

Fentanyl: Youth Prevention

According to officials with the US Drug Enforcement Administration (DEA), Fentanyl is the deadliest drug threat facing our nation. Fentanyl is a highly addictive synthetic opioid 50 times more potent than heroin, and up to 100 times more potent than morphine. Fentanyl is not only very strong but it is relatively cheap to produce. Drug traffickers are increasingly mixing it with other types of drugs in powder or pill form, increasing its presence in illicit street drugs. The DEA lab testing has found that 4 out of every 10 pills with fentanyl contain a potentially lethal dose.



In August, the DEA put out a warning to inform the public about colorful pills called “rainbow fentanyl.” Rainbow fentanyl comes in the form of pills, powders, or blocks that look similar to candy or sidewalk chalk. There is concern that this form of fentanyl may appeal to young people or fool them into thinking it is less harmful. Experts note that illicit fentanyl has been hiding in what appears to be other products for a long time and all illicit fentanyl is dangerous, no matter its appearance. In addition to the emerging multi-colored fentanyl, fake prescription pills that contain fentanyl are frequently made to look like Xanax, Hydrocodone, Vicodin or Adderall. Thanks to social media and other online channels, they are easy to buy. A young person buying illicit drugs may think they know what they’re getting, but there is a risk of it containing fentanyl. According to DEA Administrator Anne Milgram, “If you take any drug sold on the street or through the internet, regardless of its medicinal markings or festive appearance, you risk your life”. As such, every color, shape, and size of fentanyl should be considered dangerous.



So how do we prevent fentanyl from getting into the hands of our kids? Steve Bell with the Drug Enforcement Administration Omaha Division says while they are committed to getting out to schools and talking to kids, parents and caregivers play a key role in having conversations with their youth about fentanyl. As with any type of substance use prevention education, it is a conversation that has to be ongoing and happen more than once. Below are some points to consider when talking to kids and teens about fentanyl.

- It is never too early to talk to kids about drug use, especially the dangers of Fentanyl. Using age-appropriate language, start with a conversation about making healthy decisions as a means to ease into the heavy conversation of fentanyl.
- Listen first: ask your youth non-judgmental questions. Is fentanyl something that you have heard about in the news or at school? What have you heard?
- Explain the facts: explain what fentanyl is and why it is so dangerous. Stress that fentanyl in any form can be deadly.
- Stress not to take any pills that were not prescribed to them by their doctor.
- Send a message to youth that all drugs are potentially dangerous and many of them can contain fentanyl. There is no way to recognize if the drugs someone is buying on the street are contaminated with fentanyl and even small amounts of fentanyl can lead to overdose.
- Make sure your child knows that the danger of fentanyl is not limited to drugs bought from a stranger on the street or online. Dispel the myth that drugs bought from “trusted sources”, including friends or known dealers, are safe. The person selling or sharing the drugs may not even know that what they are distributing contains fentanyl.

Below are some additional resources to increase awareness of the dangers of fentanyl and engage in conversations with youth:

- The DEA “One Pill Can Kill” Initiative offers some great resources for parents and educators to learn more about Fentanyl.
- What Every Parent and Caregiver Needs to Know About Fake Pills
https://www.dea.gov/sites/default/files/2022-09/DEA-OPCK_Parent%20flyer_V6.pdf
- Emoji Drug Code: Decoded – A quick reference guide to give parents, caregivers and educators a better sense of how emojis are being used in conjunction with illegal drugs
<https://www.dea.gov/sites/default/files/2021-12/Emoji%20Decoded.pdf>
- Buying Drugs Online: What You Should Know and How to Protect Your Kids
<https://www.getsmartaboutdrugs.gov/family/buying-drugs-online-%E2%80%93-what-you-should-know-how-protect-your-kids>
- Natural High Fentanyl Toolkit- a resource for parents and educators to help protect kids from the dangers of fentanyl.
<https://www.naturalhigh.org/fentanyl/>

References: <https://facingfentanylnow.org/>; Get Smart About Drugs; Nationwide Children’s; Natural High; Partnership to End Addiction; United States Drug Enforcement Administration

Depression and Anxiety in Adolescents

In today's day and age, mental health is a large issue to all populations. Unfortunately, one group that is often forgotten in this discussion is children. Despite this lack of attention, mental health diagnoses in kids are at an all-time high.

According to the National Survey of Children's Health, from the years of 2016-2020, diagnoses of anxiety and depression in kids increased by 27% and 24% respectively. This totals to about 1 in 11 children having anxiety, and 1 in 25 having depression.

Anxiety and depression manifest differently in adolescence than in adulthood. For anxiety, it's far less common for them to directly say that they're feeling anxious, as an adult might. Instead, they may have behavioral issues at school, or refuse to go altogether. Other signs can be headaches, abdominal pain, or shortness of breath. For depression, adolescents may have similar warning signs that adults do. However, some of these signs are more likely in kids than they are in adults. While adults most often show a loss of interest and difficulties with concentration, symptoms in children tend to lean toward changes in appetite, loss of energy, and changes in sleeping patterns. Additionally, the chance of attempting suicide is higher in teens with depression than in adults.

The causes of youth depression and anxiety, for the most part, are similar to the causes for adults. Brain chemistry, genetics, and trauma can all play major roles. However, in addition to this, the teen years are a time of great stress, and add many risk factors that can add to the likelihood of both conditions. These can include things like:

- Pressure to excel
- Developing other mental health conditions, such as bipolar disorder or ADHD
- Low self-esteem
- Social troubles or bullying

Additionally, those in minority groups can have a higher chance of depression and anxiety due to the stigma related to their identity. LGBTQ teens are particularly at risk of this. In 2022, The Trevor Project reported that 73% of LGBTQ youth reported symptoms of anxiety, while 58% reported experiencing symptoms of depression. As well, 45% seriously considered suicide in the prior year.

If you believe your child or student is suffering from depression or anxiety, do not turn a blind eye to it. There are resources available. Following the link below, you'll be taken to our webpage with a list of resources on mental health conditions in youth, including depression and anxiety.

<https://scipnebraska.com/resources/resources/mental-health.html>

References

<https://suicideprevention.nv.gov/Youth/Depression/>

<https://connect.uclahealth.org/2022/03/15/suicide-rate-highest-among-teens-and-young-adults/#:~:text=%E2%80%9CTeenagers%20and%20young%20adults%20have,and%20where%20they%20stand%20developmentally.%E2%80%9D>

<https://www.thetrevorproject.org/survey-2022/#suicide-by-sexual-orientation>

<https://globalnews.ca/news/3632564/childhood-anxiety-how-its-different-from-adults-and-what-parents-need-to-know/>

<https://ccf.georgetown.edu/2022/03/24/research-update-childrens-anxiety-and-depression-on-the-rise/#:~:text=Even%20before%20the%20pandemic%2C%20anxiety,had%20been%20diagnosed%20with%20depression.>

<https://lindnercenterofhope.org/blog/adolescent-depression-different-from-depression-in-adults/>

<https://pubmed.ncbi.nlm.nih.gov/30243197/>

Nebraska Youth Substance Data

The state data provided in this article was derived from the 2021 Nebraska Risk and Protective Factor Student Survey (NRPFS).

The Nebraska Risk and Protective Factor Student Survey (NRPFS) collects data from participating schools throughout Nebraska. One main goal of NRPFS is to collect school district and community level data to help local communities and their school districts understand and address substance use/abuse issues within their communities and schools. The NRPFS overall state data helps create a broader picture and awareness into the levels of substance use, risk, protective factors, and delinquent behavior among students throughout Nebraska.

With that being said, it should be noted that the 2021 surveyed student rate for Nebraska was much lower than the level recommended for representing students statewide; therefore, the state-level results should be viewed with that in mind.

The tables in this article are not a complete compilation of all the substances and behavioral health trends/concerns surveyed. For a more detailed and full report of NRPFS, you can go to <https://bosr.unl.edu/nrpfss-state-level-data>.

The table below represents the percentage break-outs by grade, as well as State/NE and National percentages of lifetime and current/past 30 day reported use of alcohol, tobacco and electronic vaping devices.

State/Ne & Nation Percentages	Lifetime Alcohol Use	Current Alcohol Use	Lifetime Tobacco Use	Current Tobacco Use	Lifetime Electronic Vapor Use	Current Electronic Vapor Use
State/Ne 8th Grade (2021)	28.3%	9.2%	7.9%	2.2%	14.1 %	6.9%
Nation 8th Grade (2021)	21.7%	7.3%	Not Provided	Not Provided	17.5%	8.9%
State/Ne 8th Grade (2018)	28.4%	9.8%	8.9%	3.7%	17.7%	10.4%
State/Ne 10th Grade (2021)	42.6%	18.2%	12.5%	3.5%	25.4%	14.3%
Nation 10th Grade (2021)	34.7%	13.1%	Not Provided	Not Provided	29.7%	15.6%
State/Ne 10th Grade (2018)	44.3%	20.1%	17.5%	8.0%	37.6%	24.7%
State/Ne 12th Grade (2021)	58.3%	31.9%	19.5%	6.5%	38.7%	21.0%
Nation 12th Grade (2021)	54.1%	25.8%	Not Provided	Not Provided	38.7%	24.0%
State/Ne 12th Grade (2018)	62.0%	34.2%	30.7%	15.3%	52.3%	37.3%

Even though there is no data provided on the National percent of youth in 8th, 10th and 12th grade for tobacco use, we can see that the use of tobacco among Nebraska youth continues to decline. And while vaping remains a concern and is

considered problematic within our schools, the table also shows a decline in use of electronic vaping devices from 2018 to 2021, and Nebraska youth report use below the National average for each of the grade levels.

Furthermore, the data collected and shown in this table reveals the reported use of alcohol has also declined from 2018 to 2021 among our youth. However, it is as equally important to note that Nebraska youth continue to report higher percent usage among each grade level than the National average.

The table below represents the percentage break-outs by grade, as well as State/NE and National percentages of lifetime and current/past 30 day reported use of marijuana, prescription misuse and inhalant use.

State/Ne & Nation Percentages	Lifetime Marijuana Use	Current Marijuana Use	Lifetime Prescription Misuse	Current Prescription Misuse	Lifetime Inhalant Use	Current Inhalant Use
State/Ne 8th Grade (2021)	4.8%	2.2%	4.1%	1.7%	5.1 %	Not Provided
Nation 8th Grade (2021)	10.2%	4.1%	Not Provided	Not Provided	11.3%	Not Provided
State/Ne 8th Grade (2018)	6.0%	3.0%	2.3%	1.0%	4.6%	Not Provided
State/Ne 10th Grade (2021)	15.2%	7.6%	5.5%	1.6%	4.1%	Not Provided
Nation 10th Grade (2021)	22.0%	10.1%	Not Provided	Not Provided	7.2%	Not Provided
State/Ne 10th Grade (2018)	16.7%	7.3%	4.3%	1.4%	3.6%	Not Provided
State/Ne 12th Grade (2021)	27.0%	12.5%	5.1%	1.7%	3.1%	Not Provided
Nation 12th Grade (2021)	38.6%	19.5%	8.8%	2.1%	5.0%	Not Provided
State/Ne 12th Grade (2018)	29.9%	13.9%	8.1%	4.2%	4.4%	Not Provided

Nebraska 8th graders report lower use of marijuana but higher misuse of prescription drugs and lifetime use of inhalants from 2018 to 2021. However, 10th graders almost across the board reflect a completely different picture as their reported use from 2018 to 2021 showed increases in all areas except lifetime use of marijuana. There are many factors to consider why this has occurred, one being the impact of the pandemic and how it may have caused a more difficult transition from middle school to high school for students. For 12th graders, lower use was reported for all areas from 2018 to 2021.

Of course, it is worth noting that while Nebraska 10th graders report increases from 2018 to 2021, they still remain below the national average.

The table below shows the percent of students who in 2021 reported driving and/or riding with someone in the last 30 days who had been drinking.

Grade Level	Drove Vehicle when had Been Drinking	Rode in Vehicle Driven by Someone who had Been Drinking
8th Grade	1.0%	17.6%
10th Grade	1.8%	14.3%
12th Grade	5.9%	13.5%

While the percent of students who reported that they had driven while they had been drinking alcohol is relatively low, we should acknowledge that almost all 8th graders and many of the 10th graders were not legally able to drive. However, when we look at the percent of students who report riding with someone had been drinking, those numbers are exponentially higher.

It is important to recognize 32 people die from alcohol-impaired driving accidents every day. That equates to about every 45 minutes, someone dies in the United States as a result of alcohol-impaired driving. And it should also be noted that the risk of being involved in a crash is greater for young people than for older people.

The table below shows the percent of students who reported driving and/or riding with someone in the last 30 days who had used marijuana.

Grade Level	Drove Vehicle when had used Marijuana	Rode in Vehicle Driven by Someone who had used Marijuana
8th Grade	0.9%	4.9%
10th Grade	3.0%	8.9%
12th Grade	6.8%	10.4%

It is often been believed by youth that it is safer to use marijuana and drive than it is to use alcohol and to drive and this table appears to support that misconception as more students who are of age to drive in 10th and 12th grade report driving after they used marijuana.

The table below shows the percentage of students in 2021 who reported they believe it is wrong or very wrong to use the listed substances:

Grade Level	Smoke Cigarettes	Drink Alcohol Once or Twice a Month Alcohol	Use Marijuana	Misuse Prescription Drugs	Use Other illegal Drugs
8th Grade	94.4%	85.8%	93.1%	94.4%	98.6%
10th Grade	88.9%	69.3%	77.6%	92.1%	96.4%
12 Grade	80.5%	53.5%	64.3%	91.9%	95.4%

Note. *Percentage who reported how wrong they think different substance use/behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

While at times it seems like our messages to youth about alcohol and other drugs falls on deaf ears, the table above reveals a very different truth. Youth not only hear the messages about drug use but they believe those messages.

The table below represents the Perceived* & Actual Current/Past 30-Day substance use in 2021 of students surveyed:

Grade Level	Perceived Smoked Cigarettes	Actual Smoked Cigarettes	Perceived Used/Drank Alcohol	Actual Used/Drank Alcohol	Perceived Used Marijuana	Actual Used Marijuana
8th Grade	11.6%	1.2%	13.7%	9.2%	8.7%	2.2%
10th Grade	17.2%	1.8%	30.4%	18.2%	21.2%	7.6%
12 Grade	17.3%	3.8%	37.6%	31.9%	26.3%	12.5%

**Perception based on following question: “Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?”*

The table above appears to dispel the “common belief” by youth that everybody or almost everybody (students) in their school use/drink alcohol and smoke marijuana.

And while the perceived use reported is higher than the actual use reported, the perceived use is still far below a majority percentage. This also strongly suggests that most youth don’t truly believe that most youth are drinking alcohol or smoking marijuana.

<https://bosr.unl.edu/nrpfss-state-level-data>
<https://www.nhtsa.gov/risky-driving/drunken-driving>