



## **Federation Membership Meeting & Public Safety Program**

Kelly Rankin LCSW, CSAC  
Substance Abuse Prevention Specialist  
Fairfax County Public Schools  
[Krankin@fcps.edu](mailto:Krankin@fcps.edu)  
703-287-2744



## Substance Abuse Prevention Specialists (SAPS)

Each school pyramid has a **Substance Abuse Prevention Specialist (SAPS)** assigned to provide substance abuse prevention, education, and intervention services. Substance Abuse Prevention Specialists are part of the FCPS Office of Student Safety and Wellness.

### **Key roles of a Substance Abuse Prevention Specialist:**

- § Alcohol, Tobacco, and Other Drug (ATOD) education for students, parents, and the Fairfax County Community.
- § Intervention services upon violation of the Student Rights and Responsibilities (SR&R) or suspected substance abuse involvement.
- § Assessing a student's level of substance use and, if appropriate, making referrals to Fairfax Community Service Board for additional services.
- § Group and individual prevention services for students, staff, parents, and the Fairfax County community.
- § Most importantly, building positive relationships with students to provide support and encouragement!
- § Parent permission is required.

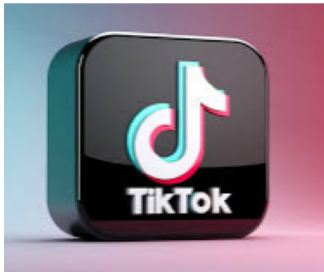
## 2022-2023 Youth Survey



Scan here to see the full youth survey results

- 1) Mental health concerns are trending down from last year
- 2) Substance Use reaches historic lows among Fairfax County Youth
- 3) Physical activity and amount of sleep improved
- 4) Extracurricular/volunteer activities improved but still lower than pre-pandemic levels
- 5) Most students feel safe at school and supported at home

# Phones and Social Media



## Monitor Phones Especially Social Media



### What to watch out for:

- Phones-most activities good or bad is done via text or social media. If you aren't sure what an emoji means look it up
- Kids tend to have the account approved by parents and then a secret account(s) parents don't know about.
- Making videos



IDG Communications (2020)





# What Are Opioids?

**Opioids** is a term used for the entire family of opiate drugs, including natural, synthetic and semi-synthetic.

**Opiates**-refers to any drug that is derived from the naturally occurring opium alkaloid compounds that are found in the poppy plant. Types of opiate drugs include opium, codeine, morphine.

These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain.

## OPIOID DRUGS INCLUDE:

- **Heroin**
- **Buprenorphine**
- **Codeine**
- **Fentanyl**
- **Hydrocodone**
- **Percocet** = Oxycodone + Acetaminophen



# A Little History

## The three phases of the opioid crisis

2005- Doctors stop over prescribing resulting to addicts getting pills on the street. Heroin becomes popular because its cheaper.

Heroin ▲ Fentanyl

1996-Big Pharma introduces OxyContin as a non-addictive pain medication. It was aggressively marketed and the start of our opioid epidemic. What we know now is the data was wrong and OxyContin is highly addictive.

2011 Fentanyl is added to Heroin and the overdoses skyrocket. Average age 22-30

2016 Fentanyl is added to other drugs.  
2021 Counterfeit pills become the new trend. Under 18 showing up on the overdose data

PILLS

Counterfeit pills

# Why is Fentanyl So Dangerous?

- Only **2 milligrams** of Fentanyl is considered a lethal amount, depending on the size of the person.
- To appreciate how small 2 milligrams is, a typical sweetener packet on a restaurant table contains approximately **1,000 milligrams**.



# Counterfeit pills



Authentic Percocet



Counterfeit Percocet



Authentic Xanax



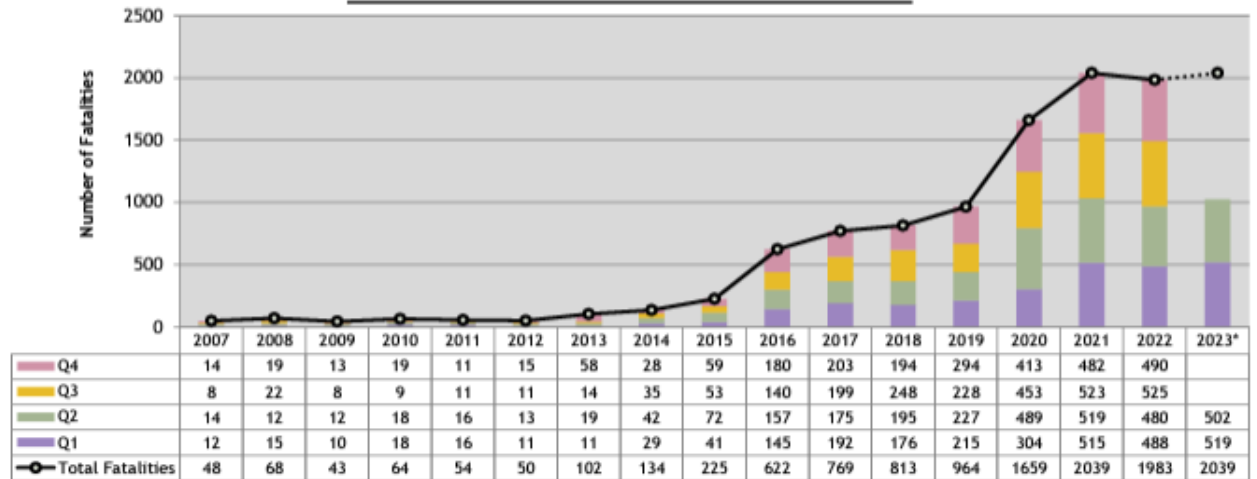
Counterfeit Xanax

# FENTANYL

The number of fatal fentanyl-related drug overdoses began increasing in 2012; which coincides with the dramatic increase in fatal heroin overdoses. Prior to 2013, most fentanyl-related deaths were due to illicit use of pharmaceutically produced fentanyl. However, in late 2013, early 2014, law enforcement investigations and toxicology testing demonstrated an increase in illicitly produced fentanyl. By 2016, most fatal fentanyl-related overdoses were due to illicitly produced fentanyl and fentanyl analogs, and not pharmaceutically produced fentanyl. For statistical purposes, 'fentanyl' includes all pharmaceutically produced fentanyl, illicitly produced fentanyl, and fentanyl analogs. The number of fatal fentanyl overdoses in 2022 compared to 2021 decreased by 2.7%. In 2022, fentanyl was involved in 75.7% of all drug overdose deaths.

The number of fatal fentanyl overdoses in 2022 compared to 2021 decreased by 2.7%. In 2022, fentanyl was involved in 75.7% of all drug overdose deaths.

**Total Number of Fatal Fentanyl Overdoses by Quarter and Year of Death, 2007-2023\***  
 Data for 2023 is a Predicted Total for the Entire Year

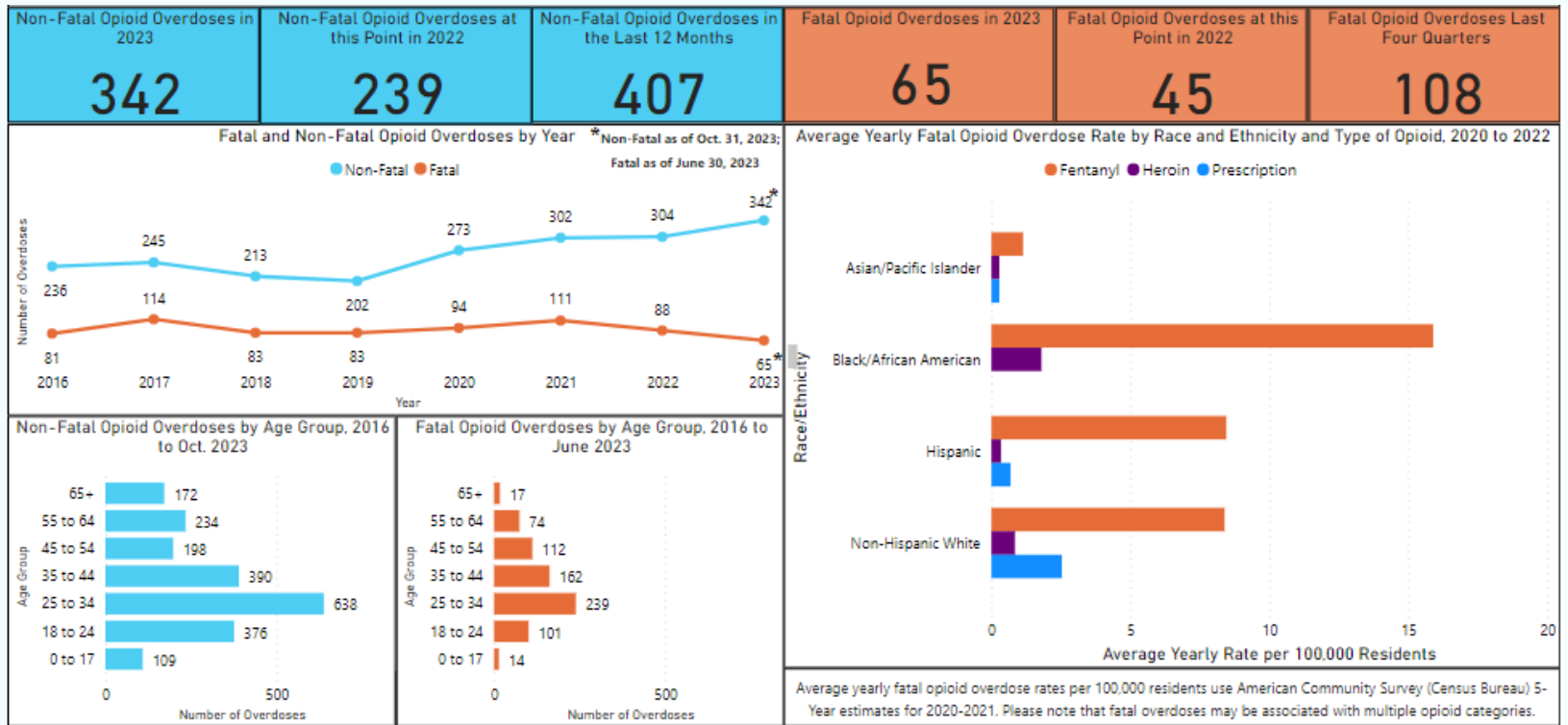


<sup>1</sup> Historically, fentanyl has been categorized as a prescription opioid because it is mass produced by pharmaceutical companies. However, law enforcement investigations and toxicology results have demonstrated that several recent fentanyl seizures have not been pharmaceutically produced, but illicitly produced. This illicit form of fentanyl is produced by international drug traffickers who import the drug into the United States and often, mix it into heroin being sold. This illicitly produced fentanyl has been the biggest contributor to the significant increase in the number of fatal opioid overdoses in Virginia.

<sup>2</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

# Opioid Overdoses in the Fairfax Health District

February 16, 2023: To increase transparency and community awareness, the Fairfax County Health Department has updated the Opioid Overdoses Dashboard. These changes better inform residents about trends in non-fatal and fatal opioid overdoses in the Fairfax Health District. See details at: [Opioid](#)

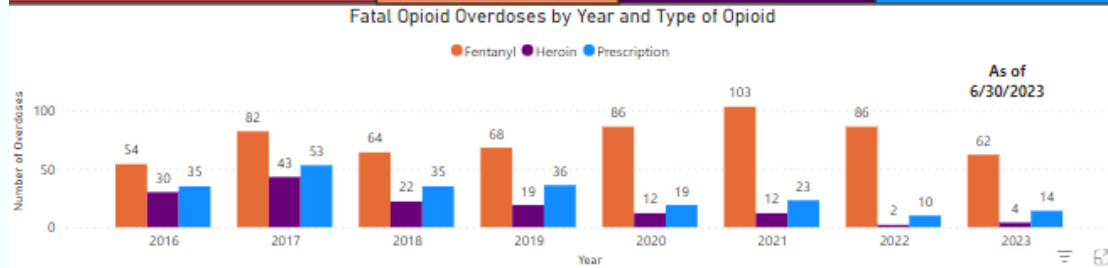


# Opioid Overdoses in the Fairfax Health District

## Fatal Opioid Overdoses Occurring in Fairfax Health District, 2016 to June 2023

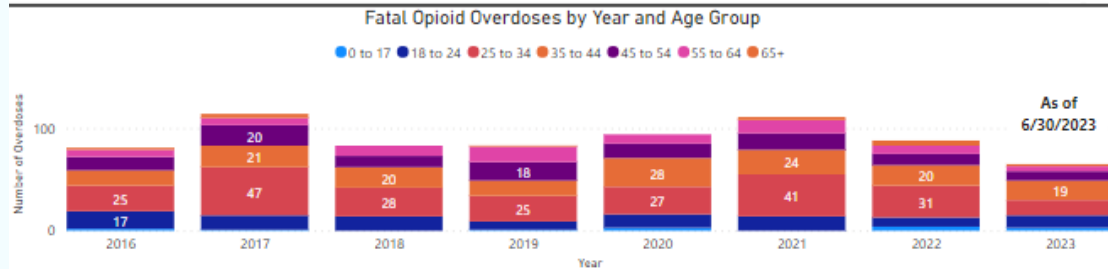
Data on fatal opioid overdoses is obtained from the Office of the Chief Medical Examiner (OCME) of Virginia. Cases are classified as associated with fentanyl (including fentanyl analogues), heroin, or prescription opioids based on laboratory testing and forensic investigation. For more information, please visit the OCME web page at: <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>. For some deaths, multiple categories of opioid (fentanyl, heroin, and prescription opioids) contributed to the death. Therefore, some fatal overdoses are associated with multiple opioid categories. Data on fatal opioid overdoses is through June 30, 2023.

<b>Total Fatal Opioid Overdoses</b> <span style="font-size: 2em; font-weight: bold;">719</span>	<b>Fentanyl</b> <span style="font-size: 2em; font-weight: bold;">605</span>	<b>Heroin</b> <span style="font-size: 2em; font-weight: bold;">144</span>	<b>Prescription</b> <span style="font-size: 2em; font-weight: bold;">225</span>	Deaths are classified by the medical examiner based on laboratory findings and forensic investigations. <b>Please note that fatal overdoses may be associated with multiple opioid categories.</b>
--	--	--	--	--



A growing proportion of opioid overdose deaths from 2016 to present have involved fentanyl.

Since 2020, greater than 90% of all opioid overdose deaths have involved fentanyl.



Fatal opioid overdoses peaked in 2017 and again in 2021 before declining in 2022.

Over half of the fatal opioid overdose cases from 2016 to present have occurred among the 25 to 34 and 35 to 44 age groups.

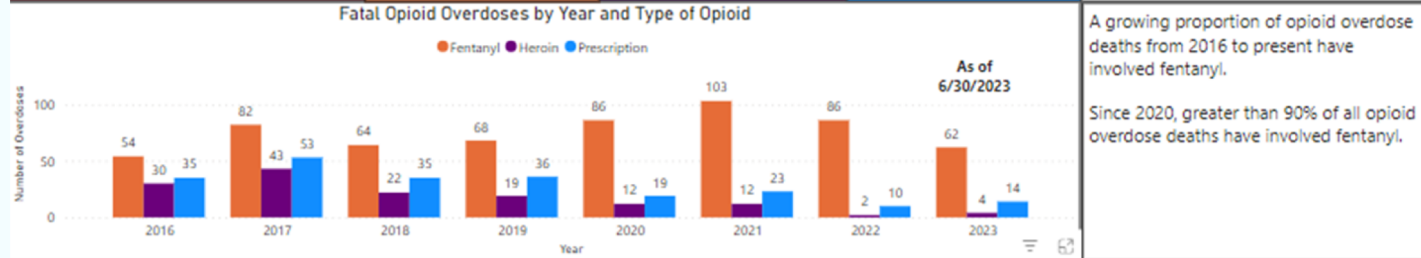


# 2020

## Fatal Opioid Overdoses Occurring in Fairfax Health District, 2016 to June 2023

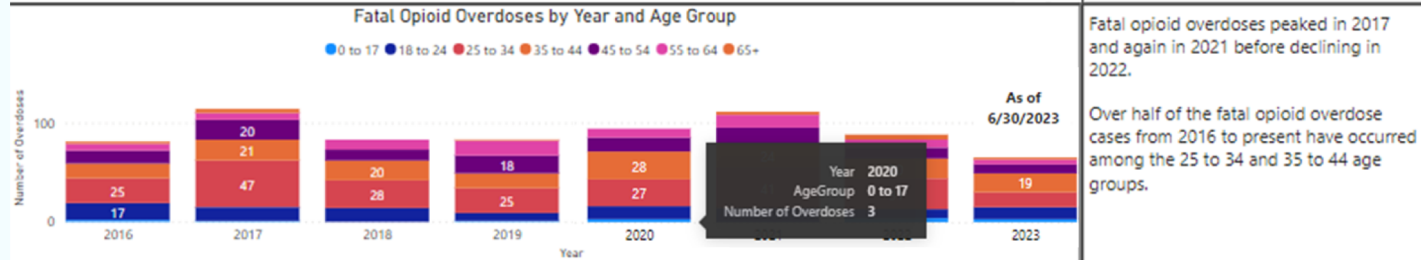
Data on fatal opioid overdoses is obtained from the Office of the Chief Medical Examiner (OCME) of Virginia. Cases are classified as associated with fentanyl (including fentanyl analogues), heroin, or prescription opioids based on laboratory testing and forensic investigation. For more information, please visit the OCME web page at: <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>. For some deaths, multiple categories of opioid (fentanyl, heroin, and prescription opioids) contributed to the death. Therefore, some fatal overdoses are associated with multiple opioid categories. Data on fatal opioid overdoses is through June 30, 2023.

<b>Total Fatal Opioid Overdoses</b> <span style="font-size: 2em; font-weight: bold;">719</span>	<b>Fentanyl</b> <span style="font-size: 2em; font-weight: bold;">605</span>	<b>Heroin</b> <span style="font-size: 2em; font-weight: bold;">144</span>	<b>Prescription</b> <span style="font-size: 2em; font-weight: bold;">225</span>	Deaths are classified by the medical examiner based on laboratory findings and forensic investigations. <b>Please note that fatal overdoses may be associated with multiple opioid categories.</b>
--	--	--	--	--



A growing proportion of opioid overdose deaths from 2016 to present have involved fentanyl.

Since 2020, greater than 90% of all opioid overdose deaths have involved fentanyl.



Fatal opioid overdoses peaked in 2017 and again in 2021 before declining in 2022.

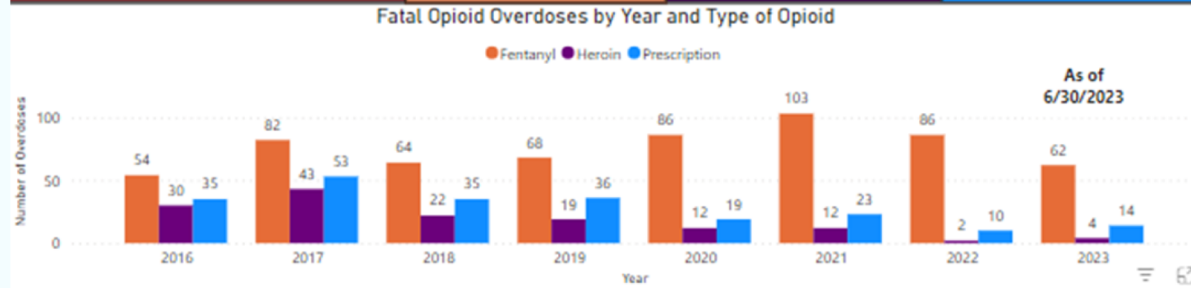
Over half of the fatal opioid overdose cases from 2016 to present have occurred among the 25 to 34 and 35 to 44 age groups.



## Fatal Opioid Overdoses Occurring in Fairfax Health District, 2016 to June 2023

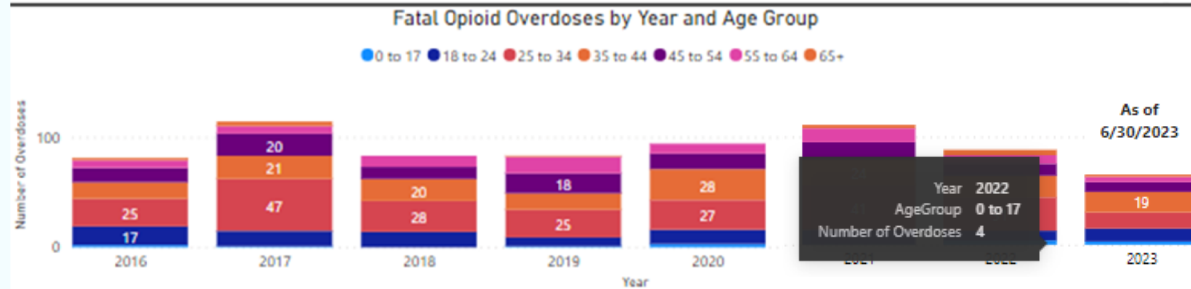
Data on fatal opioid overdoses is obtained from the Office of the Chief Medical Examiner (OCME) of Virginia. Cases are classified as associated with fentanyl (including fentanyl analogues), heroin, or prescription opioids based on laboratory testing and forensic investigation. For more information, please visit the OCME web page at: <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>. For some deaths, multiple categories of opioid (fentanyl, heroin, and prescription opioids) contributed to the death. Therefore, some fatal overdoses are associated with multiple opioid categories. Data on fatal opioid overdoses is through June 30, 2023.

<b>Total Fatal Opioid Overdoses</b> <span style="font-size: 2em; font-weight: bold;">719</span>	<b>Fentanyl</b> <span style="font-size: 2em; font-weight: bold;">605</span>	<b>Heroin</b> <span style="font-size: 2em; font-weight: bold;">144</span>	<b>Prescription</b> <span style="font-size: 2em; font-weight: bold;">225</span>	Deaths are classified by the medical examiner based on laboratory findings and forensic investigations. <b>Please note that fatal overdoses may be associated with multiple opioid categories.</b>
--	--	--	--	--



A growing proportion of opioid overdose deaths from 2016 to present have involved fentanyl.

Since 2020, greater than 90% of all opioid overdose deaths have involved fentanyl.



Fatal opioid overdoses peaked in 2017 and again in 2021 before declining in 2022.

Over half of the fatal opioid overdose cases from 2016 to present have occurred among the 25 to 34 and 35 to 44 age groups.

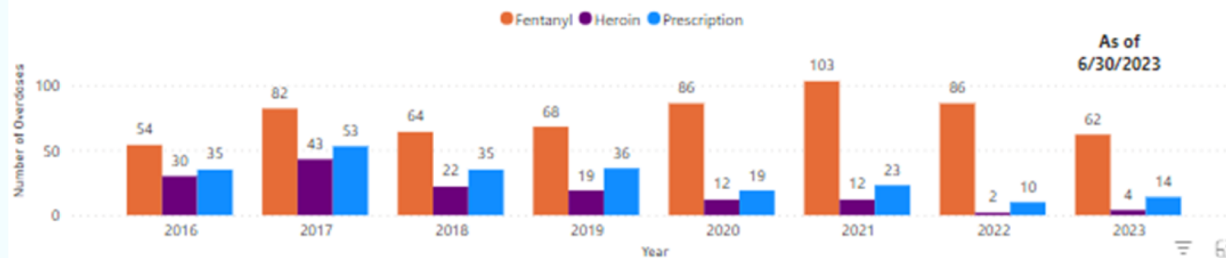
# 2023

## Fatal Opioid Overdoses Occurring in Fairfax Health District, 2016 to June 2023

Data on fatal opioid overdoses is obtained from the Office of the Chief Medical Examiner (OCME) of Virginia. Cases are classified as associated with fentanyl (including fentanyl analogues), heroin, or prescription opioids based on laboratory testing and forensic investigation. For more information, please visit the OCME web page at: <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>. For some deaths, multiple categories of opioid (fentanyl, heroin, and prescription opioids) contributed to the death. Therefore, some fatal overdoses are associated with multiple opioid categories. Data on fatal opioid overdoses is through June 30, 2023.

<b>Total Fatal Opioid Overdoses</b> <span style="font-size: 2em; font-weight: bold;">719</span>	<b>Fentanyl</b> <span style="font-size: 2em; font-weight: bold;">605</span>	<b>Heroin</b> <span style="font-size: 2em; font-weight: bold;">144</span>	<b>Prescription</b> <span style="font-size: 2em; font-weight: bold;">225</span>	Deaths are classified by the medical examiner based on laboratory findings and forensic investigations. <b>Please note that fatal overdoses may be associated with multiple opioid categories.</b>
--	--	--	--	--

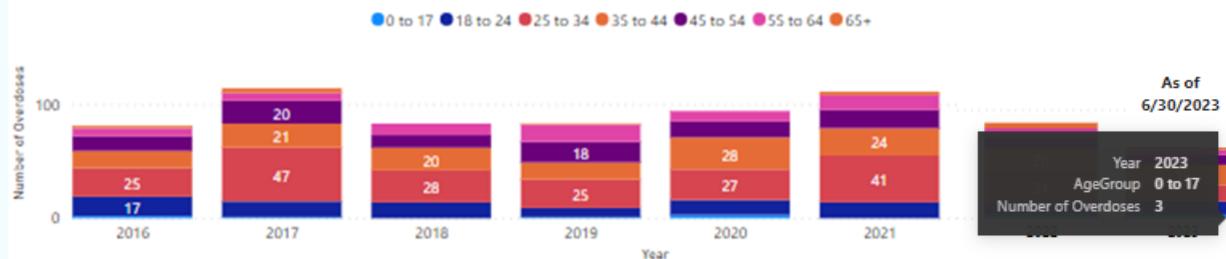
Fatal Opioid Overdoses by Year and Type of Opioid



A growing proportion of opioid overdose deaths from 2016 to present have involved fentanyl.

Since 2020, greater than 90% of all opioid overdose deaths have involved fentanyl.

Fatal Opioid Overdoses by Year and Age Group



Fatal opioid overdoses peaked in 2017 and again in 2021 before declining in 2022.

Over half of the fatal opioid overdose cases from 2016 to present have occurred among the 25 to 34 and 35 to 44 age groups.

IT WON'T  
HAPPEN  
TO ME

 *then who does it happen to?*

<https://awareawakealive.org/>

# What Does an Opioid Overdose Look Like?

## KNOW THE SIGNS



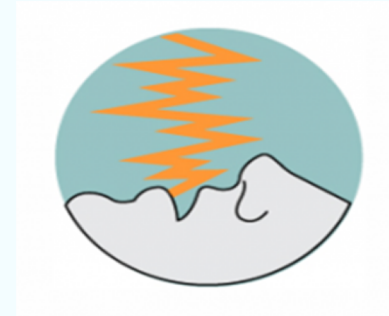
### **Not Responding**

Doesn't move and can't be woken



### **Slow or Not Breathing**

A breath every 5 seconds is normal



### **Making Sounds**

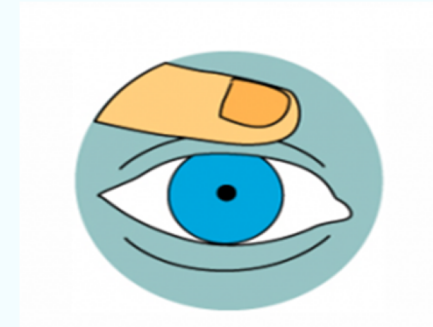
Choking, gurgling sounds, or snoring



### **Blue Lips & Nails**



### **Cold or Clammy Skin**



### **Tiny Pupils**

**Naloxone is the only effective  
response to an opioid  
overdose emergency!**

Nothing else will work – vomiting,  
ice baths, other drugs, slapping,  
etc.

# Narcan/Naloxone



The Fairfax County Community Services Board will be providing a Narcan Training after the presentation

Naloxone is a medicine that rapidly reverses an opioid overdose.

This means that it attaches to opioid receptors and reverses and blocks the effects of other opioids.

Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.

Naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder.

## REVIVE!

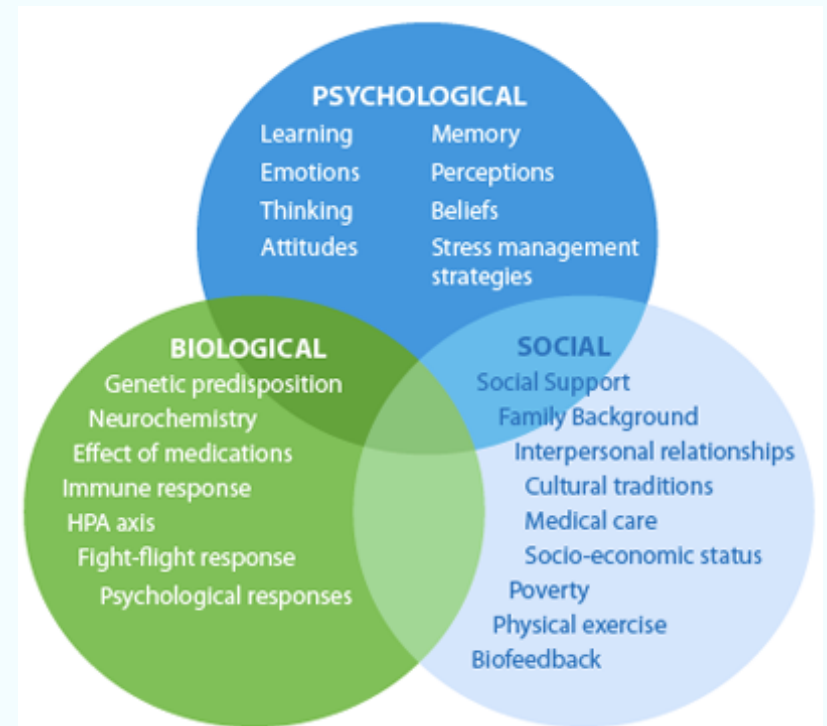
- **REVIVE!** trains individuals on:
  - How to recognize the signs and symptoms of an opioid overdose
  - How to administer naloxone to potentially reverse the effects of an opioid overdose
  - What to do and not do when responding
- Each attendee receives a free REVIVE! kit, which includes all the supplies needed to administer naloxone.
- Spanish Course Available
- More information and upcoming training dates: <http://bit.ly/revive-csb>



Scan this  
QR code for  
more  
information.

## What Makes Students Vulnerable to Substance Abuse?

- Peers who use substances
- Poor Parental Monitoring
- Stress
- Mental health concerns
- Family History of Addiction
- Environment
- Adverse Childhood Experiences (ACEs)
- Trauma
  - Personal
  - Family
- Favorable parental attitudes toward the behavior
- Rejection of sexual orientation or gender identity
- Lack of school connectedness





# Prevention Strategies

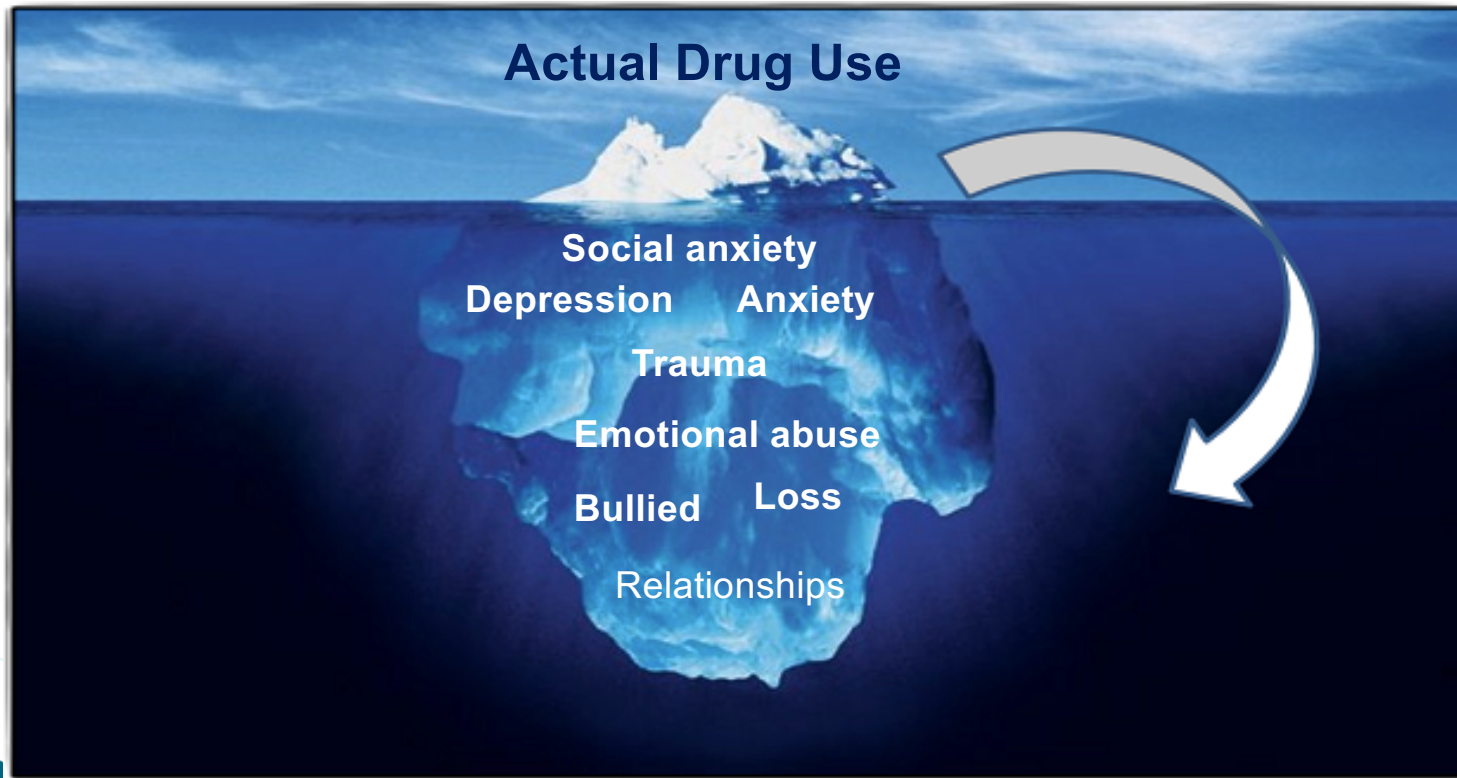


Talk They Hear You



- Talk to your child about drugs
- 60 min lecture vs 60 (1) minute talks
- Talking in the car
- Eat dinner together
- Have an “escape” plan when you child is uncomfortable
- Role play scenarios
- Talk about family history
- Monitor use of prescription medications/ keep them locked
- Search rooms, back packs and internet history
- Parental supervision-check-in with other parents
- Get child/family treatment for trauma, grief, family addiction, mental health concerns, etc.
- Be clear about family rules and expectation. Stick to the consequences
- SAMHSA-Talk They Hear You

# Understanding Why People Use



## Resources



Kelly Rankin LCSW, CSAC  
[Krankin@fcps.edu](mailto:Krankin@fcps.edu)  
703-287-2744

Fairfax County Community Services Board



FCPS Substance Abuse Prevention Program

