



**BEST PRACTICES
CLEARINGHOUSE**

- Lessons from the Field -

Part 2: Preventing and Addressing Fentanyl Use

Tuesday, February 8, 2023 | 3:00 – 4:30 PM ET
Transcript

Cindy Carraway-Wilson: Good afternoon, everyone, and welcome to our webinar, Preventing and Addressing Fentanyl Use. We're pleased to have you with us today. Thank you so very much for logging on early. We are excited to have just over 2,400 people registered for this webinar, so we expect more of you to be logging on soon. On behalf of the U.S. Department of Education, we're pleased to have you with us, and we're excited to have our guest speakers today, to provide all this great information on preventing and addressing fentanyl use in schools. This webinar is part of our Lessons from the Field Webinar Series, and this series highlights effective tools, techniques, and strategies employed by everyday practitioners to address hot topics that are on the top of educators' minds. You can access recorded webinars from the series on the homepage of the webpage now being shared in chat. Today, you're going to hear from a variety of speakers who are excited to share different strategies and approaches to addressing fentanyl use, and to engage in educational activities to help young people make choices to avoid fentanyl use.

We know that some of the strategies are going to be easily used by you at home, at your school districts, and we're very pleased to have you with us. By sharing these effective strategies together, we can all work to provide safer and more supportive learning environments for all of American students. My name is Cindy Carraway-Wilson, and I'm a Training Specialist at the National Center on Safe Supportive Learning Environments, or NCSSLE. NCSSLE is funded by the Office of Safe Supportive Schools, within the Office of Elementary and Secondary Education. Please visit our website to learn a little more about NCSSLE, and to learn about the wide range of resources we can offer to address school climate and learning conditions. To give you a sense of what the website looks like and what content it contains, here we share an image of our homepage on the right, along with some of our most popular resources on the left.

We also share the latest resources coming out of the field via social media, so please do follow us. Please note that this webinar is being recorded. All materials that you see today, including the slides, the referenced resources, and the recorded version of this webinar will be available on the event webpage within this website. In fact, some of those items, including the slide deck and the speaker bios have already been posted to the site. Please also note you can access those previous webinars from the Lessons from the Field Series by visiting the Webinar Series page, which is also being listed here and posted in chat.

We have a brief, but concise, agenda for today. We're in that Introduction and Logistics phase, now. In just a moment, we'll hear our welcome from the Department of Education, and then, move right into some Best Practices around Prevention and Prevention Strategies Round Table. Then, we'll close the content delivery elements of the webinar, and we will have 10 to 15 minutes reserved, specifically, for the live Q and A. Please use that Q and A button in your Zoom control panel to post your questions. We'll be pulling questions from that area, or in that last 10 to 15 minutes. The webinar will close promptly at 4:30.

We have a lot of speakers who are excited to be here with us today. You can see them on this slide, and please do visit the website, to visit the Speaker Bio page on the website. Each and every one of our speakers is here to provide specific interventions, specific strategies that you might use to help educate your students, and to help increase the safety of students around fentanyl use. Please note that if you're using a specific strategy, we also would encourage you to let us know by going to our Best Practices website. As we move into those presentations, as I mentioned earlier, please remember to use that Q and A button so that you can post those questions. Now, it's my pleasure to introduce Mr. Hamed Negron-Perez, the acting Group Leader for the Title IV-A, and the Program Manager for the School Emergency Response to Violence, or SERV, Programs at the U.S. Department of Education. Hamed?

Hamed Negron-Perez:

Thanks, Cindy! Welcome to everyone, to today's Lessons from the Field Webinar, Preventing and Addressing Fentanyl Use. Thank you so much for taking the time out of your busy schedules to join us this afternoon, and for your interest in addressing the serious dangers posed by fentanyl use among our students. Today's webinar is the second in the two-part series focused specifically on fentanyl. In the first webinar, we learned about what fentanyl is, and the impact it can have on our bodies, and the school, and community. We heard from a parent advocate who lost his son to fentanyl poisoning, which brought home the dangers this synthetic opioid poses. We also learned about how fentanyl and other drugs stimulate the reward centers of the brain, which is how drugs, like fentanyl, become addictive and deadly. It seems like, almost every day, we hear about the devastating impact fentanyl poisoning has had on a community and on a family, somewhere in the United States.

If you missed part one, no worries. You can view the archive recording at your convenience. A link to the event webpage with the recording and other related resources is being posted in the chat, right about now. What is clear from part

one is that we need to take action to protect our young people and other community members from fentanyl. In today's webinar, we will focus on just that. What can be done? Our speakers, including some who spoke last time, will highlight strategies we can use to prevent and address fentanyl use among our students and in our communities. We'll hear about prevention outreach, and curricula being used to educate students and other community members about fentanyl, and approaches three school districts are taking to educate and protect their students against fentanyl poisoning.

We are certain you will hear something today you can use to prevent and address fentanyl use in your community and school. Thank you, again, for joining us today. We know that you will find this Lessons from the Field Webinar very informative to the work that you do. Now, I would like to go back to Cindy, who will launch the webinar. Thank you.

Cindy Carraway-Wilson: Thank you so much for that welcome, Hamed, and for the Department's continued support of addressing these hot topics for our school districts around the country. Now, it's my pleasure to welcome Ms. Kari Clay, Co-Founder of FIX, Fentanyl Information X-plained, a nonprofit dedicated to educating young people in communities about the danger of fentanyl and other drugs. Ms. Clay will also share the journey of her family, after losing her daughter, Ellison, to fentanyl poisoning. Kari?

Kari Clay: Thank you, Cindy. Thank you for having me today. The experiences with street fentanyl are very vast, and there are very many stories of loss, and very many different circumstances as to how someone obtains illicit fentanyl. This is our experience. On August 20th, in 2021, sometime in the early morning hours, Ellison took what she believed to be a 30-milligram Percocet. She was found dead, having passed in her sleep. She was at a friend's house. Six excruciating months later, the toxicology report finally came back, and it showed only her prescribed medications and fentanyl, no Percocet, no other drugs, only fentanyl. The minute she swallowed that counterfeit pill, she was going to die. She was 17, and she had just started her senior year of high school. Ellison loved to ride horses and barrel race, and I would tease that she could sing like an angel, but with the force of a thousand chariots behind her, because she was loud.

She loved her friends fiercely, and she always championed those that she felt couldn't speak up for themselves, and she believed she was invincible, and if you didn't, you could just ask her, and she'd convince you. Ellison was poisoned. She trusted someone she shouldn't have because teens feel a false sense of security among their circles. Their friends would never hurt them. This is a scary issue that is different from simply warning kids of the dangers of drugs. Many who are just experimenting, they're under the guise that they've been given a prescription medication, and that's a guise of safety. For Ellison's service, we asked for white flowers to fill the chapel, and over 80 arrangements were delivered that day, and it was beautiful. I also realized it symbolized the shock, that this could happen to someone who is perceived as a good kid in our community.

I had always had an open dialogue with Ellison about drinking, drugs, safe sex, but I did not mention fake pills disguised as safe pharmaceuticals. I didn't want to see another parent live with the guilt that that was the one thing they didn't talk about, that killed their child, and I didn't want to see one more kid lose their future out of curiosity, or stress, or trust in misinformation. FIX was born in the late summer of 2022, and we chose to focus our efforts within our state, and talk about the dangerous assumptions of safety when obtaining pills not filled by a pharmacy and specifically prescribed for the user.

We know that teens and young adults are smart. They have learned the value of healthier lifestyles when it comes to nutrition and exercise. Young adults have learned to use designated drivers, and they can also learn to not take the risk associated with street drugs. The drug landscape has drastically changed. FIX is committed to saving lives through education, outreach, and government support. We do this by reaching out to students, school administrators, teachers, and parents. Ellison, you are not supposed to be a memory. You should still be here, but all I can do is use your story and the facts that I have learned to help others save themselves. Sharing the truth of today's drug landscape is one of the best things that we can give our young people. It's the best thing we can arm them with. It's a first-line solution. Thank you.

Cindy Carraway-Wilson: Kari, thank you for your courage in sharing your story, and also, for your commitment to continuing to educate others to avoid such tragedy in their family. We greatly appreciate your efforts. Now, it's my pleasure to welcome Dr. Cecelia Spitznas, who is the Senior Science Policy Advisor in the Director's Office at the Office of National Drug Control Policy. Dr. Spitznas?

Cecelia Spitznas: Thank you, Cindy, and thank you to everyone who's here today. I'm going to begin by talking about forms of illicit fentanyl that we see on the street. Palomar et al 2022 reported that fentanyl is seized by law enforcement in at least two forms, pill form and powder form. In pill form, cartels are pressing fentanyl into drugs that they might label as Xanax, which is alprazolam, or Adderall, which is mixed amphetamine salts, or in the example that was given earlier, by Kari Clay, as an opioid. People who are seeking pills on the street, and do not know that they came from a verified US pharmacy, may unwittingly receive fentanyl. Fentanyl's also being seen in powder form, where it can be mixed into, either contaminating intentionally or unintentionally, cocaine, heroin, or certain methamphetamine products that are in powdered form. Anecdotes also suggest that cannabis can be laced with fentanyl, but we believe this is rare, compared to seeing it in pressed pills and powder containing fentanyl.

I'm also going to speak about evidence-based drug prevention, what that is, and how schools can use it. Prevention interventions are typically not drug specific. We see universal primary prevention interventions that tackle skills to improve coping and resilience without focusing on a drug, generally. Some examples of these that you may want to incorporate in your programming include NIDA's school-based prevention programs that are evidence-based for decreasing drug use. An example is the PROSPER Program that was developed by Richard Spoth and Mark Greenberg, and the Botvin's LifeSkills Training. Both of these are

programs that are recommended that have had evaluations behind them, that indicate that they can reduce drug use by students. Another program that can be successful, and has been evaluated are the ONDCP and CDC-supported Drug-Free Community Coalitions. Evaluations have shown that there are higher levels of non-use of marijuana, alcohol, prescription drugs, and smoking in populations exposed to these Community Coalitions.

ONDCP, my organization, supports a Legislative Analysis and Public Policy Association that creates Model State Drug Laws. There is a Model State Law on naloxone, which can be seen in this slide, or if you go to their website, and it describes various options for states of what an ideal law could contain. You should know what your state law says about naloxone in schools. The LAPP Model State Law recommends that naloxone be available in schools, and you should educate students about what the local state immunity laws say, if they are to call 911. Hopefully, they will call 911. You should also educate staff, students, and parents about the state laws, and be an advocate for change if change is needed in your state, in your judgment.

Finally, awareness campaigns, it's important that everyone understand that fentanyl is in many drugs, not just in opioids found on the street, or heroin found on the street, but other things that are being sold on the street, and that people understand what the signs are of overdose. We went over those in our previous webinar. They should know that they need to call 911, and obtain medical care for victims who are unresponsive. Follow-up medical care is important, even if the antidote naloxone is given, and the antidote naloxone should be given to anyone who is nonresponsive. People should know where and how to obtain naloxone. Naloxone is available in the US. It is available in Canada, as well, but less so in Mexico. People should keep in mind that school vacations are a vulnerable time, and often, there's travel that goes on during school vacations. You should only trust medicines from a verified United States pharmacy, and realize that anything that's purchased on the street may contain fentanyl. These are things that should all go into awareness campaigns. Thank you very much for your time.

Cindy Carraway-Wilson: Yes. Thank you so much for that information and the clarity around prevention, generally, and some of those ideas of looking up the resources, such as the state laws around naloxone. Please know, everyone, that all the resources that we were mentioned here are on the website for you to download later. Now, it's my pleasure to introduce Ms. Cathleen Drew, who's the Senior Prevention Program Manager in the Community Outreach & Prevention Support Section for Drug Enforcement Administration. Catie, we know that the DEA's been monitoring the distribution and sales of fentanyl and other drugs for quite a long time, and offering programs to address fentanyl use. I wondered if you wanted to begin by speaking a little bit more about other forms that fentanyl can take. You might want to add to anything that Cece just brought up.

Cathleen Drew: Sure. No problem. Now, we've been seeing a lot of fake pills, but one of the things that people don't seem to realize, that fentanyl powder also exists. The one thing about fentanyl powder is it can be added to almost any other drug.

The seizures for fake pills that have fentanyl in them are increasing, but also, the seizures for fentanyl powder is actually increasing, and actually outpacing, in some areas, the fake pills that we've been finding. The thing about fentanyl powder is it can be mixed into other illicit drugs, like cocaine, methamphetamine, and heroin. Even though we don't want our youth to take any of these drugs, they might think, "Well, I'm not taking a fake pill that might have fentanyl in it." Maybe, they'll take something else that they think might not have fentanyl in it, like cocaine, or meth, or heroin, and it may have a lethal dose, as well.

It's a warning out there that there's fentanyl in fake pills, but there is also fentanyl in other drugs, as well, and that's something we need to warn our youth about. The fatal poisonings by powder fentanyl are on the rise, not just fentanyl in fake pills, but fentanyl in other drugs, as well.

Cindy Carraway-Wilson: Excellent. That's a good reminder, that it exists everywhere, and that there really isn't a safe option out there, it sounds like. Yeah. Thank you. Now, I'd love for you to tell us more about the One Pill Can Kill, and also, your Operation Prevention that you're running at the DEA.

Cathleen Drew: Sure. DEA has been looking at the fentanyl issue for the last few years. In fact, we put out a safety bulletin when it was emerging, about six or seven years ago, and then, we recently put one out just last year about it, and we came out with the One Pill Can Kill initiative. This is a website that DEA puts out, DEA.gov/onepill, where you can actually find lots of resources that are available for you to use. If you go to the DEA.gov/onepill website, we want to let you know that we have lots of information that's downloadable and all available to use. As you scroll through the website, you'll see parental resources, web resources, partner toolboxes, and social media campaign boxes. On this website, you can download posters that you can print out. You can actually put your own information on them. Not only do we have posters in English, we have some in Spanish. You can actually download large graphics to print out billboards for your community, if you'd like.

Additionally, they're downloadable flyers and fact sheets. For example, we've updated our Fentanyl Fake Pills Fact Sheet. It used to be 6 out of every 10 fake pills had a lethal dose of fentanyl, or out of 4 did. Now, 6 out of every 10 pills have a lethal dose. If you're getting a pill from somebody else, it could be that that pill has a lethal dose of fentanyl in it. You do not know unless you get it from a legitimate source. We also have a What Every Parent and Caregiver Needs to Know About Fake Pills. That's available in English and Spanish. There's more graphics for billboards, as you can see, on the bottom. Plus, we have an Emoji Code sheet because a lot of these kids are getting their pills from social media sites, and some social media platforms, using emoji codes to find the drug that they want.

Well, we have these available online, that you can download. Also, online, there's videos that can be used. You can download these videos, and you can show them, and there's actually a place where you can find our FLICKR page,

where you can download actual images. A lot of different groups use these images to create their own flyers that are specific to their group or their area. These are all available on DEA's One Pill Can Kill website, DEA.gov/onepill. For example, the pencil with the fentanyl on it, two milligrams of fentanyl, that I showed in the last webinar, that little bit is a lethal dose. That image is on our site. The different images of the pill, it's fake or real, are on our site. You can download those, as well as the logo for One Pill Can Kill, to be able to use.

We want to make sure that you knew about the awareness campaign, all the information that's out there, because basically, as Cece mentioned, you never take medicine that wasn't prescribed to you by your own doctor. You can talk to your family and friends about the dangers of buying drugs online, and spread the word, and to let you know that we do have these resources available.

DEA also has additional resources. We have a curriculum. We partnered with Discovery Education, who were well known for doing exemplary education programming and lesson plans for teachers, but also for anybody who wants to use them. OperationPrevention.com is a website that has all of this information, and the best part about it is it's totally free. There is no cost to access these, and there's no registration required, so there's no barrier, either. These include a variety of things, virtual field trips, digital lesson bundles, parent resource toolkits, et cetera. I'm just going to go highlight a few of them here. Our digital lessons bundles are downloadable lesson bundles that include an interactive PowerPoint lesson and educator's guide. They do have standards of learning so that teachers can use them in schools, but they can also be used by homeschool parents, community group leaders, faith-based groups, scout leaders, even older kids to younger kids. And it's all available online. We started out with the science behind opioids and then we went from there, and we added an elementary lesson when that was requested. So there's lessons for elementary, middle school and high school students and separate bands. Part of this includes a brand new module called our Counterfeit Drugs Module that we launched last fall that is a video topic series that has videos on how to identify counterfeits, which basically you can't. And our chemist tells us why you can't because they look so real, nobody can tell a difference unless they're analyzed in a laboratory. There's videos on the effects on the brain and body, the community impact, which I've talks with parents who lost a child and Song for Charlie, parents. And we also have cultural solutions for our tribal audience.

All those activities, all of these curricula come with activities. Additionally, there's virtual field trips online. We can go on and watch videos in all or in segments and find out about people in recovery, about the stories behind it, and the real science behind the opioid addictions.

Additionally online, we have a self-paced module that allows you to follow the signs of addiction and follow the stories of three teens. One of them, Stefan, he's an athlete who blows out his knee and is prescribed prescription opioids for the pain and he becomes dependent on them. So the students learn the difference between dependence and addiction and there are questions throughout that test the students on what they know. And this is for middle

school and high school, and it's available in Spanish as well, because this is something that can be used in the classroom or could be used at home with homeschool parents or with any other group.

So one of our best kits, one of our best resources is a parent toolkit. That's available online for data loan. But because we're DEA, we also want to provide hard copies. So if you contact us at DEA at community dot outreach at DEA dot gov, we're happy to send you as many copies as you need, within reason, in both English and Spanish. Just give us about a month notice because they're print on demand. Our parent toolkit is available in both English and Spanish, but it has a lot of great techniques. It's got role-playing guides, discussion points. A lot of times you want to talk to your kids but you don't know how to talk to them. It has refusal techniques. 'Cause a lot of times kids want to say no, but they don't know how to say no when their peers are asking them. So this has a lot of great resources and tools available for you to use and it's all online.

We did get asked about additional drug categories. So we came up with six additional categories for depressants, hallucinogens, inhalants, marijuana, stimulants, or steroids. This is for elementary and middle. It doesn't mean that high school can't use it, but the standards of learning are for elementary and middle. And these involve a 30 to 60 second, or one to two minute animated video along with activities that go with it in the classroom.

Well, we were then asked by tribal audiences that loved our program and wanted to have something specifically for them, so we went back and then we partnered with the National Indian Education Association to come up with a good medicine bundle. And this is actually not really a curricula that talks about don't do drugs. It's really socially, emotional learning. It talks about looking at your life and learning to look at your behaviors and look at your life to how you can make the good decisions rather than bad decisions like doing drugs. And even though we wrote it for tribal audiences, it can be used by anybody. I've done this with adults and it's been fantastic.

We also have a Workplace Module. So if you have an employer that's required to do drug prevention training, opioid training to their employees, they can find this online. There's four different modules that go through a variety of things, very similar to our self-pace module for students that talks about the signs of opioids and these four different modules, with a certificate at the end that can be printed out to prove that they've done it.

And then of course that was operation prevention. We do have a lot of publications available, if you go to getsmartaboutdrugs.com. There is a publication button. You can look at all of the PDFs and if you want hard copies of these publications, you can also always contact us and we're happy to send you hard copies.

So these the website we have available. We've got the setsmartaboutdrugs.com for parents, educators, and caregivers. We have justthinktwice.com for teens. We have One Pill Can Kill, DEA.gov/onepill, which has all the resources for the

fake pills. We have campusdrugprevention.gov, which is for professionals on college campuses to use in college campuses. And then of course operationprevention.com, which is our free curricula. And just want to let you know that DEA has all these available. They're all for free. Just have to contact us and let us know. I will put my information in the chat. You can email me. Thank you. And everything is good. And I think that's my last slide, correct? All right.

Cindy Carraway-Wilson: It is. Cathleen, thank you so much. That was a vast wealth of information and lots of great resources there that people can use and mix and match depending on their audience and what they're trying to accomplish. So we greatly appreciate your efforts there and your sharing of their resources. And as Cathleen said, her contact information will go out in chat as well. Now I'd like to welcome Ms. Jennifer Epstein. Jennifer is the director of outreach and education at Song for Charlie, an organization that's doing work to educate young people and families about the real dangers of fentanyl. Jennifer.

Cecelia Spitznas: Thank you. I'd like to start by sharing the origin stories of Song for Charlie. I know Song for Charlie is an organization many of you may not have heard of. And I just want to tell you who we are. Song for Charlie really started in the middle of the night on in May of 2020 when Ed and Mary Ternan got a call that their son Charlie had passed. Charlie had been a senior at the Santa Clara University. He had just been home, it was during COVID time, but he seemed to be doing okay at home. He had gone back to school and apparently he had gotten a pill through a friend, through social media, and lost his life that night. And then when Mary and Ed were contacted by law enforcement, they suspected it was fentanyl. And that was the first time that Ed and Mary had heard about fentanyl.

They researched what was going on and learned that this is a very complex problem and that this problem needs to be attacked from many angles. We need to slow down the supply, we need better mental health supports. We need to look at social media and what can be done there. There's a lot that goes into fixing this problem, but the question they had was, who's warning the kids? Who's letting them know what's going on? And soon after, so they started Song for Charlie. They decided to start Song for Charlie for the purpose of warning the kids. In December of 2020, our family lost our 18-year-old son Cal also to a fake pill. We approached our local school district, Beaverton School District, who you'll hear from soon. But we approached them to share our story because we knew this was a problem that our community needed to learn about.

And they took it and ran with it and they developed their Fake and Fatal program, which is a fantastic program that they used to educate their community and students. And we took that to Song for Charlie. And together I now work with Ed and Mary and Song for Charlie. And Song for Charlie's mission is to warn kids about the dangers of fentanyl and fake pills where they are at, which is on social media and in schools and speak to them in their language. Song for Charlie has been around for a little over two years. In that time, we have reached over 65 million people on social media and we've had over 2

million hits on our website. We've also had the opportunity to go into dozens of schools across many different states. And we're sharing our message and our stories with young people on a regular basis and crafting our message so that it resonates with them and it's learning.

So that's what Song for Charlie is. And I'd like to move into, pivot a little bit into expanding on some of the drug trend information that Dr. Spitznas and Catie Drew have both talked about. And what I want to address is fentanyl in vapes and marijuana, because this is a question that we hear a lot from schools and from kids. What's going on there? And what we can say is that there are anecdotal reports of fentanyl in vapes and marijuana. In fact, if you Google it, you can see that there's a lot of news stories about it. What we can say also is that the amount of lab confirmation of this is limited. And so it is hard to have a full understanding of how widespread it is, but we can say that it is not a widespread issue at this time. And so more investigation, more research needs to be done, and this is something that we should all be watching closely because it could show up in any community and any time.

We do know that in terms of getting fentanyl in vapes and marijuana, that it is relatively low risk when sold by dispensaries or other legal avenues. The cartels or drug suppliers aren't going to want to be traced and there's traceability with those legal means. And so that's kind of where we are with fentanyl and vapes and marijuana. I also want to talk about some future trends or drugs that are coming down the line. You may see stories about xylazine or nitazene. Those are also powerful drugs that we are starting to see in the drug landscape. Xylazine is an animal tranquilizer and nitazene is a powerful sedative opioid. And they're both being found in our drug supply.

I don't want to get into the details there because I think that the message here is that anytime you get any sort of a drug or prescription pill or powder that is not from a pharmacy or not from a legal means that you risk getting fentanyl. And so everybody needs to be aware of that and be on guard. And I also want to highlight that with the introduction of synthetic opioids and other drugs into the street drug supply, the changes are going to be much more dramatic, not dramatic, but the changes can occur much more quickly than we've seen ever before. So the drug supply is much more dynamic and schools should be prepared to respond to that, because whenever there is something that hits, it could happen much more quickly than we've ever seen before.

In the last presentation, I shared some data regarding perception of harm. And so I just want to kind of highlight that in our research, what we have found is about two fifths of teenagers, high schoolers, 13 through 17, are not aware about prescriptions, pills that could be made of fentanyl or about fentanyl in general. So if kids are presented with the opportunity to buy a pill or to get a pill, they aren't armed with the information they need in order to make a good choice. And so we see prevention education as important, but raising awareness as fentanyl is not... We consider it drug education or awareness. It's not necessarily a prevention program. And as a result, we don't think you need to have evidence-based programs in order to share about fentanyl. This is basic

drug education that compliments any sort of prevention program you have in place.

If you are waiting for an evidence-based fentanyl program, you're going to be waiting a long time because it takes years to develop evidence-based programs. And I think fentanyl specific awareness can be done in the meantime. And there are resources that are out there and we'll get into more about that. And of course, Catie showed a few things as well. Today we hear a lot about schools taking action and what we think is most common in schools right now is we're seeing a lot of putting Narcan in schools, training staff, parent emails, social media campaigns, programs for selective students, so perhaps programs for high risk students or kids who have been caught with drugs. And those are all great. Those are all necessary and we appreciate everything that those schools are doing.

But we also know that because of fentanyl and the increased potency of fentanyl and the fact that teenage experimentation is developmentally normal, hopefully they're not going to experiment with drugs, but some do. We know that there are kids that are dying who have had no prior history of drug use or problems. Because of this, the CDC in December of 2020 put out a call to educate all adolescents about the dangers of fentanyl and counterfeit pills. And so we think that once schools get some of the basic programs in place, they need to look at what else they can do. Putting in place student assemblies and town halls, putting fentanyl education into the classroom, looking at a holistic primary prevention program, and ideally getting to the point where there's peer-to-peer programs. We know that kids listen to other kids and kids looking out for others is going to be one of the most effective ways that we can get this across, this message out to kids. And by the way, we believe you can involve students wherever you can. If you're doing a social media campaign, ask kids if they can post it and what they think of your post. If you're doing assemblies, pull them in. There's ways to involve kids all along the spectrum.

Now I want to spend a couple of minutes talking about Song for Charlie resources. Song for Charlie, as I said, our mission is to really raise awareness and reach kids and parents and educate them on what's going on. We've developed a middle and high school toolkit that has free resources that any school can use. That middle school and high school toolkit. It is meant to be kind of a la carte type of program where people can look and see what they like, use this in pieces, use it all. Whatever is there is free to use. You don't need to ask for permission. We provide links to classroom instruction resources. We point to the DEA, we point to Beaverton, we point to other ones. There's video resources, resources on assembly, kind of sample presentations for assemblies and videos you can use and suggested agendas, posters and flyers, social media content, everything is one place. One stop shopping, take a look, see what you like. And again, feel free to use it.

Song for Charlie, on the rest of our website also has a lot of great resources. We have a youth facing page who called our Fentanyl Fight Club and that's our youth awareness site. That is a pared down version of our site that is really

aimed at kids. Again, video resources, we have data. All of our data is based on CDC or state or other research data. We have resources we like. There's a lot of great school districts, state, local government agencies that are doing great programs. And so we've linked to those so you can see what other communities are doing. We have our Facts about Fentanyl, College Toolkit, all there and free.

One thing that I'm excited to share is that we are working with Clear Alliance, which is an Oregon-based nonprofit that does prevention education to develop a counterfeit pill and education course coming by June of 2023. Clear Alliance has experienced and developed prevention education. In fact, they won a White House award for their work on a tobacco marijuana education course. And so we're excited to have them as experts in creating this content. The content is science based. It meets national health standards. It'll be cloud based online so that it can be updated on a regular basis. It'll be 45 minutes and flexible so that people can use it in their classrooms and as a whole or stop and start it and just use bits and pieces. And best of all, it will be free.

Thanks to the Oregon and Idaho HIDTA and Chris Gibson, we have gotten funding to make it free. There will be suggested donations for organizations that are able to pay for it just to be able to maintain it and keep up with future changes in the drug scene. But we think this will be a great resource for schools who need time to create their own curriculum or for smaller school districts who perhaps don't have the resources to create their own education material. So that is coming in June. Also, Song for Charlie, we are working on assembly video and a user guide that we hope to release in August. We recognize that the personal stories of families that have been affected have a big impact, and so we are going to package that and make that available for people to use.

Some other resources that I want to share is that the Ad Council, we brought their muscle to this issue and they have created a youth based campaign called The Real Deal on Fentanyl. It has fentanyl facts, naloxone, reducing Risk, and interestingly, they have classroom lessons that are taught by ex drug dealers. And so if you go on their website, they're less materials there and videos that go with it and great information there as well as their campaign assets. So if you're looking to publicize on social media, show videos, et cetera, their campaign assets are available on their website. They also have a parent facing program called Drop the F Bomb that helps parents to talk about Fentanyl with their kids. And that's all available for free.

CDC also has some great resources at Stop the Overdose, and The Practical Theorist is a recent document that came out that is more research based and gives you more information. So for somebody who's looking for more detail about what's going on and the research behind it and how youth are impacted, these resources are great as well. Thank you. And hopefully everyone will share, will be able to utilize these resources and find them helpful.

Oh, and lastly, I'm sorry, one more slide. Department of Education from Oregon and the Oregon Health Authority, they have a fentanyl and opioid response toolkit for schools that they created. And that is a great resource that went to all

the schools in our state and can be used by other states. It has sample letters to families, guidelines for developing a naloxone policy, as well as a lot of other great resources. And of course, Beaverton School District, I'm not going to talk about that. I will leave that for Kristen to update everybody. So thank you.

Cindy Carraway-Wilson: Thank you so much, Jennifer. Again, lots of great resources. And just by way of reminder, everyone, all of the resources that you're hearing about are on the website and are being posted in the chat. Now I'm excited to invite Ms. Kristen Gustafson. She is from Beaverton School District and she's going to speak to us about what they're doing. Kristen.

Kristen Gustafson: Yeah, thank you. Thank you for having me here. So I just want to give you some information about the Beaverton School District real quickly, so as I'm presenting, you kind of understand how we were able to respond quickly and we have great support resources in our district. We are the third-largest school district in the state of Oregon, and we are a suburb right outside of Portland. We serve over 39,000 students and we have over 4,500 staff members, just to give you a perspective.

I just want to thank, as everybody else has, everyone for being here today because we know that our students' lives are at stake. And this is a very important topic. Schools play such a vital role when it comes to our students overall health and wellbeing, and we owe it to them and their parents to educate them on the dangers of fentanyl or any other synthetic drugs and all drugs that are coming down the pipe.

So I'm going to take you through some strategies and some things that we implemented and hopefully other districts or people in the webinar today can take away. So first, some strategies for community change that we do and probably many other school districts do and don't realize that they are helping with preventative factors. So we identify risk factors for our students. We know that strengthening our students' SEL, their social-emotional learning skills is a protective factor. We partner with our parents and know that their involvement is very important and these protective factors. We know that increasing students' connectedness to schools and to their peers, as Jen talked about, the peer-to-peer is so important and given those opportunities. And then any kind of participation in afterschool activities. So really ramping those up in your district. Also, we use data driven practices and we partner with our community. So look to your community like we have Song for Charlie, we have the Oregon Health Department, and we partnered with our local law enforcement agencies. We offer a very strong K through 12 comprehensive health education in our district. And we provided additional lessons through our advisory classes where our students receive not only SEL lessons, but they receive additional drug prevention lessons, child sex abuse prevention lessons, as well as additional mental health lessons.

We provide universal education, so we don't just target those high risk students, but we are trying to build protective skills in all of our students. We have added some additional student supports in our district. We added substance use

specialists and have full-time social workers in each of our schools. Our social workers help with connecting our families with support such as food insecurity, clothing and housing needs, as well as getting them hooked up with counseling if needed. Our substance use specialists work with students needing additional support with addiction or have been caught using at school. So instead of just suspending the students and sending them home, we are working with their families and working with these students to offer an alternative solution to get them the help or treatment needed.

And then last but not least is making sure you're working with your district and your states to adopt policies that support this, like a K through 12 education or like our school district, we adopted a policy that allows the use of Narcan in our schools. And I want to stress that a lot has been... We've been talking about Narcan, and I just want to make sure that everybody realizes that Narcan is great, but it's just a life preserver and real changes need to happen in our schools where we are with most of the kids and in the classrooms.

So this is what a fake and fatal, that's what we call our campaign could look like in the Beaverton School District. The past two years, we've lost several current and former students to the so-called fentapill, and we are not alone, and that's why we're all here. This is what prompted us to come up with this campaign for our students and our families. And since the launch of our fentanyl education campaign, we have had no other, let me say, reported fentanyl related deaths. So we came out with a public statement where we sent district wide message to all parents, staff members and students to educate them about the urgency of the fentanyl crisis. We developed a webpage where all of our resources live, including the video that is linked in slide five that I showed before. We did a media blitz across our district.

We know that our community needs to hear things several times in several different places. And so we saturated our district accounts of Facebook, Instagram, Twitter with all our messaging. We designed a logo, graphics, and videos to promote the campaign. And we hosted a community conversation, as you see was attended by over 6,500 parents and staff and students. And we partnered with our health department and our law enforcement agencies and the Epstein's where you heard Jen from Song from Charlie during this campaign. We also had mandatory training for our principals and voluntary training for our staff members. We educated our students, so this is the most important part is we felt the need that all students needed to receive a mini lesson in those advisory classes, and then had a more extensive lesson in their individual health classes. And then, like I said, our board approved the use of Narcan. So here is an example of what our mini advisory lesson looked like that all students we felt needed to receive immediately. And so this was presented in all our secondary sixth through 12 classes.

And then we developed lessons for our middle school and our high schools. I just chose the high school lesson to kind of give you a visual representation. Again, all these resources will be available, but we made a facilitator guide so that any teacher, whether or not they're a health education specialist, could

teach it. And then the student facing side, we have the slides that the students saw and received on their end. So an example there. So we use a learning management system, which many of you may as well, called Canvas, where we house these lessons. And what's unique about this is, as Jen talked about, as other drugs are coming down the pipe and we need to respond quickly. We can create with a district team, we can come up with newer lessons or updated lessons, and then we can put them on this learning management system. And this allows us to create lessons and then share them across the district in a more timely manner and kind of get that out in the hands of all of our teachers.

I am missing a slide. Let me make sure I didn't get, I'm sorry. I'll make sure I get this out, but in our last part one presentation, I had specific questions about what SEL curriculums we're using. And so we're using kindness in the classroom and I'll make sure that when my slides are posted, that slide doesn't get lost. And we're using character strong for our secondary, so all our sixth through 12th grade students. So that is our social emotional curriculum. In the Beaverton School District, we've made all of our messaging, including our public statement and our social media post and curriculum available to you on a Google folder. It is also available on our district website. Just like Jen linked, we make sure that we have policies in place so that we can respond to this ongoing effort. And again, our Oregon Health Authority put together a substantial toolkit for schools, and then we also have all of the Song for Charlie resources that we partner with.

So it's our hope that every district in the country will access all the resources shared today and launch their own fentanyl awareness campaign so that we can drive home this message that one pill can kill. And we will be hosting another community conversation on Thursday, May 18th, but if you are not aware that May 9th is National Fentanyl Awareness Day. And so again, we will start our media campaign where we blast out on all our sites, Facebook, Twitter, Instagram, starting on the ninth with the National Fentanyl Awareness Day. And then we will be hosting this community conversation not only in person, but we'll be broadcasting it in both Spanish and English. So this will be shared. So if you have any questions, you can reach out to myself, our public communications officer, and as well if you want to take a picture or access this later, you'll have access to all the resources here. And I just thank you all for being here today.

Cindy Carraway-Wilson: Excellent. Thank you Kristen. And thank you for all of the work that you're doing in Beaverton and your willingness to share that with everybody who's on with us today. We've got a lot of people listening in and these resources are going to come in handy.

Kristen Gustafson: Thank you.

Cindy Carraway-Wilson: And now it's my great pleasure to introduce Ms. Jeri Skrocki, who's the Chief Director of Safety and Security at Hays Consolidated Independent School District in Texas. Jeri.

Jeri Skrocki:

Good afternoon. Just to give you guys an idea of where we're from. We're in central Texas, which is between Austin and San Antonio. So we're really a hybrid suburban rural community that is extremely fast growth in our area. I'm home to 23,000 students within our district. And really what ultimately ended up occurring is through unintended consequence in Hays County, we started seeing an uptick in community drug cases. And with that, what happened is ultimately it bled over into our school community. Ultimately in spring of 2022, we experienced our very first drug overdose that was campus related. As a result of that, we very quickly realized the importance of messaging to our students, et cetera, in regards to what that looked like. And so many of the people that you've heard from today talk about all of these community resources. What we wanted to do and what we recognized is that as much as it was going to work, as far as blasting and educating, because that's what we do in our area, is that we'd really needed to look at it from a multidisciplinary approach.

And that was where we decided that we needed to really, strongly look at a community collaboration. As we have grown in Hays County, we're still small enough that a lot of our connections still exist within law enforcement, fire, EMS. We really engage and invite a lot of our team members into our schools very regularly, and we wanted to capitalize on that. And what we did is we really started thinking about how can we get this message out through all these other areas as well. There's so many areas that we can capture students and their parents and their families. And so what we did is we had a round table where we discussed with fire, EMS, law enforcement, our judges, who were hearing on these drug offenses. And what we really wanted to do is make sure that the school was notified when we had an outside incident involving a child, a student that was coming back to school. How can we help and how can we aid in that?

Ultimately, since this past year, from summer and fall of 2022, we have had five student deaths, five campus medical interventions of Narcan being administered on campus, and we have had 14 suspected fentanyl poisonings within our community that didn't occur on campus, but involved our students. Those are significant numbers, and as you can readily imagine, that just imploded for our community. Being a smaller community, it just really became very apparent that outreach efforts were going to have to occur. And so this community collaboration became key for us. Ultimately, what we decided to do is go to our subject matter experts, and that was our kids. What did the kids need to hear? What did the parents need to hear in order for us to get this message out and how can we do that? So the biggest thing that we really wanted to do was ensuring that transparency was key.

We didn't want it to make it a political situation. What we wanted to do is have all of these partners standing together as one, and basically we wanted to be able to help and aid our child that was suffering, whether it was an unattended consequence because I was a one-time user and a friend gave me a pill versus are we somebody who has an opioid addiction? Are they getting services? How can we help them? One of the things that we really networked with was also our area pediatricians, our nurses in the school, our counselors. Because again, a lot of times we hear from our parents, "Well, I want to have the school

counselor talk." Well, the reality is our counselors at school aren't going to be able to handle sustained opioid addiction and those types of things. So one of the things that we wanted to do is really look at outreach in our community and how do we get our kids who are struggling with some of these issues, whether it's long-term opioid addiction or they're in a situation where they need residential treatment, those types of things.

And so we started doing some of those community outreaches, efforts. It was very disheartening, quite frankly, to learn very quickly that services were very minimal in our community. We're close to Austin and San Antonio, but what we were finding is that there isn't a lot of residential treatment facility openings within our community. So any opportunity we get to talk to area counselors, that we can talk to service providers, that we can look at politicians or anybody within our community to try to get these things taken care of for our students has been really what we're looking at. With our student leadership, we developed some video packaging, and with the course of that, what we did is we preview that those videos with our students. Ultimately, then what we'll do is we outreach that with the parents to facilitate that sit down with a child with their student ahead of time in order to have that engagement piece.

We've all done the presentations and all those things, but what I'm going to hit real briefly for you guys, it really is to just talk about some of the pitfalls that we've been experiencing. The big thing that we are being hit with and that we see is community, parent, and really a lot of student apathy. "That doesn't apply to me. That's not my situation." And so what we've had to do is really start that engagement piece and really try to create ambassadors within our community. We found that there's officers who don't recognize and realize this particular kid is a student. They've responded to an event that occurred, but they're not putting two and two together that this person is also a student at the school. And so as a result of that, we've really had to have outreach with local patrol officers and go, "Don't forget to notify the school."

Then we have parents who say, "But I don't want my kid to be earmarked that they're a drug user in school." We don't want the SRO to arrest them because they're holding. And so it was really a community-based effort in law enforcement and all of our agencies to go, "We have to share information if we don't become transparent, and if we're not sharing that information, we are not going to break this cycle." And so ultimately that is what we reiterate time and time again. We let people know we're not looking at putting somebody in jail for being a first time offender. We want the dealer. We want the person who's supplying. And so our goal in all of this is really to try to engage and continue to engage these types of conversations with our students, with our first responders and anybody who quite frankly, will give us an opportunity to have that outreach connection.

Our students are our subject matter experts. They tell us what they need to hear and how they need to hear it. And I think as adults, we all want to help and we all want to solve the problem. I'm guilty of that with two teenagers myself. But really recognizing the importance of those kids are the ones who are going

to tell us how we need to outreach. Our video series and all of our information is on our website. We've published to YouTube. We want everybody to use it as everybody does, but ultimately, bottom line, and what I'll say to anybody who will listen is please take the time to network with your kids, with your families and really determine what does your community need and how do they need it and package it that way. I'm available for anything. I know we're trying to catch up on time. We're running late, so I'll just go ahead and end there for myself.

Cindy Carraway-Wilson: Thank you so much, Jerry, for going into those collaborations. The level of collaboration that you have going on is pretty astounding, and I greatly appreciate you giving that information. And again, all the information that has been shared is going to show up on the chat and also on the website. Now, I'd love to introduce two people from the Los Angeles Unified School District, Dr. Smita Malhotra and Ms. Paulina Rock, and they're going to tell us a bit about what they're doing in LA County. Thank you.

Smita Malhotra: Thank you. Hello everyone. My name is Dr. Smita Malhotra. I'm the Chief Medical Director for Los Angeles Unified School District. I'm joined by Paulina Rock, who is our executive director for the Office of Health Emergency Response and Support. And so Los Angeles, like many communities around the United States, has been experiencing an incredible rise in fentanyl overdoses. For LAUSD, we have a little over 400,000 students and about 75,000 staff. So our district encompasses a large part of Los Angeles. And so our district has had quite a expansive response to this crisis. In fact, in September of 2022, we experienced our first fentanyl overdose on our school campuses, but the Los Angeles County Department of Public Health had actually released a statement back in June of 2022 about the rise of drug overdoses that were coming into Los Angeles. And so our medical teams had been working on developing a policy to bring Narcan into our schools since then. On September 22nd, 2022, our superintendent announced our expansive response to this crisis.

By October of 2022, we had Narcan in all of our K through 12 schools, we had our district staff that were trained along with all of our healthcare staff. We also, as it was said before, that it's not just say no, it's just say know, K-N-O-W. So we know that there is a large education aspect to this. So we also convened a fentanyl working group directed by Paulina's office, where we had all of our divisions come together to kind of develop modules for our students and our parents that are now required in this next school year for fentanyl education that involve how parents can identify substance abuse in their children, how they can talk to their children, and how they can build resiliency. And so that's all coming up in this next school year. We've already developed... We've already trained a lot of our trainers in our schools. And we now also have Narcan in all of our adult centers, our early ed centers and afterschool programs.

In addition, we've been doing a lot of social media outreach podcasts with our own students, telling them about the fact that any pill that does not come from a healthcare provider directly to you could be dangerous or deadly. So we've been doing that education response and we're developing a very comprehensive website of all of those materials. This is just our press release

when we announced it. And then in addition, our school police has joined forces with LAPD and the DEA to develop a safety task force, which looks at the passages around our schools not to be punitive. Again, looks at our passages around our schools and how we can protect those passages. And they've also developed an app called LASAR, Los Angeles School's Anonymous Reporting app, where any student on any campus or any parent, anybody can report they've seen drugs on, campus mental health crisis, you can do a variety of different things completely anonymous.

And it's not to be punitive, it's just that we can send out our teams to look into that and to provide support as needed. And so I'll pass it on to Paulina Rock.

Paulina Rock:

Thank you. One of the things that Dr. Malhotra had mentioned was us putting together a working group, knowing that LA Unified is pretty large, we have multiple divisions, and sometimes, as we know, our divisions work in silos. So what we did was we convened our divisions, which was inclusive of our division of instruction, our student health and human services, our nursing division, our operations division, our school police, and also our medical services to really talk about and our parent unit also to talk about what are we doing? What resources do we already have? What is each of you in your collective division doing? And by doing this, we were able to really convene and gather all of the resources to create a website under our chief medical director that you can find. If you Google LA Unified Chief Medical Director under that website, we have a fentanyl website with resources specific to parents, students and our employees. So that was phenomenal so parents don't have to search all over our website. It became a shop. Another thing that we did with our working group too was to create four modules regarding the mental health psychological first aid, and Fentanyl use and awareness for our parents. We did do, since we are so large, as Dr. Malhotra said, what we decided to do was a trainer of trainer mode module. What we have in our district are four regional areas, so for each regional area we had a series of trainer of trainer modules where schools send personnel in that would end up going back to train the parents.

And what we did was, and each of the modules, there are two of them will be mandatory for our schools. The first module is on substance awareness. The second module is how do kids use drugs and alcohol? Module three was how to talk to your child about drugs and alcohol? And module four was building resilience in our children. And let me tell you, I took part of these modules and I as a mother of a 17 year old and 14 year old was sitting back taking notes myself going, oh my god, these are great resources. So these will be delivered from our trainers at the school sites to parents between February and March. And like I said, two of these modules will be mandatory for our school sites. The other thing like Dr. Malhotra mentioned is we were happy to expand the Naloxone distribution to our early ED adulthood and beyond the Bell programs, which are essential at this point.

And we were also able to now expand on students carrying Narcan at school. So that was one of the newest ones. And as you can see from this board informative, this was effective January 31st so now students can carry Narcan at

school sites. Once again, Dr. Malhotra also mentioned our social media. We are big from our superintendent to our chief medical director on posting. These are all our hashtags for you guys to follow us. There's always relevant up-to-date information that directs you back to our either website or everything that's going on in LA Unified regarding fentanyl and just resources for parents. With that, I'll hand it back over to you, Cindy. Thank you.

Cindy Carraway-Wilson: Thank you so much. You both provided such great information and I think you're probably going to be getting contacts about that Narcan policy. It wouldn't surprise me, so thank you so much for bringing it forward. It's now my pleasure to welcome Mr. Rodney LaPoint, who is a nursing, educating and practice specialist for the National Association of School Nurses. Rodney.

Rodney LaPoint: Yes, thank you for having me as well. Our organization was asked to provide some information specifically addressing the nurses role at the school in this crisis. So that's pretty much where our presentation is angled from, is the role that the school nurse serves in the school. School nursing in and of itself is a specialized nursing practice that does promote the health and the wellness of the students to increase their developmental potential and their academic success. And because we are singling the practice of the school nurse in this part of the presentation within our framework for the school nursing practice, there are a number of bullets under every one of the pillars of our framework for which you will hit in your professional practice for simply addressing this issue in your school. To further elaborate, understanding that interventions by the school nurse will span across the umbrellas of the primary and secondary intervention levels and essentially will certainly center around the underlying message that you've been hearing this entire webinar from every one of the previous presenters in the way of education.

In the primary sector of course, the education is the largest role that the school nurse will play, is simply just that idea that knowledge is power. I always recommend joining into partnerships with local agencies, maybe your local branch of the CDC or any one of the other programs that you were presented throughout this webinar to bring in and to post around your campus any posters or signage campaigns. It's really just an extension of repeating that same message over and over again across the continuum from all of the school professionals to the messages that the students are hearing from their parents, from community agencies, that all of those messages are rooted in the same education. And so definitely recommend school nurses combine forces and partner up with those local agencies to bring those campaigns into the schools and plaster those posters around the school buildings. Secondly, however, those where I'm going to explain more as your episodic interventions when there happens to be an emergency on campus, the that's where all of the nursing skill and the life-saving interventions goes into play.

Being educated yourself as the professional to know and understand the importance of the timely and accurate response to physical assessment and into lifesaving interventions like Narcan, time to respond is your biggest enemy. So the faster to the response would certainly be much more advantageous to

saving a life in the school building and of course, always following and adhering to your local policy. If you don't have one, you certainly can look towards any of the resources that all the other presenters previous to me are presenting for sample policy that your school may adopt. Always continue on with presenting that education at every opportunity across the school day, but to certainly also promote and help create air of a culture in the school for students to speak up and to say something before someone is hurt by this. There are a number of educational programs. These are just a few.

I think all the other presenters today have brought much stronger, possibly much more ready programs, but all of these certainly are available to use at school and I think out of part one of this series, one of the questions was how can we obtain Narcan for our school? These are several resources that you might be able to tap to receive with financial resources or in some cases absolutely free. I definitely would send you first and foremost to the CDC website here, lifesaving Naloxone link.

There are federal resources through every state's health department to make Narcan available to schools. Just know your local policy and get one in place if you need to. Do you know from the NASN resources from the association itself, we do have a Naloxone in Schools toolkit for school nurses to utilize. We did have to temporarily take it down just to update it and ensure that all of our resources within that toolkit are up-to-date and current and we will be putting it back up. So stay tuned for that. I would say give us a couple of weeks to a month and that should be readily available back at our website and you are welcome to reach out to me as well for any questions or resources that you might need.

Cindy Carraway-Wilson: Excellent. Rodney, thank you so much for that overview of some of the things that school nurses can have and the roles that they have. We're always happen to have the school nurses on our webinars and really wanted to make sure that we were providing some specific information to them. I'd like to bring the content delivery element of our webinar to close. We will go immediately into Q and A. We just wanted to quickly let everyone know that we are encouraging you to go to the NCSSE website to download the resources and see the other resources that we have available for you to use to improve your school climate and also check out the bestpracticesclearinghouse.ed.gov. We have three lessons from the Fields Webinars coming up as you can see here. Later this month on the 22nd, we will be focusing in on female genital mutilation and cutting and how educators and other school personnel can support students.

In March, we'll have two, one on student nutrition and the other one on marijuana prevention. So please keep an eye out for those announcements you saw in chat come out already the link for the feedback form. We strongly encourage you and hope that you will fill out the feedback form. We use that information to create content for you based on the hot button issues that you bring to our attention. This form that will come back up at the very end of the webinar. We'll be here for five minutes after close in case you want to click on that link then.

Now I'd like to invite all of our speakers to bring those cams back up and we're going to address just a couple questions in our live Q and A. We have a lot of questions in there, so thank you to our studio audience for your participation. We really appreciate that. So one of the questions that jumped up to the top here is around, there was a statement that I'd like to address to Cece to see how that plays into the general prevention practices that you had mentioned. A person in the audience said that researchers said that information-based lessons don't work for you and that they need to learn refusal skills. I just wanted to know how that susses out with the generalized prevention best practices that you were speaking to earlier.

Cecelia Spitznas: Sure. As I mentioned before, we have some, and I didn't list all of them, but we have some specific programs that have been developed for universal use drug prevention that have been shown in empirical studies to reduce rates of drug use down the road and knowing if these awareness efforts make a difference, it's really not possible to know unless there's individual evaluations done on them. Having said that, I think that if you are a parent and you are talking to your child or you are a trusted adult and you're talking to youth about this problem, I agree wholeheartedly with Jennifer, youth are smart, they can learn and knowing that this is out there is probably very important. Also, there is a place for media campaigns, but again, we rarely know if our media campaigns are successful unless we do an evaluation of them.

Cindy Carraway-Wilson: Excellent. Thank you for addressing that for us. Thank you. Catie, this one's out to you. There are a couple questions cropping up around the One Pill Can Kill campaign and there's a question about is there research that shows how well that's working? Has the DEA collected any of that yet?

Cathleen Drew: Okay, well, so the One Pill Can Kill Campaign is not a program. So it's not a curriculum. That's the website that has resources available. DEA can't track it because we don't require any type of registration where we can collect any personal data. And we do the same thing with our operation prevention curricula because we discover that if you put a registration there, it can be a barrier and people won't use the stuff. So we can't tell that. But just from what we've seen, we have seen quite a few different community groups download our data and use the resources for their own informational flyers and activities. So that's information. That's all. The One Pill Can kill is just information that we provide. It's just resources.

Cindy Carraway-Wilson: Excellent, thank you. Yeah, I remember you saying that you were trying to reduce the barriers, so there was that question that came up about the studies. Thank you so much for that. So there are several questions coming up around the Naloxone or Narcan pieces. So I'm just going to toss this out to all of you. The questions are twofold. One is around if Naloxone is administered to a person not experiencing an overdose, are there negative health effects that could arise from that? I'm seeing Kristen shaking her head as No, and go ahead Catie. I see your hand up.

Cathleen Drew: Right. So just an FYI, before I came to work here, I was also a volunteer firefighter in EMT and one of our videos in the count the drug one has are us talking to one of our guides. But basically no, there is no detrimental effects if you use Narcan if the person is not having an opioid overdose. So it's always better to be safe than sorry if you suspect it, administer it because it won't hurt them if they're not overdosing.

Cindy Carraway-Wilson: Excellent. And I think that I'd also like to address the myth that's come up, it came up in the last webinar also, somebody asks about the myth of can you get affected by fentanyl by touching it, by coming in contact in a way other than ingest it? Does anybody want to take that one on? Oh, we have two. Okay, so let's go Cece and then back to you Catie, just to have another voice. Is that okay? Go ahead Cece.

Cecelia Spitznas: Sure. We believe that although fentanyl can be made into a patch form that can be used transdermally and will cross the skin barrier, that in general when fentanyl is touched in the course of cleanup activities, for example, that it is very unlikely because it's not in the right formulation to have an effect. Having said that is important to try to wear gloves and personal protective equipment when you're going to be around that. And there are fentanyl handling instructions that have been developed with the federal partners, including NIOSH that are on the NIOSH website and I can provide that for people, but people shouldn't be that concerned about touching it. And the main ways that it becomes ingested is by somebody who intentionally is taking it orally or they can try to smoke it or they can try to inject it.

Cindy Carraway-Wilson: Thank you. Okay. Did you have anything you wanted to add to that or you think that was covered?

Cathleen Drew: Yeah, no, that was great. And I should also mention that maybe some of the cases you heard about that they probably did ingest it but not realizing it. So for example, some of our agents will see fentanyl and if for some reason it's in a paper bag or a plastic bag and it gets poofed into the air, then you can inhale it and then that has issues. But the touching it does not. And we actually also talk about that in our forensic chemist video for counterfeit drugs.

Cindy Carraway-Wilson: Excellent, thank you. This one's going to go out to our three school districts. There's a question out there about the policies for naloxone in class. The question is, are you generally having the Naloxone or Narcan available in classrooms or is it just at the office or with a nurse? Where is it? One of the three of the districts want to speak up and then others can add in if you have different policies.

Jeri Skrocki: Ours is available through our school-based law enforcement as well as our nurses clinics. We train everybody on what to look for in the classroom and then when they request assistance, that's part of what their communication is. But we don't have it in our individual classrooms. We have multiple doses. What we've been seeing is many of our overdoses are requiring multiple doses in order to affect response.

Cindy Carraway-Wilson: Thank you, Jeri.

Smita Malhotra: Ours is, because our school district is so large and we have many different schools, we give general guidance for each school, but each school decides where to place it. We say it should be in the most easily accessible place possible. So most schools have it at the front office and with the school nurse as well. And then now our students can also carry it, so it should be readily available.

Cindy Carraway-Wilson: Excellent, thank you. And Kristen, do you have any different type of policy or is that something you want-

Kristen Gustafson: No, that's the same and I do believe our state has or we've made it available without a prescription. So again, the accessibility.

Cindy Carraway-Wilson: Excellent, thank you very much. The next question that I'd like to come back to would be around resources for families. So we talked a lot about the school resources. Some of you talked specifically about having things for families. Folks are wondering about videos, things like videos or webinars or easily accessible online materials that schools can use to educate family members. Do you have anything that you haven't already mentioned that you would also like to point to? And this can go to anyone.

Paulina Rock: We're LA Unified for our parent unit. If you go into LAUSD and look up our parent unit, they do have a webinar academy and academy for parents and they do keep their resources and live webinars online on multiple subjects. So that would be a good place to look for that.

Cindy Carraway-Wilson: Okay. Is that public accessible or is it-

Paulina Rock: Yes, it's public accessible.

Cindy Carraway-Wilson: Excellent. Okay, great. Thank you.

Paulina Rock: And I'll drop the link in the chat.

Cindy Carraway-Wilson: Thank you so much. Okay.

Kristen Gustafson: Cindy, would it be all right? I have a three for one answer to three questions?

Cindy Carraway-Wilson: Sure, go for it. Yes.

Kristen Gustafson: So somebody asked about just facts only lessons instead of refusal skills and then how do we prepare schools for the ever-changing synthetic drugs and drugs that are coming down the pike. And then somebody asked about CPR, and so I can wrap this all up in our schools, if your school districts have adopted a comprehensive health education and are using skills-based health we address all those. So one of our eight learning targets is just about functional knowledge and the rest, all other seven of our standards that we work with kids are skills

base. So we are working on refusal skills, communication skills, advocacy skills, that are all encompassing around health related topics.

So if we are arming our kids with skills, it doesn't matter what the next drug is coming down the pike, we have skills for them to refuse the next thing, we just have to give them the information about the specifics. And then we also do hands only CPR. It is a state law. So again, talking about those policies that our students receive hands-only CPR training through 7th through 12th grade, and so we don't have to administer that every year. But as a district we try to hit it every couple of years because we know that even our own certifications, if you are CPR certified, you need to keep it updated every couple of years. So hopefully I've answered three in one there.

Cindy Carraway-Wilson: Thank you. Thank you so much. And that did take us right up to time. We know we didn't get to everybody's questions, but those questions are being sent to the department to keep in mind for future products and webinars. Again, I want to thank everybody for being here today. So many of you provided such great questions. Our speakers, you guys were all absolutely amazing. The amount of resources that you've given is astounding for this webinar. We so appreciate all of you. The emoticons, the reactions are flying up that right-hand side of my screen. So the audience also responded well to all of you. Audience members who are still here, if you haven't already done so, please go ahead and click the link, provide us the feedback and let us know what you thought about the information you received and the webinar in general and please visit this event webpage. You can download all the resources that were mentioned here today. Thank you everyone, and please have a wonderful and safe rest of the day and a wonderful week.