

Alcohol, Tobacco, and Illicit Drugs

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IN THIS BRIEF:

- ▶ Statistics on alcohol, tobacco, and drug use among youth
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The harmful realities of alcohol, tobacco, and illicit drugs continue to inflict pain and suffering on students and staff across K-12 school communities. In California, all students and staff have a constitutional right to attend schools that are safe, secure, and peaceful.¹ This right includes attending schools that are safe from harmful drugs and their perpetrators.

This brief addresses the substance abuse epidemic, including the rise of deadly fentanyl, and provides best practices in prevention and intervention for local educational agencies (LEAs). Related questions for governance teams to consider are also provided, as well as a list of relevant resources.

Illicit drugs in schools

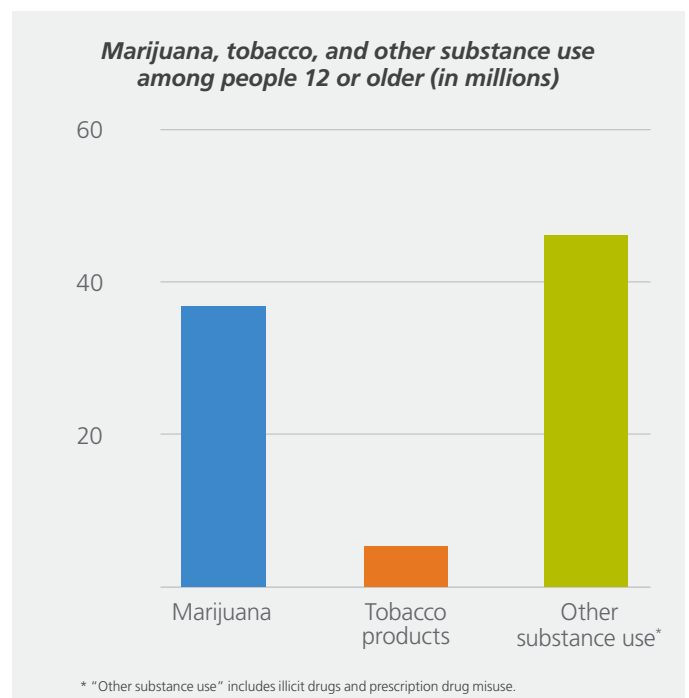
The harmful presence of drugs in K-12 schools is impacting students and staff across California. A key indicator of their presence is the California School Staff Survey (CSSS), an anonymous survey on student drug use, reflecting the responses of fifth- to 12th-grade teachers, counselors, and administrators from across the state. According to the CSSS staff data for 2019–21:

- ▶ 14 percent reported that student alcohol and drug use was a severe problem at their schools.

- ▶ 9 percent reported that student tobacco use is a severe problem.
- ▶ 33 percent reported that student vaping is a severe problem.
- ▶ 92 percent reported that their school districts have policies that ban tobacco use and vaping on school property.
- ▶ 20 percent disagree that their respective schools enforce these policies consistently and effectively.²

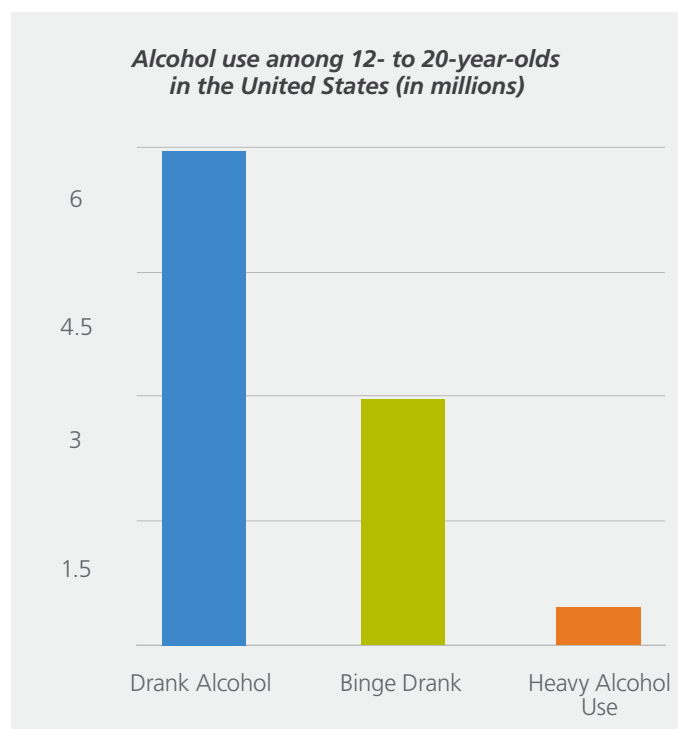
Students attending California's secondary schools also confirmed the presence of alcohol, tobacco, and other drugs on their campuses. According to the California Healthy Kids Survey for 2019–21:

- ▶ 3 percent of ninth graders and 7 percent of 11th graders reported binge drinking (five or more drinks).
- ▶ 12 percent of 11th-grade students reported marijuana use.
- ▶ 10 percent reported vaping.
- ▶ About 20 percent of high school students reported having vaped, and they were more likely to have vaped marijuana than a nicotine or tobacco product.³



The problem

Based on the 2021 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Administration, an estimated 46 million people in the United States ages 12 or older had a substance use disorder in the past year.⁴ Of these, more than 100,000 people died from a drug overdose in 2021, an increase of over 15,000 deaths recorded in 2020.⁵ The following section provides facts about alcohol, tobacco, and illicit drug use, including marijuana, prescription drugs, and fentanyl.



Alcohol use

All 50 states in the U.S. prohibit the possession and use of alcohol by people under the age of 21. However, in 2021, about 6 million adolescents ages 12 to 20 drank alcohol, 3 million binge drank, and 613,000 engaged in heavy alcohol use.⁶

Tobacco use and nicotine vaping

Among high school students, nicotine vaping is a rising phenomenon, increasing tobacco use overall. Although the sale of tobacco products to anyone under the age of 21 is illegal in the U.S., 6.5 million adolescents ages 12-20 used tobacco products, an e-cigarette, or other vaping devices to vape nicotine.⁷

Illicit drug use

In 2021, one in five people ages 12 or older reported using an illicit drug in the past year, higher than in previous years.⁸ This illicit drug use was driven primarily by marijuana and prescription drugs.

Marijuana use

Marijuana is a plant that is usually smoked, vaped, or consumed in an edible form, and can be harmful to its users. In the U.S. in 2021, it was the third most used drug after alcohol and tobacco products.⁹ In 2021, 36 million people ages 12 and older reported using marijuana in the past month, including 7 million who vaped marijuana.¹⁰

Negative effects on adolescents using marijuana include:

- ▶ Harm to their developing brain
- ▶ Difficulty in thinking and problem-solving
- ▶ Problems with memory and learning
- ▶ Reduced physical coordination
- ▶ Difficulty holding attention
- ▶ Problems with school and social life

Prescription drug abuse

Prescription pain reliever misuse was the second most common form of illicit drug use in the U.S. in 2021.

- ▶ About 9 million people 12 or older misused pain relievers¹¹
- ▶ Among those who misused pain relievers, the most common reason for their misuse was to relieve physical pain (64 percent)
- ▶ About 6 percent of people ages 12 or older who misused prescription pain relievers were misusers of prescription opioid products
- ▶ 45 percent of people who misused pain relievers in the past year obtained their last pain reliever from a friend or relative for free¹²

Additionally, one in four adolescents reported abusing stimulant medication to treat attention-deficit/hyperactivity disorder (ADHD), such as Adderall or Ritalin. According to research, adolescents who used marijuana were four times more likely to abuse prescription drugs than adolescents who did not use marijuana.¹³ Schools were 36 percent more likely to have an abuse of stimulant drug problem on campus if they had a high student population prescribed these stimulant medications.¹⁴

Opioids and the rise of fentanyl

In October 2017, the U.S. Department of Health and Human Services declared a public health emergency to address the rising overdose deaths due to the opioid epidemic.¹⁵ This crisis particularly impacts high school students.

According to a recent survey on youth risk behavior, one in seven high school students reported misusing prescription opioids in their lifetime, and one in 14 reported current prescription opioid misuse.¹⁶ The Centers for Disease Control and Prevention (CDC) defines opioids as a “class of drug to reduce pain.” There are three types of opioids: prescription drugs such as oxycodone, which is prescribed

by a medical professional; heroin, which is an illegal opioid; and fentanyl, which is a synthetic opioid.¹⁷ Opioid misuse includes the misuse of prescription pain relievers or the use of heroin. In 2021, about 9 million people misused prescription pain relievers compared to 1 million people who used heroin.¹⁸

Fentanyl is a synthetic opioid, currently listed as a prescription drug, that mimics the effects of morphine in the body but is 50 to 100 times more potent than morphine.¹⁹ The high potency and availability of fentanyl has made it the deadliest drug threat impacting schools and communities across the U.S. According to the CDC, from 1999 to 2020, over half a million people died from opioid overdoses.²⁰

In 2020, the number of reported overdose deaths attributed to fentanyl was 68,000, and rose to nearly 81,000 by 2021.²¹ Of these latter deaths, roughly 70,000 were attributed to fentanyl mixed with other illicit drugs like cocaine, methamphetamine, and heroin.²² Many users were unaware that they were taking fentanyl.

Only two milligrams of fentanyl (the size of a grain of sand) are considered a potentially lethal dose. Counterfeit or fake pills laced with fentanyl or heroin are increasing prevalent and a serious cause for concern, especially when an individual thinks they are purchasing a weaker prescription drug like Xanax or Adderall.²³ Counterfeit pills are inexpensive, increasingly available, and can be fatal.²⁴

Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl, and prescription opioid medications. Naloxone can be quickly given through nasal spray (Narcan®) in the nose, or through an injectable or auto-injector into the outer thigh or another major muscle. It is safe and easy to use, works almost immediately, and is not addictive, has very few negative effects, and has no effect if opioids are not in a person's system. See the Naloxone for Schools Toolkit in the resources section for more information.

Drug prevention and treatment

Drug prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs.²⁵ Substance or drug abuse prevention is a process that attempts to prevent the onset of substance use in order to limit the development of problems associated with using psychoactive substances. According to the World Health Organization (WHO), psychoactive substances are defined as "substances that, when taken in or administered into one's system, affect mental processes, e.g., perception, consciousness, cognition or mood and emotions. Psychoactive drugs belong to a broader category of psychoactive substances that include alcohol and nicotine. 'Psychoactive' does not necessarily imply dependence-producing, and in common parlance, the term is often left unstated, as in 'drug use,' 'substance use' or 'substance abuse.'"²⁶

Prevention efforts may focus on the individual or the environment. Evidenced-based prevention programs are more effective than simply telling students to abstain from drugs.²⁷ Multiple research studies on awareness campaigns and drug abstinence programs have found little to no reduction in drug or alcohol use and/or

abuse.²⁸ Evidence-based or research-based programs are those that have been shown to work, use current scientific evidence, have been thoroughly tested, and show positive data.²⁹ See the Resource section for examples of evidenced-based programs.

Examples of LEAs that have policies and trainings for use of Naloxone (Narcan) on campus:

San Mateo County Office of Education (SMCOE)

SMCOE is partnering with the state of California to offer the Naloxone Distribution Project (NDP) to SMCOE schools and districts. The NDP aims to reduce opioid-overdose deaths through training and the provision of free Naloxone. All TK-12 public school districts, charter schools, and private schools may participate.

Naloxone for Schools Program and Toolkit — (smcoe.org)

Siskiyou County Office of Education (SCOE)

SCOE provides laws, documents, and information to schools so they can implement a Naloxone program.

Health Services / Naloxone Program for Schools (siskiyoucoe.net)

Starting drug prevention programs early, as early as kindergarten, and repeating information and practicing skills annually helps empower students to feel knowledgeable about what to do when encountering drugs.³⁰

For more information on prevention supports for LEAs, see the Resources section.

According to research, the first line of treatment for addiction to opioids (prescription or illicit drugs) should be medication combined with either behavioral therapy or counseling.³¹ Medications are also available to help treat addiction to alcohol and cocaine. Examples of services a program provides might include school, peer, or family counseling; drug-free zones; and health care. This is best exemplified by the Public Health and the Web of Influence models.

The public health model

The public health model stresses interactions among an agent (alcohol, tobacco, or a drug); a host (a user); and the environment (the social, cultural, and physical context in which the use occurs).³² To ensure the public's health, this model requires prevention efforts to address all three domains and focuses on changing the environment to change the user's beliefs and attitudes toward using harmful substances.³³

The Web of Influence Theory

The Web of Influence Theory identifies risk and protective factors for three main domains — the individual, the family, and the environment — and how they interact to minimize drug use and maximize healthy behaviors.³⁴ Examples of risk factors impacting drug use among youth include:

Domains	Risk Factors
Individual level	Anti-social behavior, aggression, drug use by peers, and the perception that drug use is harmless
Family level	Parents/guardians engage in and encourage others to use drugs, family engages in conflict, poor parent/guardian and child relationship
Environmental level	High school absenteeism, low substance abuse policy enforcement, widespread availability of drugs, attractive marketing of drugs to youth, and use of social media to spread drug use among youth



Risk factors and protective factors vary among individuals. Protective factors can mitigate the risk of trying and using illicit drugs. Examples of protective factors to prevent drug use among youth include the following:

Domains	Protective Factors
Individual level	<ul style="list-style-type: none"> ▶ Self-efficacy to say “no” to drugs ▶ Socialization with individuals who do not use illicit drugs ▶ Youth involvement in sports or other positive physical activities ▶ Belief in one’s ability to control what happens and adapt to change
Family level	<ul style="list-style-type: none"> ▶ Unity, warmth, and attachment between parents and children ▶ Parent and guardian supervision and monitoring of children’s behavior ▶ Parent and guardian rules against drug use ▶ Parents and guardians lead children by example, while staying drug-free
Environmental level	<ul style="list-style-type: none"> ▶ Positive emotional support outside of the family ▶ Peer disapproval of drug use ▶ School belonging, involvement, and achievement ▶ School and community norms and standards against drug use

Drug intervention strategies

Like drug prevention, effective drug intervention must be culturally appropriate, family-supported, individualized, coordinated, and monitored. Intervention is specifically effective when it is designed and implemented consistently over time with input from the student, the family, and appropriate professionals.³⁵ The best-known, research-based drug intervention strategies that have proven to be effective at K-12 schools are those associated with Positive Behavior Interventions and Supports (PBIS).

Positive Behavior Interventions and Supports

PBIS is an evidence-based, three-tiered framework for supporting students' behavioral, academic, social, emotional, and mental health.³⁶ PBIS emphasizes five inter-related elements: equity, systems, data, practices, and outcomes.

Tiers	Supports
Tier 1	Uses systems, data, and practices to support everyone — students, educators, and staff across all school settings
Tier 2	Provides supports that address the needs of identified at-risk students
Tier 3	Provides intensive, individualized supports to students that need it

According to research and evaluation of these practices, when implemented with fidelity, PBIS improves social-emotional competence, academic success, and helps ensure safe and drug-free learning environments where all students can thrive.

Foundational systems across all three tiers of PBIS include:

- ▶ A shared vision for a positive school social culture
- ▶ A representative [leadership team that meets regularly](#) and shares expertise in addressing social, emotional, behavioral, health, wellness, and academic issues
- ▶ [Actively engaged families](#)
- ▶ A supportive and involved school administration
- ▶ Ongoing access to [professional development for preparing all staff](#) to implement each tier of PBIS
- ▶ A systematic collection of screening, progress, outcome, and fidelity data
- ▶ Ongoing use of [data for decision making](#)
- ▶ An examination of equity among student subgroups by disaggregating data

Student discipline

When addressing the discipline of students involved in substance abuse at school, educators need to be clear on the applicable board policies and administrative regulations. Training can be provided on related anti-drug school rules, board policies, and understanding the California laws applicable to the respective violations.

In 2021, the California Department of Education (CDE) shared its [State Guidance for New Laws on Discipline](#). This guidance:

- ▶ Ended suspensions for willful defiance in K-8
- ▶ Required homework for students suspended for two or more days
- ▶ Minimized suspension for attendance issues
- ▶ Encouraged alternatives to suspension that help students improve behavioral and academic outcomes

The guidance supports the use of restorative practices, trauma-informed practices, social and emotional learning, and schoolwide PBIS. These practices can help students gain critical social and emotional skills, understand the impact of their actions, and develop meaningful methods for repairing harm to the school community. The CDE guidance also provides a list of resources for educators.

Senate Bill 10—Opioid overdose prevention and treatment: Melanie's Law

California's Senate Bill 10 states the Legislature's encouragement of county offices of education to establish a County Working Group on Fentanyl Education in Schools, as provided, for the purposes of outreach, building awareness, and collaborating with local health agencies regarding fentanyl overdoses. The bill requires the state Department of Education to curate and maintain on its website, among other things, informational materials containing awareness and safety advice for school staff, pupils, and parents or guardians of pupils on how to prevent an opioid overdose. Additionally, it requires, "a comprehensive school safety plan, and the school safety plan of a charter school, for a school serving pupils in any of grades 7 to 12, inclusive, to include the development of a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose." [Bill Text – SB10 Pupil health: opioid overdose prevention and treatment: Melanie's Law. \(ca.gov\)](#)

Examples of community, county, and state partnerships to educate students and families:

Merced County Office of Education

Partnering with state Assemblymember Esmeralda Soria to bring awareness and resources to educate on fentanyl's harm.

[One Pill Will Kill \(mcoe.org\)](http://mcoe.org)

Monterey Peninsula Unified School District

Partnering with Montage Health to hold town halls to educate families.

[What Is Fentanyl? \(mpusd.net\)](http://mpusd.net)

Mt. Diablo Unified School District

Partnering with National Coalition Against Prescription Drug Abuse to educate families on dangers of drug use.

[MDUSD Fentanyl Awareness \(mdusd.org\)](http://mdusd.org)

Questions for governance teams to consider

The following questions are meant to guide governance teams when discussing and reviewing the LEA's policies on alcohol, tobacco, and illicit drugs.

- 1) What students' rights should be kept in mind when developing, reviewing, and revising our LEA's policies on alcohol and/or illicit drug use?
- 2) Is there consistent enforcement of the LEA's policies and consistent discipline practices and procedures for students engaging with or under the influence of alcohol and/or illicit drugs? Are the consequences clearly stated?
- 3) What drug prevention measures are the LEA using, and are they effective? What data do we need to assess the measures of success? What supports might better assist the effectiveness of existing prevention measures?

- 4) Has our community been informed of our alcohol and illicit drug policies and prevention measures? Have we engaged with our community members and educational partners to enhance our prevention efforts or communicate our policies?
- 5) What resources can we identify to share with families and students about prevention and intervention strategies? Are we providing timely education to families about what to look for in terms of drug and alcohol use?
- 6) What considerations should our LEA address in its code of conduct provisions concerning student involvement with alcohol and/or illicit drugs? Are there treatment resources for students? Are they communicated broadly and regularly?
- 7) What data do we need to review to evaluate the safety in our LEA regarding on-site drug/alcohol/nicotine use? Is there drug/alcohol/nicotine use on our buses, at our sporting events, or at off-site educational outings?

Relevant resources

California School Boards Association

All students and staff need a safe and supportive school environment in order to succeed. The most effective approach to creating safe and supportive school environments requires a comprehensive, coordinated effort including schoolwide, districtwide, and communitywide strategies. Find more resources and information at <https://csba.pub/3wRew6l>.

Substance Abuse and Mental Health Services Administration (SAMHSA)

The mission of SAMHSA is to improve behavioral health through evidence-based prevention approaches. SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policymakers, and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

<https://csba.pub/3TyxBD8>

A Guide to SAMHSA's Strategic Prevention Framework (SPF)

This toolkit provides an introduction to the SPF's extensively-tested and user-friendly planning approach. Organized by each of the steps in the framework, the toolkit provides a snapshot of how each of the components fit together and build on one another. Adherence to the principles in the framework increases the likelihood that prevention efforts will produce anticipated outcomes, reduce harmful behaviors, and keep communities healthy and safe.

<https://csba.pub/49P6Wrq>

Tobacco Use and Prevention Education (TUPE)

The TUPE program provides funding from Prop 99 and Prop 56 tobacco tax dollars for tobacco prevention education. For school districts to receive funding, they must submit a competitive grant application to the CDE. Competitive grants are available for LEAs serving grades 6-8 or grades 9-12. The funds are to be used to deliver a comprehensive tobacco prevention program that includes tobacco-specific student instruction; supplemental strategies that include reinforcement activities and schoolwide events; and cessation for high school students. <https://csba.pub/3v1VMAJ>

Reducing Vaping Among Youth and Young Adults guide

This guide supports health care providers, systems, and communities seeking to prevent vaping. It describes relevant research findings, examines emerging and best practices, identifies knowledge gaps and implementation challenges, and offers useful resources. <https://csba.pub/3lyKMON>

Naloxone for Schools Toolkit

The Naloxone for Schools Toolkit is a set of protocols and resources detailing how to train staff to obtain and administer Naloxone. For more information, see the Toolkit Sample from the San Mateo County Office of Education, and the San Mateo Coalition for Safe Schools and Communities at <https://csba.pub/3IDReUc>.

The California Department of Health Care Services (DHCS)

DHCS provides Naloxone for free to qualified organizations — including K-12 schools — to distribute naloxone within communities. Learn more by visiting the Naloxone Distribution Project. <https://csba.pub/43kulyj>

Department of Justice | Drug Enforcement Administration

Many fake pills are made to look like prescription opioids — such as oxycodone (Oxycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®); or stimulants like amphetamines (Adderall®) — but contain fentanyl or methamphetamine. <https://csba.pub/4abnTMp>

The California Healthy Kids Resource Center

This center provides assistance to school districts and county offices of education as a source of comprehensive information about health-related research and instructional materials to support effective programs for students. Materials from the center can be borrowed at no cost. The CHKRC identifies programs for dissemination and adoption by local educational agencies and maintains a database on programs available in California. <https://csba.pub/43erZ4p>

Safety First: Real Drug Education for Teens

Drug Policy Alliance (DPA) developed and distributed Safety First: Real Drug Education for Teens. It is the nation's first harm reduction-based drug education curriculum for high school students. The curriculum emerged from DPA's long-running Safety First program aimed at providing resources for parents. <https://csba.pub/3lDaWzu>

Substance Use/Misuse Warning Signs

Many youth may show behaviors in adolescence that are indicative of substance abuse but can also be considered normal behaviors while growing up. It is important to take notice if there are several signs happening at the same time, if they occur suddenly, and if the behaviors are extreme. <https://csba.pub/3TlnrV8>

California Department of Public Health

The Overdose Prevention Initiative (OPI) works on the complex and changing nature of the drug overdose epidemic through prevention and research activities. OPI collects and shares data on fatal and non-fatal drug-related overdoses, drug-related overdose risk factors, prescriptions, and substance use. Through state and local partnerships, OPI supports substance use prevention programs, harm reduction tools and strategies, public awareness and education, and safe and effective prescribing and treatment practices. <https://csba.pub/3TAubjf>

Relevant CSBA board policies and administrative regulations

CSBA GAMUT Policy and Policy *Plus* subscribers have access to sample policies. The following sample policies and administrative regulations are relevant to alcohol, tobacco, and illicit drugs.

- ▶ BP 3513.4 - Drug and Alcohol-Free Schools
- ▶ BP/AR 5131.6 - Alcohol and Other Drugs
- ▶ BP 5131.61 - Drug Testing
- ▶ BP/AR 5141.21 - Administering Medication and Monitoring Health Conditions
- ▶ BP/AR 5144 - Discipline
- ▶ BP/AR 5144.1 - Suspension and Expulsion/Due Process
- ▶ AR 5144.2 - Suspension and Expulsion/Due Process (Students with Disabilities)
- ▶ BP/AR 6142.8 - Comprehensive Health Education
- ▶ BP/AR 6143 - Courses of Study
- ▶ BP 6164.2 - Guidance/Counseling Services

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Endnotes

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