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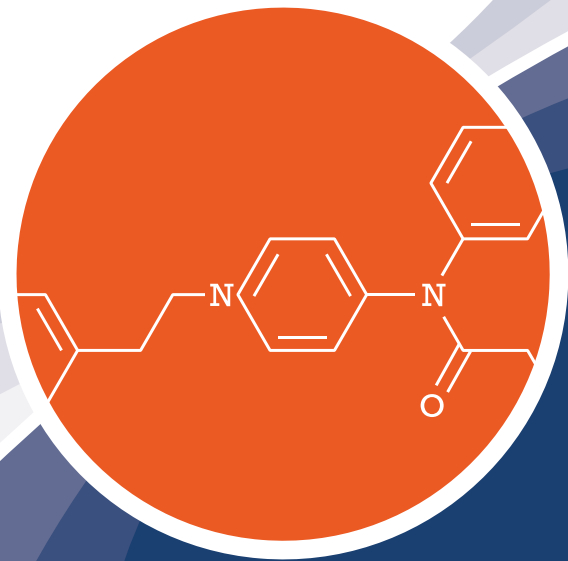
*Oregon achieves . . . together!*

**Public Health Division**

Injury and Violence Prevention Program

**2024**

# Fentanyl Toolkit for Schools



# Contents

<b>Introduction</b> .....	<b>3</b>
Purpose and intended audience.....	3
<b>Fentanyl and Opioids in Oregon</b> .....	<b>4</b>
Opioids and Overdose Risk.....	4
Youth and fentanyl and opioids.....	5
Youth substance use education and prevention .....	6
Harm Reduction Framework.....	8
Responding to an overdose.....	9
Opioid overdose reversal medications .....	10
How can your school get opioid overdose reversal medication? .....	13
Opioid Overdose Reversal Medications Glossary.....	13
<b>Prevention education about drugs and alcohol</b> .....	<b>14</b>
<b>Developing school policies and protocols</b> .....	<b>15</b>
Developing an opioid antagonist policy.....	16
Developing an opioid antagonist administration protocol .....	16
<b>Resources</b> .....	<b>18</b>
Resources for educators and administrators .....	18
Resources for parents and caregivers.....	20
General resources .....	21
Local resources .....	22
Helplines.....	24
<b>Endnotes</b> .....	<b>25</b>

# Introduction

## Purpose and intended audience

Schools play a vital role in preventing and intervening in substance use among students. They also have a critical role in fostering community awareness, education and well-being. Therefore, this toolkit aims to support prevention, harm reduction and response efforts related to fentanyl use.



Throughout this toolkit are resources schools can use to:

- Educate your community about the impact of fentanyl and opioids in Oregon
- Develop school plans and policies to prevent and respond to substance use, and
- Build community partnerships for a comprehensive substance use prevention and intervention approach.

The Oregon Department of Education (ODE), the Oregon Health Authority (OHA) and the Alcohol Drug Policy Commission (ADPC) co-developed this toolkit to support the following in responding to fentanyl and opioid use among youth and young adults in Oregon:

- School administrators
- School staff, and
- The broader community.

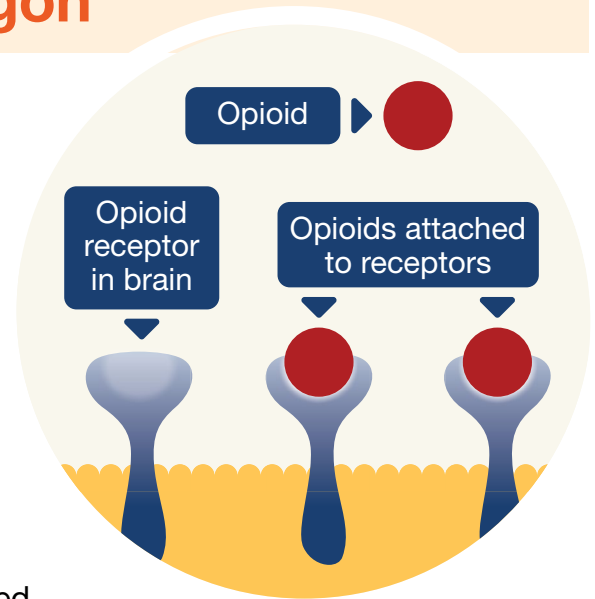
ODE, OHA and ADPC also co-developed lessons on the dangers of synthetic opioids and counterfeit drugs as required by Senate Bill (SB) 238. The law includes a requirement to provide education on good Samaritan laws. These laws offer protection to persons who report substance use or seek help for drug or alcohol overdoses.

# Fentanyl and Opioids in Oregon

## Opioids and Overdose Risk

The term opioid refers broadly to compounds related to opium — the drug derived from the opium poppy. Opioids encompass a range of substances made from natural compounds such as:

- Morphine
- Semi-synthetic opioids, a mixture of natural and artificial substances, such as heroin and oxycodone, and
- Fully synthetic opioids, such as illicitly manufactured fentanyl (IMF) and methadone. More information about IMF can be found on [OHA's Fentanyl Facts webpage](#).



Doctors prescribe opioids to help people manage severe pain. Opioid medications attach to opioid receptors in the body, including those that:

- Block pain messages, and
- Increase feelings of euphoria or pleasure.

The blockage of pain and increased feelings of euphoria are what can make opioids effective and dangerous. These effects can make a person want to continue to take opioids. Over time, a person can develop a dependence and tolerance to opioids. So, higher doses are needed to feel the same effects. At higher doses, opioids slow breathing and heart rate to the point of overdose and death.

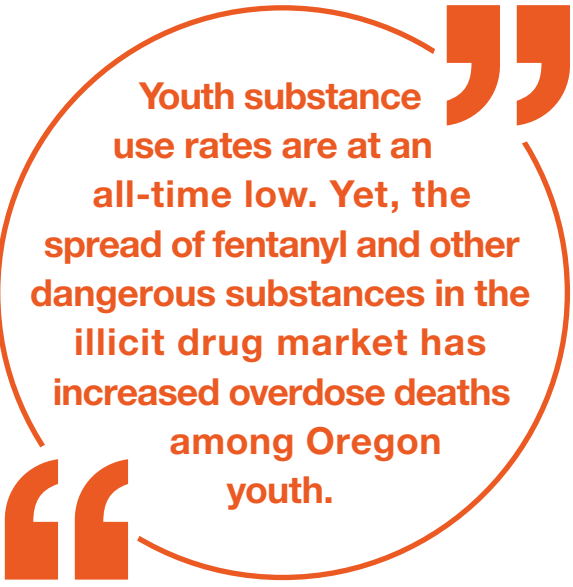
Overdose is a common risk associated with opioid misuse or abuse. An overdose can be fatal. An opioid overdose can occur when the body gets an excessive amount of opioids. An opioid overdose can be intentional or unintentional. Among adolescents, 84 percent of overdose deaths are categorized as unintentional. (1) Factors contributing to overdose risk include:

- Mixing opioids with other drugs
- Using unknown or illegally obtained substances
- Inconsistent or unknowable strength of illegally obtained substances
- Exceeding tolerance levels, and
- Using alone.

Prompt medical intervention to reverse or respond to an overdose can save a person's life. A person who has an opioid overdose can be saved if they get prompt medical treatment, including opioid antagonist medications. These are also known as opioid overdose reversal medications (OORMs), such as naloxone.

Fentanyl is a powerful synthetic opioid. It is up to 100 times stronger than morphine. Pharmaceutical fentanyl serves medical purposes. [Illicitly manufactured fentanyl](#) is sold illegally, often in pill form. It resembles prescription medications such as:

- Oxycodone, sometimes called "30s", "M30s", or "Blues," used for pain, or
- Benzodiazepines, sometimes called "benzos," "xany," or "bars," are used for anxiety, muscle spasms and seizures.



**Youth substance use rates are at an all-time low. Yet, the spread of fentanyl and other dangerous substances in the illicit drug market has increased overdose deaths among Oregon youth.**

Fentanyl does not have a specific color, taste or smell. That makes it nearly impossible to tell what substances contain fentanyl. Fentanyl can make a person stop breathing within minutes.

In Oregon, the number of persons who died from an unintentional fentanyl overdose more than tripled from 2020 to 2022, for a total of 839. Unfortunately, this trend is expected to continue. That's because Oregon has continued to see an increase in unintentional overdose deaths due to fentanyl. Rising opioid overdose events and deaths are a public health crisis. These significantly impact communities, families and persons.

## Youth and fentanyl and opioids

Youth substance use rates are at an all-time low. Yet, the spread of fentanyl and other dangerous substances in the illicit drug market has increased overdose deaths among Oregon youth. Youth and young adult's understanding of and information on opioids, fentanyl and counterfeit pills primarily comes from the internet, which varies in accuracy and quality of information.

Social media and smartphone use continue to grow. People selling illicit substances use these platforms to market and sell counterfeit prescription pills and other drugs. Parents, caregivers and educators can stay informed about how students are accessing drugs by reviewing the [Oregon Youth and Young Adults Fentanyl and Pills](#) survey.

Reasons youth (aged 13–18) gave for substance use included:

- Feel mellow, calm, or relaxed
- Have fun or experiment
- Sleep better
- Stop worrying about a problem
- Make something less boring, and
- Help with depression or anxiety. (2)(3)

## Youth substance use education and prevention

Education efforts play an important role to:

- Prevent or delay the first use of drugs
- Reduce harm, for example, know how to use OORMs like naloxone
- Understand substance use disorders
- Learn and practice refusal skills,
- Connect students to community resources, and
- Recognize and interrupt the development of substance use-related problems that affect youth and their families.



Prevention for substance use can also positively affect other quality-of-life health outcomes. Best practice includes skills-based strategies in K–12 health education and other school-based programs. Helping students focus on promoting protective factors and reducing risk factors can affect additional health concerns such as:

- Suicide
- Mental health
- Bullying
- Sexually transmitted infections, and
- Child, family and community violence.

### **Protective factors include:**

- Supportive relationships with family, trusted adults and mentors
- Social and emotional skills
- Supportive peer groups
- After-school activities
- Supports for academic success
- Social and school connectedness, and
- Acknowledgement of cultural histories and celebration of cultural identities.

### **Risk factors include:**

- Low academic achievement
- Racism
- Adverse childhood experiences (ACEs)
- Spending time with peers who are using substances
- Family rejection of sexual orientation or gender identity, and
- Sexual violence.

It is vital that prevention education and interventions also address the root causes of substance use and overdose. These can include:

- Racism
- Discrimination based on sexual orientation or gender identity
- Stigma, and
- Past or present trauma.

To learn more about how youth and young adults view, interact and understand fentanyl and other drugs in Oregon, visit the [Oregon Youth and Young Adults Fentanyl and Pills](#) survey findings.

### **When engaging youth about substance use, it is important to:**

- Ensure student privacy and confidentiality for a safe sharing space
- Be open-minded and listen to students attentively
- Provide clear directions to consult trusted sources for substance information, and
- Communicate transparently about what information is shared with parents, caregivers or other adults.

## Harm Reduction Framework

Harm reduction is a practical and transformative approach to prevent overdose fatalities. It incorporates community-driven public health strategies to support people using substances to reduce the harms of substance use. This includes prevention, risk reduction and health promotion. Harm reduction strategies empower people who use substances to make choices to live healthy, self-directed and purposeful lives. There is a wide range of evidence-based strategies that support the health and safety of people who use drugs and their communities.

### Harm reduction strategies with youth should include:

- Connecting youth with substance use and mental health resources
- Partnering with families and caregivers in identifying resources and supports
- Providing opioid overdose reversal medication (OORM), also known as naloxone, directly to people most likely to experience or witness an overdose to prevent overdose deaths, and
- Taking a “no wrong door” approach by connecting people to harm reduction and medical and social services staff at the same time to promote health and well-being. This can include:
  - School support staff, such as counselors and social workers
  - School nurses
  - School-based health centers, and
  - Other key adults, such as teachers and coaches.



Explore the strategies of harm reduction and their importance with [Save Lives Oregon](#).



## Know the signs of an overdose

Here are some things to look for:

The person is or has:

- Unconscious and cannot be woken
- Not breathing or breathing very slowly with little to no chest movements or long pauses between breaths
- Making snoring or gurgling sounds
- Lips or inside of the mouth are blue or grayish
- Pinpoint pupils
- Cold, clammy skin

Even if the person responds well to naloxone, opioids can stay in the body for several hours. Breathing too slowly or shallowly can recur.

Emergency Medical Services staff are trained to manage opioid overdose and get the patient further care at the local hospital.

**Call 9-1-1 right away if a person is unconscious or you suspect an overdose.**

## Responding to an overdose

Watch Oregon Health Authority's training video:  [How to respond to an overdose with naloxone](#)

Volunteers from the [Mental Health & Addiction Association of Oregon \(MHA AO\)](#) demonstrate [here](#) how to:

- Identify a person experiencing an overdose
- Administer naloxone, and
- Perform rescue breathing while waiting for first responders.

The participants are not actors, they:

- Have lived experience with substance use and recovery
- Have personal histories of overdose survival, and
- Saved lives with naloxone.

This printable [one-page guide](#) linked and below outlines the steps described in the video.

Learn more about harm reduction in Oregon, and naloxone on the [Save Lives Oregon](#) website.

## Opioid overdose reversal medications

[Opioid overdose reversal medications \(OORMs\)](#) are life-saving medications that:

- Quickly reverse an opioid overdose, and
- Restore breathing.

These medications include naloxone or Narcan®. OORMs are available:

- By prescription
- Through standing orders, or
- “Over-the-counter.”

These medications are at:

- Pharmacies
- Retail outlets, and
- County-operated health clinics.

Local community-based organizations also distribute these medications. Widespread access and use of OORMs can significantly reduce overdose fatality rates and save lives.

## Oregon Good Samaritan law

### Don't hesitate to help!

Oregon has a [Good Samaritan](#) law. If someone is overdosing and you seek medical help, neither of you can be arrested or prosecuted for:

1. Possessing drugs or drug paraphernalia
2. Being in a place where drugs are used, or
3. Violating probation or parole or any outstanding warrants related to #1 and #2.



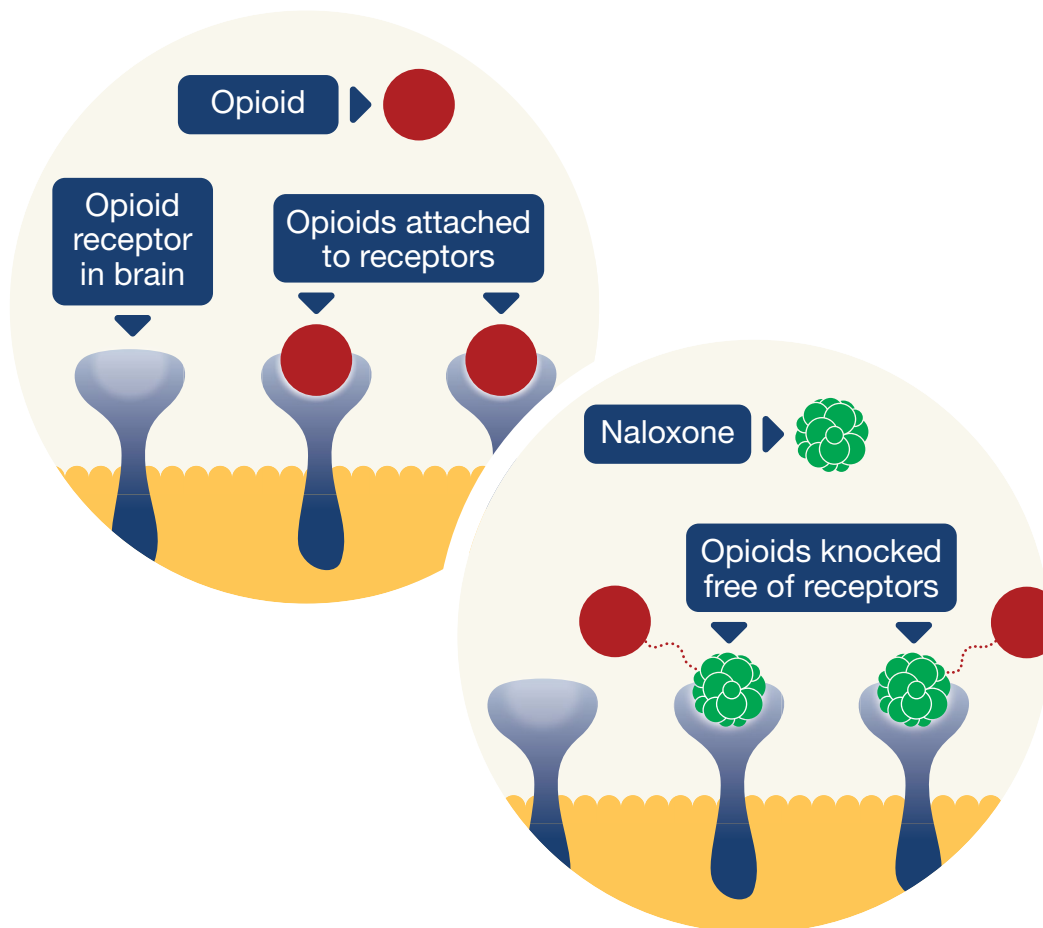
## How do opioid overdose reversal medications work?

During an opioid overdose, certain opioids bind to receptors in the brain, slowing down breathing. If opioid levels become excessive, breathing can become dangerously slow or stop. This lack of oxygen may lead to brain damage. OORMs can block the effects of opioids. They rapidly reverse overdoses by:

- Binding to opioid receptors, and
- Counteracting the effects of other opioids.

They can quickly restore normal breathing to a person whose breathing has slowed or stopped. OORMs do not affect someone who does not have opioids in their system. This means it is safe to use if you are unsure if the person is suffering from an overdose. OORMs are suitable for use by both youth and adults to reverse opioid overdoses. The rate of negative responses to these medications is low.

This [one-page guide](#) provides instructions on using naloxone nasal spray (see next page).



# Using Naloxone nasal spray to reverse an opioid overdose

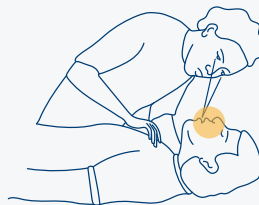
## — 6 steps —

### 1 Know the signs of overdose

- Person is unconscious and cannot be woken
- Person is not breathing or breathing very slowly with little to no chest movements or long pauses between breaths
- Snoring or gurgling sounds
- Lips or inside of mouth are blue or grayish in color

### 2 Check for response

- Shake person and shout “Are you ok?”
- Grind knuckles into chest bone
- Check for breathing



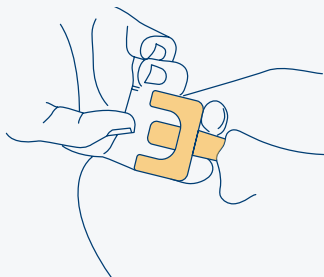
### 3 Call 911

- Dial 911 and set phone to speaker while you move on to step #4
- Tell 911 operator that someone is not breathing



### 4 Give one dose of naloxone

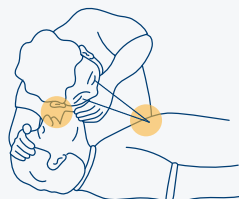
- Place tip of nasal spray in nostril until fingers touch the bottom of the nose
- Press plunger firmly to give dose
- Check for breathing



### 5 Start rescue breathing

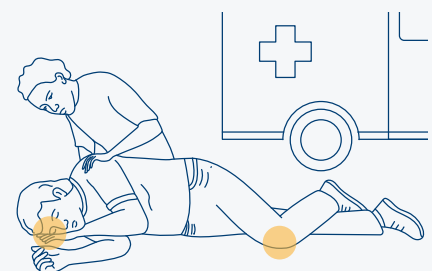
If person has not started breathing on their own, it is **critical** to start breathing for them.

- Check airway, tilt forehead back, lift chin, pinch nose and give normal breath every 5 seconds for 30 seconds
- Recheck breathing and restart cycle if the person is still not breathing
- If not breathing after 3 minutes, give a 2<sup>nd</sup> dose of naloxone



### 6 Put in recovery position and wait for first responders

- Roll the person over slightly onto their side, bend the top knee and place outside hand under their head
- When responders arrive, tell them that naloxone has been given



# How can your school get opioid overdose reversal medication?

## [Save Lives Oregon](#)

The following can order up to three opioidoverdose reversal kits for staff to use through the Save Lives Oregon Harm Reduction Clearinghouse:

- Schools
- Colleges
- Universities, and
- School-based health centers (SBHCs).

## **Local pharmacies**

### [Oregon’s Statewide Standing Order to Dispense Naloxone HCl](#)

Pharmacists can prescribe and dispense OORMs. Oregon also has a statewide standing order eligible persons can print and take to the pharmacy. Insurance plans and the Oregon Health Plan (OHP) cover OORMs. Several brands of OORMs are available over the counter at many retail pharmacies.

## **Local Health Departments**

### [Local Public Health Authority Directory](#)

Call your local health department and ask about other local OORMs sources.

## **Opioid Overdose Reversal Medications Glossary**

### **Opioid Overdose Reversal Medications (OORM)**

A class of lifesaving medications approved by the Food and Drug Administration (FDA) specifically designed to reverse opioid overdose.

**Naloxone**            The most widely known and used opioid overdose reversal medication. Naloxone can be administered via intravenous, intramuscular, intranasal, or subcutaneous routes. U.S. brand names include Evzio, Kloxxado, Narcan, Zimhi and Rivive.

**Nalmefene**            Another FDA-approved opioid overdose reversal medication available by prescription only. Intended for use in healthcare and community settings for individuals aged 12 and over. Administered through single-use nasal spray. Brand name for Nalmefene Single-use Nasal Spray is Opvee.

# Prevention education about drugs and alcohol

Each district is responsible for developing a comprehensive plan for substance use prevention programs. The plan must include prevention education, intervention and referral processes. The programs should be age-appropriate and emphasize prevention strategies ([Oregon Administrative Rule \[OAR\] 581-022-2045](#)).

Substance use prevention education within schools can equip students with the skills and tools necessary for situations they may encounter. Schools can help students make informed decisions that affect their health by ensuring comprehensive K-12 health education, which provides the knowledge and skills to:

- Identify and analyze influences
- Enhance problem-solving abilities
- Improve media literacy skills, and
- Strengthen decision-making and goal-setting skills.

The [2023 Oregon Health Standards](#) define the knowledge and competencies students should gain at points in their K-12 education.

Starting in the 2024-25 school year, all Oregon school districts and public charter schools must implement one of the ODE Synthetic Opioid Prevention Lessons at grades 6, 7 and 8, and at least once in high school.

The ODE Synthetic Opioid Prevention Lessons are available on the [ODE Health Education webpage](#). The lessons are meant to be a part of a comprehensive substance use prevention unit covered in health education lessons or other classes.

All lessons align with the 2023 Oregon Health Education Standards. The lessons include teacher guidance to support implementation and strengthen connections to resources in the community.



# Developing school policies and protocols

Districts should also adopt policies and protocols to respond to opioid-related overdose events in schools. This includes seeking local legal advice on how to best implement the distribution and use of opioid antagonist medications on school grounds. These medications are also known as [opioid overdose reversal medications](#) (OORMs), such as naloxone. When drug-related emergencies occur in or around schools, a proper response protocol is critical to save lives.

School district boards may adopt a policy for staff to administer an opioid antagonist to a student or other person if they believe the person is experiencing an opioid overdose. Regardless of policy, school districts are required, per OAR 581-021-0037, to provide the following information to the parents and guardians of all students:

- A description of an opioid antagonist and its purpose
- A statement about, in an emergency, the risks of BOTH:
  - Administering an opioid antagonist, and
  - NOT administering an opioid antagonist
- A statement identifying which schools in the district, if any, will have:
  - Opioid antagonists
  - The necessary medical supplies to administer opioid antagonists on-site, and
  - Opioid antagonists available for emergencies, and
- A statement that a representative of a district may administer to a student an opioid antagonist in an emergency if it appears the student is:
  - Not conscious, and
  - Experiencing an opioid overdose.

In partnership with OHA, ODE has developed a parent and guardian letter template you can access [here](#).

In addition, OAR 581-021-0037 requires that school district policy must ensure the parent or legal guardian of a minor student enrolled in the school district is immediately notified when an opioid antagonist is administered to the student if it is while the student:

- Is at school
- On school property under the jurisdiction of the school district, or
- At any activity under the jurisdiction of the school district.

## Developing an opioid antagonist policy

School board policy language about the administration of an opioid antagonist by school personnel may be added to the existing school medication administration policy. School staff who administer an opioid antagonist but do not administer other medications to students are not required to complete the ODE medication administration training. See [OAR 581-021-0037](#).

The Oregon School Board Association (OSBA) offers a model policy and administrative regulation for medications. This includes language about opioid antagonists such as naloxone. Members of OSBA can request the model language from OSBA at 800-578-6722 or [policy@osba.org](mailto:policy@osba.org).

The National Association of School Nurses (NASN) developed a [naloxone toolkit](#). It is a free resource accessible to any member of professional school nurse organizations. That includes OSNA or NASN. The NASN toolkit provides sample policy language and resources for planning your school and district response.

## Developing an opioid antagonist administration protocol

Each community and school building is unique, so site-specific protocols are important.

OHA offers [training protocols](#) for identifying opioid overdose and administration of opioid antagonists. Local school teams should clarify the needs of each site and consult appropriate legal counsel.

Key content to consider for local protocols:

- District policy and local practices
- Training
- Storage
- Replacement of doses
- Record keeping and information sharing
- Action steps during an event
- Parent notification per OAR 581-021-0037, and
- Follow-up, referrals, and other support.

[Click here for more detailed content to consider for local protocols.](#)

For questions about school preparation and response, please contact the ODE Healthy Schools team via e-mail at [ODE.HealthySchools@ode.oregon.gov](mailto:ODE.HealthySchools@ode.oregon.gov).



## Encouraging community partnerships for school success

The [Whole School, Whole Community, Whole Child model](#) recognizes the importance of collaborative efforts. All the following entities can support youth and families in a holistic, community approach to enhance wellness and academic success:

- Schools
- Parents and caregivers
- Community-based organizations, including faith-based organizations
- Federally recognized Tribes
- State and local governments, including [local public health authorities](#)
- Medical clinics, including school-based health centers, and
- Coordinated care organizations.

Community partnerships are vital in supporting evidence-based, culturally responsive health education, intervention and care services.

Community partners can:

- Increase prevention and intervention system capacity
- Help teach youth about critical health issues
- Strengthen connections to community resources, and
- Bring data and lived experience to enhance lessons related to substance use and other health topics.

Administrators and educators can help support students by learning about their district's community resources and promoting them to students, parents and staff. This includes:

- Developing a referral protocol for families, and
- Using evidence-based prevention and intervention programs offered by community organizations.

More resources on community engagement best practices can be found [here](#).

### Want to learn more about tobacco, alcohol and other drug prevention efforts in your local community?

Each county has an Alcohol and Other Drug Prevention and Education Program (ADPEP) coordinator and a Tobacco Prevention and Education Program (TPEP) coordinator. They offer prevention resources and guidance to school and community partners. ADPEP and TPEP goals are to plan and implement programs and policies to prevent alcohol, tobacco and other drug use and associated effects, across the lifespan. Find out more [here](#).

Connect with your county TPEP and ADPEP coordinators by contacting your local public authority or by e-mailing - [HPCDP.Community@odhsoha.oregon.gov](mailto:HPCDP.Community@odhsoha.oregon.gov)

# Resources

## Resources for educators and administrators

### [2023 Oregon Health Standards, K–12 Health Education](#)

Oregon Health Standards for K–12 Health Education include comprehensive alcohol and drug prevention standards. These include opioid and fentanyl prevention. Standards related to substance use, misuse and abuse are included at each grade level (K–5, 6–8, 9–12). Fentanyl is named explicitly in the standards for grades 6–12.

The [ODE Health Education webpage](#) will host the ODE Synthetic Opioid Prevention Lessons.

### [Template – Letter to parents or legal guardians](#)

As required by SB 1552, a sample letter to parents or legal guardians identifying which schools in the district will have OORMs on site.

Alcohol and Other Drug Prevention and Education Program (ADPEP) coordinators — Contact your local public health authority or e-mail [IVPP.General@odhsoha.oregon.gov](mailto:IVPP.General@odhsoha.oregon.gov).

Regional overdose prevention coordinators — Contact your local public health authority or e-mail [HPCDP.Community@odhsoha.oregon.gov](mailto:HPCDP.Community@odhsoha.oregon.gov).

### [Creating and Sustaining Discipline Policies That Support Students' Social, Emotional, Behavioral, and Academic Well-being and Success: Strategies for School and District Leaders](#)

The fact sheet aims to enhance state and district implementation of the Guiding Principles for Creating Safe, Inclusive, Supportive, and Fair School Climates to ensure all students can learn in safe, inclusive, supportive and fair environments.

### [Oregon Department of Education – Student Investment Account Community Engagement Toolkit](#)

Provides practical and proven approaches to community engagement

### [Centering Health and Well-Being in Education](#)

Explore this action guide for school administrators, offering:

- Evidence-based strategies
- Approaches, and
- Practices that positively impact students' mental health.

## [Oregon Department of Education – Care & Connection](#)

Tools, guidance and resources to support all of Oregon’s schools and districts to focus on:

- Fostering healthy, supportive relationships and communities, and
- Creating welcoming spaces.

## [Healthy Native Youth](#)

This site is designed for Tribal health educators, teachers and parents. It contains health promotion curricula and resources for American Indian and Alaskan Native youth.

## [Senate Bill \(SB\) 238](#) **Opioid prevention education and good Samaritan laws**

Requires the development of curriculum supplements related to the dangers of synthetic opioids and good Samaritan laws.

## [Tips for Adults when Working with Youth Leaders](#)

A resource from Advocates for Youth on fostering youth-adult partnerships:

- Valuing youth expertise, and
- Empowering youth to contribute to decisions that affect them directly.

## **Alcohol and Drug Policy Commission** [2020–2025 Oregon Statewide Strategic Plan](#)

## Resources for parents and caregivers

Families, parents and caregivers play a prominent role in their children's care and protection. Children, youth and young adults rely on their families and caregivers for emotional and financial support. At school, in health care and case management settings, professionals look to the family for guidance and to make decisions about the child's treatment.

### [Oregon Family Support Network](#) – Support for families, by families

The non-profit Oregon Family Support Network (OFSN) is the primary contractor for behavioral health, parenting and wellness-focused services. ODHS family support specialists coordinate these services. The network:

- Exists to connect, empower and educate families and their communities. This ensures improved outcomes for children and youth experiencing behavioral health challenges.
- Refers families to other family networks and organizations. OFSN stays connected to callers until the connections are made.
- Fulfills a significant role in facilitating family and youth voices in local and state policymaking. OFSN does this by preparing family members to serve on boards and committees.

### [Reach Out Oregon](#)

- This initiative is part of the Oregon Family Support Network (OFSN). Parents, families, and caregivers can call to talk to a family support specialist who can provide support. This specialist has special training and practical experience parenting their child, youth or young adult. Email and live chat are also available.
- To access these services, visit the website or call 1-833-732-2467.

### **Situations and Conversations with Tra'Renee, KPDX TV**

#### **Season 4** [Episode 9](#) and [Episode 10](#)

Watch the recording of a Fentanyl Town Hall that covered a broad range of topics related to fentanyl and youth in an accessible format.

### [The New Drug Talk](#)

Song for Charlie produced The New Drug Talk in partnership with Trillium Community Health Plan. It provides Oregon parents with education, tools and advice on how to connect and have conversations about fentanyl.

## General resources

### [Save Lives Oregon](#)

Resources and tools for opioid overdose reversal and harm reduction

### [Get the Facts: Overdose Prevention](#) (English)

### [Manténgase informado: Prevención de sobredosis](#) (Española)

Fact sheet created by the Oregon Health Authority

### [Oregon Health Authority \(OHA\) – Youth Substance Use Disorder Programs](#)

OHA works with many partners, programs and systems throughout Oregon’s substance use disorder treatment system. The goal is to promote prevention, best practices and cross-system collaboration. Program providers must deliver developmentally focused, age-appropriate services using the Continuum of Care model (Institute of Medicine 2009).

### [Oregon Substance Use Disorders Services Directory](#)

A directory that equips Oregon’s communities to make referrals to substance use disorder treatment agencies.

### [Oregon Recovery High School Initiative](#)

Provides a safe, sober and supportive school environment for youth in recovery.

### [Northwest Portland Area Indian Health Board \(NPAIHB\) Tribal Opioid Response \(TOR\) Consortium](#)

The consortium aims to assist Tribes to implement effective efforts in prevention, treatment and recovery.

### [Tribal behavioral health](#)

The Oregon Health Authority provides specific funding to the Nine Federally Recognized Tribes and the Urban Indian Health Program to strengthen Tribal mental health programs and expand service delivery based on community needs. This ensures that services and supports are culturally responsive and tailored to each community’s needs to promote increased access and early interventions to support mental health care.

## [Understanding Addiction to Support Recovery](#)

There is not one single factor that leads to addiction. Explore this U.S. Centers for Disease Control and Prevention (CDC) webpage to learn more about addiction. Also, to learn more about how drug use affects the brain.

## [Safe Disposal of Medication and Drug Take Back Day](#)

OHA's website about:

- How to safely dispose of medications properly, and
- Drug take back day.

## [Take Meds Seriously Oregon](#) (English)

## [ConTome Meds con Seriedad Oregon](#) (Española)

The misuse of prescription medication can be prevented. Deschutes County and partners campaign on prescription medicine about how to:

- Safely use
- Store, and
- Dispose.

## **Local resources**

### **County prevention campaigns**

#### [Fentanyl Aware](#)

Lane County Public Health designed this public awareness campaign. This campaign raises awareness about:

- Fentanyl
- Overdose risk
- Signs of overdose
- Naloxone, and
- Harm reduction strategies.

#### [Prevent Drug Overdose](#)

A campaign sponsored by:

- Clackamas County Public Health, and
- Washington County Health and Human Services.

## **Fentanyl Aware Northwest**

Fentanyl awareness campaign designed by:

- Clatsop
- Columbia, and
- Tillamook Counties.

## **Friends Fight Fentanyl**

A youth-focused campaign developed by Yamhill, Marion, and Polk Counties aims to raise awareness of the harms of fentanyl and the steps teens can take to protect their friends and themselves.

## **Aware, Prepared, and Alive**

A campaign developed by Douglas Public Health Network for Douglas, Coos and Curry Counties for:

- Fentanyl education
- Access to confidential all-age naloxone distribution sites
- Overdose prevention resources, and
- Information on overcoming stigma.

## **Oregon State University's County-Specific Resource Guides**

County-specific resource guides focused on mental health and substance use.

## Helplines

### YouthLine

A free teen-to-teen crisis support and helpline. Teens are available daily from 4 to 10 p.m. PST (adults are available all other times). Call 1-877-968-8491 or text “teen2teen” to 839863.

### 988 Suicide & Crisis Lifeline

If you or someone you know is struggling or in crisis, help is available 24/7. Call or text 988 or chat online at 988Lifeline.org. The 988 Suicide & Crisis Lifeline answers the following in English or Spanish:

- Calls
- Texts, and
- Chats

There are interpretation services for more than 250 languages. People who are Deaf, Hard of Hearing or prefer to use American Sign Language (ASL) can connect directly with a trained 988 counselor in ASL.



# Endnotes

1. Friedman J, Hadland SE. The overdose crisis among U.S. adolescents. *N Engl J Med* [Internet]. 2024;390(2):97–100. Available from: <http://dx.doi.org/10.1056/nejmp2312084>
2. Connolly, S, Govoni, TD, Jiang, X, Terranella, A, Guy, GP, Jr, Green, JL, et al. Characteristics of Alcohol, Marijuana, and Other Drug Use Among Persons Aged 13-18 Years Being Assessed for Substance Use Disorder Treatment – United States, 2014-2022. *MMWR. Morbidity and Mortality Weekly Report* [Internet]. 2024 [cited 2024 Aug 24]; 73(5), 93–98. Available from: <https://doi.org/10.15585/mmwr.mm7305a1>
3. Stack, E, Yoo, J, Shin, SS, Deahl, CC, Gray, M, Leichtling, G, & Korthuis, PT. (2024). Knowledge and Behaviors Related to Pill Use and Fentanyl: Perspectives from Youth and Young Adults in Oregon. Manuscript In Preparation.
4. LaForge K, Stack E, Shin S, Pope J, Larsen JE, Leichtling G, et al. Knowledge, attitudes, and behaviors related to the fentanyl-adulterated drug supply among people who use drugs in Oregon. *J Subst Abuse Treat* [Internet]. 2022 [cited 2024 Jul 4];141(108849):108849. Available from: <http://dx.doi.org/10.1016/j.jsat.2022.108849> Medication Fentanyl Aware Northwest

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Injury and Violence Prevention Program at [IVPP.General@odhsoha.oregon.gov](mailto:IVPP.General@odhsoha.oregon.gov) or 971-673-0990 (voice).

We accept all relay calls.

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