

Fighting a Poppyseed In a Haystack

BY SUKI WESSLING

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The Fentanyl Epidemic Hits Santa Cruz

QUICK TRUE/FALSE QUIZ FOR PARENTS:

- ➔ Fentanyl overdoses mainly happen to homeless drug addicts
- ➔ Fentanyl overdoses happen to people who knew they were taking a dangerous substance
- ➔ Opioid abuse isn't as big a problem in Santa Cruz County as methamphetamines

If you answered “true” to any of those myths, it’s not surprising. Most parents in Santa Cruz have no idea of the crisis that has been happening quietly behind the front doors of homes from Pajaro to SLV. Most parents have no idea that while significant progress has been made with opioid addicts from the last wave (largely older adults who got hooked on legal prescription drugs), a new crisis has hit our younger population.

Growing Up hopes that you will read this article and the accompanying resources to understand what is happening, and then take steps to protect those around you.

A SUDDEN, STEEP RISE

Young people in Santa Cruz are dying in a wave of fentanyl-laced street drugs in never-before-seen numbers. Between Jan. 2020 and Sept. 2021, four teens and 10 people in their twenties died—mostly in private homes spread all around the county. Since September, families report several more teen/young adult deaths as yet uncompiled by the county. Though that number is still dwarfed by the

number of middle-aged, mostly white male victims, it is an alarming and steep rise from a time when fentanyl was only an issue for hardcore users.

“When we started in 2015, the majority of the opioid epidemic was prescription-related opioids, so that was somewhat of a more manageable problem,” says Rita Hewitt, Program Manager of SafeRx, which partners with the County to address addiction and treatment.

Hewitt, who has lost four friends to the current epidemic, says that

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methamphetamines were a bigger problem in the past, but epidemiologists saw the wave coming, and now that wave is cresting. The combination of isolation caused by the pandemic, inadequate mental health resources for young people, and sudden availability of cheap narcotics flooding in from Mexico is causing drug treatment whiplash for everyone involved in policy in our county, from the sheriff’s department to treatment counselors.

WHAT’S GOING ON WITH OUR KIDS?

The biggest drug use issues seen in kids are with what they perceive as prescription medications. They are often more casual about these drugs than they would be about a perceived street drug like heroin. They see their parents taking prescriptions, and know that doctors prescribe them. But recently the County of Sacramento found that 99% of the realistic-looking prescription meds for sale on the street were counterfeit, and 99% of them contained fentanyl no matter how they were marked.

Some young people have always sought out drugs as pleasure activities, but mental health professionals say that the pandemic has led to a rise in depression and anxiety that is going untreated. Without access to treatment, or because they are trying to hide it from their families, many of the young people harmed by fentanyl are seeking well-known pharmaceuticals like Xanax.

Sophie Véniel, whose young adult son died early this year, says that we need a change of language.

“All the media are calling it an overdose,” she points out. “So [people think], it’s OK, this is a junkie, he got an overdose, he deserved it. He knew what he was getting into. But that’s not what’s going on. It’s poison that’s added.”

Véniel’s son, who suffered from anxiety but was given inadequate care by his local health provider when he sought help, took half a Xanax that he bought from a dealer. The pill looked exactly like the official ones from the pharmacy.

But it was laced with poison: a lethal dose of fentanyl.

He died in his sleep, with no one to notice that he was unresponsive.



WHY ARE THEY KILLING THEIR CUSTOMERS?

This is the question that everyone immediately asks about the Mexican drug cartels sending lethal drugs across the border. But the answer is, the deaths are only a byproduct of a marketing decision.

Fentanyl is very cheap to make. It also creates an instant high and almost immediate addiction. And the doses are so small, one baggie of the drug is enough to kill every resident of Santa Cruz County. Last year the DEA seized enough fentanyl to kill every American. It is 80 to 100 times stronger than morphine and a dose the size of a grain of sand can be fatal.

It's a cold-blooded business decision to spike pills with fentanyl: The customers who don't die get hooked on a cheap and plentiful drug, and they want more.

WHAT ARE LOCAL AUTHORITIES DOING ABOUT IT?

No one is sitting idly by, it turns out. Top on the list was to prevent deaths as quickly as possible, and that means that every first responder, along with many others from school nurses to pharmacies, are supplied with naloxone, the opioid reversal medication that can save lives with a squirt into the nose.

"If it were not for Narcan, [the death rate] would be much higher," says Joyce Blaschke of the Santa Cruz Police Department. "SCPD Officers, SCFD and medics have been able to reverse the overdose by administering naloxone."

The County Sheriff is most often the first responder, and they've been busy around the county not only saving lives, but coordinating with others to educate residents about the risks and the appropriate use of Narcan. County Health Services Agency reports 199 overdoses reversed using Narcan from January through August, 2021.

"I'm working with the schools to get cases [of Narcan] on campus there," says Hewitt, of SafeRX. She hopes that soon students will be able to request the medication at school, but in the meantime, she says that SafeRx and she personally will get it to anyone who thinks they might need it. The state now requires that all pharmacies give out Narcan on request.

On top of treatment, authorities are stepping up monitoring the pipelines getting the drugs into the community, and prosecuting more aggressively. If someone provides a substance containing fentanyl to someone who dies as a result, the provider can be charged with murder, as a teen was recently in San Jose.

WHAT ARE THE MYTHS WE NEED TO WATCH OUT FOR?

Despite rumors, there are currently no documented cases of fentanyl-laced marijuana sold to unsuspecting customers. Although there have been overdoses due to this mode of ingestion, they all appeared to be created by the consumer.

There are no "safe sources" of drugs on the black market. Anti-anxiety and pain pill prescriptions should be filled only at pharmacies.

You can't build up a tolerance to lethal doses of fentanyl. Although committed opioid users do not suffer overdoses at the rate of new users, a lethal dose is lethal to anyone.

Fentanyl test strips are highly unreliable and offer a false sense of security. Users should assume that any pill they take contains fentanyl and they are at risk of an overdose.

WHAT MORE CAN WE DO?

Véniel, whose son William, 27, died several weeks ago, says that parents and educators need to open their eyes to how young people are finding out about and accessing these lethal drugs. They no longer have to go out to a dark street corner.

"The deals are made on social media," she says. "Somebody can show up at your door within 10 minutes. Parents find their child dead in their room."

Old-fashioned anti-drug programs, says Hewitt, are counterproductive. "I was a D.A.R.E. child in the nineties and we all know that wasn't an effective method. I think it just comes down to open and honest communication."

That communication should include factual information presented not as scare tactics or shaming, and a family commitment to being open to questions and discussion.

"We encourage [parents] to not only talk to [children] about the dangers, but come up with a game plan or response if they're offered narcotics," says Ashley Keehn of the County Sheriff's Office.

These days, "Just Say No" is nowhere near enough.

"My son did not want to die, I know that," Véniel says. "Most of the people who take it don't want to die. They're being murdered."

RECOGNIZE AN OVERDOSE

Drowsiness, unresponsive, blue lips and fingernails, clammy skin, decreased heart rate.

**WHEN IN DOUBT,
ADMINISTER NAXOLONE
AND CALL 911.**

PROTECTION STARTS WITH EDUCATION AND CONVERSATION

Have some frank discussions with your children today.

Research shows over and over that nonjudgmental, open conversation with children is the best way to keep them from harm. We parents have no trouble talking with our kids about the dangers of running into busy streets or eating junk food. But we have a lot more trouble having those same conversations about sensitive topics like sex and drugs.

Unfortunately, we have to have those conversations. In age-appropriate ways, our children need to learn how to navigate the world they're in, not the world we wish they were in.

1 SCARE TACTICS AND SHAMING ALWAYS BACKFIRE

...Yet we all fall victim to it. Resist this impulse and if you do find yourself doing it, apologize to your children and explain what you did wrong.

2 NORMALIZE CONVERSATION

Families who regularly talk about difficult topics have an easier time talking about difficult topics. Make a habit of bringing up important issues at times that make sense for your family, whether it's a formal family meeting time or commute time in the car.

3 ASK THEM QUESTIONS... AND LISTEN

For all you know, your child has been wanting to tell you something but was frightened of your potential reaction. Perhaps they have already taken street drugs, or a friend did and they are concerned. Perhaps they heard a rumor and are confused but don't know where to turn for good information. "What do you need from me?" is always a good place to start when your child expresses concern.

4 TELL THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH

Lying about or inflating dangers will lead your children not to trust you. Right now, the actual facts are scary enough.

5 SEEK PROFESSIONAL HELP IF YOU ARE IN OVER YOUR HEAD

If you know or fear that your child is buying street drugs and you feel unable to help them, get help for yourself. Call one of the resources in our list, enlist the help of a friend or your own medical professional, and don't feel that you have to suffer alone.

4 Almost all street drugs now contain fentanyl. Always assume that a pill you didn't pick up yourself from the pharmacy is not what it's labeled to be.

5 Young people in Santa Cruz County are dying because they took a pill that contained fentanyl.

6 It doesn't matter if you know the person who gave it to you. All street drugs should be assumed to be lethal.

7 Fentanyl test strips sometimes work. But they often don't, either because the drug maker changed the formula slightly or because the part of the pill being tested doesn't contain the grain of fentanyl.

8 All households should have Narcan/naloxone on hand, even if the whole family knows that they will never use it. Everyone in the household should know where it is stored, and know the warning signs of an opioid overdose. It will not hurt someone to administer Narcan if they have not overdosed. You should always call 911 immediately after administering Narcan because the person who overdosed is likely to relapse a short time after being revived.

9 If your children know others who are using street drugs or stealing their parents' prescription opioids, they should carry Narcan and be ready to use it and call 911.

10 Anyone who uses street drugs should never do so alone. Do not leave someone who has taken or plans to take pills, no matter how small they believe the dose to be.

11 Your children should consider themselves ambassadors of trustworthy information.

RESOURCES:

<https://www.songforcharlie.org/>

Song for Charlie is a family-run nonprofit charity dedicated to raising awareness about 'fentapills' — fake pills made of fentanyl. The website offers parent educational materials.

<https://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/SubstanceUseDisordersServices/YouthTreatmentCoordination.aspx>

County Health's list of tips for considering whether an adolescent has a problem with alcohol or other drugs.

<http://www.communitypreventionpartners.com/> Community Prevention Partners addresses youth and community safety through sustainable alcohol and drug prevention efforts.

<https://www.hipscc.org/saferx>

SafeRx Santa Cruz County offers support for prevention, increased treatment access, and evidence-based harm reduction practices, to improve community well-being and save lives.

FACTS TO SHARE WITH YOUR CHILDREN

1 There is no safe dose of fentanyl that is administered outside of a hospital.

2 It is never safe to use medication prescribed for someone else.

3 A grain of fentanyl the size of a poppyseed can kill you.

Schools Look at New Forms of Discipline

BY SUKI WESSLING

“Once they looked through the lens of equity, they realized that school discipline had to be reformed—now.”

When you say “discipline,” most people imagine punishment. When you say “suspension,” people imagine kids being sent home. When you say “behavior,” people imagine bad behavior rather than behavioral health.

Santa Cruz’s County Office of Education is trying to turn all these suppositions on their heads, and it all started with the numbers.

“We started asking the question, are we treating students differently based on their ethnicity?” said County Superintendent of Schools Faris Sabbah. “We have been gathering data from a variety of places and looking at it through an equity lens.”

Sabbah and the others quoted in this article presented the COE’s new approach to discipline to community members at an Inside Education meeting last fall. Once they looked through the lens of equity, they realized that school discipline had to be reformed—now.

The statistics for Aptos High offered astounding clarity. Sabbah says that even though 40 percent of the students on campus were Latinx, 100 percent of students in detention were Latinx. “We started looking at the data and we found that every student there had received the consequences for something serious, but we found another group of students who had participated in the same behavior and were given community service. It was so tied to ethnicity—it was such an obvious example of inequity—we were able to dismantle it right away.”

The worst systems of the past have been dismantled in California. Corporal punishment is illegal. Staff receive anti-bias training and are more diverse than in the past.

But persistent attitudes about the purpose of discipline and how to enforce it reinforce the inequity that we see in our schools. Local educators are taking a hard look at ‘the infamous K’—ed code 4900K, which allows students to be suspended as punishment for any distraction or willful defiance. “We want our school to be just, not manifestations of inequity that exists in society at large,” Sabbah explains.

A lot of student discipline is in response to substance abuse. Brenda Armstrong, Prevention Program Manager for the County, gives an example of how meting out punishment in response to substance abuse has the opposite of the intended consequence. One student she worked with had been bound for college until his suspension.

“After he got suspended, the schools

offering scholarships backed out. I was so disillusioned that this was the process we were using. Why did we react with punishment rather than addressing the root cause?”

COE is responding by changing their suspension model. In the past, students were disciplined by sending them home. This could have a variety of unintended consequences, such as the fight that sent Sarah Emmert’s son home from middle school.

“The students got suspended. The other student was our neighbor, so the boys just played together the whole day they were out of school!”

Emmert is Director of Community Impact at United Way, which is deeply involved in helping COE refocus student discipline on “restorative practice” which is “trauma-informed.” As much as these terms might sound like liberal buzzwords, they’re actually quite practical. A new focus on “in-

school suspension,” where a student doesn’t “get away with” misbehavior but does get the guidance of caring adults and reintegration into their school environment when possible, works much better than the old model. Rather than staying home and playing video games, students stay in school and work with staff to get to the root of their problems at school and return to classes.

That’s where trauma comes in. As child behavior expert Dr. Ross Greene says, “kids do well if they can.” Adults often look past the trauma that underlies misbehavior, treating the behavior rather than the root cause. COE is working to change that.

In some cases, in-school suspension is not appropriate, and students can’t be reintegrated back into their mainstream school. That’s where the system of small, alternative schools comes into play. These schools are small by design so that staff can get to know each and every student. Students who feel lost, bullied, or threatened in large schools find that the staff at these schools are dedicated to helping them integrate into a community.

“Being trauma-informed starts with relationships, having that routine and

predictability that provides a sense of safety,” explains Cristal Renteria, site administrator at Sequoia Schools. “We have no idea what students are carrying with them.”

Dollar for dollar, this new approach to helping students who act out at school is more effective. But more importantly, it’s a more equitable system that focuses on helping students become functional adults, rather than funneling them into the “school-to-prison pipeline.”

Denise Sony Sanson, Executive Director of Career Advancement Charter, a small school for students in their late teens who need direct intervention, remembers one new student in particular.

“I asked her, ‘what do you like about this school?’ [I was] trying to have open-ended questions, engage in dialogue,” Sanson remembers. “She shared with me, ‘I feel safe here’.”

Students who feel safe, who feel noticed and appreciated—that’s what educators hope will come out the other end of this new, supportive pipeline they are building for our at-risk youth.

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