



School Safety Newsletter

Volume 6, Issue 6

January 2019

Unprepared and Overwhelmed: Two Decades After Columbine and Five Years After Sandy Hook, Educators and Police Still Weren't Ready for Parkland

Sun Sentinel, December 28, 2018

Failures by the Broward County Sheriff's Office and school district cost children their lives at Marjory Stoneman Douglas High School.

A gunman with an AR-15 fired the bullets, but a series of blunders, bad policies, sketchy training and poor leadership helped him succeed. Information reported over 10 months by the South Florida Sun Sentinel reveals 58 minutes of chaos on campus marked by no one taking charge, deputies dawdling, false information spreading, communications paralyzed and children stranded with nowhere to hide.

To be sure, a number of teachers and police officers performed heroically. But an examination of the day's events reveals that the Sheriff's Office and school district were unprepared for the crisis.

To view the interactive, minute-by-minute article detailing a summary of the critical moments and lessons learned on February 14, 2018, visit: <http://projects.sun-sentinel.com/2018/sfl-parkland-school-shooting-critical-moments/>

Additional resource: The complete Marjory Stoneman Douglas High School Public Safety Commission Initial Report was released on January 2, 2019. The entire 458 page report can be viewed at: <http://www.fdle.state.fl.us/MSDHS/CommissionReport.pdf>

Richmond School Shooter Had Rifle, Handgun, Explosives

Call 6, December 17, 2018

<https://www.theindychannel.com/news/call-6-investigators/call-6-richmond-school-shooter-had-rifle-handgun-explosives>

RICHMOND, INDIANA — The teenage boy who showed up at a Richmond middle school on December 13, 2018, was armed with two guns at the time, multiple high-ranking sources with knowledge of the investigation tell Call 6 Investigators.

The 14-year-old boy's mother called police after he took a male family member hostage and forced them to drive him to his former middle school, sources tell Call 6. The drive to the school was just a little more than a mile.

Multiple sources say the boy was armed with a .45-caliber handgun and a .223-caliber rifle with a scope attached.

When responding officers first arrived at the school the boy was at a vehicle, trying to unload something. He quickly ran inside the school with the guns.

Once inside the school, the boy started shooting at the officers before eventually turning the gun on himself,

*Protecting our
future through
information
sharing*

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Richmond School Shooter Had Rifle, Handgun, Explosives (Continued)

police say.

While some officers followed the boy inside, others stayed out and found explosive devices inside the vehicle. Sources say investigators believe the boy was trying to take those devices inside the school, but because police arrived so quickly, he couldn't gather them.

If the boy's mother didn't call 911 to allow police and the school extra time, the situation could've been much worse, the sources say.

Combating Substance Abuse in Schools

Ed.gov, January 17, 2019

https://blog.ed.gov/2019/01/how-to-identify-and-support-students-suffering-from-substance-abuse/?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

In recent years there have been significant increases in alcohol, drug and substance abuse across the country. This abuse has significantly impacted K-12 school-age students as well as those pursuing postsecondary education.

To help combat substance abuse in schools, the Department of Education has developed webinars (<https://safesupportivelearning.ed.gov/events/webinars>) designed for State-, district- and building-level administrators, teachers and specialized instructional support personnel interested in supporting students and families impacted by the opioid crisis.

In recognition of this year's **National Drug and Alcohol Facts Week (NDAFW) scheduled for January 22-27, 2019**, the Department is sharing the signs and strategies to help identify and support impacted students below. To view the webinar on this important topic, click here: <https://safesupportivelearning.ed.gov/events/webinar/opioid-crisis-and-k-12-schools-meaningful-response>.

Warning signs that may indicate that a student is impacted by opioids, alcohol and other substance use, include:

Elementary Students

- Poor mental/motor development
- Memory and perception problems
- Speech and language problems
- Developmental delays
- Reduced decision making abilities
- Impaired self-regulation
- Poor response to stressful situations
- Impaired school performance

Middle School Students

- Anxiety
- Depression
- Secretive behaviors
- Poor hygiene/Changes in physical appearance
- Disruptive behavior
- Rapid changes in mood
- Decline in academic performance or attendance

Monthly Webinars!

First Wednesday
of Every Month

at 10 am

(Except January,
July, and
August).

Next Webinars

Wednesday,
February 6,
2019

Each webinar has a
round table
discussion at the
end. Questions are
always welcome!

To participate, you
must be a vetted
member. For more
information please
email
[schoolsafety@isp.
state.il.us](mailto:schoolsafety@isp.state.il.us)

Combating Substance Abuse in Schools (Continued)

High School Students

- Mood and personality changes
- Depression
- Hyperactivity
- Health and hygiene issues
- Changes in relationships with friends and family
- Problems with police
- Unhealthy peer/dating relationships
- Disengagement from school
- Poor attendance or dropping out

Strategies to support students who may be impacted by opioids, alcohol and other substance use, include:

- Find out what kinds of resources are available in your school or district, so you know where to turn to get help for a student
- Talk with school counselors, nurses and administrators to find out how best to support students for whom you are concerned
- Learn to recognize the signs of opioid, alcohol and substance abuse so you can refer students appropriately
- Integrate basic alcohol and drug prevention skill-building into everyday teaching so student can learn to:
 - Make good decisions
 - Solve problems
 - Become more assertive and practice learning refusal skills
 - Be more self-aware
 - Build positive relationships
- Help students learn coping and stress management skills such as:
 - Self-control
 - Standing up to peer pressure
 - Time management
 - Dealing with difficult situations like conflict or loss
 - Setting goals
- Talk with students about opioid, alcohol and substance abuse

Information on how to plan, register and host your own NDAFW event, or to receive free publications, resources and educational activities, can be found at National Institute on Drug Abuse for Teachers: <https://teens.drugabuse.gov/teachers>

To learn more about the U.S. national opioid crisis and find information and resources on how schools, students and parents of students can help fight this epidemic, please visit the Department's website at Combating the Opioid Crisis: Schools, Students, Families: <https://www.ed.gov/opioids/>

U.S. Substance Abuse Helpline Largely Unknown

Reuters, January 14, 2019

<https://www.reuters.com/article/us-health-overdose-hotline/u-s-substance-abuse-helpline-largely-unknown-idUSKCN1P824G>

The U.S. government's toll-free substance abuse helpline, which provides free referral services to those looking for treatment, gets little publicity, a new study finds.

By contrast, suicide helplines are regularly publicized, the research team points out.

When the researchers compared how often the addiction helpline was mentioned in news stories and social media after Demi Lovato's overdose to how often the suicide helpline was noted after Anthony Bourdain killed himself, they found a huge disparity.

U.S. Substance Abuse Helpline Largely Unknown (Continued)

They hope their study, published in JAMA Internal Medicine, will help change that.

“When I pick up a newspaper and read about another tragedy related to the drug epidemic, I want to see solutions mentioned in that reporting,” said lead author John Ayers, a professor and vice chief of Innovation in the Division of Infectious Disease & Global Public Health at the University of California, San Diego.

“Drug addiction is curable,” he said. “The first step towards that cure is to realize you need help and that you can find someone to help you by calling the helpline.”

The Substance Abuse and Mental Health Services Administration (SAMHSA) helpline, 800-662-HELP, is the only federally managed and endorsed addiction treatment referral service. “It’s a place where people can get social support,” Ayers said. “And it helps the public navigate around what are sometimes dubious addiction resources.”

Also known as the Treatment Referral Routing Service, 800-662-HELP provides 24-hour free and confidential treatment referral and information in English and Spanish.

To get a sense of how familiar the news media and the U.S. public are with SAMHSA’s helpline, Ayers and his colleagues searched Google News, Twitter and Google during the week after Demi Lovato’s July 24, 2018 hospitalization for overdose. The researchers obtained counts of all the articles, posts or searches that mentioned: Lovato, opioid or heroin, and 800-662-HELP.

The researchers performed a similar search for the week after Anthony Bourdain’s June 8, 2018 suicide. The key words used this time were: Bourdain, suicide, and 800-273-TALK (the National Suicide Prevention Lifeline number).

For the week after Lovato’s overdose, Ayers and colleagues located 42,500 news stories, 972,500 tweets and 14.7 million searches referencing Lovato. Opioids or heroin were mentioned in 25,300 news stories, 342,200 tweets and 1.2 million searches. In contrast, just 216 news stories, 258 tweets and 8,000 searches mentioned the addiction helpline.

For comparison, after Bourdain’s suicide, the researchers found 4,940 news stories, 20,000 tweets and 29,000 searches that mentioned the suicide helpline. The number of total news articles was about half of those on Lovato at 22,400.

The disparity between mentions of the two helplines is striking: the suicide helpline was mentioned 22.9 times more often in news stories, 81 times more often in tweets and 3.6 times more often in searches.

It’s unfortunate that the news media hasn’t treated the addiction helpline in the same way it has the suicide line, said Dr. John Rozel, an associate professor of psychiatry at the University of Pittsburgh, medical director of resolve Crisis Services and president of the American Association for Emergency Psychiatry.

“If someone sees a story about a famous person who thought they had things under control but overdosed, it might be a tipping point for them,” he said. “Or a person might think, ‘That’s just like my sister and that might be what’s going on with her.’ Having that resource available for those important opportunities when someone is ready to try to change their behavior is what we are looking for in emergency mental health.”

Opioid Deaths in Teens and Children Almost Tripled in the Past 20 Years

Forbes, December 30, 2018

<https://www.forbes.com/sites/robertglatter/2018/12/30/opioid-deaths-in-teens-and-children-almost-tripled-in-the-past-20-years/#71836ba7200a>

According to results of a retrospective study in JAMA, nearly 9,000 teens and children died from opioid overdoses in the past 2 decades, almost tripling the number of pediatric opioid-related deaths during that time span.

The findings from the study are alarming: the overall death rate among children and teens from prescription and illicitly manufactured opiates such as fentanyl increased 268% (from 0.22 per 100,000 in 1999 to 0.81 per 100,000 in 2016).

Opioid overdoses were most common in teens, with the death rate among those aged 15-19 rising 252% over the study period. But all demographics studied noted an increase in death rates during the study period, with mortality rates in even the youngest children aged 0-4 increasing by 225%.

Opioid Deaths in Teens and Children Almost Tripled in the Past 20 Years (Continued)

While not of the same magnitude, pediatric mortality rates exhibited a similar drug use pattern when compared to adult opioid mortality rates, with pediatric death rates showing a linear increase until 2008.

Pediatric and adult death rates both demonstrated a plateau from 2012-2014, with both rates rising again in 2014, linked to tightening of regulations in opioid prescribing, and a concurrent rise in synthetic opioid deaths.

For their study, researchers evaluated data from the CDC's Wide-Ranging Online Data for Epidemiologic Research (WONDER) database to calculate the number of exposures and deaths from prescription and illicit opioids over the study period, with deaths identified based on ICD-10 codes.

Data revealed that 8,986 youth died from opioid overdoses over the study period with 7,921 (88%) deaths in teens aged 15-19, 605 (6.7%) involving children aged 0-4, and 364 (4.1%) in children aged 10-14. The bulk of deaths were in non-Hispanic white children (79.9%) and in boys (73.1%).

Data revealed that in teens aged 15-19, heroin was the cause for 23% of deaths. From 1999-2016, the rate of fatal heroin overdoses soared by 404%, while the rate of deaths from prescription opioids in this demographic increased by 94%. Meanwhile, synthetic opioids produced an increased mortality rate of 2,925% in this age group.

Deaths in this study were largely unintentional, with just 5% due to suicide and 2.4% from homicide. Unclear from this research was whether opioid use among parents was a contributing factor, and certainly deserves further attention and investigation.

Also important to mention is that a large number of deaths (38%) occurred at home, with only 10.4% in hospital or other inpatient settings, and 24% in emergency departments. The implication is that deaths occurred rapidly and often suddenly, before paramedics could attempt to resuscitate children who used opioids.

One of the main issues is that when adults store or use opioids in the home, it has a ripple effect on everyone, including teens and children who can misuse or divert the drugs to other persons.

Most striking is that while prescription opioids are the main driver of the current epidemic, it's important to note that synthetic opiates--illicitly manufactured fentanyl—is a new consideration for exposure among children, with close to one third of teen deaths in this study linked to synthetic opioids since 2014.

The study was unable to differentiate between prescription as opposed to illicitly manufactured fentanyl as the source of the opiates, but it's more likely that illicit fentanyl is a greater factor in the majority of these deaths.

One limitation of the study is that data was derived from death certificates, making misclassification of the cause or circumstances surrounding deaths potentially an issue. In addition, whether prescription fentanyl, as opposed to illicitly manufactured fentanyl, was the cause of overdose could have led to underreporting and underestimation of the true number of deaths in this study.

Advocacy and Approach

With constant exposure to drugs, whether in the home or on the streets, programs have been developed to help shield children against drug abuse and misuse. This began in 1983 with abstinence-only teaching (D.A.R.E., Drug Abuse Resistance Education), but has now evolved to employ harm reduction philosophy, advocated by organizations such as the Drug Policy Alliance (<http://www.drugpolicy.org/about-us>).

Melissa Moore, New York Deputy Director of the Drug Policy Alliance, emphasizes the “importance of providing evidence-based drug education for young people that builds their critical thinking skills; the Safety First (https://engage.drugpolicy.org/secure/end-drug-war-triple-match-deadline-1231?ms=1B1_1812yearendtakeover&utm_campaign=fy19yearend&cid=7011K0000017ApoQAE&utm_content=1B1_1812yearendtakeover) curriculum piloted by the Drug Policy Alliance does just that, and gives youth resources to draw upon in challenging situations.”

“This study underscores the importance of making harm reduction services available to anyone who needs them, and the importance of lowering barriers to treatment for all age groups,” she added.

Parents Often Don't Know When Teens Have Suicidal Thoughts

Reuters, January 14, 2019

<https://www.reuters.com/article/us-health-teens-suicide/parents-often-dont-know-when-teens-have-suicidal-thoughts-idUSKCN1P82LV>

Three in four parents are unaware when their teens have recurrent thoughts about suicide, and a big part of the problem may be that adolescents often deny feeling this way, a U.S. study suggests. Researchers interviewed 5,137 adolescents, ages 11 to 17, along with one parent or stepparent. Most teens in the study didn't report suicidal thoughts. But when they did, half of their parents were unaware these teens had thoughts of killing themselves and 76 percent of parents didn't know when teens regularly thought about death, researchers report in Pediatrics.

"These findings highlight the importance of open communication between parents and adolescents and creating a safe and supportive family environment where adolescents feel comfortable disclosing their problems and concerns to parents and parents feel comfortable soliciting information from their teens having difficult conversations," said lead study author Jason Jones of the Children's Hospital of Philadelphia and the University of Pennsylvania Perelman School of Medicine. "Teens need to know they can depend on their parents in times of need," Jones said by email. "Parents should also not hesitate to seek help if they have concerns."

Suicide is the second leading cause of death among U.S. youth ages 10 to 24, and suicide deaths rates among young people have been rising, researchers note in Pediatrics. More than two-thirds of teens experiencing suicidal thoughts don't receive mental health services. The current study recruited families from a large pediatric health care network, not from mental health clinics. The adolescents were 15 years old on average, and most of the adults who participated were their mothers.

Among other things, interviewers asked the youngsters and parents if the children had ever thought of killing themselves or if they thought a lot about death. Overall, children and parents were more likely to share a common awareness of adolescents' suicidal thoughts when children were older than when they were preteens.

For girls, however, parents were more likely to recognize thoughts of death at younger ages and less likely to be aware of suicidal thoughts at younger ages. With boys, the opposite was true, and parents were less aware of suicidal thoughts for older teens.

White parents were more likely to detect suicidal thoughts in their teens than non-white parents in the study.

About one in ten parents in the study were fathers, and dads were more likely to miss teens' suicidal thoughts than mothers.

The study wasn't a controlled experiment designed to prove whether or how parents' recognition of teens' suicidal thoughts, or teens' awareness of their own feelings, might directly impact the chance of self-harm or death by suicide. It's also not clear if results from pediatrics health clinics in Philadelphia would be similar elsewhere in the country.

Even so, the results highlight the potential for adolescents' mental health problems and suicidal thoughts to go undetected, said Dr. Jacqueline Grupp-Phelan of the University of California, San Francisco, Benioff Children's Hospital

"This is due to many reasons including the internal nature of suicidal thoughts, lack of systemic screening and the denying by teens that they are having these thoughts," Grupp-Phelan, the author of an accompanying editorial, said by email.

"The most important take-home message for parents is ask your teen how they are doing, and if you notice a change in behavior or energy level, get help from their primary care provider or mental health professional," Grupp-Phelan advised.

Warning signs include sadness, loss of interest and withdrawal from activities, and social isolation, among others, Jones said. Parents can get more information on risk factors and warning signs for suicide from the American Foundation for Suicide Prevention (bit.ly/2FxNQaA) and from the national suicide prevention helpline (800-273-TALK).

School Safety Newsletter

Statewide Terrorism &
Intelligence Center
2200 S. Dirksen Parkway
Springfield, IL 62703
Phone: 217-558-2661
E-Mail:
Schoolsafety@isp.state.il.us

Mia Ray Langheim
School Intelligence
Officer

