

EARLY
ELEMENTARY

Yr. 4

DRUG AWARENESS & PREVENTION EDUCATION



Teaching people of all ages to respect and take better care of themselves in order to live longer, healthier lives.

NOTES TO THE TEACHER

This educational booklet is designed for use in the classroom/home in order to reinforce and supplement concepts of health education. It allows you flexibility in determining which worksheets are most appropriate for your students and may be used in conjunction with your own health education curriculum. Some of the material may be primarily review in nature, while some may present new information. However, all activities relate to substance abuse prevention education.

The goal is to help students:

- Identify general signs and symptoms of illness.
- Identify dangerous situations and safety methods to reduce risks.
- Encourage and support others in making positive health choices.
- Identify healthy actions that influence the functions of the body.
- Recognise how choices can affect health.

Substance abuse prevention education focuses on recognising harmful drugs, understanding their effects, and developing skills to resist peer pressure.

OBJECTIVES

Our general goal

is to provide

information on

drugs and to

introduce skills

that promote

positive, healthy

life choices.

LEARNING OBJECTIVES:

The student will be able to:

- 1. Describe factors that contribute to overall health.*
- 2. Define the term drug.*
- 3. Explain the difference between a legal and an illegal drug and give two examples of each.*
- 4. Identify three different forms of drugs.*
- 5. Differentiate between safe and unsafe use of medicines.*
- 6. Name the addicting chemical found in tobacco.*
- 7. Give three reasons why using tobacco is harmful to one's health.*
- 8. Discuss the basic effects of caffeine, marijuana, and alcohol on the body.*
- 9. Name three poisonous products that can be found in the home.*
- 10. Describe four healthy alternatives to drug use.*

WORKSHEET 1

Medicine Cabinet Safety Checklist

This worksheet is designed to encourage involvement with an adult at home. Clean out and organise the medicine cabinet in your home with an adult's help. When you are finished, you should be able to check off the boxes below. Bring your signed checklist back to school.



- Old medicines have been thrown out.
- All medicines are clearly labeled.
- First-aid supplies and band aids are easy to find.
- Medicines are out of reach of small children.

We have a safe medicine cabinet!

Signed,

(your name)

(parent or guardian)

(date)

WORKSHEET 2

Healthy Habits

Every night before you go to bed, think back to all the wonderful things you did that day to keep yourself healthy! Check the box next to each activity under the correct day of the week. Maybe an adult can help you keep track.

DATE: _____

Today I...

- brushed my teeth two times
- flossed my teeth once
- combed my hair
- washed my hands before eating
- washed my hands after using the bathroom
- ate breakfast
- ate a healthy snack
- exercised
- got 10 hours of sleep
- did my homework
- picked up my room
- helped someone at home
- helped someone at school
- talked about my feelings

S	M	T	W	T	F	S

KEEP UP THE GOOD WORK!

WORKSHEET 3

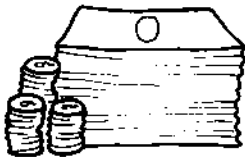
No Smoking



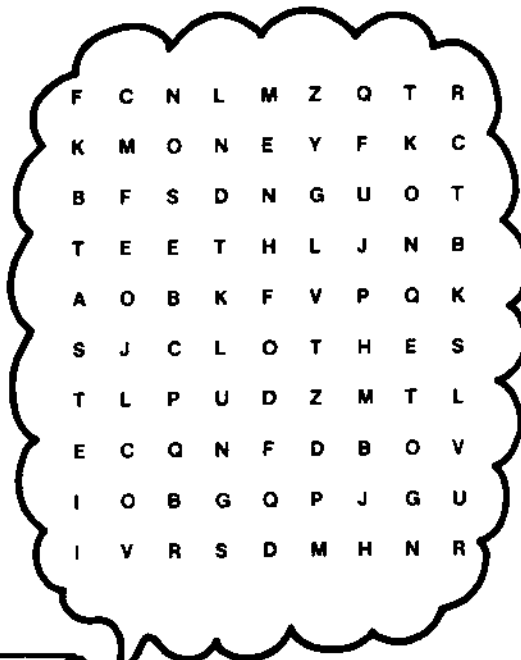
Here are some of the harmful effects of smoking cigarettes. Find the underlined words in the “dangerous smoke” wordsearch below and circle them.



SMOKING STAINS
YOUR TEETH



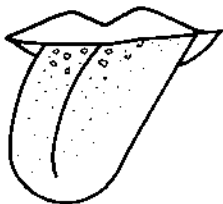
SMOKING COSTS A
LOT OF MONEY



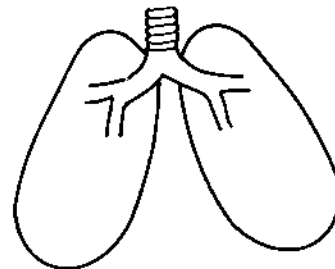
SMOKING MAKES
YOUR CLOTHES
SMELL



SMOKING MAKES
YOUR NOSE STUFFY



SMOKING MAKES IT HARDER
TO TASTE YOUR FOOD



SMOKING MAKES YOUR LUNGS
“DIRTY” SO THAT IT IS
HARDER TO BREATHE

WORKSHEET 4

The One and Only Me!



Complete the following worksheet featuring the one and only YOU! Keep it in a convenient place to remind yourself of how special you are.

THE ONE AND ONLY YOU _____ **(your name)**

Birthday: _____

Birthplace: _____

Best physical trait: _____

My friends think I am: _____

When I need help, I: _____

When I get angry, I: _____

When I have free time, I: _____

Something I do very well: _____

Favourite memory: _____

Favourite food: _____

Prized possession: _____

The one thing I can't stand: _____

If I could change one thing about myself: _____

When I am feeling sorry for myself, I: _____

The best time in my life: _____

The worst time in my life: _____

Major accomplishment: _____

One of my goals in life: _____

The three words that best describe me: _____

WORKSHEET 5

Colour this picture.

Name _____



WORKSHEET 6

Colour this picture.

Name _____





MY HEALTH PLEDGE

FOR LIVING A HEALTHY, DRUG FREE LIFE

- * I pledge to eat healthy foods.**
- * I pledge to stay away from illegal drugs.**
- * I pledge to get an adult's advice before using legal drugs.**
- * I pledge to not smoke tobacco.**
- * I pledge to brush my teeth twice a day.**
- * I pledge to exercise every day.**
- * I pledge to go to the doctor for check-ups.**
- * I pledge to spend time with my family doing healthy activities.**
- * I pledge to get at least ten hours of sleep every night.**
- * I pledge to talk more with my family about my feelings.**

(your name)

(your signature)

(teacher's signature)

(date)



WORKSHEET ANSWERS

Worksheet 3 No Smoking

F	C	N	L	M	Z	Q	T	R
K	M	O	N	E	Y	F	K	C
B	F	S	D	N	G	U	O	T
T	E	E	T	H	L	J	N	B
A	O	B	K	F	V	P	Q	K
S	J	C	L	O	T	H	E	S
T	L	P	U	D	Z	M	T	L
E	C	Q	N	F	D	B	O	V
I	O	B	G	Q	P	J	G	U
I	V	R	S	D	M	H	N	R

CONTACT



NATIONAL DRUG COUNCIL

Unit #17 & 18 Caymanian Village

P.O Box 10007

Grand Cayman KY1-1001

Cayman Islands

Tel: (345) 949-9000

Fax: (345) 949-6264

www.ndc.ky