

JUULING: The New Wave of E-Cigarettes

Keeping up with current substance use trends is very much a cat and mouse game between adults and youth. Just when we think we've heard about it all, a new device comes out on the market. The JUUL has been getting more attention in the news as a new vaping device. JUUL devices are flat and rectangular and resemble a USB flash drive. They are thinner than an iPhone and weigh even less. Users snap on a cartridge filled with liquid nicotine (nicotine extracted from tobacco) and inhale from the device. The nicotine in one cartridge (also referenced as pods) is approximately equivalent to a whole pack of cigarettes, or 200 puffs. Some e-cigarette critics are calling the JUUL the "iPhone of vaping". One puff of the powerful liquid nicotine can produce a quick head rush that is appealing to some teens. Likewise, the sleek and portable design makes it easy to disguise the device in school or at home if parents or educators are unaware of the product. Because JUUL pods come in flavors, the odor can be mistaken for something else such as a light perfume or a scented lotion. A JUUL starter kit can be purchased online via the JUUL website for \$49.99 and includes a re-chargeable Juul device, a USB charger, a warranty, and a four pack of the flavored JUUL pods. JUUL devices can also be purchased locally at retailers such as smoke and vape stores and KWIK Shops. As with other vaping devices, there is the potential of youth utilizing the JUUL device for marijuana concentrates (liquid THC). There are several online videos that highlight how to refill the JUUL pods with a substance of your choosing. In this day and age, it should not come as a surprise that how to make liquid THC (a concentrated form of marijuana) can also be found on the information superhighway of the internet. As with all concentrates, the potency of the marijuana is extremely higher than that of marijuana that is found in a joint or the bud that is smoked from a pipe. Most concentrates have anywhere from 60-80% THC, delivering extremely damaging effects to the developing adolescent brain.

Whether experimenting with these devices for the rush of nicotine or the high of marijuana concentrates, parents and professionals who work with youth should be aware that this is an increasingly popular trend amongst teens. Engaging in conversations with our youth about JUULING and the risks associated with both nicotine and marijuana use should be part of our youth substance use prevention efforts. Below is a link to a document produced by the CDC on talking with youth about the use of e-cigarettes. It contains helpful information that can serve as a guide in conversations between parents and youth.



https://e-cigarettes.surgeongeneral.gov/documents/SGR_ECig_ParentTipSheet_508.pdf

References: National Institute on Drug Abuse (NIDA), www.juulvapor.com, USA Today (October 2017), The New York Times (February 2018), The Boston Globe (November 2017).

Opioids: A Closer Look at the Opioid Crisis

According to the National Institute on Drug Abuse (NIDA), over 33,000 people died of an opioid overdose in 2015. That number is likely much higher today. Opioid abuse is also causing negative financial consequences in the United States. The Center for Disease Control and Prevention estimate that opioid abuse costs the U.S. an estimated \$78.5 billion per year. The opioid crisis has had devastating consequences. Prevention and early intervention is key to reducing the devastation. Being informed and aware is the first step in preventing opioid abuse.

There are different types of opioids including prescription opioids (pain relievers), heroin and synthetic opioids, like Fentanyl. Prescription opioids, heroin and synthetic opioids all bind to opioid receptors in the brain and other organs causing a reduction in pain sensations.

Side Effects:

- Drowsiness
- Respiratory depression
- Heart arrhythmias
- Nausea and vomiting
- Clouded mental functioning or semi consciousness



Long term effects may include constipation, kidney disease, insomnia, infections or other complications. Repeated opioid use causes a reduction in the body's natural pain relieving chemicals (endorphins) and can cause the body to develop a tolerance. The user then must use additional opioids to achieve the same pain reducing effect.

Opioids have been around for centuries, but became widely used for medical purposes in the U.S. during the 20th Century. For example, Fentanyl was first used in the 1960s as an anesthetic and then it became available as a prescription in the 1970s. Prescription opioid sales increased dramatically in the 1990s as a way to treat pain. As the demand for prescription opioid increased, so did the sales of illicitly manufactured opioids and synthetic opioids in the U.S. (NIDA). Illicit manufacturers are frequently developing new synthetic opioids by slightly changing the chemical compound, which is making it very difficult for law enforcement to keep up and in turn making it harder to keep the public informed and safe.

Illicitly manufactured synthetic opioids have increased dramatically in recent years. Synthetic opioids' overdose deaths have increased from 3,105 in 2013 to 9,580 in 2015 (NIDA). It is believed that Fentanyl was linked to several of those deaths. Fentanyl is 80 times more potent than morphine. There are 12 different analogues of fentanyl, like carfentanil and furanylfentanyl, both more potent than fentanyl. Fentanyl as a prescription is called Actiq®, Duragesic®, and Sublimaze® (NIDA). Street names for Fentanyl include China, China Girl, Apache, TNT and Tango. Fentanyl can be administered through transdermal patch, injection, snorted or ingested in pill form. Opioid addicts tend to inject the drug into the blood stream because the drug will get to the brain faster giving the user instant gratification. Fentanyl is a fat soluble substance which further increases the onset of effects and increases the

potential for addiction. Illicitly manufactured fentanyl exposure can be lethal. If you come in contact with Fentanyl, do not smell it or touch it without protective gear.

Another synthetic opioid that has been circulating in the U.S. recently is U-47700 also called Pink Heroin or Pinky. The Drug Enforcement Administration (DEA) placed U-47700 into Schedule 1 of the Controlled Substance Act in November of 2016 after 46 deaths were linked to the substance. U-47700 is a synthetic opioid that comes in white powder form or pressed into a tablet. The drug is manufactured illicitly in other countries like Mexico or China and then brought into the U.S. Some illicit manufacturers will use pill presses and labels to make U-47700 tablets look like oxycodone or another prescription opioid.

Grey Death, another synthetic opioid, led to fatal overdoses in Alabama and Georgia in 2017. Grey Death is a powder that is grey in color, like concrete mix. Drugs manufactured illegally often vary slightly between labs making it difficult to identify the chemical makeup of the substance. Chemists have discovered traces of heroin, fentanyl and U-47700 in Grey Death, but chemists will need more time to determine what exactly is in this grey substance (CNN).

Finally, heroin is an opioid made from opium poppy plants in Asia, Mexico and Colombia. Heroin rapidly binds to opioid receptors causing a rush or euphoric feeling. According to NIDA, 80% of heroin users abused prescription opioids first. Heroin is much cheaper and easier to get than prescription opioids, making it more attractive to addicts. Like other opioids, heroin related deaths have increased in recent years from 3,000 in 2010 to 13,000 in 2015 (NIDA). A significant contributing factor to overdose fatalities is that users do not always know what they are taking. Illicit manufacturers often mix substances, like Fentanyl and heroin, making for a deadly combination.

Opioid abuse does not appear to be slowing down in the U.S. There are things that can be done to prevent further abuse.

What you can do:

- Talk to youth about the dangers of opioids
- Monitor prescriptions carefully, especially prescription opioids
- Monitor internet use, as many drugs can be purchased online
- Watch for warning signs, like changes in behaviors or friends group

Sources:

<https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2017/research-use-misuse-fentanyl-other-synthetic-opioids>

<https://www.drugabuse.gov/drugs-abuse/opioids>

<https://www.cnn.com/2017/05/12/health/grey-death-opioid-drug/index.html>

<https://www.nbcnews.com/storyline/american-heroin-epidemic/pink-stronger-heroin-legal-most-states-n666446>

<https://www.dea.gov/divisions/hq/2016/hq111016.shtml>

<https://www.drugabuse.gov/publications/drugfacts/heroin>

Sustaining Safe Schools

High profile acts of violence, particularly in schools, can confuse and frighten us all, especially those attending school. They may feel in danger or worry that their friends, siblings and/or themselves are at risk. They may look to school staff and parents for information and guidance on how to react. Parents and school personnel can help kids feel safe by establishing a sense of normalcy and security and by talking with them about their fears, rational or not.

Overall, schools are safe places. School districts and school staff work diligently with parents, law enforcement, fire departments and other emergency responders to keep those in the school safe. Schools work very hard to prevent school violence of any kind whether that be verbal and physical fights, bullying incidents or school shooter occurrences.

Students, staff, and parents all have an important role in promoting school safety. Adults can provide leadership by reassuring students that schools are generally very safe places for kids and reiterating what safety measures and student supports are already in place in their schools.

Fostering Safety

Schools can promote a safe, supportive school climate through school-wide behavioral expectations, caring school climate programs, positive interventions and supports, and access to mental and emotional therapeutic services.

Emphasize the efforts of the school to teach students alternatives to violence including peaceful conflict resolution and positive interpersonal relationship skills using social-emotional learning programs such as Second Step.

Highlight violence prevention programs, such as your bully and suicide prevention curriculums, courses and lesson plans currently being taught in school.

Give students a voice by encouraging students to take an active role in maintaining a safe school environment, including student participation in safety planning and action plans.

Review, on an ongoing basis, the school policies/rules with school staff and students. Furthermore, encourage students to report potential problems to school officials. Schools can also create anonymous student tip-lines or suggestion boxes to help reporting students feel at ease knowing they will remain anonymous and won't be singled out.

Control access to the school building, especially during school hours. Having a designated entrance with all other access points locked from the exterior will also help strengthen school check-in procedures for visitors. Whenever possible, be visible by greeting and welcoming all visitors.



Monitor school common areas and hallways as well as parking lots, play grounds and playing/practice fields. Establish the presence of security cameras, security and/or resource officers, and local police departments.

Develop crisis plans and provide preparedness training to all school staff. Also, develop and practice school-preparedness drills with students (intruder alerts, weather, fire, lockdown and evacuation).

Conduct an annual review of all school safety policies and procedures to ensure that emerging school safety issues are adequately covered in current school crisis plans and emergency response procedures.

Develop threat-assessment and risk-assessment procedures and teams for conducting the assessments.

References:

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/school-violence-prevention>

<https://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/prevention.html>

The Cost of Caring: Preventing Burnout and Compassion Fatigue amongst School Professionals

According to the National Alliance on Mental Illness, 1 in 5 youth have a diagnosable emotional, behavioral or mental health disorder, yet 2/3 are not getting the help they need because many often go undiagnosed or untreated. Additionally, almost half the nation's children have experienced at least one or more types of serious childhood trauma (National Survey of Children's Health). Today's classrooms are filled with youth who carry the baggage of such issues as poverty, abuse, violence, illness, divorce, death, parental incarceration, neglect and substance abuse. With the frequency and intensity of student's emotional and behavioral disorders increasing, the strain of school professionals who work so diligently to provide compassion and support to students and families can be emotionally and psychologically wearing. Our school professionals make up one of the most devoted, compassionate, caring, and supportive professional sectors. Telling a teacher, counselor or school social worker to leave the needs of their students at work when they leave for the day, is like telling a parent to stop loving their child. It is natural for educators to become emotionally invested in the wellbeing of the youth they care for 9 months out of the year. Self-care and recognizing the signs of burnout and compassion fatigue can help guide our school professionals in managing their own health and wellbeing.

Simply put, compassion fatigue (also called secondary traumatization) is the emotional strain of exposure to working with those suffering from the consequences of traumatic events. Compassion fatigue differs from burn out but can co-exist. Burn-out can be defined by the cumulative process marked by emotional exhaustion, feelings of professional insufficiency and institutional stress. Interestingly, compassion fatigue has a faster recovery if recognized and managed early. Commonalities of burnout and compassion fatigue include: emotional exhaustion, reduced sense of personal accomplishment or meaning in work, mental exhaustion, decreased interactions with others, depersonalization and physical exhaustion.

Self-awareness is a key component in managing stress and reducing the mental and physical toll of compassion fatigue and/or burnout. Understanding our own emotional triggers and behaviors can guide us in making rational decisions based on conscious choice, rather than unconscious emotional conditioning. Continuing to check in with yourself can help you better prevent and manage compassion fatigue or burnout as it arises. Additional preventative strategies include:

- **Practice Self-Care:** eat a balanced diet, engage in regular exercise, get plenty of sleep, honor your emotional needs and try to find a balance between work and leisure.
- **Set Emotional Boundaries:** it can be challenging to remain compassionate, empathetic, and supportive of others without becoming overly involved and taking on another's pain. Setting emotional boundaries helps maintain a connection while still remembering the fact that you are a separate person with your own needs.
- **Use Positive Coping Strategies:** deep breathing, taking a walk, talking with a friend, practice mindfulness.



- **Don't "Go at It Alone":** when you encounter a challenging, high stress situation, enlist the help, support and guidance of your team members and colleagues.
- **Cultivate Healthy Friendships Outside of Work:** connecting with friends who are not aware of the ins and outs of your work situation can provide much needed emotional and professional relief.
- **Know What is Yours to Do:** Separate what you wish you could do from what you know you can do. It is normal to feel like we sometimes aren't doing enough. Understanding what is in our control to do and what we may have to let go of or give to someone else is essential.

References: American Institute of Stress; National Survey of Children's Health, National Alliance of Mental Illness; The Council for Exceptional Children, Association for Supervision and Curriculum Development (ASCD); Counseling Today.