students to analyze personal and social pressures to engage in risky behaviors, such as media influence, peer pressure, and social barriers.
- g. Builds personal competence, social competence, and self-efficacy by including communication, refusal, assessing accuracy of information, decision-making, planning and goal setting, self-control, and self-management that enables students to build their personal confidence, deal with social pressures, and avoid or reduce risk behaviors. For each skill, students are guided through a series of developmental steps:
 - Discussing the importance of the skill, its relevance, and relationship to other learned skills.
 - Presenting steps for developing the skill.
 - Modeling the skill.
 - Practicing and rehearsing the skill using real-life scenarios.
 - Providing feedback and reinforcement.
- h. Provides functional health knowledge that is basic, accurate, reliable, and credible information for usable purposes so students can assess risk, clarify attitudes and beliefs, correct misperceptions about social norms, identify ways to avoid or minimize risky situations, examine internal and external influences, make behaviorally relevant decisions, and build personal and social competence.
- i. Uses strategies designed to personalize information and engage students in student-centered, interactive, and experiential, (e.g., group discussions, cooperative learning, problem solving, role playing, and peer-led activities) learning experiences that correspond with students' cognitive and emotional development, help them personalize information, and maintain their interest and motivation while accommodating diverse capabilities and learning styles. Instructional strategies and learning experiences include methods for
 - Addressing key health-related concepts.
 - Encouraging creative expression.
 - Sharing personal thoughts, feelings, and opinions.
 - Thoughtfully considering new arguments.
 - Developing critical thinking skills.
- j. Provides age- and developmentally-appropriate information that is relevant, and learning strategies, teaching methods, and materials that address students' needs, interests, concerns, emotional maturity levels, experiences, and current knowledge and skill levels.
- k. Incorporates learning strategies, teaching methods, and materials that are culturally inclusive, free of culturally biased information, but includes information, activities, and examples that are inclusive of diverse cultures and lifestyles (e.g., gender, race, ethnicity, religion, age, physical/mental ability, appearance, and sexual orientation) and strategies that promote values,

attitudes, and behaviors that acknowledge the cultural diversity of students; optimize relevance to students from multiple cultures in the school community; strengthen students' skills necessary to engage in intercultural interactions; and build on the cultural resources of families and communities.

- l. Provides adequate time for instruction and learning to promote understanding of key health concepts and practice skills as behavior change requires an intensive and sustained effort delivered at each grade level to support the adoption and maintenance of healthy behaviors.
- m. Provides opportunities to reinforce skills and positive health behaviors, builds on previously learned concepts and skills, and provides opportunities to reinforce health-promoting skills across health topics and grade levels.
- n. Provides opportunities to make positive connections with influential persons (e.g., peers, parents, families, and other positive adult role models) who affirm and reinforce health-promoting norms, attitudes, values, beliefs, and behaviors.
- o. Includes plans for ongoing professional development to instill a personal interest in promoting positive health behaviors and skills for implementing expected instructional strategies.

VI. Virginia Board of Education Standards of Learning for Health Education

The academic success of students is strongly linked to their health. Health contributes to the ability to learn and focus, and health skills empower students to achieve health and wellness throughout their lives. The Virginia Standards of Learning for Health Education assure core competencies for overall health including physical, mental, emotional, and social health and are organized around the following three essential strands:

1. Demonstrate the knowledge and skills to make healthy decisions that reduce health risks and enhance the health of oneself and others. **(Essential Health Concepts)**

The intent of this goal is for students to become health-literate, self-directed learners who recognize the relationship between personal behavior and personal health and can skillfully apply health-promotion and disease-prevention strategies as a foundation for leading healthy and productive lives. This includes the development of the capacity to acquire, interpret, and understand health concepts and the development and application of a range of health skills. Instruction will focus on the topics of hygiene, communicable and noncommunicable disease prevention, dental health, nutrition, sleep, mental wellness and social and emotional skills, drug use, physical activity, body systems, safety, intentional and unintentional injury and violence prevention, Internet safety, gangs, bullying, and preventive health care. As a result, students will have a comprehensive understanding of essential health concepts related to health promotion and risk/disease prevention, self-awareness and social awareness, and an enhanced ability to engage in lifelong health behaviors.

2. Demonstrate the ability to access, evaluate, and use health information, products, and services that influence health and wellness in a positive manner. **(Healthy Decisions)**

The intent of this goal is for students to demonstrate the ability to identify valid and accurate health information, products, and services. This ability is critical for the prevention, early detection, and treatment of most health problems. Valid health information raises awareness of the long-term consequences of unhealthy decisions and

enables students to make decisions that support lifelong health. Students will experience many opportunities across their school years to use information-analysis and responsible decision-making skills as they compare, contrast, analyze, synthesize, and evaluate materials, products, and services related to a variety of health issues. As they become informed consumers, students will become aware of and able to analyze the influence of culture, media, technology, and other factors on health. Upon the completion of the health education program, students will be able to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms, and accept responsibility for personal health practices and engage in healthy decision making.

3. Demonstrate the use of appropriate health practices and behaviors to promote a safe and healthy community when alone, with family, at school, and in other group settings.

(Advocacy and Health Promotion)

The intent of this goal is for students to become responsible, health-literate citizens who demonstrate an understanding of how to create and maintain an environment that serves to protect and promote the health and wellness of individuals, families, and communities. Students will develop awareness of social and media influences that affect their decision making and develop skills to effectively navigate and resist negative influences while building positive, healthy rewarding relationships with diverse individuals and groups. Students will develop healthy habits for managing emotions including stress, anger, and impulse control, and learn how to effectively advocate for themselves and their communities, which also supports equity. Specifically, upon completing their health education program, students will demonstrate a variety of healthy practices and behaviors and advocate for ways in which peers, families, and community groups can work together to promote safe and healthy communities.

The [*Health Education Standards of Learning for Virginia Public Schools*](#) identify the concepts, processes, and academic, social and emotional skills for a continuum of learning experiences for students from kindergarten to grade ten. The standards provide school divisions and teachers with a guide for creating aligned curricula and structured learning experiences that will provide students with the necessary knowledge, processes, and skills to make healthy choices (goal setting and planning skills, responsible decision making, communication and assertive skills), prevent chronic disease, and avoid health-risk behaviors. The standards also reflect age-appropriate knowledge and abilities, increasing in depth and complexity as students mature and are designed to provide a core body of knowledge (i.e., Body Systems, Nutrition, Physical Health, Disease Prevention/Health Promotion, Substance Abuse Prevention, Safety/Injury Prevention, Mental Wellness/Social and Emotional Competence, Violence Prevention, Community/Environmental Health), while also allowing flexibility for students to develop personal values and beliefs and shared positive group norms, and for individual school communities to address local health issues and emerging health concerns. The learning outcomes for safe use of and risks of abuse of prescription drugs should be addressed in the context of a comprehensive health curriculum that encourages development of personal and social skills and values, and provides sequence, progression, continuity and links to other health issues that impact students' lives. The kindergarten to grade ten substance abuse prevention standards form a core component of the health curriculum and focus on equipping students with information

about drugs, the ability to resist peer pressure to use drugs, and the life skills necessary to enable them to deal with different situations without turning to drugs.

Following are the 2020 *Health Education Standards of Learning* specific to substance use prevention by grade level. The format for the health standards is *Grade Level.Strand.Standard*.

Example:

K.1.i Identify medicine as a pill or liquid that can be taken to feel better when sick but can cause harm if misused.

K = Kindergarten

1 = Strand 1 – Essential Health Concept

i = Standard i - Identify medicine as a pill or liquid that can be taken to feel better when sick but can cause harm if misused.

K-10 Substance Abuse Prevention Strand

K.1.i Identify medicine as a pill or liquid that can be taken to feel better when sick but can cause harm if misused.

K.1.j Describe how medicine and other substances can be helpful or harmful, and recognize poison warning labels.

K.2.i Describe consequences of taking medications unsupervised.

K.2.j Identify the meaning of safety signs, symbols, and warning labels and understand the dangers of white powder and other unknown substances.

K.3.i Discuss why medicines should only be taken under the supervision of a parent/guardian.

K.3.j Identify adults to ask for help and assistance with harmful and unknown substances.

1.1.g Identify that medicines can be both helpful and harmful.

1.2.g Explain the harmful effects of misusing medicines and drugs.

1.3.g Create safety rules for medications in the home.

2.1.e Describe the harmful effects of medicine, alcohol, and tobacco, including poor concentration; impaired balance, vision, and memory; shortness of breath; cancer; lung and heart disease; and changes to the way a person feels, thinks, and acts.

2.2.e Recognize that tobacco smoke and nicotine products (e.g., electronic smoking devices) are harmful to one's health and should be avoided.

2.3.e Explain why it is dangerous to sniff, taste, or swallow unknown substances.

2.1.f Identify refusal skills.

2.2.f Describe the use of refusal skills based on good decisions.

2.3.f Demonstrate refusal skills in situations that involve harmful substances with peers and adults.

2.1.g Explain differences between prescription and nonprescription medications.

2.2.g Identify why medicines should only be taken under the supervision of an adult and the importance of childproof caps on medicines.

2.3.g Conduct an assessment of harmful substances in the home with a parent/guardian.

- 3.1.h Describe proper and improper use of prescription (e.g., taking medication prescribed for someone else) and nonprescription medications.
- 3.2.h Explain the consequences of disregarding medical recommendations for prescription and nonprescription medications.
- 3.3.h Create a health message about the proper use of prescription and nonprescription medications.
- 3.1.i Identify body systems affected by the use of alcohol, tobacco, nicotine products (e.g., electronic smoking devices), inhalants, and other drugs.
- 3.2.i Analyze the harmful short- and long-term effects of alcohol, tobacco, nicotine products, common household inhalants, and other drugs on body systems.
- 3.3.i Encourage others to use refusal skills to avoid alcohol, tobacco, nicotine products, inhalants, other drugs, and unknown substances.
- 4.1.h Compare the short- and long-term consequences of the use of alcohol, tobacco, nicotine products, marijuana, inhalants, and other drugs.
- 4.2.i Describe the effects of peer pressure on use of alcohol, tobacco, nicotine products, marijuana, inhalants, and other drugs.
- 4.3.i Demonstrate effective refusal skills for situations involving peer pressure to use harmful substances.
- 4.1.i Identify effective verbal and nonverbal communication skills to resist/refuse alcohol, tobacco, nicotine products, marijuana, inhalants, and other drugs.
- 4.2.h Examine factors that can influence an individual's decision to use or avoid alcohol, tobacco, nicotine products, marijuana, inhalants, and other drugs.
- 4.3.h Determine the importance of resistance/refusal skills in saying no to alcohol, tobacco, inhalants, and other drugs.
- 5.1.i Analyze the effects of the use of alcohol, tobacco, nicotine products, marijuana, inhalants, and other drugs on relationships with family, peers, and other individuals.
- 5.2.i Describe effective communication skills to request assistance in situations where alcohol, tobacco, nicotine products, marijuana, inhalants, and other drugs are being abused.
- 5.3.i Encourage others not to use alcohol, tobacco, nicotine products, marijuana, inhalants, or other harmful drugs.
- 5.1.j Explain the connection between mental health and substance use.
- 5.2.j Describe how to get help and assistance with mental health and substance use concerns.
- 5.3.j Identify prevention resources and strategies for avoiding alcohol, tobacco, inhalants, and other drugs.
- 6.1.h Differentiate between proper use and misuse of prescription and nonprescription medications.
- 6.2.h Evaluate the influence of media and marketing techniques on prescription, nonprescription, and unregulated medication choices.
- 6.3.h Describe where to access accurate information on the proper use of prescription, nonprescription, and unregulated medications.

6.1.i Recognize social influences/influencers on both the reduction and promotion of the use of alcohol, tobacco, nicotine products, and other drugs.

6.2.i Identify the benefits of a smoke and tobacco/nicotine-free environment.

6.3.i Examine the changes in school and community policies and laws regarding tobacco/nicotine-free environments.

6.1.j Define addiction and substance use disorder.

6.2.j Describe characteristics of substance use disorder.

6.3.j Describe the types of support available at school and in the community for substance use disorders.

6.1.k Identify different types of opioids.

6.2.k Differentiate between legal and illegal drugs that fall into the opioid category.

6.3.k Describe the dangers of opioids in the home and the community impact of the national opioid epidemic.

6.1.l Explain the importance of accepting responsibility for personal actions to avoid risk-taking behaviors related to substance use.

6.2.l Analyze family and peer pressure as influences on the use and nonuse of opioids, alcohol, tobacco, inhalants, and other drugs.

6.3.l Identify mental and health professionals and explain their role in preventing the use/abuse of prescription opioids and other drugs.

7.1.k Explain the link between addiction to alcohol, tobacco, and other drugs; chronic disease; and engaging in risky behaviors.

7.2.k Understand that addiction is a compulsive physiological need for and use of a habit-forming substance.

7.3.k Identify ways to participate in school and community efforts to promote a drug-free lifestyle.

7.1.l Define prescriptions, controlled substances, nicotine vaping products, hemp, and marijuana-derived cannabidiol (CBD) products, and explain their uses.

7.2.l Explain the purpose of the Food and Drug Administration (FDA), and differentiate between FDA-approved and non-FDA-approved substances.

7.3.l Create strategies to identify types of advertising techniques used in a variety of media, including social media that may influence adolescents' decisions concerning alcohol, tobacco and nicotine products, and other drugs.

7.1.m Identify the types of behavior associated with drug use and abuse that reflect positive norms (e.g., drug use is not cool, drunken driving is stupid, most teens do not use drugs).

7.2.m Identify short term, social and negative consequences of engaging in risky behaviors, including the use of alcohol, tobacco, nicotine products, marijuana, and other drugs.

7.3.m Identify and demonstrate strategies and skills for avoiding alcohol, tobacco, inhalants, and other harmful substances (e.g., effective refusal skills).

8.1.i Describe the short- and long-term health issues and effects on the brain related to the use of alcohol, tobacco, nicotine products, and other drugs, including inhalants, marijuana, cocaine, stimulants, methamphetamines, opiates, steroids, and performance-enhancing drugs.

8.2.i Analyze the social, economic, and family and peer pressure influences on the use of tobacco, nicotine products (e.g., e-cigarettes), alcohol, marijuana, and other drugs.

8.3.i Design persuasive advertising to eliminate drug use.

8.1.j Research the signs, symptoms, and causes of addiction and the impact of substance use disorder on relationships and behavior.

8.2.j Have and express positive norms regarding why most teenagers do not use alcohol, tobacco, prescription opioids, or other drugs (e.g., do not think use and abuse are acceptable or appropriate).

8.3.j Create a campaign that emphasizes the importance of prevention and early identification of drug use disorder.

9.1.h Explain how alcohol and other drugs increase the risk of injury.

9.2.h Evaluate the effects of alcohol and other drugs on human body systems, brain function, and behavior, and describe health benefits associated with abstaining from alcohol, tobacco, or other drugs.

9.3.h Promote ways to encourage reporting peer substance use to trusted adults (e.g., parents, teachers, coaches, doctors).

9.1.i Analyze the consequences of binge drinking.

9.2.i Develop a set of personal standards to resist the use of alcohol, tobacco, and other harmful substances and behaviors.

9.3.i Develop a personal plan to prevent substance use.

9.1.j Explain facts about opioids and why teens are more vulnerable to heroin and prescription opioids.

9.2.j Analyze and draw inferences about behaviors connected to addiction and mental health.

9.3.j Research consequences of drug abuse, including stealing to support a drug habit, arrest, prosecution, and jail.

10.1.g Research trends and factors that contribute to teen use/abuse and non-substance use of alcohol, tobacco, nicotine products (e.g., e-cigarettes), opioids, and other drugs and their impact on the community.

10.2.g Explain reasons why teenagers use or avoid drugs or alcohol and how positive role models can influence that decision.

10.3.g Demonstrate assertive communication skills to resist pressure to use alcohol, tobacco, and other drugs.

10.1.h Evaluate the causal relationship between tobacco, alcohol, inhalant, and other drug use and chronic disease.

10.2.h Evaluate the protective factors needed to reduce or prevent risk-taking behaviors, acts of violence, and substance use.

10.3.h Educate others about the dangers of electronic cigarettes through a brochure, social media campaign, or school club.

10.1.i Identify unsafe behaviors that may result in unintentional injury while riding in or operating a vehicle.

10.2.i Explain the role of the environment, individual behavior, social norms, legislation, and polices in preventing motor vehicle-related injuries.

10.3.i Encourage responsible teen driving behaviors, and practice using refusal and negotiation skills to avoid riding in a car with someone who has been using alcohol or other drugs.

VII. Parent Involvement and Resources

Students should be encouraged to involve parents and families in the skills and lessons they learn. It is recommended that resources for information about early warning signs of drug use, resources for early intervention/support, talking with physicians about non-opioid pain options, safe use, storage, disposal, and risks of prescription medications be shared with parents.

Resources may include

1. CDC resources help [educate consumers](#) about the risks of prescription opioid misuse and the importance of [patients discussing safer and more effective pain management](#) with their healthcare providers.
2. U.S. Food & Drug Administration resource, [Remove the Risk](#), raises awareness of the serious dangers of keeping unused opioid pain medicines in the home and provides information about safe disposal of these medicines.
3. [Local Community Service Boards](#) or local health department/government sites provide information about safe disposal and places to take unused medication, and assistance with finding appropriate substance use disorder treatment and resources for youth and adults.
4. National Institute on Drug Abuse (NIDA) [Opioids: Facts parents need to know](#)
5. SAMHSA [Talk. They Hear You. Campaign](#) - Aims to reduce underage drinking and substance use among youths under the age of 21 by providing parents and caregivers with resources to discuss substance use with their children.

VIII. Code of Virginia, as amended by the 2018 General Assembly

CHAPTER 490

An Act to amend and reenact § 22.1-207 of the Code of Virginia, relating to health education; prescription drugs.

[\[H 1532\]](#)

Approved March 23, 2018

Be it enacted by the General Assembly of Virginia:

1. That § 22.1-207 of the Code of Virginia is amended and reenacted as follows:

§ 22.1-207. Physical and health education.

Physical and health education shall be emphasized throughout the public school curriculum by lessons, drills and physical exercises, and all pupils in the public elementary, middle, and high schools shall receive as part of the educational program such health instruction and physical training as shall be prescribed by the Board of Education and approved by the State Board of Health. *Such health instruction may include an age-appropriate program of*

instruction on the safe use of and risks of abuse of prescription drugs that is consistent with curriculum guidelines developed by the Board and approved by the State Board of Health.

2. That the Board of Education may consider the curriculum adopted by the School Board of the City of Virginia Beach regarding drugs and the opioid crisis in developing the curriculum guidelines pursuant to this act.

IX. Resources

1. Centers for Disease Control and Prevention - [Health Education Curriculum Analysis Tool](#)
2. Collaborative for Academic, Social and Emotional Learning (CASEL), casel.org
3. [Operation Prevention Discover.Connect.Prevent – The Drug Enforcement \(DEA\) and Discovery Education created empowering standards-aligned e-learning curricula to inspire life changing conversations and equip students, parents and communities with knowledge and refusal skills](#)
4. [EVERFI Prescription Drug Safety](#) - provides virtual and blended interactive, engaging free science-based prescription drug education resources for teaching high school students.
5. [Health Smart Virginia](#) – Alcohol, Tobacco, Drug Use Prevention lessons and resources
6. [Drugs + Your Body: It Isn't Pretty](#) – Scholastic and scientist at the National Institute on Drug Abuse (NIDA) have created posters and a teaching guide to provide students with important scientific facts about the wide-ranging effects of drugs on their developing brains and bodies.

X. References

Centers for Disease Control and Prevention. (2020, March 19). *Understanding the Epidemic*.

Centers for Disease Control and Prevention.

<https://www.cdc.gov/drugoverdose/epidemic/index.html>.

Characteristics of Effective Health Education Curricula - SHER. (2019, May 29). Retrieved July 23, 2020, from <https://www.cdc.gov/healthyschools/sher/characteristics/index.htm>

National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Prescription Drugs. (2019, May 01). Retrieved July 23, 2020, from

<https://teens.drugabuse.gov/drug-facts/prescription-drugs>

Sloboda Z., Ringwalt C.L. (2019) The School: A Setting for Evidence-Based Prevention Interventions and Policies. In: Sloboda Z., Petras H., Robertson E., Hingson R. (eds)

Prevention of Substance Use. *Advances in Prevention Science*. Springer, Cham

https://link.springer.com/chapter/10.1007/978-3-030-00627-3_9

Substance Abuse and Mental Health Services Administration: Substance Misuse Prevention for Young Adults. Publication No. PEP19-PL-Guide-1 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Spotlight on Opioids. Washington, DC: HHS, September 2018.