



**BEST PRACTICES
CLEARINGHOUSE**

- Lessons from the Field -

Part 1: Knowing the Facts About Fentanyl

Tuesday, January 17, 2023 | 3:00 – 4:30 PM ET
Transcript

Cindy Carraway-Wilson: Good afternoon, everyone, and welcome to today's webinar, Knowing the Facts about Fentanyl. This is the first webinar in a mini-series on the topic of fentanyl prevention in America's schools. On behalf of the U.S. Department of Education, we are so pleased to have you with us today. And in fact, over 2,500 of you have registered for this webinar, so we will be having more people come in as we speak.

This webinar is part of our Lessons from the Field series, and this series highlights effective tools, techniques, and strategies employed by everyday practitioners in schools and communities to address hot topics that are on the top of educators' minds. You can access the recording for this webinar on the event webpage, which is now being shared in the chat.

Today, you're going to hear from a variety of speakers, including a father who was impacted by fentanyl, who will share information about fentanyl, what it is, why it's so addictive and deadly, and how students are getting it. We will end the webinar with some foreshadowing of some of the prevention and intervention strategies.

Part two of the series, Preventing and Addressing Fentanyl Use, will be offered February 8th. And in this webinar we will spend the entire time talking in detail about the prevention and intervention strategies to address fentanyl use in our schools. If you have additional strategies for addressing fentanyl or other drug use that are working for you or your community, please reach out to us at bestpracticesclearinghouse@ed.gov to share your ideas. By sharing these effective strategies, we all, together, create safer and more supportive learning environments for our students.

My name is Cindy Carraway Wilson, and I'm a training specialist for the National Center on Safe Supportive Learning Environments or NCSSE. NCSSE is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education.

Please visit our website to learn more about NCSSE and also to access a wide range of resources that address school climate and conditions for learning. To give you a sense of what the website looks like and what it contains, here we share an image of our homepage on the right along with some of our most popular products on the left. We also share the latest resources and events coming out of the field on our social media feeds, so please follow us.

Please note that this webinar is being recorded. All materials you see today, including the slides, reference resources, and recorded versions of this webinar, will be available at the event webpage within this site. Some of the items, including the slides and the speaker bios, have already been posted. Please also note that you can access previous Lessons from the Field sessions by visiting the webinar series page, which is also listed here and will be posted in chat.

Without further ado, I'd like to begin to give you an overview of the agenda for today. We're already in that first part, Introduction and Logistics. In just a moment, we'll have a welcome from the U.S. Department of Education, and Ms. Elyse Robertson will be providing that. Then we have a variety of speakers, as you will see on the next slide, who will be setting the context and providing us some of the facts about fentanyl in a series of presentations. Then we'll move into that brief conversation about addressing the problem of fentanyl, and then close the official content delivery section of the webinar. Please do stay around for the last 10 to 15 minutes where we will pull questions from our audience and our speakers will respond to those questions. We will close the webinar at 4:30 Eastern Standard Time.

Now the list of our speakers. We have several speakers here, coming from a wide variety of offices and perspectives. And we encourage you to go to the website event page to check out the full biographies of our speakers who are all in the process of addressing fentanyl in our schools. As we move into our presentations, I also do want to remind you to use your Zoom webinar icons both to post your questions in the Q&A, and also to send reactions to our presenters to let us know how we're doing.

Now, without further ado, I'd like to introduce Ms. Elyse Robertson. She is the educational program specialist and a federal grant program officer for the Safe and Supportive Schools at the U.S. Department of Education. Elyse.

Elyse Robertson:

Thank you so much, Cindy. Hello everyone, and thank you for taking time out of your busy schedules to join us this afternoon, and for the commitment that you're making just by registering for today's webinar to help continue meeting the needs of all your students and also ensuring that their learning environments are safe, supportive, and drug free. As Cindy shared, my name is

Elyse Robertson. I work in the Department of Education's Office of Safe and Supportive Schools, and I'm our office's point of contact for most of our drug prevention activities.

Today's webinar is the first in a two-part series focused specifically on fentanyl. Fentanyl is unfortunately not new, yet it continues to wreck the lives of students, families, and our communities. It seems like almost every day I'm reading a news article or listening to a story about the devastating impacts that fentanyl has had somewhere across the country. Fentanyl is not only dangerous, but deadly. And the potency is difficult to determine, especially more and more since it is now often being mixed or combined with other drugs. During today's webinar, we will take a closer look at what fentanyl is, why it is so dangerous, and how our students are accessing its many forms.

I want to thank our speakers and panelists for joining us today and sharing their expertise, their personal experiences, and their strategies, as we learn more about fentanyl and how we can implement more targeted and life-saving prevention efforts for students into our schools and local communities. If you've not already done so, I suggest registering for the second webinar, which will be on February 8th, where we will continue this conversation even further.

So with that, I'll turn it back to you. Thank you so much, Cindy.

Cindy Carraway-Wilson: Thank you so much for those kind words and that nice welcome. Now it's my pleasure to introduce Mr. Chris Didier. He is a father of a student who had tried fentanyl, and he's here to tell you his story about the impact of fentanyl on his family and the work that he is doing now. Chris.

Chris Didier: Thank you very much. I'm grateful to have the opportunity to speak with everyone today. As you can all understand, our family suffered an unspeakable loss. Zach's mother, Laura, and our children, Allie and Sam, have been through an experience we don't want any other families to experience. And I think what has added an extra layer of intensity and debilitating torment is that what we learned was that this was a danger that was new to us; we hadn't ever heard of before. So before I start to talk about how Zach died, I'd like to spend a moment to talk about how Zach lived.

Zach is an amazing soul. He was very successful in his relationships with his friends and all of his achievements that he was pursuing. He was a straight A student and barely halfway through high school, early his junior year, he scored a 1550 on the SAT. Most of his AP end of the year exams, he was scoring fives. He was very active in his community service with Scouting. He was nearing completion of his Eagle rank requirements. He was a respected and an accomplished multi-sport athlete. He learned to play four musical instruments on his own, and as you may see in the slides, some of the upper pictures, he was really active in his school theater. End of his junior year, he was able to play the lead role of Troy Bolton in the spring musical production called High School

Musical. I'm not sure if you had seen the movie, but Zach Efron's role was played by Zach Didier.

But what actually happened is Zach? Now keep in mind, this was all during or amid the COVID lockdown restrictions. At the end of Zach's junior year, track season was canceled, junior prom was canceled. He had a behind the wheel driving test that was canceled. Summer vacation plans were canceled, soccer games were canceled. Movie theaters and malls were closed. And as we all know, our students were in front of a computer. But during the lull of the restrictions, our mall, our large mall in our area, opened up for the holidays in December of 2020. And I remember Zach and his buddies were excited to get to go to the mall and try to live a normal life they expected to have as a senior in high school. But what none of us anticipated is that, so were the drug dealers and drug traffickers.

So Zach was at the mall and he and a friend bought a, what they believed to be a pharmaceutical grade Percocet pill. They were contacted by a dealer through social media app called Snapchat. And why Zach and a friend decided to do this, we really will never know. If it was to get a safe high or to have a more effective workout and not feel the pain and the strain of doing a strong workout, we will never really know.

But what ended up happening is Zach and a friend bought a counterfeit pill or a fake pill that had fentanyl as the only acting agent. And in the morning of December 27th, we believe that's when Zach took the pill, in the wee hours. And later that day when I was checking on him to see what's going on, I discovered Zach asleep at his desk. And when I approached him, I discovered he was no longer with us. Our son Sam, called 911, and I started CPR. I'm a retired military vet and my training kicked in, and when MedTech guys came in to take over, they tried. And to no one's avail, we were unable to revive Zach. It was too late.

He really never had a chance and a lot of confusion set in. The coroner's office was there. A lot of law enforcement people were there. They were in Zach's room for over two hours looking everywhere. There were no products. There were no paraphernalia in his room. Zach had no history that we know of any kind of recreational drug use. He was never diagnosed with addiction or ADHD or depression. And the coroner thought maybe this was a fentanyl-related incident. And sure enough, the toxicology came out showing that it was fentanyl in his system and no Percocet. So in Zach's case, this isn't really a party death or an over traditional overdose. This is not an addiction casualty, and it just shows a new category victim has emerged, and this is what shocked us. And Laura and I knew that we had to put a face to this crisis and educate, to learn as much as we can and advocate to prevent other loss of life from young folks.

In our studies, in our research, we were really surprised to learn that the high school-ish years, that damn demographic, like 14 to 17, 14 to 18 year olds, have the biggest growth rate in fentanyl-related deaths, and it was really

confounding. So why is that? Well, there are two things I think are at play here. One is a cell phone. I didn't have a cell phone when I was in middle school or high school, but our children do. And the cell phone has helped them evolve to be the people who they are. It's helped them solve math homework problems. It's helped them climb the ladder of social acceptance with their peer groups, has helped them to learn to play a musical instrument. But so are drug traffickers. They're exploiting the use of social media to willingly and intentionally sell a product that has a lethal amount of fentanyl in it. And that's something we all need to learn and understand.

The other influencer I think at play here are legitimate prescription pills. Pills are much more common now than they were when I was in middle school and high school. And many young people today, and teens today, have received a legitimate prescription from their doctor dispensed through a pharmacy to help treat for anxiety, to manage ADHD, or to prepare for braces. So they get pain meds. And a lot of these teens see their siblings, their cousins, their friends at school take meds, even their pets, like ours. So when it is in their limited life experiencing, in their mind, that since legitimate prescription pills are normalized and it's a safe product to take, and the accessibility of what they believe is a legitimate pill is simple and easy through social media apps as a trusted solution, it can create a danger that may be unperceived. And this is something that needs to be educated and get into the schools.

In a lot of the advocacy presentations Laura and I have participated in schools, fentanyl and vapes always comes up, and something that tends to be shocking to the students. The DEA sent out a safety bulletin in September of 2019 that describes the danger of fentanyl being found in vapes and in an investigation they did on a fatality from a vape that had fentanyl. And if you do a simple Google search, you'll see several examples of schools having to respond to an emergency situation where a student was vaping, not realizing there was fentanyl inside their vape device. And these trends seem to be growing, so it's something that we really feel is important to get out there.

Clearly, we are in a spiral right now with illicit fentanyl poisoning, and we need to figure how do we recover from this? What Laura and I have learned is, and along with so many other parents, like who you're going to hear from in a minute, Jennifer Epstein and others, is it's important to really learn and share about this evolving danger and help save lives. As we know, there are many lanes to fight to work on to achieve the strategic goal of stopping illicit fentanyl poisonings.

But for me personally, I really feel the most effective way is to just get to the kids and explain to them what's going on. And there's many ways to do it, but obviously getting into the schools and their districts is very, very useful. And that's why we're here to talk about it. And I'm grateful for your time and attention. Our county DA's office has helped tremendously open the doors, and I can expand on this later privately or at the February 8th webinar. As well as local law enforcement or DEA reps, because once they are able to get into a

district and that leads us into a school, then we get an invite. And when we get an invite to present and start talking, that school shares that information to other schools and then another school and then another school. And next thing you know, your message is getting out. And it's important to share that message, so people understand and see what's going on, where are the dangers, and what's the deception behind a danger so we can survive together.

The CDC has reported around 73,100 deaths have occurred from a synthetic opioid, mostly fentanyl, in a 12-month period ending in August of 2022. If you do the math guys, that's a fentanyl involved fatality about every seven minutes, or about 200 lives every single day in our country. So it's important to get the message out. For parents, I think the message should be if they're thinking, This is not my child, think again. It's time to learn and talk. And for students, it's time to learn and share because it's not fair what's happened to your generation as students. Because your students did not start this problem, but you certainly have the most influential power to solve it. Your influence can make a big difference and can absolutely bring hope.

Avoidance doesn't extinguish our fears, but taking action does. So thank you again for your respectful time and your patience.

Cindy Carraway-Wilson: Chris, thank you so much for sharing your journey and what happened to Zach. I think, like you said, putting a face to the issue and making it something that isn't falling into a stereotype, right? And so I think it was really important to share that. Thank you very much, and we'll hear from you toward the end.

It's now my great pleasure to introduce Dr. Cecelia Spitznas, who is the Senior Science Policy Advisor at the Director's Office at the Office of National Drug Control Policy. Cecelia.

Cecelia Spitznas: Thank you, Cindy. I appreciate everyone being here today, as well as this invitation from the Department of Education. And I have to say to Chris and other parents who've experienced this, this is why we do our job here. If you could go to the next slide, please. And I'm really sorry for your loss. It's tragic and it's really hard to be doing this day after day, and we have to get the message out to parents and educators about this.

My office, the Office of National Drug Control Policy, develops the federal policy for drugs for the United States of America. And we've been monitoring this situation. We wrote a National Drug Control Strategy, and one of our number one goals with the national Drug Control Strategy is to reduce drug-involved deaths. As you can see from this slide, since about 2016, the synthetic opioids, other than methadone category, which includes the drug fentanyl, as well as other analogs that I'll talk about in a minute, have been responsible for increasing numbers of death. And they just have overlapped and exceeded the deaths related to other opioid medications, and to heroin as well as other drugs. Next slide please.

So what is fentanyl? Fentanyl is an opioid. An opioid means it is a drug that binds to and activates opioid receptors in the brain and body. It is fast-acting and it is short-acting. It crosses the blood-brain barrier very quickly. It's highly potent, many times more strong than morphine. It's an analgesic, which means it is a pain medication. It's also an anesthetic, which means it's a sensation dulling medicine. It is synthetic, which means it is a hundred percent manmade. Many other opioids start off from a plant, the poppy plant, and then are converted into medications. But this particular drug is able to be made exclusively in the lab. And fentanyl is both an FDA-approved medicine and an illicitly imported drug. Next slide please.

So this slide talks about the way that medical fentanyl can be used, and it's important to understand that it is supposed to only be used for various serious conditions and for surgery. So when a surgeon uses this, an anesthesiologist or nurse anesthetist can infuse a tiny little dose by IV during surgery and it can wear off quickly. So it's useful. But surgeons have a whole team to maintain a patient's airway. If somebody uses this on their own, they don't have a team to maintain their airway.

So there are two particular types of medications that will be prescribed that contain fentanyl. One is short-acting medicine for breakthrough pain that is added to a regimen that already requires round-the-clock pain care. The other is typically a patch. It contains the short-acting medication, but in a long duration formula that is indicated for chronic pain when certain other medicines are no longer working. And it's very important to understand that the label for these prescription products instructs prescribers never to use the products on patients who don't already have opioid tolerance, and who don't require around the clock opioids. So this is not a medicine that should be used by inexperienced people. It can cause sedation, and it definitely is addictive. Next slide please.

So fentanyl analogs are medications that, and also illegal synthetic opioids that are similar to, but chemically slightly different than fentanyl. And over here on the right in this image, you can see all the different ways that you could tweak this molecule and make it a little bit different. Changes in this chemical structure can increase or decrease how much binding happens as the opioid receptor. Carfentanil is a good example of a fentanyl analog. It's a veterinary drug that was made for large animals and it's much more potent than regular fentanyl. More potent drugs, of course, means that they are more dangerous. Carfentanil, fortunately, is no longer marketed, but it may appear on the illicit markets. Next slide, please.

What is being used out on the street or sold illegally? We do know that some people who go into opioid addiction treatment report misuse of fentanyl prescription products, but by and large the deaths and law enforcement seizures we believe involve illicitly-imported fentanyl, not pharmaceutical fentanyl. Next slide, please.

Why are we seeing synthetic drugs now? Opioid tolerance developed over time. Back in between 2000 and 2012, we had a prescription opioid epidemic that was developing. Now, the population that the prescription opioids were being marketed to, they became more and more tolerant to opioids. They were ready, tailor-made for a more potent product. Some began using heroin, and now fentanyl is an even more potent product than heroin often. These analogs are even more potent than that. The analogs, previously, there was a loophole and they were not controlled by the Controlled Substances Act. The US government has passed the law to make these analogs as a class controlled, so that they should not be being used. They are effectively banned outside of a research context, unless they are prescriptions.

It's important to recognize fentanyl is dosed in micrograms instead of milligrams, so it's very, very potent in a very small amount. This means that you can package it in much smaller packages, and it's hard to search all the packages and mails and containers that are entering the country. It's made in labs. So, there's no need to hide a big field of flowering plants that could be seen with satellite imaging. You can slip it into pills, you could slip it into powders, you could slip it into vaping liquid. They can easily be mixed into routinely-used illicit drugs. That's part of the problem that we're seeing. You could call this phase of the epidemic a synthetic drug epidemic now, because the labs have really taken control. With that, I'm going to pass it on to our next speaker. Thank you very much for your time. Oh, I think maybe I have one more. Nope, that's it.

Cindy Carraway-Wilson: You're good. Thank you so much, Cece, for that information. That was really, really helpful to understand where the drugs have come from and some potential pathways that we might be going down in the future. Now, it's my pleasure to introduce Ms. Cathleen Drew, who is the senior prevention program manager of the Community Outreach & Prevention Support Section of the Drug Enforcement Administration. Catie.

Cathleen Drew: All right, thank you so much. I'm glad to be here and hopefully I'll be able to answer some questions that you all may have. I'm going to talk a little bit about this emerging drug threat of illicit opioids or fentanyl, as we've been talking about. So DEA has seized quite a bit of fentanyl and the record quantities of fentanyl that we've seized in 2021 were enough to kill every American. This is such a deadly drug that we really want people to know what's going on here.

Now, Cece mentioned that when we measure fentanyl, it's in micrograms. What you're seeing here is milligrams. This little bit of fentanyl at the tip of this pencil is approximately two milligrams of fentanyl. This is considered to be a lethal dose. Fentanyl's 50 times more potent than heroin and 100 times more potent than morphine. The fentanyl driving this crisis isn't just sold in counterfeit pills and dealers are mixing it with other illicit drugs to make their product go further and to increase their profits.

So, fake pills. All right. We're going to do a little deeper dive into the issue of counterfeit pills. Six out of 10 pills that DEA has seized this year contained a

lethal dose of fentanyl, and that was up from four not too long ago. The lethal dose, again, is two milligrams. You saw that much on the pencil. All right. So, an individual who ordered a Xanax pill online may have no idea that they're going to receive a counterfeit pill. As an individual who ordered online, knowing they were ordering a fake pill, but wanting the drug, they may have no idea that what they will receive in the mail is laced with deadly Fentanyl. So, we don't know, when you order a pill online, if it doesn't come from a legitimate pharmacy or manufacturer, you have no idea what's in it.

It's made to look like prescription opioids like oxycodone, hydrocodone, alprazolam. You really cannot tell. We've had our guys in the laboratory look at them and you really can't tell. So, we have several flyers out. One of them just got updated to the new six out of 10 instead of four out of 10, because, like we said, it's getting worse and worse.

Now, there's some alarming trends that are increasing the levels for our youth, and I think that Jennifer may talk about this later in the Song for Charlie, but a recent study revealed that teens are underestimating the danger of fentanyl. They've heard of it, but they they don't know how dangerous it is. Only one-third to a half of young Americans know that fake pills are manufactured with fentanyl. And only 40% of Americans age 13 to 24, and 31% of teens call themselves knowledgeable of fentanyl. If you look at this image here, you have a pill, and if you grind it up, do you know how much of it contains fentanyl? No, you don't know. That's why it's so dangerous.

Now, the most common counterfeit pills that we see, Oxycontin, Adderall, Xanax, and they're made to look just like prescription opioids. Oxycontin is oxycodone, hydrocodone, which is Vicodin, alprazolam, which is Xanax, and stimulants like amphetamines such as Adderall. So, fake prescription pills are widely accessible, and they're often sold on social media, as Chris mentioned earlier, and on e-commerce platforms, that makes them available to anybody with a smartphone, and we all have smartphones.

So, a little quiz, we've got this picture of some oxycodone. These are the M30 versions. Now, I want you to look at these, and can you tell which one is fake and which one is authentic? I mean, DEA personnel, just looking at them, can't tell. You guys figured out which one is real and which one's fake. The authentic one is the one on top. The fake one is the one on the bottom. When people look at these pictures, they're thinking, "Oh, that must be the fake one on the top, because the M has got some little scratches in it and it doesn't look like a great clean." Whereas the bottom one, the fake one, looks like it's perfect. So, you really cannot tell which is real and which is fake unless it is analyzed in the laboratory. That's something that our forensic chemists at DEA do.

All right, here's another one. I think it's coming up. Okay. I don't know if you can see this picture or not, but I can't. But it was a fake Xanax versus a real Xanax. Now, the thing to remember is, if you did not get a pill from a licensed physician or a pharmacist, there really is no way of knowing whether it's real or fake.

This is the laboratory where real pills are made, and you notice that it's clean, it's controlled, it has strict regulations on how they're made. As Cece mentioned earlier, the fentanyl that we make in these laboratories are only available in hospitals or nursing homes, understood to medical care. It's not something that the average person is supposed to get.

Now, compare that to an illicit laboratory, where you have no idea where these pills are made. We're not talking about medical-grade fentanyl. We're talking about illicit fentanyl made in places like jungles, warehouses, and garages. There's no quality control in these operations, and there's also no regard for human lives. There's no telling how much fentanyl will end up in one pill. As I mentioned earlier, our scientists have now found that six out of 10 fake pills contains fentanyl. What happens is the manufacturer, the drug dealer, will take whatever substances he's got, whether it is actually oxycodone or something else, he'll mix the fentanyl in with it, grind it all together, get it all mixed up, and then put that in a pill press and press out these pills. Then, when you have these pills, you have 10 of those pills. Six of them could have deadly doses of fentanyl. Two of them might have average doses, which may not kill you, and two of them may have no doses of fentanyl, but there's no way of telling, and this is something that they're doing.

So, one of the things that DEA has been doing has been seizing a lots of these deadly fake pills, and we've been seizing them at record rates. In 2021, which was two years ago, now that we're January, more than 20 million fake pills were seized. That's more than were seized in 2019 and 2020 combined. But at the end of 2022, we got a bit of stats. All right. In 2022, more than 50 million fake pills have been seized. That's more than double what was in 2021. That's a staggering increase. Fake pills have been seized by DEA in every single state. So, if you don't think there are here in your community, yeah, you're wrong.

So, there's a variety of street names for a narcotic or opioids in general, and for fentanyl in particular. What we have here is, this is a flyer from our [dea.gov/onepill](https://www.dea.gov/onepill) website. It's our One Pill Can Kill initiative, and you can actually download this flyer, but it kind of shows you some of the different prescription drugs that are out there and the fake ones and what the kids will be doing on social media, the different icons that they use to order these things. So, this is our emoji decoded, but that's one way that they get these pills online.

Now, social media sites, as mentioned earlier, they're popular with high school students and young adults to share stories and pictures, but they've also become popular platforms for drug trafficking organizations, who use these sites to sell their illicit drugs. We do have some prevention support resources. We've got several websites. I won't go into them here. I'll probably end up talking about them more on the next webinar, but getsmartaboutdrugs.com, it's for parents, teachers, caregivers. [Justthinktwice.com](https://justthinktwice.com) is for teens.

[Operationprevention.com](https://www.operationprevention.com) is actually a free curricula that we have for elementary, middle, and high school students, and the workplace that has entire

free curricula on opioids, drugs, and a brand new one on counterfeit drugs. And then campusdrugprevention.gov is the one that we have for higher education. I'll go into more in detail in the next webinar on this, but DEA also has publications or resources available, which you can find online at getsmartaboutdrugs.com/publications. We can also send out hard copies. So, there's a lot more information I could give you. I know we don't have that much time, but you can always reach me, our phone number's here, our email, and I can also put my direct phone number, rather my direct email in the links. So, I think that's it for mine. Thank you very much.

Cindy Carraway-Wilson: All right, Cathleen, thank you so much for that. I think it was particularly powerful to see the slides of the labs and also of those fake pills, right? I tried not to look at the answers when I looked at those images. And you're right, it was so hard to tell what was real and what was fake. It's no wonder that people are being duped or convinced that these things are legit. Thank you very much. It's now my pleasure to introduce Dr. Marci Hertz, who is the associate director of program implementation in the Division of Overdose Prevention at the National Centers for Injury Prevention and Control at the Centers for Disease Control and Prevention. Marci.

Marci Hertz: Thank you so much, Cindy. I feel the need to add that in addition to being the associate director of program implementation at CDC, I'm also the parent of a 13 and 16-year-old, and I actually started my career working as a school counselor in Washington, D.C. public schools. I'm interested to share with you some of the specific data on youth fatal and non-fatal overdoses specific to illicitly-manufactured fentanyl, and then foreshadow some of the strategies that I'll be talking about at length in the subsequent webinar in February.

Some of our other speakers have already highlighted this, Catie and I had a mind meld apparently over the graphic, but as you've heard from others, synthetic opioids are 50 times stronger than heroin and 100 times stronger than morphine, if you think about that. There are two types, which you've heard and you heard in detail from Cece, about some of the appropriate use in very clinical settings, overseen by trained physicians, about the appropriate use of pharmaceutical fentanyl.

However, illicitly-manufactured Fentanyl or IMF is produced in those clandestine labs across the country that you saw in Catie slides and distributed through illegal channels and drug markets across the country, and is one of the most dangerous substances circulating in America today. It's estimated, by 2029, if no other action is taken, over 1.2 million people will die from fentanyl and other opioids. Our youth are at increased risk due to drugs being laced with fentanyl are more available, you heard more about social media, and they're being pressed with counterfeit pills and available via social media. Again, as you've also heard from our other speakers.

In addition, youth have a very low threshold in many cases, as little as two micrograms of fentanyl, the equivalent of a few grains of salt, as we saw on that

tip of that pencil, can be particularly lethal for young people who have no tolerance to fentanyl, in many cases, or other opioids. Then there's a lack of awareness about fentanyl and its presence in other substances.

This slide shows trends in drug overdose deaths from CDC data of those ages five to 24 in the United States over a period from 1999 to 2020. The purple bars at the top represent those ages 20 to 24, the dark blue, those ages 15 to 19, and the light blue are those ages 10 to 14. The beginning of the opioid crisis was tied primarily to prescription overdoses in the late 1990s, which are shown on the far left-hand side of this graph. The crisis has evolved substantially during the intervening years with heroin overdose deaths increasing in 2010, then decreasing and flattening in 2016, and deaths involving synthetic opioids, such as fentanyl, primarily the illicitly-manufactured fentanyl or IMF, dramatically increasing in 2013.

With more drugs in the marketplace containing a lethal dose of fentanyl, the risk of overdosing increases dramatically, particularly among individuals, who you heard from Chris, like Zach, who have little to no history of substance use. This impacts youth and young adults, because even though there are drug use patterns have been relatively stable in the survey data that we have over time, over 80% of drug overdose deaths among young people ages 10 to 19 have involved IMF, illicitly-manufactured fentanyl, and almost a quarter of adolescents who died of a drug overdose death had evidence of counterfeit pill use, a quarter, that's on the bottom right corner of your screen.

Similar to our adult data, overdose deaths among adolescents have risen dramatically in the past few years, largely driven by this increase of IMF and other synthetic opioids. These are shown in the top brown line in the chart. Another analysis of data from 39 states and the District of Columbia identified nearly 3,000 deaths involving IMF among young people ages 15 to 24.

Compared with the gap among adults, the gap in overdose deaths between American Indian and Alaska Native populations and white and other Americans is even higher among adolescents, 120% higher among adolescents than that same gap, about 31%, in adults. You can see here this issue of health disparities with these data here.

CDC defines high risk substance use as any use by adolescents of substances with a high risk of adverse outcomes. Adverse outcomes include injury, criminal justice involvement, school dropout, or, of course, loss of life, including misuse of prescription drugs, use of illicit drugs such as fentanyl, cocaine, heroin, methamphetamines, hallucinogens, or ecstasy, and use of injection drugs. Some of the risk factors here you'll see are particularly pertinent and relevant to schools, such as low academic achievement and lack of school connectedness. But conversely, there are a lot of opportunities for schools to address protective factors or factors that can buffer the risk of substance use or overdose, including school connectedness. There's other strategies not included here,

which I will highlight in just a moment, including health, education and awareness-related strategies.

Foreshadowing the prevention strategies that I will mention on the webinar in February. School environments that are safe and supportive are successful at connecting students to a caring network of peers and adults. The benefits of school connectedness are significant and extend beyond substance use. They protect against suicidality, they promote mental health, prevent people against violence and sexual risk behaviors. It also protects youth from co-occurrence of this risk, meaning that students who feel connected to their school are less likely to experience these multiple types of risks.

Schools and families can work together to build a safe environment and I will highlight these on the subsequent webinar. As you've heard from many of our presenters, educating young people and school staff about the dangers of IMF and counterfeit pills is critically important. CDC has communication-related materials available for free on our website. In addition, having Naloxone available, which Cece is going to talk on about in just a moment is critically important. In addition to having it available in a variety of different officials, so it's not just, for example, available in the nurse's office. Ensuring access to effective evidence-based treatment for substance use disorders and mental health conditions, educating family and friends to warning signs, for example, lethargy or students falling asleep in class, for example, could be a sign of an overdose and not just a student being tired, learning how to respond to an overdose and monitoring youth who exhibit risky behavior.

These are some of our resources that are available. If you go here, www.cdc.gov/stopoverdose, you can find all of these resources. And that's all I have today. Thank you.

Cindy Carraway-Wilson: Marci, thank you so much for that. Again, more valuable information on helping us to identify and understand the extent and the range of the issues that we're dealing with and we'll be getting into some of these prevention strategies for sure. It's now my pleasure, again, to introduce Dr. Emily Einstein, who is coming from the chief of science policy of the National Institute on Drug Abuse at the National Institute of Health. Emily.

Emily Einstein: Good afternoon. I'm going to speak a bit about how fentanyl acts on the brain. As we have discussed, fentanyl belongs to the opioid class of drugs. This includes opium pain relievers such as morphine, oxycodone, hydrocodone, and illicit substances such as heroin. As we've also discussed, fentanyl has an important medical use, but it is also illicitly manufactured and sold. This diagram shows the mu opioid receptor locations in the body, and fentanyl and other opioids exert their effects by binding to and activating mu opioid receptor. Humans have been using opioids for centuries, because of their important medical effects and the effects of opioids depend on receptor activation in different areas of the body. Receptors in the guts are the way in which opioids reduce gut motility and treat diarrhea. New opioid receptors in the brain, the

spinal cord and the periphery are how opioids release pain. And new opioid receptors in the brainstem are how opioids prevent coughing. There are also new opioid receptors in brain areas that are important for drug reward and drug reinforcement, which is why these substances are addictive. And then another important location is in the breathing centers of the brainstem. This is why opioids cause a reduction in breathing rate, and that is what confers risk of overdose from opioids.

This figure is zooming in on the reward circuitry of the brain. This circuitry evolved to promote human survival. Natural rewards such as food and sex cause dopamine release in this reward circuitry and that teaches the brain that these are behaviors that should be repeated. Unfortunately, addictive drugs hijack this circuitry. And something all addictive drugs, including fentanyl, have in common, is they cause a high degree of dopamine release in the reward circuitry. Repeated drug use over time causes changes in this circuitry that can potentially lead to addiction.

The circuits of the brain are in a very careful balance between reward, learning and memory, executive function, inhibitory control, and motivation and drive. With repeated drug use, these circuits can become dysregulated and specifically the reward areas become more responsive. And the prefrontal cortex, which is really important for decision-making, becomes weaker over time.

Decades of research has developed prevention and treatment interventions that are really important. Prevention interventions can delay initiation of drug use and prevents drug use from developing into addiction. And then treatment interventions can help restore balance to these brain circuits and treat addiction and lead to recovery.

I'd like to highlight that the adolescent brain has particular vulnerabilities to the effects of substances. On the left-hand side, the figure is showing that the adolescent brain develops at a different speed depending on the area in question. The sub-cortical regions would be those reward areas where the dopamine is released in response to drugs. And those are fully developed in an adolescent brain, while the decision-making prefrontal cortex is still developing. This is one neuro biological reason that adolescence tends to be a period of experimentation and potentially riskier behaviors because of the way that the brain develops. Not only are adolescents uniquely at risk for initiating substances, they also have brains that are at higher risk for developing addiction if they try substances.

The figure on the right starts from children who are younger than aged 13, and then all the way on the right is older than 17. And you can see that with younger age of initiation, risk of developing problematic substance use increases the earlier someone initiates drugs. The orange bars are developing problematic substance use within seven years. The younger someone is when they begin to use drugs, the higher the risk of them developing an addiction.

Fentanyl has an especially high risk of overdose, even compared to other opioids. As has previously been mentioned, it's extremely potent. That means that it enters the brain very rapidly and exerts its effects very rapidly. That respiratory depressant effect that slows down the breathing rate has a very quick onset. The person might not even realize that they're at risk for overdose. Someone experiencing a fentanyl overdose may exhibit unconsciousness, vomiting, slow or shallow breathing, pinpoint pupils, perhaps purple lips or fingernails. Opioids are central nervous system depressants. They slow everything down. Someone taking opioids might look like they've fallen asleep when they might be overdosing, so it's very important to assess responsiveness.

And as others have highlighted, I'll just emphasize that our current drug supply is just more dangerous than it's ever been in the past, which is opening up new populations to be at risk for overdose from fentanyl. These are just three examples of ways in which fentanyl is permeating the drug supply.

One is that we're hearing from people who use heroin that in some places heroin isn't even available, but entire drug supplies contaminated with fentanyl. Also, as we've been discussing, fentanyl in counterfeit pills is a huge risk for younger populations who are able to buy these pills on the internet and may not understand that they contain fentanyl. There's also increased reports of fentanyl contaminating psycho stimulants. People who might recreationally use cocaine are now another group that is exposed to a risk of fentanyl overdose. I think it's a harsh reality that adolescents should be aware of that potentially their parents may have experimented with drugs when they were adolescents and been perfectly fine, but this is just not the same drug supply that has existed in the past. It's far more dangerous.

This has also been previously mentioned, but I think it's really important to highlight that we do have a tool that can reverse opioid overdose. Naloxone is an opioid receptor antagonist. It kicks the fentanyl off of that new opioid receptor and blocks its activation, which reverses the effects of fentanyl. It's kind of like giving an EpiPen for an allergy attack. It reverses an opioid overdose. It's available in an injection form and also in an easy to administered nasal spray so that any bystander can revive someone who's experiencing a fentanyl overdose.

I work for the National Institute of Health, and our job is to conduct research to find scientific solutions for the overdose crisis. I'll highlight that fentanyl is a particular challenge when it comes to overdose reversal. It gets into the brain very quickly, and it also has a longer half life than Naloxone. Sometimes multiple doses of Naloxone are needed to reverse overdose and sometimes additional doses might be needed when the Naloxone wears off.

We're exploring lots of scientific solutions to these issues. Two technological innovations under development are the idea of an automatic Naloxone autoinjector, which a person at risk for overdose would wear and then it would sense an overdose and inject Naloxone. There's also a smartphone app that

allows a smartphone to detect respiratory depression and risk of overdose and summon help.

Some of the chemical solutions under development are monoclonal antibodies and sequestered drugs, and the idea behind these is that they would bind fentanyl in the bloodstream and prevent it from reaching the brain, which would reduce risk of overdose. We're also developing longer acting antagonists, so that concept would be the same as Naloxone, but it would last for a longer period of time and hopefully be more effective against fentanyl.

And also breathing stimulation devices are under development, so as we've been seeing more fentanyl contamination of drugs such as cocaine, having something that does not have an opioid mechanism would be very important. That's what the breathing stimulation research is looking into.

As was previously mentioned, it's really important to emphasize that drug use and addiction can be prevented. There are universal prevention interventions that are supported by decades of research, and what's particularly promising about them is that they're not substance use specific. They're increasing life skills that prevent risk of future substance use and also overall improved students' mental health. I'll just show some data about how these really work.

This is a school-based intervention that was delivered when kids were aged 10 to 14, and they followed up with them at ages 21, which are the two bar sets on the left, and age 25. And you can see in blue, the students who received the intervention were much less likely to initiate opioid misuse. I know we'll be getting into more details around prevention later on. That's my email address and that's all I have today. Thank you.

Cindy Carraway-Wilson: Thank you so much for that information on the ways in which fentanyl attach to the brain and create even stronger addictive patterns for young people and that important message about risk taking. We know adolescence is about risk taking for a lot of young people, and being able to have parents and teachers and other school personnel and other community members educate about this danger is really important in that context as well.

Now it's my pleasure, again, to introduce Ms. Jennifer Epstein. Jen is the Director of Outreach and Education at Song for Charlie, a not-for-profit organization whose mission is to encourage young people to choose healthy coping strategies and working around fentanyl education. Jen?

Jennifer Epstein: Thank you, Cindy. And I want to thank the rest of the panel for giving us thorough education on fentanyl, what it does to the young person's brain and body, how kids are getting their hands on it, and how it's leading to dramatic increases in youth overdoses. I appreciate everybody's education on that.

I want to remind everyone that behind each story of kids experimenting or someone reaching to self-medicate because they're struggling, behind each number you hear, there are faces and names, families, friends, neighbors, communities who have been impacted by fentanyl. And the victim's stories might be different than what you might expect. Of course, you heard Zach's story. Thank you, Christopher for sharing about your dear Zach. I want to share a few more stories of youth, teenagers, who've lost their life to fentanyl. All of the kids on this screen have lost their life to fentanyl in the last two or so years.

I'm going to start with Luca Manuel, who's on the top left corner there. 13-year-old Luca was a fun loving and adventurous kid. He enjoyed spending time with his friends and family and making people smile. He loved basketball and football, and if there was water, he was always the first kid to jump in. He loved the outdoors, including camping and fishing, and spending time with his friends and family. He especially loved adventuring to new places with his mom.

In the summer of 2020, Luca had a root canal. Two weeks after, he was still having some lingering pain. The day before school was supposed to start, Luca was on Snapchat. He complained to somebody who had befriended him that he was having tooth pain and that person offered him a Percocet. Luca accepted that Percocet. That was the first and last pill that we know that he took. Luca was found with his video controller in his hand, laying on his bed in his bedroom by his dad. His dad found him a few hours later. Luca never made it to eighth grade.

If you look to the right, a little bit of Zach, you will see Issiah Gonzales. Issiah was 15 years old and he was widely known for being protective to his family and friends. He was fearless and that allowed him to conquer each obstacle that was thrown his way. He asked his father if he could go to the mall with some friends in January of 2021. He wanted to buy some clothes and some shoes for school. He planned to go to a friend's house afterwards. While he was at his friend's house, Issiah was offered a Percocet by his friend's older brother.

Issiah went to lay down near where his friends were hanging out, and his friends thought he was just sleeping, so they didn't do anything. They didn't call paramedics right away. By the time they called the paramedics, Issiah was in distress. Issiah never had the opportunity to wake up. He made it to the hospital and he took his last breath the next day. Issiah never had the opportunity to graduate or go to college or pursue his dream of playing in the NFL.

15-year-old Makayla Doyle. You'll see her down at the bottom below Issiah. She was extremely active in sports, including competitive cheerleading and gymnastics. She excelled as an honor roll student and had many friends and was well respected by the adults and the peers in her life. In the summer of 2021, Makayla got her first job as a lifeguard at the local water park and she met a person who was involved in drugs. In December of 2021, Makayla's mom discovered that she had tried a Percocet and did everything in her power to get Makayla help. Makayla, she denied that she needed any drug treatment, but

eventually they were able to get her some mental healthcare for anxiety and she seemed to be really heading down a good path. But then in January of 2022, Makayla's mom found her unresponsive in her bed with a small bag with just a half of a blue pill next to her. Makayla lost her life about one month after her mom found out that she had experimented with a pill.

The increased danger of the drug supply means that it is more important than ever for a person to take action if they know that someone is struggling mentally or even if they know that they're experimenting with drugs or pills. Fentanyl in the drug supply just means that any sort of self-medication or drug experimentation can be fatal.

One other thing I'd like to note on this page, while the West Coast has the highest number of youth fentanyl deaths in 2021, this is an issue that is truly hitting across the nation. In addition to California, Washington and Oregon, the victims on this page live in Florida, Arkansas, New York, Arizona and Minnesota. Fentanyl deaths have been reported in all 50 states, and every community truly has to be on watch for this issue.

As you heard, the number of teen deaths in the US is relatively low. In 2021, there were less than 1000 teen deaths from overdoses. And that's good news, but we need to make sure that we don't become complacent. Evidence suggests that fentanyl is impacting people more than any other age group. If you look at the increase in drug-induced deaths between 2018 and 2021, overall the US saw a 57 increase in drug deaths for all ages. That's the gray bar that you see there. During that same period, if you look at young teen deaths, for ages 14 through 18, that age group grew by 152%. It grew by two and a half times the 2018 number. And that growth is driven by fentanyl.

The chart to the right shows a little bit more detail about that. If you look at the percentage of fentanyl involved deaths in 2021, we can see on average that fentanyl was involved in 66% of overdose deaths at a national level. But if you look at the 14 to 18 age group, their fentanyl involved deaths were closer to 77%. And if we break that down further, we can see that 54% of teen overdose deaths involved fentanyl and no other opioids, cocaine, benzos, or amphetamines. There were no other drugs that were in the person's system at the time of death. This points to youth being impacted by the deceptive nature of fentanyl and counterfeit pills.

While these numbers are helpful and knowing that fentanyl is the main driver in youth death, they don't tell us the details of why. Whenever you look at death data, you don't get information on if the victim took a pill or powder, if they got their drug on social media or from a friend, it doesn't tell if the victim was seeking fentanyl. There's a lot of information that you can't find out from just looking at CDC numbers.

What Song for Charlie did in order to better understand what was going on, we commissioned some research in the summer of 2022 and basically what we

were trying to learn was information about youth knowledge about fentanyl and counterfeit pills and to ask some questions about their mental health, substance use motivations and more. If you're interested in looking at the survey, you can see that survey at the link that I've provided or through the Song for Charlie website.

This survey was a nationwide survey of approximately 1500 youth ages 13 through 24. And it was a specifically valid and demographically representative sample. And this is what we found. Basically what we discovered is what we call the knowledge gap. What we found is that when we asked kids if they were aware of fentanyl and fake pills, only 36% of the respondents said that they knew that there is fentanyl in fake pills. When we ask them if they were knowledgeable about fentanyl, only 31% of the respondents said they were knowledgeable about fentanyl. If you look at these two numbers, what it basically says is that two third of high school students aged 13 to 17 do not have the information they need to be able to make an informed decision that could save their life if somebody were to offer them a pill or powder or some sort of drug.

Another question that we asked the kids is we asked them to describe how dangerous they thought a list of drugs was, and actually, they did a great job whenever they were asked how dangerous cocaine and heroin were. Approximately 80% of the kids correctly were able to say that cocaine and heroin are dangerous. They've been taught that for years. They understand that. And we know that generally high school kids are not using cocaine and heroin very much. However, when we asked kids how dangerous fentanyl was, only 58% of kids said that they thought that fentanyl was dangerous. In comparison, 54% of kids say that cigarettes are dangerous. Kids are describing fentanyl to be only slightly more dangerous than cigarettes, yet they are dying of fentanyl 12 times more often than they're dying of cocaine.

We feel this research is important because it shows us that most youth that we surveyed do not have a good understanding of fentanyl and fake pills. And this is consistent with what we are seeing when we from Song for Charlie, and I know Chris as well, when we go into schools and we talk to kids about this, the reaction is that they didn't know. They have no idea. They're surprised and they're grateful to hear this information and to know what is going on. We know that knowledge can be a protective factor. We know very few high schoolers try cocaine or heroin, they know it's dangerous, but they don't have the knowledge that they need to make good choices around pills.

The results of this survey support the fact that we need to teach the kids this. If we can close this knowledge gap, we believe that we can help to bring down the number of teen deaths from Fentanyl.

To wrap up, I'm just grateful that you decided to come and listen today. This community of educators, the people on the line today, you're on the frontline working with kids and we think that you can help to solve this problem by

helping to share this information with the parents and kids in your community. Thank you.

Cindy Carraway-Wilson: Excellent. Thank you so much for all that information. It's always interesting to know, when young people themselves are surveyed and talked to, what their perceptions are. I think that study gives us some powerful information. Thank you for that.

And now I'd like to welcome in a speaker that we haven't heard from yet. Kristen Gustafson. She's a secondary health and PE curriculum instructor and assessment director and a teacher on special assignment from Beaverton School District in Oregon. It's the same school district that Jen's son went to and she's going to be joined by the rest of our speakers now. And we're going to do a fast round of sharing here so that we can end on in place of hope to know that indeed there is something that we can all do about it. So, each of our presenters are going to respond to the same prompt, and they're going to have one to two minutes to share their topmost spots about some initiatives, interventions, and strategies that can be used to prevent fentanyl use among students and or to intervene if a student is using or has overdosed some fentanyl.

So, that question will go into your chat so you can remember the question in just a moment. And I'm going to ask all of our speakers to come back on the camera now so that we can all just have a conversation about that prompt. So again, the question is what are some initiatives, interventions, and strategies that can be used either to prevent fentanyl use among students or used to intervene if a student is already using or has overdosed on fentanyl? And Kristen, since we haven't heard your voice yet, I definitely want to hear, I'd like to start with you, and also let the audience know that we're going to be hearing from Kristen in February on the eighth in our next webinar where she's going to go into detail about what they're doing at Kristen.

Kristen Gustafson: Yeah, so I want to start. Our district, of course, unfortunately had some students who died by fake pills, and we had to do something, and I'm glad that our district responded very quickly. I think we came from a reaction place, and I believe now we're coming up on three years. We are to a place of prevention and intervention, and that was due to Jen being able to be so vulnerable and come to the district and share her story of her son who was a student in our district. School is where we reach most kids all at one time and where kids spend most of their waking hours. So we know, and this epidemic is hitting our students. So, I want to briefly summarize some of the things that our district did to implement this prevention, get to a place of prevention and intervention, and then let the audience know, yes, on part two, I will be speaking more in detail and can answer questions.

But at a district level, we made an information webpage with our community partnerships looking at Song for Charlie to be one of those huge contributors to that webpage. That webpage has information for teachers, for parents, and it also provides lesson plan examples and we share that widely with any school

district. We are holding parent information nights where we are bringing our partnerships in to speak to our community on this topic. Our board passed that all secondary schools will contain Narcan. We implemented a K through 12 SEL curriculum, which for those who don't understand the educational acronyms, that stands for social emotional learning. As you heard from some of the speakers, finding that connection to school and that support. We have mental health awareness lessons, trying to also link our kids to resources to get help from providers and mental health specialists, not from social media.

We added substance use professionals, specialists in our district to help intervene. Instead of just suspending kids and sending them home, we are working on helping kids with either just experimentation or addiction issues. So again, partnering with those specialists and their parents, bringing their parents in. And then specifically in the classroom, we have comprehensive K through 12 health education, and also advisory lessons that our students are receiving additional fentanyl lessons.

And really in these lessons, really working off of the theoretical framework that we have to personalize the lessons because as stated that a lot of these kids, unless they perceive it and it's relevant to them, they're not going to listen. We have to hit on the myths versus facts in these lessons and present the data. As Jen said, they really know about cocaine and other drugs out there, but they are lacking on that fentanyl knowledge. And we know that they are very influenced by their peers. So really, hitting on what, giving them the straight facts on myth versus facts out there, what their peers are really engaging in, and most aren't experimenting or using drugs. And so to make that more, that message more normalized. And then lastly, we are ultimately building skills in our health curriculum and students so that they don't choose to experiment, and that they're able to access for their mental health in healthier ways, access and advocate for their needs. Thank you.

Cindy Carraway-Wilson: Excellent. Now, if that's not a teaser for coming to the next webinar, I don't know what is. Kristen is going to go into deeper dive during that webinar to talk about how you did that, as will our other practitioners and some of the people who are here with us today. I'd like to go ahead over to you, Cece. If you had the top few things that come to your mind in a minute or so.

Cecelia Spitznas: Okay. And I think I had a slide to pop up, but the number one thing is to never... Many people don't know they're using fentanyl, so the number one thing to do is to never use a pill that you have received or drug or powder that you have received from someone else without knowing that it came from a pharmacy, a legitimate online pharmacy. The National Association of Boards of Pharmacy has a way to check to make sure that a pharmacy is a legitimate online pharmacy if you're looking at online sources. Even some sources may say, "We're a Canadian pharmacy." It turns out they're not. They're spoofing a location and they're actually off board, so overseas and not here. So it's important that people who might misuse any kind of pill powder realizes fentanyl's in it. Next slide please.

And I just want to talk about Naloxone. Naloxone is the one thing that you can use to help people as soon as they might be starting to be nonresponsive. There are products that lay people can give. It is a prescription product, but there are special programs in most states that allow you to go to the pharmacy, use your copay, and pick it up. Some states have special training requirements, so educators should know what the training requirements are for each state. And I furnished Cindy with information about a recent 50-state examination of the state laws around Naloxone, which includes making sure potentially that schools have access to it, but schools may not always be open, the person who carries it at the school may not always be available. So, making sure that youth know where they can get Naloxone in the community is really important. Youth, parents, and educators, it would be good if all of them had access to it.

And the one other thing to think about with youth, they're often scared they're going to get caught doing something that they're not supposed to do, and so they may not realize they need to call 911 every time. So educating them about what the immunity laws are in the state so that they realize they don't get in trouble if they call 911, or they know if there is any legal liability, what it could be, is important. And making sure that all of the people in the community understand what the liability immunity laws are is important too. We're going to share a model state law and hopefully in the future there's a lot of companies that are trying to make Naloxone an over-the-counter product, and so hopefully we'll have some good news coming in the future about that, making it a little bit easier potentially for people to obtain it.

Cindy Carraway-Wilson: Excellent, thank you. Yes, and we heard from Kristen and we've heard from other districts that do have Narcan, mostly Narcan I'm hearing about in the schools. And so, it's important to make sure that everybody knows how to access it because like you said, the schools aren't 24/7, so being able to access. Thank you. I'd like to go ahead over to you, Catie.

Cathleen Drew: All right. I'm going to get my brain back on over here. Some of the resources that we have, and I'll go into them more in detail in the next webinar, but one of the things that DA did was partner with Discovery Education to provide a free hands-on curriculum. And we have a brand new one about counterfeit drugs that has videos in it. And in fact, there's even a highlight video from Song for Charlie has activities in it, but it also talks about the forensics behind what our guys are seeing in the laboratories, and it's something that's free and available to everybody. The particular counterfeit drugs module's for high school only, but we do have modules for elementary, middle, and high school students in the workplace that's available everywhere. It's operationprevention.com. DEA also provides publications as I mentioned earlier, and those are things that can be downloaded online, but we can also send out hard copies because a lot of times people want to have hard copies to flip through.

We just finished Drugs of Abuse, which is a-100 page... Sorry, it's our flagship publication, but we also have something called the Parent Toolkit, which is both available in English and Spanish, which gives parents information on what they

can look for, how to talk to their kids, what if you think your child or student is using, how can you maybe tell.

It's got some good information on role playing and parenting styles. So anything that we can do, because as Kristen said, and Cece said, the main thing is, don't take a pill if you don't know where it came from, because the only safe pill is one that came from a licensed pharmacy or a physician. And so, that's the method that we want to get across. We don't want our kids take random pills anyway, but really if they're going to take a pill, we don't...we know where it came from. We want to get that message across: don't take something you have no idea where it came from. So, if somebody gave you something you don't know where it came from, it could have been from any place. So, just don't take it.

Cindy Carraway-Wilson: Thank you so much. And I think you're echoing a theme that I've heard from the first two speakers around including, not just school personnel and not just family, but really this whole wraparound of all people who are engaging young people. Chris, you have about a minute or so, just tell us what comes top to your mind.

Chris Didier: Well, I think the key thing here is to just learn and I'm very thankful for everyone's contributions. It's very meaningful and I think we can make measurable progress if we can just share all of this information... Sorry, my dog wanted me to hold him now. No, that doesn't-

Cindy Carraway-Wilson: That's all right.

Chris Didier: ... I mentioned briefly there's many lanes to pick whether we could change prosecutorial laws to prosecute people who are intentionally and willingly trafficking, deceptively trafficking, a product that can be poisonous and duping a consumer and creating victims of fraud. Other lanes could too help implement appropriate safeguards so that social media wouldn't be necessarily wild west. I do believe Ford or General Motors wouldn't really spend a lot of time or energy on building seat belts and safety bags and anti-lock brakes unless the government said, "Hey, we really need you to implement these safeguards to make it safe for our drivers and passengers."

USDA and the FDA implement safeguards for restaurants on how they manage foods, and you can't leave raw fish on the counter overnight in your restaurant or how you package meat. There are safeguards there. I do believe safeguards can be implemented on social media as well. So there's many lanes, but as I mentioned earlier, I think what we're doing here is such an important part because really I just being aware. Song for Charlie has a great explainer video that at uses a good comparison when we started learning about roofies and protecting our drinks, and just being in the know, and aware of how do we prevent these kinds of losses? How do we save each other and save lives? Education is the passport to our future. Malcolm X mentioned that and I really

think this is the core of how do we attack this problem, so thanks for the those who are helping out.

Cindy Carraway-Wilson: Thank you so much. Yeah, so we have a lot of education coming out from all of you and we have a lot of educators in our audience, so thank you so much for that Dr. Hertz, Marci, if you'd like to next.

Marci Hertz: Yes, thank you. So, I think in addition to what all of the other folks have shared, I would just want to emphasize youth empowerment. I know many folks have youth coalitions and things at the local school district level. I think youth are more likely to listen to other youth. As much as we as adults might want to tell them what to do or what not to do, I think they're more likely to listen to other their peers. So, I think consulting any youth advisory councils or other groups that you have existing in this school and get their ideas and suggestions about how to get the message out is really important.

De-stigmatizing substance use so that people not only know about Naloxone, but are willing to go ahead and get it and carry it, I think is really important. And then I would just add, do something in a coordinated comprehensive way as opposed to one-off things. You never know when somebody might be absent that day for the assembly, so ongoing things. CDC has something called the HECAT, the Health Education Curriculum Analysis Tool. It's a mouthful, we're going to put it in the chat, so you can analyze any potential substance use prevention curricula you might want to implement in your health education settings and make sure it's evidence-based. Thanks so much.

Cindy Carraway-Wilson: Excellent. Thank you so very much. Again, another example of that whole wide range of opportunities there, but I particularly like the youth engagement and the youth leadership in this. We do know peer-to-peer works really well and so many other interventions used peer-to-peer strategies and this is one that could be as well. Let's see, Emily, would you like to do next?

Emily Einstein: Sure. I think I would echo most of what everyone else has said, so I won't take up too much more time. I think destigmatizing substance use and addiction is incredibly important, and I will just highlight if a student is to develop an addiction to fentanyl, there are medications that are available to treat it. So it's important that those be made available to anyone with an addiction to fentanyl.

Cindy Carraway-Wilson: Thank you so very much. You weren't kidding. You did a ditto and you gave a little extra nugget there. Thank you very much for that. And Jennifer?

Jennifer Epstein: I agree with what everybody has said. There's a lot of great ideas there. The only thing I want to add is that I think we need to change the conversation about drugs and opioids. I think that there has been stigma around the opioid epidemic and people don't think it has happened to them. Teenagers will do experimentation, although the majority of kids don't experiment, teenage drug experimentation has been happening for decades and there haven't been

people dying in the numbers that they are, and the potency of fentanyl is making it so that even a first time, person who is experimenting for the first time or medicating for the first or second time, they could lose their lives.

And so, I think we need to change this conversation, make this a conversation that we have, not just with the high risk communities, but with everybody. And also, maybe change some wording just to say this is something that every parent needs to know or we call it, sometimes we call it fentanyl poisoning instead of overdoses because unfortunately we think that sometimes our people are a little bit less sympathetic with people who die of overdoses. And so, what can we do to reach everyone and make them to understand that the drug landscape has changed dramatically and so they are aware of the risks.

Cindy Carraway-Wilson: Excellent points. Language can be very powerful and if we can shift language to be inclusive and to reduce stigma, we may be able to get more engagement from young people, from families, from communities, because they'll be more willing to come forth. I agree with that for sure. I'd like to pause this for a moment. We only have a couple minutes left. So I'd like to bring the webinar to the content delivery section to an official close here. And I want to start by thanking each and every one of you. You were amazing, your presentations were incredibly thoughtful.

You left just enough teasers there and tastes there of these prevention strategies that makes me want to lean in to hear more about how they're working and what you've done with them. So, I'm excited for next webinar as well. We've had quite a few people on our webinar today, more than we typically do, over 1,000. So, that's pretty impressive and we appreciate each and every one of you for being here today, and I greatly appreciate the responses in the reactions area, and also for the questions that you've been submitting to us, they're very helpful. We're going to try to, I don't know that we're going to actually be able to get to them today, but we will put those in the fodder for the next webinar, that can be questions that we will bring in for that webinar.

I wanted to encourage you that if you have any questions, you can feel free to contact us at NCSSE, and that's ncssle@air.org or the telephone number listed on the slide here. And we encourage you to visit the NCSSE website at safesupportivelearning.ed.gov. In just a few days, this recording will be up, as will all of the resources that were mentioned and sent out via chat. So if you couldn't get it from chat, no worries: it will be on the website for you to access later, and we will be populating that with more when we start the second webinar as well. By way of reminder, our second part to this series, which is entitled, Preventing and Addressing Fentanyl Use will be offered February 8th, 2023 at the same time, 3:00 PM to 4:30 PM Eastern Standard Time.

We want to encourage you also to take a moment to click the link that's going into the chat soon for our feedback form. We take your feedback seriously, and in fact this webinar came from request from you. So when we hear what you all are interested in, what those hot button issues are for you, we do our best to try

to meet the need and get the information out. So do take the time to let us know what you thought about this webinar, post any additional questions that you have so that we can respond to them and put them into our webinar planning for the next one.

As I said, we only have one minute, we wouldn't be able to get even a question out, let alone a response. So we will table those questions that you guys gave us and we will put them into the queue for our next webinar for our wonderful speakers to respond to at that time. So again, I want to thank all of our speakers and presenters today for being here and all of you as an audience. Together we can create safer but more supportive school environments for all of our young people. Have a wonderful rest of the day.