SHAC School Health Advisory Committee

Olga M. Moucoulis Chief of Staff and Communications December 5, 2023



PROFESSIONALISM & ACCOUNTABILITY& COMMUNICATION



Agenda

Review Minutes for September 20th, 2023
 Identify parents for approval

Bienestar-Presentation

 David Saldana

 Physical Activity and Fitness Planning Subcommittee

HB 3908 Tuckers Law

SHAC to recommend appropriate grade level, the number of instruction hours, and Curriculum regarding the dangers of opioids



PROFESSIONALISM & ACCOUNTABILITY& COMMUNICATION





Fentanyl and Naloxone Legislative Updates

Your text here





Objectives:

- Discuss Fentanyl and Opioid Antagonist 88(R) Legislative Requirements ۲
- Discuss Current Drug Death Trends in Texas website ۲
- Discuss TEA and other Resources for Fentanyl and Opioid Antagonist Awareness Training



Current Drug Death Trends in Texas:

Fentanyl Death Tracking Dashboard



Texas 88th Legislative Session



SB 629 - Administration of Opioid Antagonists (Naloxone/Narcan)

Each school district **shall** adopt and implement a policy for **grades 6-12** regarding the maintenance, administration, and disposal of opioid antagonists at each campus in the district. A district may have a policy for campuses **below grade 6**.

An open-enrollment charter school or private school may adopt and implement a policy regarding the maintenance, administration, and disposal of opioid antagonists.

Policy Deadline: January 1, 2024 •

Immunity from liability statements are included for persons administering Naloxone/Narcan in good faith.



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Order Now!



- SB 629 Reporting Requirements Overview
 - A report must be submitted no later than the **10th business day** after Naloxone/Narcan 0 administration to:
 - School district, Charter holder, or Governing body as applicable
 - Physician/Provider who prescribed the Naloxone/Narcan
 - Commissioner of State Health Services
- SB 629 Prescription Requirements Overview
 - A physician or other person who prescribes opioid antagonists shall provide the school with a 0 standing order for the administration of an opioid antagonist to a person reasonably believed to be experiencing an opioid-related drug overdose.
 - A pharmacist may dispense an opioid antagonist to a school district, open-enrollment charter school, 0 or private school without requiring the name or any other identifying information relating to the user.





SB 629 - Opioid Training

Each school district, open-enrollment charter school, and private school that adopts a policy is responsible for training **school personnel** and **school volunteers** in the administration of an opioid antagonist.

- Training **must** include information regarding:
 - Recognizing the signs and symptoms of an opioid-related drug overdose
 - Administering an opioid antagonist
 - Implementing emergency procedures, if necessary, after administering an opioid antagonist
 - Properly disposing of used or expired opioid antagonists



- Training must be provided in a formal training session or through online education in • accordance with the policy adopted under TEC 21.4515.
- Each school district, open-enrollment charter school, or private school that adopts a policy • under TEC 38.222 must maintain records on the training required under this section.



RISK FACTORS FOR OVERDOSE

- Loss of Tolerance After Treatment, Incarceration, Abstinence
- Mixing Drugs
- Chronic conditions like cardiovascular, liver and lung disease, and depression
- Using alone
- Variation in strength of 'street' drugs



DURATION OF EFFECT

- Methadone: 24–36 hours
- Heroin: 6–8 hours
- Oxycodone: 3–5 hours, except extended release formulations
- Codeine: 3–4 hours
- Demerol: 2–4 hours
- Morphine: 3–6 hours

(IMF)Fentanyl: 2 hours, however, also available as a patch,

which lasts 3 days not (IMF)



NARCAN CAN REVERSE THESE OPIOIDS

- Codeine
- Fentanyl (Duragesic)
- Heroin
- Hydrocodone (Vicodin)
- Hydromorphone (Dilaudid)
- Illicitly-made Fentanyl (IMF)
- Methadone
- Morphine
- Oxycodone (Oxycontin, Percodan, Percocet)

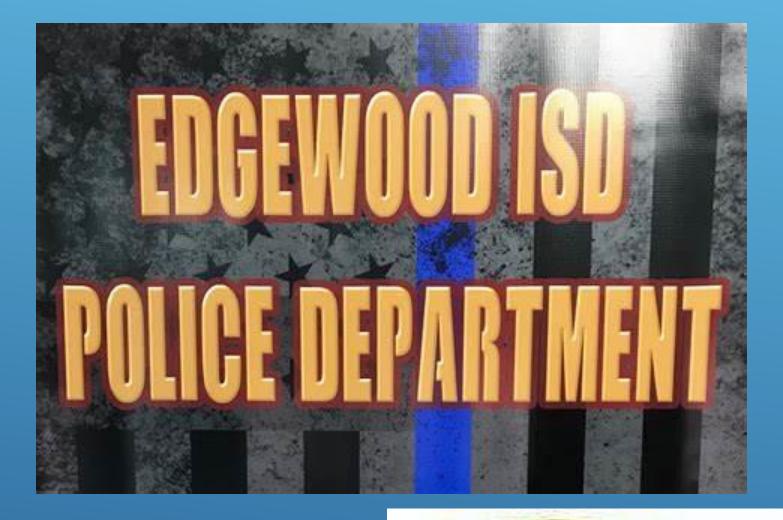




HB 3908 (Tucker's Law) - SHAC Duties

SHAC duties include recommending appropriate grade levels, the number of instruction hours, and curriculum regarding the dangers of opioids to include:

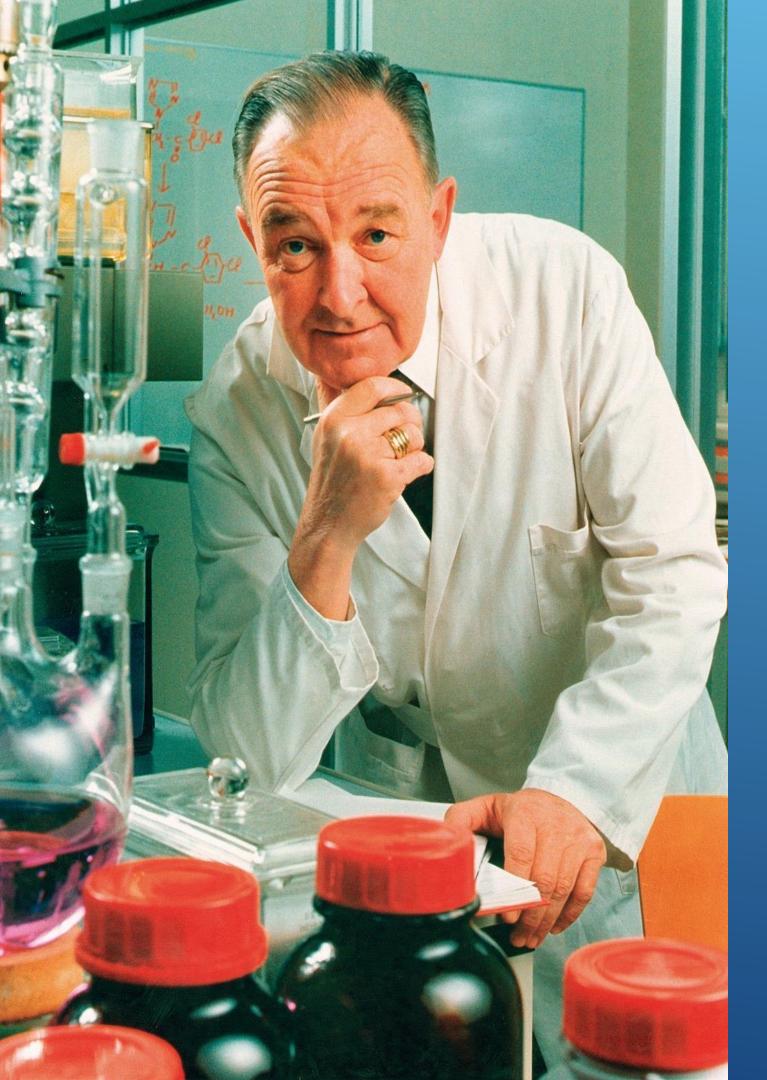
- Opioid addiction and abuse, including synthetic opioids such as Fentanyl •
- Methods of administering an opioid antagonist (Naloxone/Narcan) \bullet



Officer Tina Egelston Badge # 18 Edgewood ISD Police Department 5358 W. Commerce St S. A. TX 78237 Office 210-898-2025 Fax 210-898-2088



14 years as a Police Officer SRO, Mental Health Officer, FTO, Intermediate PO License



HISTORY OF FENTANYL

• Fentanyl was first synthesized in Belgium by Paul Janssen under the label of his relatively newly formed Janssen Pharmaceutica in 1959 and introduced in the 1960s

- heart function.

Used for pain and anesthetic, cancer, poor

• Fentanyl is an opioid analgesic that is 100 times more potent than morphine.

12/5/2023

It carries a high risk of dependence and addiction, as well as risk overdose due to extreme potency. after surgical procedures, but the U.S. National Library of **Medicine lists several** warnings for who can who is prescribed fentanyl.



In some cases, it is prescribed prescribe fentanyl patches and



How is it consumed? snorted/sniffed, smoked, orally by pill or tablet, spiked onto blotter paper, patches, sold alone or in combination with heroin and other substances, has been identified in fake pills, mimicking pharmaceutical drugs such as oxycodone

Street Names

Apace, China Girl, China Town, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, Poison and Tango & Cash

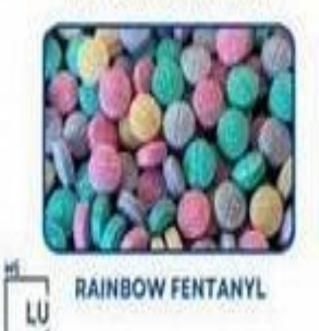
WHAT DOES FENTANYL LOOK LIKE?



Fentanyl is most commonly seen in blue, greenish, or pale-colored counterfeit pills. Fentanyl may also be in white powders.



POWDERED FENTANYL





LIQUID FORM



FENTANYL PATCHES

12/5/2023





Some of the other ways fentanyl affects the body, particularly when it's abused or used other than how it's prescribed, include:

Dizziness / Dry mouth / Appetite loss / Weight loss / Urine retention Itching or hives / Nausea / **Vomiting / Constipation** Appetite loss / Weight loss / Headache / Hallucinations / Vision problems / Depression •Bad dreams / Sleep problems Sweating / Shaking / Swollen arms and legs



Symptoms of opioid overdose, including fentanyl overdose, include:

- •Constricted (very small) pupils. Gray, blue, or pale skin. Loss of consciousness.
- •Severe respiratory depression, such as slow or shallow breathing.
- •Cold, clammy skin / Vomiting / Unresponsive
- •Blue or purple lips and nails.
- •Respiratory arrest, or altogether stopped breathing.
- •Extreme decreases in the level of consciousness.
- •Limp or flimsy arms and legs.
- •Slurred speech or inability to speak.
- •Making choking or gurgling sounds.



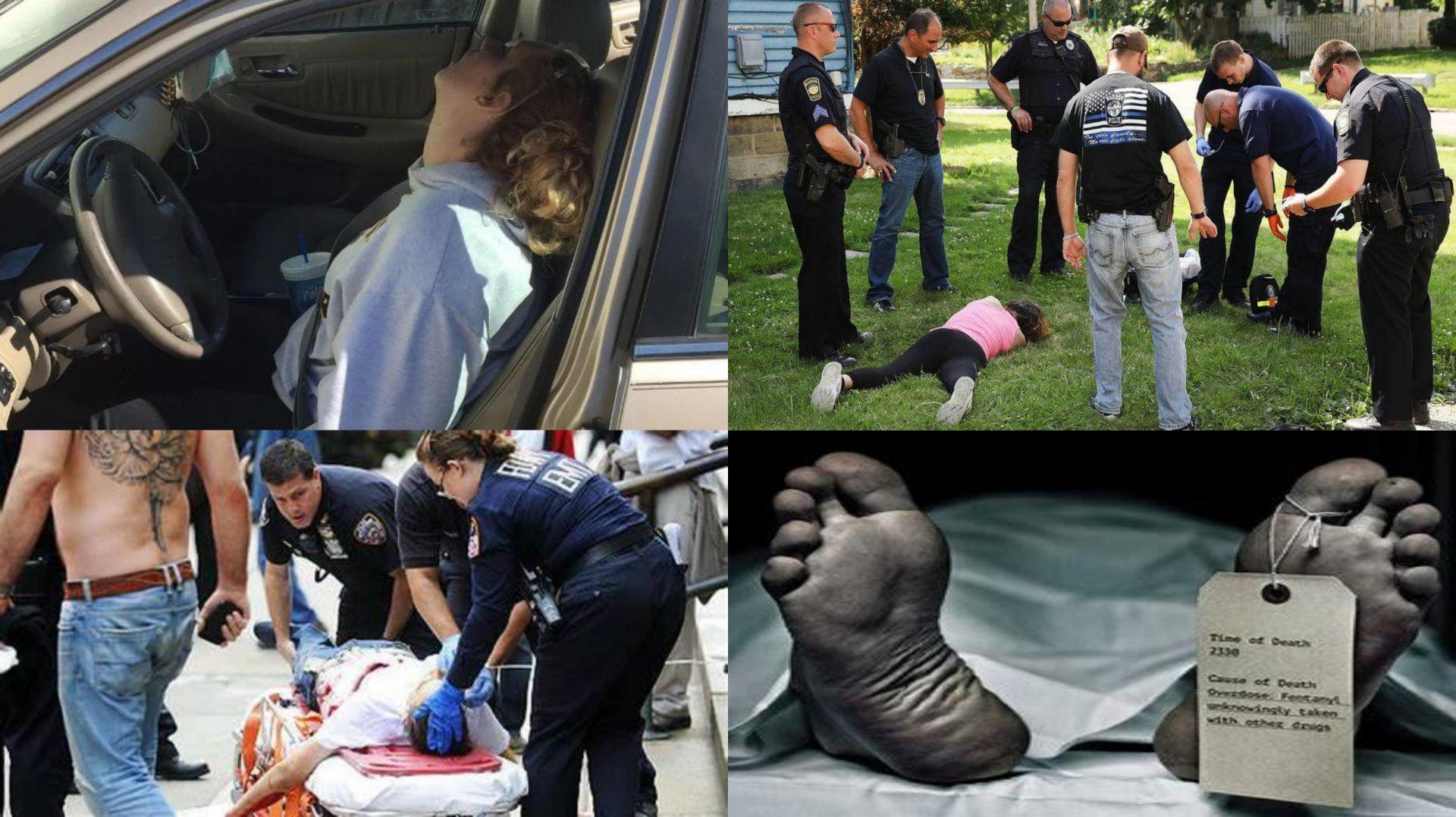
Symptoms of Fentanyl Overdose

Overdose on fentanyl is extremely dangerous. If you believe someone is overdosing on fentanyl or any other drug, call 911 immediately as this is a medical emergency.





Fatal dose of fentanyl (2 mg or 2000 mcg)



WATCH: KSAT 12 News town hall, special 'Fighting Fentanyl: It's **Everyone's Problem'**





WHAT'S THE PUNISHMENT FOR **POSSESSING FENTANYL IN TEXAS?**

The state of Texas determines the sentence for drug crimes based on the circumstances of the crime, the penalty group it's under as well as the weight of drugs found. Fentanyl is classified as a penalty group 1 controlled substance, which is the highest penalty group with the harshest penalties. The sentencing guidelines for possession of fentanyl.



AMOUNT OF FENTANYL	SENTENCE	PRISON TERM	
<1 gram	State Jail Felony	180 days – 2 years	
1 gram–4 grams	Second Degree Felony	2-20 years	
4 grams–200 grams	First Degree Felony	5-99 years	
200 grams–400 grams	Life Felony	10-99 years	
>400 grams	Life Felony	15-99 years	

FINE

Up to \$10,000

Up to \$10,000

Up to \$10,000

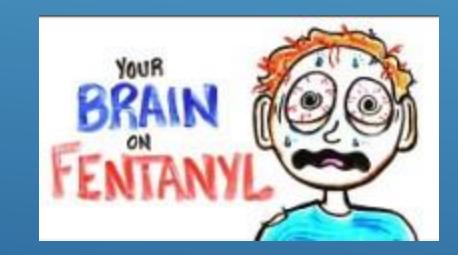
Up to \$100,000

Up to \$250,000

Tex. Health & Safety Code Section 481.134 Drug-free Zones

(a) In this section:(1)"Minor" means a person who is younger than 18 years of age.(2)"Institution of higher education" means any public or private technical institute, junior college, senior college or university, medical or dental unit, or other agency of higher education as defined by Section <u>61.003 (Definitions)</u>, Education Code

Texas Law Punishment Fine Drug class Probation School Punishment DAEP Expelled Suspended





THE INPATIENT DRUG DETOX CENTER SAN ANTONIO 24 HOURS 1-844-200-5379

INPATIENT DRUG DETOX AND REHAB 9238 FLOYD CURL DR STE 318, SAN ANTONIO, TX 78240

INFINITE RECOVERY TREATMENT CENTER - SAN ANTONIO COMMUNITY OUTREACH

3463 MAGIC DR STE T14, SAN ANTONIO, TX 78229

La Hacienda Treatment Center -**Community Outreach Center**

400 Blanco Rd Ste 129, San Antonio, TX 78216

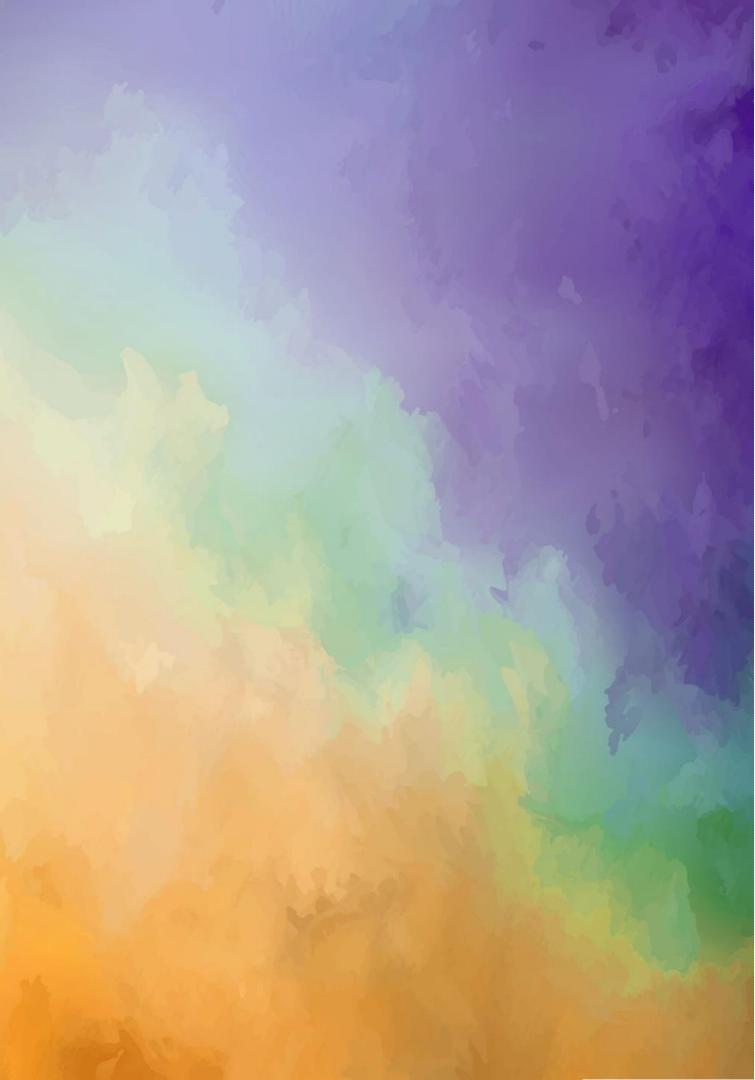


Sources OFFICER Z.RAMOS #12 EISD PD

- <u>rcp.nshealth.ca/.../fentanyl.pdf</u>
- <u>https://www.fda.gov/</u>
- https://www.nps.org.au/
- <u>http://www.medsafe.govt.nz/profs/datasheet/f/Fentanylinj.pdf</u>
- Texas Penal Code
- DEA.gov
- American Addiction Centers
- 200 Powell Pl Brentwood, TN 37027

Suicide Prevention

SHAC meeting 12/5/2023



SUICIDE PREVENTION



 Suicide does not have one single cause. Factors like substance abuse and untreated depression can lead to higher risk of suicide just as having a trusted group of friends can help protect you.



A change in personality

Risk-taking behavior

WARNING SIGNS

The warning signs of suicide are indicators that a person may be in danger and needs immediate help

Running away from home



PROTECTIVE FACTORS

Protective factors are characteristics that make a person less likely to engage in suicidal behavior Strong connections to family and friends

> Skills in problem Skills in problem and handling solving and handnon solving and in a nonsolving ems in a nonproblems in a way problemt way

religious beliefs that discourage suicide

Support through mental medical and relationships

Easy and Effective for access for health care access for mental and substance mental and substance

> Restricted access to highly lethal means of suicide

Levels of Care

Low Risk

Moderate Risk

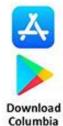


Colum Columbia Suicide Severity Rating Scale, or C-SSRS



Always ask questions 1 and 2.		Month	
 Have you wished you were dead or wished you could go to sleep and not wake up? 			
2) Have you actually had any thoughts about killing yourself?			
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.			
3) Have you been thinking about how you might do this?			
4) Have you had these thoughts and had some intention of acting on them?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
Always Ask Question 6	Life- time	Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. If yes, was this within the past 3 months?		High Risk	

If YES to 2 or 3, seek behavioral healthcare for further evaluation. If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM until they can be evaluated.



Protocol app

How to ask for help **SUICIDE & CRISIS LIFELINE DESTRICTION DEL** SUICIDIO Y CRISIS



Essential Elements for a Safe and Supportive School



Safe and Supportive Schools





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Thank You!

Contact Us

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