



North Carolina Department of Public Instruction

INSTRUCTIONAL SUPPORT TOOLS

FOR ACHIEVING NEW STANDARDS

This document is designed to help North Carolina educators teach the Common Core and Essential Standards (Standard Course of Study). NCDPI staff are continually updating and improving these tools to better serve teachers.

High School Health • Unpacked Content

For the new Essential Standards that will be effective in all North Carolina schools in the 2012-13.

What is the purpose of this document?

To increase student achievement by ensuring educators understand specifically what the new standards mean a student must know, understand and be able to do.

What is in the document?

Descriptions of what each standard means a student will know, understand and be able to do. The “unpacking” of the standards done in this document is an effort to answer a simple question “What does this standard mean that a student must know and be able to do?” and to ensure the description is helpful, specific and comprehensive for educators.

How do I send Feedback?

We intend the explanations and examples in this document to be helpful and specific. That said, we believe that as this document is used, teachers and educators will find ways in which the unpacking can be improved and made ever more useful. Please send feedback to us at feedback@dpi.state.nc.us and we will use your input to refine our unpacking of the standards. Thank You!

Just want the standards alone?

You can find the standards alone at <insert link>.

Note on Numbering: **MEH**–Mental and Emotional Health, **PCH**–Personal and Consumer Health, **ICR**–Interpersonal Communication and Relationships, **NPA**–Nutrition and Physical Activity, **ATOD**–Alcohol, Tobacco, and Other Drugs

Mental and Emotional Health

Essential Standard and Clarifying Objectives

9.MEH.1 Create help-seeking strategies for depression and mental disorders.

9.MEH.1.1 Identify the body's physical and psychological responses to stressful situations and positive coping mechanisms.

9.MEH.1.2 Plan effective methods to deal with anxiety.

Unpacking

What does this standard mean a child will know and be able to do?

9.MEH.1.1 Identify the body's physical and psychological responses to stressful situations and positive coping mechanisms.

Stress can be defined as the body and mind's response to everyday demands or threats. This stress can be positive or negative, real or imagined. Regardless of the source or the type of stress, the body goes through a patterned response. G.A.S., or General Adaptation Syndrome (also known as the "fight or flight" response) includes three stages that the body goes through in response to stress. Stage 1 is the *Alarm* stage which begins when the hormone *adrenaline* is released into the bloodstream. Some of the physiological responses include increased heart rate, sweating, muscle tension and dilated pupils. Stage 2 is the *Resistance* stage when the body is trying to recover from the stressor, or return to normal. If the stressor is prolonged, the body enters Stage 3, or the *Exhaustion* stage, in which the body's defenses become worn down. Physical and/or emotional diseases can develop. Some of these "stress-related diseases" include cardiovascular disease, cancer, skin disorders, gastrointestinal disorders, depression, and anxiety.

Stress is a normal part of life. In coping with stress, it is wise for individuals to distinguish between the stressors that they can control and those that they have no control over. A young person cannot control a rainstorm that cancels a baseball game or the death of a grandparent. They can, however, take some control over the types of stressors that they may encounter on an everyday basis, like not being prepared for a math test or being late to school. Taking control and directing one's energy towards those things that are within one's power to change is often the first part of coping with stress in a positive way. Better time management, relaxation techniques, daily physical activity, and better preparation for the challenges ahead are positive methods of coping with stress. Those who do not recognize the importance of positive coping mechanisms may instead turn to negative behaviors to escape their stress, such as alcohol and drug abuse, overeating, oversleeping, or acts of violence.

- The student will recognize own physical, psychological and emotional responses to stress.
- The student will distinguish between stressors that are within one's control and those that are not.
- The student will practice positive coping mechanisms in dealing with stress and avoid those behaviors, which will adversely affect physical and emotional health.

9.MEH.1.2 Plan effective methods to deal with anxiety.

Anxiety is also a normal part of life. It is normal to worry about a sick relative or feel anxious about a job interview. Many people, however, cannot function normally in their jobs, their relationships, and in their daily lives because they find that they cannot cope with their anxiety. A healthy person can recognize and cope with their anxiety before they become disabled by it. For those struggling to cope with their anxiety, it may be necessary for them to change their thinking. When stress and anxiety levels rise, one may resort to negative thinking and say to themselves, “I can’t handle this” or “Why do things like this always happen to me?” With these negative thoughts, success is almost impossible. By changing one’s negative thoughts to positive ones, such as “I can do this,” young people can improve their self-confidence and come to believe that they can handle a tough situation. It is also important to find the humor in a stressful situation and keep the situation in the proper perspective. Taking care of oneself and building a support system are also effective methods of dealing with anxiety. Taking action and getting the things done that need to get done will empower a person to take charge of their anxiety as they work to eliminate it. During times of high stress and anxiety, it can also help to stick to a routine.

- The student will be able to recognize possible situations and events that may cause anxiety.
- The student will be able to practice healthy methods of dealing with anxiety.

Essential Standard and Clarifying Objectives

9.MEH.2 Evaluate health information and products.

9.MEH.2.1 Identify causes and symptoms of depression and mental disorders.

9.MEH.2.2 Design useful help-seeking strategies for depression and mental disorders.

Unpacking

What does this standard mean a child will know and be able to do?

9.MEH.2.1 Identify causes and symptoms of depression and mental disorders.

Mental disorders include abnormal thoughts, feelings, or behaviors. The symptoms that accompany a mental disorder make it difficult for a person to function in daily life. Mental disorders are believed to be caused by a combination of factors. These include physical factors, such as damage to the brain by a tumor, an accident or prolonged use of alcohol or drugs. A person can inherit a tendency toward a mental disorder, which means they have a greater risk of having that disorder if life events trigger it. Life experiences can also trigger mental disorders. Early life experiences such as child abuse or being neglected and recent experiences such as the death of a loved one can also cause a mental disorder.

Some of the symptoms of depression include extreme sadness, hopelessness, helplessness, apathy, and thoughts of suicide. Some behavioral symptoms include increased/decreased appetite, alcohol and drug abuse, and other risk-taking behaviors. People who suffer from depressive disorders may also suffer from anxiety disorders. These include generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. Symptoms for anxiety disorders include intense worry, trouble sleeping and concentrating, thoughts of

death, nausea and sweating. Attention-deficit and hyperactivity are also categorized as mental disorders.

- The student will be able to recognize the symptoms of depression.
- The student will be able to identify the symptoms of other common mental disorders, such as anxiety disorders, attention-deficit and hyperactivity.
- The student will explain the causes of mental disorders and there can be more than one cause.

9.MEH.2.2 Design useful help-seeking strategies for depression and mental disorders.

There are many misconceptions about mental disorders. Because of this, barriers often exist that prevent people from seeking the help that they need. There is often shame and embarrassment associated with mental disorders. Many who suffer from a mental disorder will deny that they need help or are convinced that they cannot be helped. For these reasons, mental disorders often go untreated. When depression goes untreated, suicide can be the tragic and final result. The first step toward recovery is recognizing the need for help and then knowing where to access this help. Students should be made aware of all the community resources available to them and what services these resources provide. Psychiatrists, clinical psychologists, social workers, and mental health counselors are four types of mental health professionals. Students can find these professionals using the phonebook or the Internet. They may be referred by a doctor or a friend. They can also begin their course of treatment with their school counselor.

- The student will describe how to overcome the barriers to seeking help for mental disorders.
- The student will be able to locate and access the various resources for mental disorders.

Personal and Consumer Health

Essential Standard and Clarifying Objectives

9.PCH.1 Analyze wellness, disease prevention, and recognition of symptoms.

9.PCH.1.1 Recognize that individuals have some control over risks for communicable and chronic diseases.

9.PCH.1.2 Summarize the procedures for organ donation, local and state resources, and benefits.

9.PCH.1.3 Explain the procedures for health screenings, checkups, and other early detection measures in terms of health-related benefits.

9.PCH.1.4 Design strategies for reducing risks for chronic diseases.

9.PCH.1.5 Select measures to get adequate rest and sleep.

9.PCH.1.6 Recognize the early warning signs of skin cancer and the importance of early detection.

9.PCH.1.7 Differentiate between the lifelong effects of positive and negative health behaviors.

Unpacking

What does this standard mean a child will know and be able to do?

9.PCH.1.1 Recognize that individuals have some control over risks for communicable and chronic diseases.

There are many factors that have a lasting effect on health that are beyond a person's control. Inheriting a mental or physical disease is something that cannot be prevented. There are numerous examples of well-conditioned athletes in their prime who suddenly die of a heart condition that they had inherited that had gone undiagnosed. While many communicable and chronic diseases can be prevented, it becomes quite clear that individuals must assume responsibility for their own health. Taking control over some of the risks for chronic diseases, such as heart disease and cancer, include eating a well-balanced diet that is low in saturated fat, choosing not to use tobacco products or to abuse drugs and alcohol, and making physical activity a part of everyday life. Assuming control over the risks for communicable diseases can include washing hands regularly, avoiding contact with people who are ill, staying home when sick and getting enough sleep.

- The student will delineate the risks associated with both communicable and chronic diseases.
- The student will make better decisions regarding risks for communicable and chronic diseases.
- The student will accept responsibility for the risk factors for disease that are within his or her control.

9.PCH.1.2 Summarize the procedures for organ donation, local and state resources, and benefits.

It is important to separate fact from myth when discussing organ donation. There are many myths about organ donation which can heighten the fears and concerns about this topic. For example, many people believe that a doctor will not work as hard to save someone's life if that person is an organ donor. The fact is that the doctors in an emergency room are not a part of the organ donation process and will not give up on a patient just because they are an organ donor. Students should know the facts about organ donation so that they can make an educated decision that is most comfortable to them. There are two ways to become a donor: at the DMV or at an online registration website available for all states. The site for registering in the state of North Carolina is <http://www.donatelifenc.org/>. The OPO (organ procurement organization) is a local organization contacted by the hospital in the event of a death or imminent death in their hospital. A representative from this organization discusses the organ donation process with the loved ones of the organ donor. There is no cost to the donor and an open casket is still possible. Organ donation can give a person who might otherwise die a second chance at life and is considered by many to be the greatest gift that a person can give.

- The student will summarize the procedure for organ donation and will be able to separate fact from myth.
- The student will identify sources to access the state website to register to be a donor or that a person can register at the DMV.

9.PCH.1.3 Explain the procedures for health screenings, checkups, and other early detection measures in terms of their health-related benefits.

There are many practices that can improve a person's health. Some health risks can be prevented, others can be detected early enough to receive effective treatment, and others must be treated. There are three levels of disease and injury control: primary prevention, secondary control, and tertiary control. Primary prevention includes eating nutritiously, exercising regularly, and avoiding harmful substances such as tobacco. Secondary control is early detection: medical exams and self-exams. Tertiary means treatment. Receiving regular health screenings,

such as an eye exam, and visiting a doctor for regular check-ups can help to detect and diagnose any health concerns before they become life-threatening. Self-examination is a skill that can be learned in adolescence that should be practiced throughout one's lifetime. Both males and females should be taught the correct procedure for conducting a breast self-exam and males should be taught the procedure for a testicular exam. Cancer of these organs can affect young people so body awareness and regular self-exams can be lifesaving.

- The student will schedule regular health screenings and regular medical check-ups.
- The student will explain the importance of early detection in preventing the spread of cancer.
- The student will practice regular self-examinations.

9.PCH.1.4

Lifestyle has the greatest impact on one's health. The decisions that a person makes, from the clothes they wear, their physical activity, the foods they eat, and how they manage their stress, all make up their lifestyle. Many of the lifestyle choices that a person can make will have a substantial impact on the likelihood of that person developing a chronic disease, such as cardiovascular disease and cancer. Reducing the risks for these leading causes of death is done by improving or eliminating the risk factors that cause them. When students understand the behavioral and environmental factors that contribute to chronic disease, they can use this information to reduce their chances of developing a chronic disease.

- The student will acknowledge that personal choices have a large impact on one's likelihood to develop a chronic disease.
- The student will be able to manage own behavior to reduce risks for chronic diseases.

9.PCH.1.5 Select measures to get adequate rest and sleep.

Many people are sleep-deprived. A person who lacks adequate sleep and rest can suffer from fatigue, lapses in concentration, weight-gain or loss and clumsiness. Car accidents and work-related accidents are often a result of sleep deprivation. Many teenagers do not get the sleep that they need. A recent poll indicates that 28% of high school students fall asleep in class and 14% of them arrive late to school because they oversleep. Naturally, this means that teens who are getting insufficient amounts of sleep are more likely than their rested peers to get lower grades. Getting adequate amounts of sleep and rest provide many benefits to one's health and well-being. Learning and the storage of memory is thought to take place during sleep. Healing of body tissue from a tough workout happens when one is sleeping. Adequate sleep helps the immune system function properly and may help prevent some diseases, such as diabetes. Sleep is also essential to maintaining a level of success in one's relationships, health, schoolwork and appearance. Teens should try to stick to a regular sleep schedule, avoid caffeine and sugary foods at night, exercise regularly, avoid all-nighters, and not nap so often that it interferes with nighttime sleep.

- The student will describe the impact that adequate sleep and rest has on his or her health.
- The student will practice habits that will improve sleep and rest.

9. PCH.1.6 Recognize the early warning signs of skin cancer and the importance of early detection.

Skin cancer often begins to develop early in life when there is overexposure to the sun. It is easier to detect than many other cancers because it can be seen. Self-examinations of the skin are important steps in preventing the spread of the cancer. The ABCDE test for skin cancer should be used in a self-exam. The A stands for Asymmetry. If a mole is asymmetrical, it should be seen by a dermatologist. The B stands for Border. A mole that has a fuzzy or irregular border should also be seen by a dermatologist. The C stands for Color. A mole with red, white or blue colors in it is a mole that may be cancerous. The D stands for Diameter. If the diameter of a mole is larger than the diameter of a pencil eraser, it should be seen by a doctor. The E stands for evolving (changing). Like other cancers, early detection of skin cancer is crucial for successful treatment. And like other cancers, prevention is the key. Avoiding the use of tanning beds, avoiding extended time in the sun and wearing sunblock are important steps in preventing skin cancer.

- The student will reduce personal risk factors for skin cancer by wearing sun block and avoiding excessive time in the sun.
- The student will perform regular self-examinations for skin cancer.
- The student will see a dermatologist if he or she notices a changes in a mole.

9.PCH.1.7 Differentiate between the lifelong effects of positive and negative health behaviors.

Knowledge is power in attaining lifelong health. The decisions that one makes, whether they are positive or negative, can have lifelong health effects. Getting adequate sleep, avoiding the use of all tobacco products, getting at least 45 minutes of exercise at least 4 times a week maintaining a healthy weight are all examples of positive health behaviors. Making positive, healthy behavior choices will increase the likelihood of living a longer and healthier life. Negative health choices, on the other hand, will have lifelong adverse effects. Examples of these would be not wearing a seatbelt, abusing drugs and alcohol, not wearing sunblock and overeating. Students must recognize that their poor health caused by negative health behaviors can keep them from reaching their goals. The effects from their decisions can be short-term, such as an increased heart rate immediately after smoking a cigarette or they can be long-term. A person who smokes for years may one day have to walk around carrying an oxygen tank everywhere they go.

- The student will conclude that health decisions made now can have lifelong effects, both positive and negative.
- The student will make positive health choices that will improve quality of life in the years to come.
- The student will avoid negative health behaviors that will decrease longevity and quality of life.

Essential Standard and Clarifying Objectives

9.PCH.2 Evaluate health information and products.

9.PCH.2.1 Critique the potential health and social consequences of body art (tattooing and piercing).

9.PCH.2.2 Monitor the effects of media and popular culture on normative beliefs that contradict scientific research on health.

Unpacking

What does this standard mean a child will know and be able to do?

9.PCH.2.1 Critique the potential health and social consequences of body art (tattooing and piercing).

It is important to identify the health and social consequences of popular fads occurring in the teenage and young adult population, such as tattooing and body piercing. Teenagers are often influenced by the habits and trends of celebrities and professional athletes. Before teenagers and young adults decide whether to participate in a fad or trend, they should consider the consequences. Some of the health consequences of getting a tattoo include the risk of skin infection, Hepatitis B and C, tetanus, allergic reaction and the development of scar tissue. Tattooing procedures also do not meet FDA approval. The social consequences may include difficulty in obtaining future employment by someone who has formed opinions about a person with tattoos. Many people who get tattoos deal with regret later. The decision to get a tattoo is a permanent decision. Complete removal of a tattoo is extremely difficult and expensive and scarring and skin color variations are likely to remain. The risks involved with piercings also include infection, prolonged bleeding, Hepatitis B, C, D or G, nerve damage, tissue swelling, and scarred tissue. Tongue piercings can also cause damage to the teeth and cause the gums to recede. The social consequences, like tattoos, involve the opinions that others will automatically form about a person with body piercings, especially multiple piercings.

- The student will conclude that behaviors are often influenced by current fads and trends.
- The student will recognize the powerful influence that celebrities and professional athletes often have on current trends.
- The student will use critical decision-making skills when considering whether to one day get a tattoo or a body piercing.

9.PCH.2.2 Monitor the effects of media and popular culture on normative beliefs that contradict scientific research on health.

Each day, students are inundated with information and images about what is healthy and normal. Often these messages are distorted and actually contradict what research indicates. It is important to examine the behaviors that impact one's health and consider how media and pop culture affect one's belief system about their health. Alcohol abuse is the third leading preventable cause of death in the United States (4% of the total deaths in 2000), and is a factor in approximately 41% of all deaths from motor vehicle crashes. Injury and violence is the leading cause of death among youth aged 10-24 years: motor vehicle crashes (37% of all deaths), all other unintentional injuries (16%), homicide (18%), and suicide (13%). Every day about 4,000 American youth aged 12–17 years try their first cigarette. It is estimated that smoking causes 435,000 deaths each year in the United States. Almost 80% of young people do not eat the recommended servings of fruits and vegetables. Nearly 9 million youth in the United States aged 6–19 years are overweight. Each year, there are approximately 19 million new STD infections in the United States, and almost half of them are among youth aged 15 to 24. Thirty-four percent of young women become pregnant at least once before they reach the age of 20. These statistics are based on research (Youth Risk Behavior Survey). The behaviors associated with these statistics are influenced by popular culture and the media.

- The student will recognize the effects of media and popular culture on the decisions made affecting health.
- The student will make decisions based on what is proven to be healthy or not and will not be influenced so much by the media and popular culture.

Essential Standard and Clarifying Objectives

9.PCH.3 Understand necessary steps to prevent and respond to unintentional injury.

9.PCH.3.1 Summarize the risks associated with operating ATVs and motorcycles.

9.PCH.3.2 Analyze reports of injuries to determine how they might have been prevented and what first aid measures should be taken.

Unpacking

What does this standard mean a child will know and be able to do?

9.PCH.3.1 Summarize the risks associated with operating ATVs and motorcycles.

ATV is the abbreviation for All-Terrain Vehicle. People use ATVs and motorcycles for different reasons. In rural areas the most common use is for the different chores associated with farm/rural life. In a more populated, urban and city area ATV and motorcycle use is more associated with recreation. Even though people use these vehicles for different reasons, it is important to remember that the risks are the same for everyone. ATVs and motorcycles can be dangerous if the people using them are not aware of the safety precautions they should take to avoid risks. ATVs are for off road only, and on designated roads. There are different sizes of ATVs to match the build and age of the person driving. People under 16 years of age must be supervised by an adult. A person operating an ATV/motorcycle is required to wear an approved helmet, protective eye wear, boots, and gloves along with long pants and long-sleeved jacket for protection. A person riding, even if an adult, should always tell another person before going out for a ride.

- The student will identify the risks associated with operating ATVs and motorcycles.
- The student will follow the safety precautions associated with ATV and motorcycle use.

9.PCH.3.2 Analyze reports of injuries to determine how they might have been prevented and what first aid measures should be taken.

Most events that are considered accidents can be prevented. The term *unintentional injury* is an unplanned injury. There are steps that can be taken to prevent unintentional injuries or to lessen the damage caused by them – awareness and knowledge, ability, state of mind, and environmental conditions. Being aware of the risks involved in a particular activity and then knowing what actions to take to reduce those risks is important, as well as being able to recognize one’s own abilities. Unintentional injuries can take place at a skateboard park, for example. Before trying a stunt, a person hoping to avoid an unintentional injury should be realistic about his or her ability to successfully perform that stunt. One’s state of mind (are they tired, distressed, rushed, under the influence of drugs and alcohol) is something to be aware of to prevent an unintentional injury. Environmental conditions, such as ice in a parking lot, are important to consider. Motor vehicle crashes are the number one cause of death for people aged 3 through 33. Teens can be safe drivers and prevent car-related accidents by practicing good driving skills and knowing how to respond in risky situations. Recreational vehicles, such as ATVs, motorcycles, bicycles, skateboards and snowmobiles, should be operated according to the safety guidelines in order to avoid unintentional injuries.

- The student will analyze the potential to prevent unintentional injuries.
- The student will practice the steps that should be taken to avoid unintentional injuries.

- The student will practice good driving skills to avoid automobile-related injuries/death.
- The student will abide by the safety guidelines when operating recreational vehicles.

Interpersonal Communication and Relationships

Essential Standard and Clarifying Objectives

9.ICR.1 Understand healthy and effective interpersonal communication and relationships.

- 9.ICR.1.1 Illustrate the ability to respond to others with empathy.
- 9.ICR.1.2 Classify negotiation and collaboration skills as helpful or harmful in solving problems or resolving conflicts.
- 9.ICR.1.3 Illustrate strategies for resolving interpersonal conflict without harming self or others.
- 9.ICR.1.4 Summarize principles of healthy dating.
- 9.ICR.1.5 Explain how power and control in relationships can contribute to aggression and violence.

Unpacking

What does this standard mean a child will know and be able to do?

9.ICR.1.1 Illustrate the ability to respond to others with empathy.

Empathy is an ability with many different definitions. They cover a broad spectrum, ranging from feeling a concern for other people that creates a desire to help them, experiencing emotions that match another person's emotions, knowing what the other person is thinking or feeling, to blurring the line between self and others. Having the ability to respond to others with empathy is an important quality to have for someone seeking healthy relationships. Someone who takes the time to listen to others and who truly tries to understand what others are going through is someone who can make a good companion and friend.

- The student will predict the importance of empathy in a healthy relationship.
- The student will explain what it means to empathize with another.
- The student will seek to show empathy toward others.

9.ICR.1.2 Classify negotiation and collaboration skills as helpful or harmful in solving problems or resolving conflicts.

Conflict is an uncomfortable, but unavoidable part of life. All relationships will have conflict at some point. When confronted with a conflict in a loving relationship, the parties involved should use a healthy method of dealing with the conflict so that they can move beyond the conflict and the relationship can grow. Collaborating is a win-win way of dealing with conflicts. When two people collaborate, they work to fully satisfy their own concerns as well as the concerns of others. A method of dealing with conflict that is lose-win is accommodating to the other party or giving in to the wishes of the other person. If the same person is always accommodating, resentment in the relationship can build which will lead to even more conflict. Negotiation is a dialogue between two or more people or parties, intended to reach an understanding in

order to resolve conflict. Collaboration, negotiation, compromise and cooperation are all examples of healthy methods of dealing with conflict.

- The student will be able to classify various methods of resolving conflict as either healthy or unhealthy.
- The student will state the importance of using effective methods of resolving conflict in his or her own life.

9.ICR.1.3 Illustrate strategies for resolving interpersonal conflict without harming self or others.

Research indicates that many violent youth are not even aware that non-violent alternatives for resolving conflicts exist. They have never seen the methods in action and it may not have occurred to them to try anything other than violence. Resolving conflict with violence will almost certainly lead to harm to themselves or others. Conflict, if not handled well, can contribute to a variety of unhealthy practices including drug use, unwise sexual behaviors, and unsafe driving. Conflict is at the root of many mental and social health issues, as well. Habitual avoidance of conflict or always accommodating oneself to the wishes of others are, in addition to violence, learned but unproductive ways of dealing with conflict. Some strategies for resolving conflict include compromise, where each person works to satisfy some of the needs of the other and cooperation, where as many needs as possible of the other are satisfied. A win-win method of dealing with conflict is collaboration, where the concerns of both parties involved in the conflict are satisfied.

- The student will conclude that when conflict results in violence, harm to self and others is possible.
- The student will recognize several effective strategies in handling conflict without violence.

9.ICR.1.4 Summarize principles of healthy dating.

Dating can be a rewarding and fun experience. Dating helps with learning about friendships and romantic relationships and practicing skills in communication. Students need to use effective communication to convey expectations to their dating partners and they should know their rights and responsibilities concerning dating. Before dating, students should know what kinds of qualities they are looking for in a relationship. They should know what behaviors might make them uncomfortable on a date and why. They might want to consider who should pay for the date and why. They should recognize that abuse can take place even in teen relationships and that they have the right to terminate a relationship if they feel it is unhealthy. Other rights in a relationship include having the right to have independence and to still enjoy time with their friends without their partner getting jealous. To better understand what kind of rights and responsibilities that young people have in a dating relationship, it can be helpful to brainstorm a list of principles of healthy dating with a mock dating partner.

- The student will be able to list several rights and responsibilities that are part of a healthy dating relationship.
- The student will identify whether a relationship is based on healthy principles or not.
- The student will seek adult assistance to leave an unhealthy relationship.

9.ICR.1.5 Explain how power and control in relationships can contribute to aggression and violence.

Some teen relationships can turn to violence. One partner may slap the other when he/she is angry. Or they might make fun of the other's looks or abilities. Or constantly check up to find out what the other person is doing. A dating relationship can turn to violence once power and control take over the relationship. There are warning signs that a relationship might be heading toward abuse. When a partner is constantly checking up on the other (through text messaging, email, Facebook, or stalking), he/she is being controlling. Other signs of power and control are when one person in the relationship makes all of the decisions, tries to isolate the other from family/friends, and when there is a history of bad relationships in someone's past. Abuse in a relationship doesn't always start out as abuse. There is a cycle that emerges, where the tension builds, then there is a violent episode, and then a "honeymoon" stage where the abuser tries to make up for the abuse. The warning signs may not be so obvious at first. When a partner first shows signs of jealousy, the other might feel flattered that they are "loved" enough to cause a jealous episode. But if the relationship continues, this cute jealousy could quickly become fits of jealous rage meant to scare the other and control their future behavior. Without help, a relationship that is based on power and control can result in a relationship filled with aggression and violence.

- The student will recognize that power and control are not components of a healthy relationship.
- The student will describe the cycle of violence in relationships.
- The student will recognize the signs of abuse in a dating relationship.
- The student will seek help if he or she knows someone in a relationship of power, control and violence.

Essential Standard and Clarifying Objectives

9.ICR.2 Evaluate abstinence from sexual intercourse as a positive choice for young people.

9.ICR.2.1 Critique skills and strategies that are used to promote abstinence from sexual activity in terms of their effectiveness.

9.ICR.2.2 Explain the consequences of early and unprotected sexual behaviors.

Unpacking

What does this standard mean a child will know and be able to do?

9.ICR.2.1 Critique skills and strategies that are used to promote abstinence from sexual activity in terms of their effectiveness.

Besides knowing the benefits of abstinence from sexual activity, young people need skills and strategies to make this choice. The skills include analyzing influences, decision making, planning, goal setting, communication, and accessing resources. Many young people have intentions to remain abstinent, but do not have the skills and strategies to act consistently with those intentions. There are pressures to engage in sex from dating partners and from peers. There are also permissive messages about sex in television and in movies. The belief that sex is a sign of being grown-up, that peers are sexually active, and that sex is a way to get or keep a girlfriend or boyfriend are some of many pressures that youth experience during adolescence. Being able to **analyze influences** is helpful in understanding whether one is making an independent decision. Another skill needed is that of wise **decision making**. A young person should consider possible consequences of early and unprotected sexual intercourse, including the possibility of unintended pregnancy, sexually transmitted diseases, disappointing parents, and the delay of personal goals for the future. **Setting goals** for the future is a helpful strategy for delaying becoming involved in sexual activity at an early age. Youth who anticipate a fulfilling future (higher education, a rewarding career, family) are more likely to delay sexual involvement. **Planning** involves

considering (and avoiding) the situations that increase the pressure to have sex: serious relationships, dating someone much older, parties unsupervised by adults, and the use of alcohol or other drugs.

Because of the pressures to engage in sexual activity, young people need to have **effective communication skills**. Assertive refusal to sexual pressure depends on the boy or girl being firm in the decision, making eye contact, having consistent body language with the verbal message, saying “no” repeatedly, and leaving the situation if one’s wishes are not respected. Finally, knowing and **using resources** is important to be able to be abstinent. Parents, teachers, counselors, youth leaders, coaches, and health care providers are a helpful support system for young people to deal with pressures.

- The student will list skills and strategies needed to become or remain abstinent.
- The student will analyze influences (positive and negative) for early sexual activity.
- The student will apply knowledge about the possible consequences of early sexual involvement to goal-setting and decision-making models.
- The student will demonstrate assertive refusal in role-play scenarios involving pressure to have sexual intercourse.

9.ICR.2.2 Explain the consequences of early and unprotected sexual behaviors.

Sexual intimacy is an important part of a healthy loving relationship. Society approves of sex within a committed bond and particularly within marriage. There are multiple reasons parents hope their children will postpone becoming sexually intimate at an early age. Young people should enjoy being young and not have to grow up too soon. Having sex involves adult responsibilities.

Possible consequences of early and unprotected sex include unintended pregnancy and sexually transmitted diseases, some of which cannot be cured. Both may be life-altering events, affecting one’s financial resources, self-esteem, physical health, relationships with others, and ability to achieve future goals.

- The student will be able to list consequences of early and unprotected sexual intercourse.
- The student will describe how one’s life would be altered by an unintended pregnancy.
- The student will be able to identify the effects of sexually transmitted diseases, including those that cannot be cured.
- The student will explain how his or her future may be altered based on unintended consequences of sexual risk taking.

Essential Standard and Clarifying Objectives

9.ICR.3 Create strategies that develop and maintain reproductive and sexual health.

9.ICR.3.1 Contrast the myths, misconceptions, and stereotypes pertaining to sexual assault and sexual abuse with what is known based on law and research.

9.ICR.3.2 Design safe plans for the prevention of sexual assault and abuse that include appropriate resources and needed skills.

- 9.ICR.3.3 Illustrate skills related to safe and effective use of methods to prevent STDs as well as access resources for testing and treatment.
- 9.ICR.3.4 Exemplify decision-making skills and problem solving regarding safe and effective use of methods to prevent unintended pregnancy.

Unpacking

What does this standard mean a child will know and be able to do?

9.ICR.3.1 Contrast the myths, misconceptions, and stereotypes pertaining to sexual assault and sexual abuse with what is known based on law and research.

Sexual assault is a term referring to a spectrum of assaults – rape, attempted rape, incest, indecent exposure, child molestation, statutory rape, acquaintance/date rape, and forced sexual contact. **All are against the law.** There are several reasons why it is important to have factual knowledge about sexual assault. In recent years, through education and improved legislation, we have been able to decrease the incidents of sexual assault. Also, when a person has experienced sexual assault, it is normal to have many fears and anxieties about what happened. Knowing the facts about sexual assault may enable that person to deal more effectively with his or her concerns.

Examples of misconceptions include the idea that most rapists are strangers (they are acquaintances of the victim), that if a victim is intoxicated the rape cannot be prosecuted (Someone who is drunk cannot give consent.), and that false accusations are often made. (Falsely reported rapes are about two percent; more likely rapes go unreported.) People and society often misinterpret who are the perpetrator and victim. Sexual assault is not an act of uncontrollable sexual passion, but a violent act of power and control. Wives can be raped by their husbands: any woman who says “no” and then is assaulted is raped. Too often society has “blamed the victim” but the target of sexual assault is never at fault – the perpetrator is to blame.

- The student will be able to define sexual assault and sexual abuse.
- The student will identify and correct misconceptions about types of sexual assault.
- The student will conclude that sexual assault and abuse is always the fault of the perpetrator.

9.ICR.3.2 Design safe plans for the prevention of sexual assault and abuse that include appropriate resources and needed skills.

The first guidance for avoiding sexual assault is to avoid dangerous situations. To do so, the following suggestions are made:

- Plan ahead
- Always let someone know whereabouts, intended destination, and expected return.
- Arrange to have someone available to help in case of an emergency.
- Taking a cell phone to a party is a good idea.
- Be aware of surroundings
- Avoid isolated areas.

In social situations, the following recommendations are made:

- When going to a party, go with a group of friends. Check in with each other during and after the party.
- Use the “buddy system.” Don’t be afraid to let a friend know if made to feel uncomfortable.
- Be a good friend to a “buddy” at a party. Keep an eye on him or her.

If someone is pressured, it is recommended for a person to:

- Stay true to his or her code of conduct.
- Lie. If worried about hurting someone’s feelings, it is better to make up a lie and leave than to stay in an uncomfortable situation.
- Think of an escape route. Look for exits, doors, windows. Are there people around who can help?
- Take action. Speak out. Shout “NO” or “FIRE!” (It brings people running.)
- Kick, scream, or bite.

Often the victims of sexual assault will say afterwards they were suspicious of the person or situation. Therefore, young people are encouraged to trust their own instincts.

What to do if one has been sexually assaulted: Get away from the assailant – find a safe place. Dial 911. Call a friend or family member who can be trusted.

There are hot lines for help:

- National Assault Hotline at 800-656-HOPE (4673). This is a service of the RAINN (Rape, Abuse & Incest National Network).
- NCCASA.net is a website that lists the rape crisis centers for each county (North Carolina Coalition Against Sexual Assault).

It is the choice of the victim whether or not to report sexual assault. There are reasons why is it a good idea to report sexual assault. Immediate medical attention may be needed including testing for STDs and prevention of pregnancy. Sexual assault is a serious issue. There are trained professionals who can help the victim deal with many of the feelings he/she has (not only immediately after the assault, but for a period after the assault). Also, the assailant may repeat this crime if not made to pay a consequence.

Reporting the assault: Remember that to the police, everything is evidence. Therefore, the victim should not shower or bathe, throw away any clothes that were worn at the time of the time of the assault, brush or comb hair, use the restroom, brush teeth or gargle, put on makeup, eat or drink anything, or clean up the crime scene.

- The student will recognize strategies to avoid the risks of sexual assault and sexual abuse.
- The student will avoid situations that are risky.
- The student will advocate to others how to get assistance for assault or abuse.

9.ICR.3.3 Illustrate skills related to safe and effective use of methods to prevent STDs as well as access resources for testing and treatment. Sexually transmitted diseases are epidemic among teens and young adults below the age of 25. While these age groups make up one-quarter of those who are sexually active, more than fifty percent of new diagnoses of STDs are among these ages. Young people need skills to prevent the risks for contracting diseases either by choosing abstinence or the use of an FDA-approved method for prevention. Abstinence from sexual intimacy (oral, anal, or vaginal intercourse) is the most certain means of preventing disease. The use of latex condoms is considered by the Centers for Disease Control and Prevention as highly effective if used correctly and consistently.

Besides decisions about prevention, students need to be aware of resources available for testing and treatment. In many communities, the public health department and one's private health care provider are the choices for testing for sexually transmitted diseases. Keeping in mind that some STDs are asymptomatic, anyone who has engaged in unprotected sexual intercourse is at risk and should be tested. It is important to be completely honest with one's health care provider about personal sexual history. Testing is confidential and counseling about treatment and how to tell one's partner is available. Even if an STD cannot be cured, there are treatments available that can reduce symptoms, the chance of giving the disease to others, and keep a baby born to an infected mother safe and healthy. Early detection is better than hoping against hope that one is not infected. Of course, prevention is far preferable than having to treat diseases after the fact.

The most dangerous of the sexually transmitted diseases is HIV/AIDS. HIV stands for Human Immunodeficiency Virus and AIDS means Acquired Immunodeficiency Disease. Symptoms of AIDS include rapid weight loss, dry cough, fever and night sweats, diarrhea, memory loss, swollen lymph nodes, and profound fatigue. While there is now effective treatment, there is still no vaccine and no cure. People who are HIV-infected must be vigilant in taking multiple medicines every day that are expensive and have serious side effects. The disease HIV/AIDS compromises the immune system and places the infected person at risk for opportunistic infections, diseases, and cancers. The transmission of HIV occurs if there is body fluid contact with mucous membrane tissue. The fluids that can carry the virus are blood, vaginal secretions, semen, and breast milk. The most likely scenarios for transmission are unprotected sexual intercourse or sharing needles with injection drug use. It is important for students to understand how HIV is NOT transmitted. Casual contact such as hugs, holding hands, and sharing food or beverages. A person cannot know for certain that he or she is HIV infected without a test. HIV testing is available through most health departments.

- The student will be able to describe effective preventive measures for sexually transmitted diseases.
- The student will describe the transmission, symptoms, effects, and methods for testing for HIV/AIDS.
- The student will list resources for testing and treatment for STDs.
- In role-play scenarios, the student will demonstrate skills for accessing assistance for preventing, testing for, or treating STDs.

9.ICR.3.4 Exemplify decision-making skills and problem solving regarding safe and effective use of methods to prevent unintended pregnancy. One in three girls will become pregnant while a teenager. Facing pregnancy when so young is a life-altering experience for the young woman, her partner, and their families. Making decisions and solving problems are skills that are needed to prevent the challenges of unintended

pregnancy. Whether to become sexually active is a difficult decision given the pressures many youth perceive in their social world. Sometimes that decision is made impulsively without consideration of potential consequences. If the couple plans to use birth control, they need to consider safety, effectiveness, availability, cost, ease of use/convenience, and reversibility. An additional consideration should be whether the method also serves to prevent STDs. For the method to be effective, it has to be used consistently and correctly. Most available methods are highly effective, but have a failure rate that is most likely attributable to human error rather than product failure.

There are potential barriers for young people to access and use contraceptives. Some teens perceive that they are not allowed to purchase birth control. This is not the case. All persons who anticipate becoming sexually active have the right (and the responsibility) to protect themselves and their partner from unintended consequences.

- The student will list factors to consider when selecting contraceptive methods.
- The student will sequence methods of birth control by their effectiveness.
- The student will be able to plan how to prevent the consequences of unintended pregnancy.

Nutrition and Physical Activity

Essential Standard and Clarifying Objectives

9.NPA.1 Analyze strategies using tools (MyPlate, Dietary Guidelines, Nutrition Facts Label) to plan healthy nutrition and fitness.

9.NPA.1.1 Attribute the prevention of chronic diseases to healthy nutrition and physical activity.

9.NPA.1.2 Organize meal plans to meet special dietary needs for athletes, pregnant women, diabetics and those experiencing allergies.

9.NPA.1.3 Recognize the benefits of folic acid and other vitamins and minerals.

Unpacking

What does this standard mean a child will know and be able to do?

9.NPA.1.1 Attribute the prevention of chronic diseases to healthy nutrition and physical activity.

When analyzing the leading causes of death, students observe that most deaths are due to **chronic diseases** as compared to **communicable diseases**. Chronic diseases are more preventable than curable. Smoking has long been the largest behavioral factor in chronic disease, but as smoking has declined in the general population, the combined problem of poor diet and physical inactivity now tops the list of underlying causation.

Heart disease, the leading cause of death, is largely affected by poor diet and physical inactivity. Large cohort studies show that people with lowest rates of heart disease consume diets lower in total calories and with less saturated fat, salt, and meat consumption, with heavier

consumption of vegetables, fruits, legumes, whole grains, monounsaturated fats, fish, poultry and low-fat milk products. These preferred eating patterns along with aerobic (cardio) activity most days of a week slow the process of atherosclerosis. They also reduce risk for obesity and hypertension that lead to diabetes and specific blood vessel events including coronary artery occlusion, stroke and embolisms. Better eating patterns and physical activity ward off most risk factors for heart disease that are not congenital or genetic.

Physical activity including aerobic capacity, strength, and flexibility seem to reduce the incidence of certain cancers, particularly colon and breast cancer, by regulating body composition. Load bearing activity also increases absorption of calcium, warding off premature osteoporosis and bone fractures. Walkers have fewer respiratory illnesses such as colds and infections such as pneumonia and influenza. Preliminary evidence suggests that lifetime exercise delays the onset of Alzheimer's Disease.

The good news is that **moderate** activity produces significant health benefits. Studies show that people who move from inactivity to moderate endurance activity (30 minutes of walking 5 days a week) make greater health gains than those who move from moderate to high intensity exercise. In fact, marathon runners and high intensity exercisers are more prone to injuries and temporary weakening of their immune systems after competition.

- The student will outline the leading causes of death in the US and identify the underlying causative factors.
- Utilizing heart disease or cancers, the student will explain how healthy eating patterns and activity prevents underlying causative factors.
- The student will analyze a week of food and activity patterns, making suggestions for improvement in activity and nutrition.
- The student will trouble shoot excuses for inactivity or poor nutrition practices.

9.NPA.1.2 Organize meal plans to meet special dietary needs for athletes, pregnant women, diabetics and those experiencing allergies. Individuals with special needs such as athletes, pregnant women, diabetics and those with allergies need to modify their food intake and possibly their activity to stay healthy. Maintaining hydration (water) and fuel (carbohydrates) are the two major needs of endurance athletes while strength athletes need power. Many athletes falsely believe they need to take supplements and have extra protein in their diets to improve performance. A better strategy is to eat a normal level of lean protein (fish, chicken, egg, meat) and lift graduated weights to build power and endurance. Extra dietary or supplemented protein is stored as fat and requires more water to remove the nitrogen component, both undesirable for an athlete. Since a normal carbohydrate-proportioned meal provides sufficient fuel for 90-120 minutes of endurance activity, there is no benefit and some discomfort to carbohydrate loading. Consequently, athletes should consume 2-3 servings or 6-8 ounces of lean protein, 3 servings of milk or milk products with the balance of foods coming from grains, vegetables and fruits. Being underweight is a problem for some women athletes that can produce anemia (creating fatigue), bone loss, and amenorrhea. Eating smaller but more frequent meals and snacks can offset this problem.

Pregnant women must eat for two. With teen pregnancies, nutrition problems are amplified because a young woman is growing herself as well as the developing child. Deficiencies in iron, calcium, folic acid and insufficient calorie intake are common in pregnant teenagers. Nutrition

education and foods are provided to teen mothers through WIC programs in most communities. Prenatal care through clinics or physicians can guide young women in their pregnancies and provide the necessary supplements and recommendations to encourage healthy pregnancies. Consuming a nutrient-dense diet with four servings of milk or calcium/mineral supplements is recommended.

Diabetes and food allergies can also affect teens. Diabetic students must monitor their blood to maintain a steady blood glucose level. Diabetics often require more regular but smaller meals, combining whole grain, starchy and sugary foods with protein foods or fats to dampen the insulin effect. Foods with more fiber moderate glucose shifts. Many diabetics learn to consume limited amounts of sugar or use sugar substitutes for greater sweetness in foods.

Allergy sufferers often react to offending foods with skin irritations, sneezing, runny nose, itching, or diarrhea. More severe reactions include nausea, vomiting, shortness of breath, or anaphylaxis (airway closing). While there are other allergens, 90% of the food allergies are caused by milk, eggs, peanuts and other nuts, soy, wheat, fish and shellfish. Persons with allergic reactions should see an allergist to determine the cause and plan ways to acquire nutrients by substituting other foods.

- The student will identify the two exceptional nutrition needs of athletes and how to meet them throughout the day, before and after practice or events.
- The student will refute nutrition myths surrounding athletic performance.
- The student will describe the triad often affecting underweight female athletes and its long-range consequences.
- The student will explain the unique nutritional needs of pregnant teens, diabetic teens, and young people with food allergies
- The student will plan modifications to a day's typical menu of foods for an athlete, pregnant teen, diabetic, or identified food allergy sufferer.

9.NPA.1.3 Recognize the benefits of folic acid and other vitamins and minerals.

Water, carbohydrates, fats and proteins make up the **macronutrients** in the diet, meaning humans need these nutrients in larger amounts. Vitamins and minerals are **micronutrients**, meaning they are still essential, but we need them in much smaller quantities than the macronutrients. Micronutrients are found in so many different foods that dietitians recommend eating as wide a variety of foods as possible. Multi-vitamin and mineral supplements are recommended for picky eaters, vegetable haters, people with identified nutrient deficiencies, vegans, people on certain medications, women with heavy menstrual flows, infants, pregnant women, the elderly, and those with very low calorie diets.

Calcium, the most commonly identified deficiency among young people, is best absorbed after puberty through age 25. The body's goal is to get enough calcium in its bones to last a lifetime. Once bones begin to lose calcium, osteoporosis sets in causing bones to fracture easily. Calcium is best absorbed when a person eats or drinks good calcium and vitamin D foods like 2% milk several times a day; does weight bearing activity; and has good estrogen or testosterone blood levels after puberty. Calcium and its cousins, potassium and magnesium, are

found in milk, soymilk, yogurt, cheese, ice cream, tofu, beans, seeds and sardines.

A mineral that noticeably affects how a person feels is iron with its deficiency, anemia. Blood cells low in iron are less effective in carrying oxygen, resulting in exceptional fatigue. Iron is plentiful in liver, red meats, baked beans, peas, cream of wheat, and fortified cereals. Women are more likely to experience iron anemia than men.

Bodies also need **water soluble** (dissolve in water) and **fat soluble** (dissolve in lipids) vitamins. Common ones are A (for eye and skin health), B complex (used in energy pathways), C and E (for skin health and antioxidant functions) and D (for bone growth). One notable B vitamin, Folic acid, is extremely important in forming DNA of new cells. Babies born to mothers without adequate folic acid are at risk for a neural tube defect called spina bifida. Good sources of Folate include rice and pasta, all kinds of beans, peas, lentils and seeds, and dark green vegetables.

- The student will differentiate between macro and micronutrients.
- The student will explain why he/she is/is not a candidate for a multi-vitamin or mineral supplement.
- The student will discuss three micronutrients with deficiencies that might affect some teens and ways to decrease that risk.

Essential Standard and Clarifying Objectives

9.NPA.2 Create strategies to consume a variety of nutrient-dense foods and beverages and to consume less calorie-dense and empty calorie foods.

9.NPA.2.1 Plan vegetarian diets that are balanced and nutrient-dense.

9.NPA.2.2 Recall the number of servings recommended from each food group and the need for balanced nutrition.

9.NPA.2.3 Summarize the effects of hydration and dehydration and preventive measures for dehydration.

Unpacking

What does this standard mean a child will know and be able to do?

9.NPA.2.1 Plan vegetarian diets that are balanced and nutrient-dense.

Humans are creatures of habit with food. They often eat a limited variety, compromising their health. Not only is it better to eat smaller portions from most food groups at meals, but to vary the foods from within each group. The best way improve variety in one's diet is to become an adventurous eater. Step one is to avoid fast foods and convenience foods since they use the same ingredients over and over. Ideas to expand one's dietary horizon include: shop for foods at farmers' markets or ethnic markets. Try a new item each time. Some foods such as cilantro, star fruit, tofu or fish sauce might be an acquired taste—only say you don't like a food after trying it several times. Eat at friends' houses and try something different, especially if they are of another culture. Make new combinations of salad such as mixing in beans, nuts, or dried or fresh fruit with vegetable salad ingredients. Season food with herbs and peppers instead of salt. Try new toppings on old favorites like pizza. Do not avoid a food just because a friend does not like it –you might think it is great. Even some flowers and mushrooms are edible—

research which ones are tasty and safe.

- The student will generate a list of ideas for increasing variety in his/ her diet.
- The student will identify three unusual foods he/she has eaten that they think less than 25% of the class will have tried.
- After sharing unusual foods, the student will write ten new foods he or she is willing to try.

9.NPA.2.1 Plan vegetarian diets that are balanced and nutrient-dense.

People choose to be vegetarians for nutritional, environmental, ethical, or other reasons. Whatever the persuasion, vegetarians can have a healthy well-balanced diet without consuming meat. The key is variety in plant source food, making certain to overlap a bean or bean product with a corn or grain product at each meal. Doing so builds a complete protein with the same amino acids in required amounts as meat. Examples of **complementary proteins** include rice and beans, vegetable quiche (contains cheese and egg), tofu and noodles, bread and peanut butter, yogurt and fruit, and bagel and smoked salmon.

Vegetarians identify themselves by degree—**semi-vegetarians** only avoid red meat but eat fish and poultry along with fruits and vegetables; **lacto, ovo** and **lacto-ovo** vegetarians don't eat animal flesh, but differentiate themselves as to whether they eat milk products, eggs or both. **Vegans** eat no animal products at all and require the most education and skill about eating complementary protein foods. Vegetarians show several health benefits from their lifestyles including better weight control, lower blood pressure, less coronary artery disease, and fewer cancers.

- The student will differentiate among vegans, lacto, ovo, lacto-ovo, and semi-vegetarians.
- The student will explain how to derive a complementary protein without eating an animal product.
- The student will plan and consume two days of vegetarian meals.

9.NPA.2.2 Recall the number of servings recommended from each food group and the need for balanced nutrition.

The number of servings required per food group depends on a person's sex, weight, height, and activity levels. The fastest way to find individual requirements is to use the interactive tool at chooseMyPlate.Gov. For instance, a 15 year-old moderately active male who is 5'9" and weighs 150 pounds should consume about 2 portions of meat/beans or eggs per day, 3 servings of milk, 2-3 servings of fruit, 4 cups of vegetables, and 10 ounces (8-10 servings) of grain-based foods. Note that half of the grain servings should be whole grain, such as whole wheat bread, whole grain pasta, or brown rice.

A 14 year-old female soccer player of average size might require 2 servings of meat/beans, 3 cups of milk or equivalent, 2 cups of fruit, 3.5 cups of vegetables, and 7-9 servings of grain. Additional suggestions are given at the site for maximizing variety and nutrient density within each group. Servings ultimately depend on whether weight is gained, maintained, or lost at that amount. Each person must adjust the number of servings up or down to achieve balance, with most of the flexibility in the grain and fruit groups.

- The student will explain what factors influence the number of servings recommended from each group.
- Using chooseMyPlate.com, the student will demonstrate the ability to determine own requirements for servings from the food groups.
- Using personal recommendations from chooseMyPlate.gov, the student will accurately plan three days of food intake (2 weekdays/1 weekend day).

9.NPA.2.3 Summarize the effects of hydration and dehydration and preventive measures for dehydration.

Since 80-90% of the body is fluid, water is more critical than food to the human body. Adequate hydration is required for waste removal, moisture for body openings, adequate blood volume, digestion, joint lubrication, and temperature regulation. Water is lost through respiration, urination, vomiting or diarrhea, and sweating. Symptoms of dehydration include dry mouth, dizziness, weakness, sluggishness, daytime fatigue, focusing problems, headaches, and decreased or dark urinary output. Hydration can be addressed with any fluid, but water and milk are the most nutritionally sound. While general recommendations are about 8 cups of water per day, individual needs vary. Urine color should be pale yellow with adequate hydration.

Hydration can be improved by the simple act of carrying and frequently drinking water from clean containers. While sugary tea, juices, soft-drinks, and sports drinks are heavily advertised by professional athletes, the negative aspects like insulin spiking, stomach fluid retention, mineral flushing, and cost are reasons why sports scientists and physiologists believe cool water is best.

Athletes need special awareness of hydration since heavy activity can cause excessive fluid loss, particularly in hot climates. Athletes should weigh before and after practice, checking weight (water) loss to determine hydration needs. Drinking fluids before, during, and after practices and events are essential to peak performance. Knowing the signs of heat exhaustion (nausea, profuse sweating, weakness, dizziness, headache) and heat stroke (severe nausea, disorientation, flushed skin, no perspiration) and how to respond can make the difference in an athlete's life or death. Heat stroke is a medical emergency—call 911, re-hydrate if possible and cool the body with water or alcohol-soaked towels. To protect their health, athletes should feel empowered to remind coaches about water breaks.

- The student will review why fluids are critical to human health.
- The student will describe the signs and symptoms of dehydration and adequate hydration.
- The student will explain why water and low-fat milk should compose the bulk of fluid replacement.
- The student will differentiate between two major hydration problems and what to do in response.
- The student will review his or her hydration habits and make desirable changes when warranted.

Essential Standard and Clarifying Objectives

9.NPA.3 Analyze the relationship of nutrition, fitness, and healthy weight management to the prevention of diseases such as diabetes, obesity, cardiovascular diseases, and eating disorders.

9.NPA.3.1 Differentiate between healthy and unhealthy plans for weight gain, maintenance, and loss.

9.NPA.3.2 Classify the effects of eating disorders as short-term or long-term.

9.NPA.3.3 Recall resources for seeking help for people with eating disorders.

Unpacking

What does this standard mean a child will know and be able to do?

99.NPA.3.1 Differentiate between healthy and unhealthy plans for weight gain, maintenance and loss.

Obesity has become a worldwide epidemic in developed and developing countries and a contributing factor in leading causes of death including heart disease, high blood pressure, diabetes, stroke and cancers. As many as 1 in 4 elementary school children in the U.S. are overweight or obese. Studies have attributed population weight gain to a number of factors including calorie balance (intake out of balance with output); set point, fat cell development/metabolism; advent of fast/convenience foods; genetic predisposition, and most recently, high fructose effects on insulin production. Given the scope of the problem worldwide, obesity seems to have more to do with the food and activity environment than individual willpower.

Obese, overweight, and even normal weight individuals attempt to shed fat through a variety of strategies, most of them ineffective, expensive and some even dangerous. Healthy strategies attempt to determine accurate body fat levels through BMI computations, skin fold measures or hydrostatic weighing. Then they engage the person in shifting their patterns of eating and activity to ratchet down body fat, slowly over time, allowing new habits can replace poor habits. Good programs explore reasons for eating (satiety, emotions), sound nutrition, and how to increase incidental and purposeful activity. They have the participant track activity and food consumption to increase awareness of behavioral cues and events and to monitor success. Finally, social reinforcement, coaching and weekly accountability work. These strategies can be useful to those who need to lose, maintain, or gain weight.

Weight loss programs that do not work are the ones that suggest no effort is required! Some involve pills, shots, food supplements, pre-purchased food plans, or eating strategies that are so extreme that the weight loss results from food fatigue. Fad diets rarely encourage an hour of exercise on most days as a part of the plan. Usually, people “go on” such diets for a week or two and see quick results, mostly water loss. Then fatigue and hunger take over and weight loss slows or reverses. People go back to old habits, gain more weight and start the cycle over again—a process called yo-yo dieting, or weight cycling.

While utilizing proven strategies increases one’s chance of success, weight loss and maintenance is far from easy. Long-term studies show that only 5-8% of overweight people lose the weight and keep it off for five years or longer. The ones who kept weight off had some common characteristics—they ate a more vegetarian diet, substituted non-food solutions for emotional eating, did moderate exercise like walking 50 minutes or more most days, and loved being outdoors.

- The student will compare and contrast healthy and unhealthy strategies for weight loss, gain, or maintenance.

- Utilizing a positive and negative strategy checklist and advertising literature from weight loss plans (Nutrisystem, South Beach, Weight Watchers, Jenny Craig, Alli, Slimfast, diet pills, others) the student will rate a product's potential for success.
- The student will aggregate characteristics of successful weight maintenance participants.

9.NPA.3.2 Classify the effects of eating disorders as short-term or long-term.

Three major eating disorders affect young women and a few young men—binge eating disorder, anorexia nervosa, and bulimia nervosa. Eating disorders accompany other mental health problems such as depression, alcohol and drug abuse, bi-polar and anxiety disorders, all of which need recognition and expert treatment.

Binge eating disorder involves recurrent episodes of out-of-control eating without attempts to purge afterwards, resulting in weight gain. Persons with this disorder eat rapidly to the point of discomfort, then feel embarrassed or disgusted afterwards. Binge eaters do not feel in control of their lives, are likely to binge drink alcohol and participate in other impulsive behaviors. Eating is often related to emotions rather than true hunger and may involve brain chemical abnormalities. Long-term complications include obesity, diabetes, high blood pressure, elevated cholesterol, gall bladder disease, heart disease, and certain cancers.

With **bulimia nervosa**, subjects do binge eating and follow it with a purge, attempts to rid the body of calories with laxatives, enemas, vomiting or excessive exercise. The cycle is repeated two or more times a week for several months or more. Bulimics are normal weight but intensely dissatisfied with their bodies. Sometimes dentists are the first professionals to diagnose bulimia as they observe erosion of teeth enamel from the acid in vomit. Dehydration is also a problem.

Anorexia nervosa is characterized by self-starvation and excessive weight loss (25% or below normal weight). Anorexics avoid meals and food, battle with friends and family about eating, weigh incessantly, exercise compulsively, and purge food. Anorexia is the most dangerous of the three, resulting in cardiac arrest, heart arrhythmias caused by electrolyte imbalance, liver and kidney damage, or suicide. Common warning signs include weight fluctuations, social withdrawal, excessive weight loss, obsession with food or calories, feelings of guilt or shame, and thoughts of suicide.

- The student will differentiate among the three types of eating disorders.
- For each disorder, the student will profile warning signs and symptoms.
- The student will self-monitor and self-refer concerns about an eating disorder in a friend, family member, or counselor.

9.NPA.3.3 Recall resources for seeking help for people with eating disorders.

Eating disorders are treated through psychological and nutritional counseling, family counseling, medications, outpatient or hospital care. Most high school counselors have assessment tools to help determine the type and degree of an eating disorder and how to help students and their families get help. Eating disorder help sites include: ANRED, Inc (anred.com) provides information; Eating Disorders Online

(caringonline.com) provides links to research, treatment and support; Center for Eating Disorders (eatingdisorder.org) provides information on diagnosis and treatment; and National Eating Disorders Association (nationaleatingdisorders.org) helps friends avoid/deal with eating disordered friends. Teachers, parents, and friends also need to be aware of certain websites that provide “community” for disordered eating persons and coach participants into behaviors that could exacerbate negative outcomes.

- The student will summarize approaches to treatment of eating disorders.
- The student will examine and rate websites for usefulness in information, resources, linkages, and help for disordered eating.
- The student will avoid web sites that foster disordered eating.

Essential Standard and Clarifying Objectives

9.NPA.4 Apply lifelong nutrition and health-related fitness concepts to enhance quality of life.

9.NPA.4.1 Execute exercise programs with safety and effectiveness.

9.NPA.4.2 Use appropriate methods for avoiding and responding to climate-related physical conditions during physical activity.

9.NPA.4.3 Implement a personal plan to improve current habits to achieve balanced nutrition and fitness.

Unpacking

What does this standard mean a child will know and be able to do?

9.NPA.4.1 Execute exercise programs with safety and effectiveness.

Purposeful exercise is an equal partner with nutrition in successful weight management. Weight management relies heavily on cardiovascular (aerobic) activity and strength training. **Aerobics** burn calories and elevate general metabolism for the ensuing 48 hours, while **strength training** builds muscle, increasing metabolically active tissue that requires more calories. Both actions allow a person to consume more food to maintain weight or lose weight on the same number of calories.

Cardiovascular exercise has three components to be effective: frequency, intensity and duration. **Frequency** indicates how often the activity is done, about 4-6 days per week. For weight loss, the more active days, the better. **Duration** answers how long the activity should be done, and **intensity** answers how hard does the person have to work. For weight loss, the duration needs to be longer, more than 50 minutes to get the most benefit. Studies show that the body burns more carbs than fat during the first 15-20 minutes of exercise, but switches over to greater fat metabolism after that. Consequently duration of 50+ minutes is better for fat reduction. In terms of intensity, moderate levels of exertion for a longer period reduces weight. In the target zone for cardiovascular training, staying toward the lower end (60-70%) is recommended. Struggling a little to converse with someone or sing during the activity is a good gauge for correct intensity.

Strength training conditions the muscles by applying the progressive **overload** principle. Using machines, stretch bands or free weights, a participant lifts weights through a range of motion for each muscle group. **Repetitions** (one complete motion forward and back) are done slowly, with heavier weights and fewer repetitions if the goal is to gain bulk; and done faster with lighter weights and more repetitions to tone muscle. A group of repetitions for a single muscle group is called a **set**. Strength trainers suggest at least two sets of between 6-14 repetitions

per muscle group to maintain strength. Once the sets become easy, adding 5 pounds to the weights begins a new training level. Adding weight progressively trains and strengthens muscles. Overloading the muscle tears the microfilaments resulting in greater strength as it heals. A day's rest between bouts supports this process. Some lifters work 2-3 times per week while others lift daily, but alternate muscle groups allowing the day's rest between sessions.

To support cardiovascular and strength programs, proper shoes and appropriate gear are needed. Clothes should allow sweat to wick away from the body. Before starting, participants with health problems should get clearance from their physician. A slow warm up before exercise followed by cool down and stretching afterwards are helpful. Start moderately and seek a personal or athletic trainer to learn the correct use of equipment. Don't believe the "no pain-no gain" adage—it produces exercise dropouts. Over time, the body becomes efficient at repetition, meaning it burns fewer calories. People who cross train (mix it up with different activities) have the best results.

For weight loss, "just do it!" is the best advice. Jogging, running, walking with a friend or dog, biking, dancing, playing pickup sports, doing Zumba, yoga, weight lifting, using treadmills or elliptical machines, playing games with children, hiking, water or snowboarding, tennis, swimming, mall walking, gardening, washing windows...almost anything works. Achieving fitness (just like healthy eating habits) comes slowly in small steps toward an ingrained pattern.

- The student will explain the ways cardio and strength training facilitate weight loss.
- The student will define and give examples of frequency, intensity, and duration by planning a week of cardiovascular activity using the components.
- The student will list principles of applying overload in strength training.
- The student will document physical activity participation most days in a week.

9.NPA.4.2 Use appropriate methods for avoiding and responding to climate-related physical conditions during physical activity.

Regular exercisers occasionally encounter adverse weather conditions (too cold, too hot, too wet) and need to know how to stay safe. Heat is exacerbated by high humidity, leading to heat stress emergencies: heat cramps, heat exhaustion, and heat stroke. Problems can begin in 80-90 degree temperatures, depending on the humidity. Appropriate rest intervals and adequate hydration help as well as moving activity to early morning, late evening, the pool, or an air-conditioned gym. If heat stroke or heat exhaustion is suspected, seek medical help, hydrate and cool the victim.

Excessive cold can result in frostbite, frost nip, or hypothermia which can be exacerbated by wind chill and wet clothing. Hypothermia occurs at temperatures below 40 degrees F. without proper clothing. Frostbite sets in at 27 degrees F., aggravated by being wet or inert. Cold precautions include layering clothes, covering exposed body parts, checking weather conditions, and avoiding water exposure. Symptoms of **frost nip** include redness, skin tingling, or stinging followed by numbness and discoloration (white and pasty) with **frostbite**. Frostbite causes long-term damage, and in worst cases, gangrene. **Hypothermia** occurs when the core body temperature lowers and the body cannot warm

itself. Symptoms are shivering, numbness, glassy stare, apathy, impaired judgment, and loss of consciousness. Calling 911 and slowly re-warming are the best methods of saving the life.

- The student will characterize health risks associated with activity in adverse hot and cold microclimates.
- The student will summarize precautions to take or alternative options in dealing with adverse climates.
- The student will evaluate risks for adverse climates in chosen activities.
- The student will demonstrate appropriate measures to apply first aid to climate-related conditions.

9.NPA.4.3 Implement a personal plan to improve current habits to achieve balanced nutrition and fitness.

Evaluating, then tweaking or completely overhauling a personal plan for weight control may be in order for many students. A three-day dietary and exercise recall (two weekdays and one weekend day) is a starting point. One complete week, or a list of a person's 50 most common eaten foods, and pattern exercise pattern can also be examined. Evaluations can be made against the MyPlate's recommendations, looking at nutrient-dense foods, variety, portion size, fiber content, and healthy vs. unhealthy fats. Students can also determine the proportion of their food eaten as whole foods, convenience/processed foods, and fast foods.

From these observations, students can address the strengths, weaknesses, and recommendations for a better eating pattern. Students can select one or two main weaknesses around which to build a modification plan and add others once new patterns are established. They can also project what influences (people, environments) will support new practices and what will have negative impacts. They can anticipate how to strengthen the supports and counter the obstacles. Small incremental steps toward a larger goal are more likely to bring success than one drastic goal.

Exercise should include both cardiovascular and strength building activities, meeting requirements for frequency, duration and intensity. Weight training should apply overload principles and meet the desired toning or bulk-building strategies. Students can apply similar strategies above to exercise efforts.

- The student will examine a personal three-day diet and exercise recall or typical eating/exercise pattern against principles learned in the unit.
- The student will select one or two changes to make in diet or activity over an eight-week period.
- The student will develop a behavior change plan and give to a classmate, friend, and parent for feedback.
- The student will submit a revised agreement for behavior change in diet or exercise, and sign the agreement with a supportive friend or family member.

Alcohol, Tobacco, and Other Drugs

Essential Standard and Clarifying Objectives

9.ATOD.1 Understand the health risks associated with alcohol, tobacco, and other drug use.

9.ATOD.1.1 Explain the short-term and long-term effects of performance-enhancing drugs on health and eligibility to participate in sports.

9.ATOD.1.2 Analyze the role of family, community, and cultural norms in deciding to use alcohol, tobacco, and other drugs.

9.ATOD.1.3 Contrast prescription medicines, nonprescription medicines, and illegal substances in terms of their use and abuse.

9.ATOD.1.4 Summarize the risks of IV drug use, including blood borne diseases.

9.ATOD 1.5 Predict the effects of substance abuse on other people as well as society as a whole.

9.ATOD 1.6 Summarize the consequences of alcohol or tobacco use during pregnancy.

Unpacking

What does this standard mean a child will know and be able to do?

9.ATOD.1.1 Explain the short-term and long-term effects of performance-enhancing drugs on health and eligibility to participate in sports.

The use of performance-enhancing drugs in sports is also referred to as doping. Most performance-enhancing drugs are taken to gain a competitive advantage in sports. Potential short-term effects of performance-enhancing drugs in male users include growth of breast tissue, baldness, shrunken testicles, painful urination, swelling of the prostate gland, severe acne, increased risk of tendonitis or tendon rupture, while female users may miss menstrual cycles, suffer shrinking of the uterus, develop facial hair, a deeper voice, enlarged genitals, increased body hair, severe acne, increased risk of tendonitis or tendon ruptures, decreased breast size, and baldness. Long-term side effects experienced by both men and women include infertility, liver abnormalities and tumors, hypertension, heart and circulatory problems due to the build up of fluids in the body, aggressive behaviors, rage, and violence, psychiatric disorders, and drug dependence. Using performance-enhancing drugs as a teen may cause bone growth to stop and therefore stunt growth.

Most sport organizations have banned the use of performance-enhancing drugs and the consequences if found using these drugs are severe. If an athlete is found to be using performance-enhancing drugs or if sufficient evidence exists to prove prior usage, the athlete can be removed from competition immediately, previous records and titles (individual and team) are considered disqualified and removed, in some cases awards are withdrawn and financial penalties are enacted.

- The student will summarize the potential short- and long-term risks associated with performance-enhancing drug use.
- The student will analyze the legal sanctions for using performance-enhancing drugs by sports organizations.

9.ATOD.1.2 Analyze the role of family, community, and cultural norms in deciding to use alcohol, tobacco, and other drugs.

Friends, family, and community and cultural norms can be risk factors that promote drug use; however, each of these factors can also serve in a protective role preventing an individual from using drugs. Teens with positive and close relationships with family members are less likely than

other teens to misuse and abuse drugs. Have a trusting and supportive relationship with parents or a guardian is a strong protective factor. When family guidelines and parental expectations are expressed in a supportive and trusting relationship, teens are motivated to behave in more responsible ways. Teens growing up in communities that demonstrate respect for authority and laws are less likely to misuse and abuse drugs. They respect and value the laws of the community and the citizens of that community. Young people who have friends who are not accepting of drug misuse and abuse are less likely to abuse substances. Positive peer pressure and the social expectations to live a drug free lifestyle are also important factors that contribute to resisting drug misuse and abuse.

- The student will recognize the influence of family, community, and cultural norms on an individual's decision to misuse or abuse drugs.

9.ATOD.1.3 Contrast prescription medicines, non-prescription medicines, and illegal substances in terms of their use and abuse.

Drug use refers to the use of a chemical substance for the intended purpose, as designed by the manufacturer. Drug misuse refers to the unintentional or inappropriate use of prescribed or non-prescribed medicine that results in the impaired physical, mental, emotional, or social well-being of the user. Drug abuse typically refers to the chronic and excessive intentional misuse of a chemical substance. The definition of a drug includes over-the-counter and prescription drugs, beverages containing alcohol, and illegal substances such as marijuana, cocaine, and heroin. Drugs are chemical substances that are intended to change the body's functioning and the use of drugs is considered dangerous when it threatens the health of the user. Over-the-counter drugs are chemical compounds that can be purchased without a physician's prescription. These drugs are typically purchased to alleviate symptoms associated with minor illnesses or discomforts. If the drug is not used as directed (used too often or more is taken than recommended), this constitutes misuse and creates health risks for the user. Prescription drugs are chemical compounds that can only be acquired with a physician's prescription. The prescription is individualized for the user and specific information about how much and how often the drug should be taken are provided to the user. When a user does not follow the physician's prescription or uses drugs that are not prescribed for him/her, this is misuse and creates health risks for the user. Illegal drugs are chemical compounds or substances that have been identified as a threat to an individual or society. Examples of illegal drugs are heroin, LSD, marijuana, PCP, cocaine, methadone, morphine, and opiates. It is illegal in the United States to possess, deliver, or manufacture these substances.

- The student will differentiate between drug use, misuse, and abuse.
- The student will summarize the health risks associated with prescription drug use, OTC misuse, illegal drug use, and drug abuse.

9.ATOD.1.4 Summarize the risks of IV drug use, including bloodborne diseases.

Drug users of heroin and other opiates, cocaine, amphetamines, and anabolic steroids are likely to inject these drugs. Additionally they may use unsterile needles or other contaminated equipment placing themselves at risk for acquiring HIV, hepatitis and other bloodborne pathogens. Approximately 1/10 of all new HIV infections are the result of injection drug use. Bacterial infections are likely transmitted through the use of infected needles and the injection site may also become infected due to lack of hygiene and unsterile injection procedures. When drugs are injected into the blood stream the effects are immediate and an overdose can occur very quickly. The effect of IV drug use is

quick and intensive increasing the chance for addiction. Scarring and collapsed peripheral veins are also common among intravenous drug users. Individuals who inject illicit drugs may have “track marks” which is the result of discoloration of the veins due to scarring and the buildup of toxins.

- The student will determine the risks associated with intravenous drug use.
- The student will avoid touching body fluids.

9.ATOD.1.5 Predict the effects of substance abuse on other people as well as society as a whole.

When a person abuses alcohol, tobacco, and other drugs, he/she creates a ripple effect that reaches those close to him/her, those in the community, and even beyond. Although costs to the individual user are the critical focus of substance abuse prevention, the effects on others cannot be avoided or dismissed. Unintentional injuries associated with alcohol and other drug use affect innocent victims in numerous ways: by motor vehicle crashes and acts of violence; the cost to everyone who maintains automobile and health insurance policies; costs to health care facilities; employers that suffer productivity loss, and families that must repair physical and emotional damages caused by the user.

- The student will summarize the potential impact of one person’s substance abuse on family and friends.
- The student will predict the effects of substance abuse on the larger community.

9.ATOD.1.6 Summarize the consequences of alcohol or tobacco use during pregnancy.

Alcohol in the blood of a pregnant woman is passed through the placental membranes into the system of a developing fetus. Fetal Alcohol Syndrome (FAS) is a lifelong and completely preventable set of physical, mental, and neurobehavioral birth defects associated with alcohol excessive consumption during pregnancy. There has been disagreement among scientists and physicians in the past about the definition of “excessive.” Some believe that one drink a day is permissible. Most physicians argue that any alcohol consumption by a woman is or could be pregnant is potentially dangerous.

An FAS diagnosis requires evidence of abnormalities in three specific areas: growth, central nervous system functions, and facial characteristics. Fetal Alcohol Syndrome is the leading known cause of mental retardation and birth defects in developed countries. A child with FAS may have the following characteristics: drooping eyelids, small body size and weight, curved spine and hip dislocations, deformed ribs and sternum, small head, bent, fused, webbed, or missing fingers and toes, short upturned nose, sunken nasal bridge, cleft lip or thin upper lip, cleft palate, low-set or poorly formed ears, mental retardation, ADHD, poor body, hand and finger coordination, experience trouble controlling behavior, slower than normal development and failure to “catch up.” Alcohol is a substance that is known to be toxic to human development and it is critical that all pregnant women avoid ALL forms of alcohol during pregnancy. Pregnant women should also avoid tobacco use. Research has suggested links between tobacco use and low-birth weight infants, stillbirth, sudden infant death syndrome, complications during pregnancy, and premature delivery.

A smoking mother decreases the amount of oxygen delivered to the fetus and the toxins absorbed in the bloodstream are passed through the placenta to the developing fetus. Tobacco use during pregnancy is associated with stillbirth, neonatal death, low birth weight, and failure to thrive. All pregnant women should avoid tobacco products and secondhand smoke.

- The student will identify the health risks associated with smoking and drinking alcohol during pregnancy.

Essential Standard and Clarifying Objectives

9.ATOD.2 Apply risk reduction behaviors to protect self and others from alcohol, tobacco, and other drug use.

9.ATOD.2.1 Identify ways to avoid riding in a car or engaging in other risky behaviors with someone who is under the influence of alcohol or other drugs.

9.ATOD.2.2 Use strategies for avoiding binge drinking.

Unpacking

What does this standard mean a child will know and be able to do?

9.ATOD.2.1 Identify ways to avoid riding in a car or engaging in other risky behaviors with someone who is under the influence of alcohol or other drugs.

Alcohol is linked to approximately 40 percent of all motor vehicle crashes. Young people need know their options in the event they are in a situation where the person providing them transportation has consumed alcohol or other drugs. All adults should agree that if alcohol or any drugs that can lead to impairment are going to be consumed, a driver should be designated and should remain sober until there is no longer a need to drive anyone to any destination. If a driver was not designated and an individual is in need of transportation, he or she should call a trusted sober friend or family member, use a taxi or driving service, or make plans to stay in a location until safe transportation can be found. It is never okay to ride with someone who has been drinking alcohol or under the influence of drugs. If a student absolutely has no choice, then he or she should sit in the back seat and definitely wear a seatbelt.

Approximately 25,000 people die from drug abuse each year. Individuals who abuse drugs are more likely to drop out of school and engage in criminal activity than people who do not use drugs. Alcohol and drug use may cause agitation, aggression, and the lack of ability to control one's feelings and behaviors which may lead to violent conflicts that could have been resolved without violence had the user not been impaired by drugs and alcohol. Individuals under the influence of drugs and alcohol often make poor decisions because their ability to use reason and their logic is impaired: they have an increased sense of invincibility and exaggerated confidence which causes them to take risks such as stealing, physical confrontations, not using seat belts or other measures to protect personal safety, including sexual risk taking behaviors.

Several strategies may be adopted in order to avoid risky behaviors associated with someone under the influence of alcohol or other drugs. Build self-esteem, self-acceptance, and value one's self-worth, so that the pressure for social acceptance and social influences does not lead to behaviors that put health and safety at risk. Make decisions in advance about avoiding drug and alcohol use and associate with people who

share that same decisions. Friends can be both positive and negative influences and if the decision (to avoid the use of drugs and alcohol) is made based on one's values and rational thoughts rather than emotion and pressure, he/she is much more likely to stay true to intentions. Assertively resist peer pressure and refuse social influences to engage in risky behaviors associated with the use of drugs and alcohol. Manage and reduce stress so that risk behaviors are not an attractive alternative to coping with the life stressors. Become involved in positive school, community, and family activities to maintain a schedule that does not allow opportunities for risky behaviors, creates a commitment to someone other than oneself and enhances feelings of self-worth. Access accurate and reliable information about the risks associated with alcohol and drug use and inform others.

- The student will identify safe methods for transportation in order to avoid riding in the car with an impaired driver.
- The student will make a plan for accessing transportation in order to avoid riding in the car with an impaired driver.
- The student will recognize additional risk taking associated with alcohol such as violence and failure to protect personal safety.
- The student will avoid a person who is under the influence who is aggressive, abusive, or providing negative pressure.

9.ATOD.2.2 Use strategies for avoiding binge drinking.

Approximately 5,000 deaths among young people under the age of 21 are associated with binge drinking. Twenty-one percent of NC high school students report having five or more drinks of alcohol in a row on one or more of the last 30 days. Most underage college binge drinkers began to drink in high school, and more than half of all college binge drinkers first binged in high school. Binge drinking often begins around age 13 and tends to increase during adolescence, peaks in young adulthood and gradually declines.

New studies of binge drinking in teens raises concerns that it may lead to lower intelligence and impulsive behavior because of the effects on the developing teen brain. Binge drinking for females is considered to be four drinks in one hour and for males, five drinks in one hour. One drink is defined as one and a half ounces of eighty-proof liquor, five ounces of 12 percent wine, or twelve ounces of five percent beer. If an individual does not set personal limits, he/she may be more likely to be influenced by social pressure to make decisions about drinking that are dangerous.

Binge drinking can have deadly consequences because of the effects of concentrated alcohol in the body. Since alcohol is a depressant it slows down functions of the central nervous system (such as breathing) and impairs brain functions (such as reaction time). Some of the short-term effects may be hangovers, nausea, shakiness, vomiting, dehydration, memory loss, or injury to self or others. A person's BAC will continue to rise after the person is no longer conscious. More long-term effects can be: addiction to alcohol; significant damage to the brain and liver; risk of cancer in the mouth, throat, or esophagus; possible increased risk of neurological disorders, heart problems, and sexual problems (especially male impotency); risk of emotional problems developing such as depression, problems at school, problems at work, and issues within relationships. The following should be additional concerns for teens: doing things they would not normally do such as having unprotected sex, or unwanted sex. This might lead to unintended pregnancy or STDs. Feeling bad about oneself, being embarrassed by own actions, becoming vulnerable while intoxicated, or losing friends or loved ones are all possible results of behavior associated with binge drinking.

- The student will summarize strategies that may be employed to avoid binge drinking.
- The student will advocate to others to avoid the harmful effects of binge drinking.