Spring 2025 Quarterly Impact Report

February 6 – June 1, 2025

Prepared by Jack Swan, MPH

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Executive Summary

Between February and June 2025, the Fentanyl Fathers program reached 22,395 students and community members through 59 assembly presentations across Florida (14), Michigan (38), Texas (6), and Pennsylvania (1). Pre- and post-survey data collected from 1,578 respondents showed statistically significant improvements in knowledge, attitudes, and behavioral intentions related to fentanyl awareness, overdose response, and drug abstinence.

The most notable positive shifts were observed in the areas of overdose response self-efficacy (+21%), recognition of overdose signs (+16%), and reduction of barriers to naloxone use (-29%). Students in Michigan generally demonstrated stronger attitude gains than students in Florida, likely due to differences in age groups served and curriculum delivery. The data validates continued program expansion, particularly leveraging Michigan's delivery model to enhance results in other states.

"We're not a family that discusses these things a lot around the dinner table, but after seeing this assembly my daughter came home and couldn't stop talking about what she had learned. After dinner, some of her friends came over and they continued talking about the assembly all night."

- **Mother of student attendee**

Fentanyl Fathers Quantitative Assembly Analysis

2/6/25 – 6/1/25

Between February and June 2025, an estimated 22,395 students and community members through 59 assembly presentations across Florida (14), Michigan (38), Texas (6), and Pennsylvania (1). Of those, 1,578 valid survey responses were collected, representing roughly a 9% response rate. Responses were anonymous and gathered via QR-coded mobile survey links without incentives. Assemblies ranged from middle to high school age groups and community events, lasting approximately 45–60 minutes. Each included a screening of Dead on Arrival, testimony from bereaved parents, a fentanyl education slide deck, and naloxone training.

"This wasn't like a typical 'don't vape because it's bad for you assembly.' It was raw and real and different. Kids were crying if you looked around, and it was refreshing to hear some of the challenges we're really facing. What you're all doing is really having an impact, and I really appreciated you sharing your stories with us."

- **Sophia, High School Sophomore**

The overall survey sample of 1,578 respondents was composed primarily of Michigan students (88.8%), with additional representation from Florida (10.9%), and a very small number from Alaska and Texas. The majority of respondents were high school-aged, with 63.4% between ages 15 and 17. The largest single age group was 17-year-olds, representing 26.7% of the sample. Respondents were slightly more likely to identify as female (53.3%) than male (43.0%), with smaller proportions identifying as another gender (2.0%) or preferring not to disclose (1.7%). Most students identified as White or Caucasian (72.7%), followed by Black or African American (9.8%), and Multiracial or Other (11.0%). Roughly 16% of respondents identified as Hispanic or Latino. Grade-level distribution skewed toward upper high school, with 56.6% of students in 11th or 12th grade. Baseline drug misuse behavior showed that the vast majority of students (91.9%) reported no substance misuse in the past 30 days, while 8.1% reported at least some level of recent use. See **Table 1** below for full demographic breakdown.

Table 1: Overall Demographic & Pre-Misuse Analysis (N = 1,578)

Variable	*Response Option*	*Frequency (n)*	*Percent (%)*
State	Michigan	1401	88.8
	Florida	172	10.9
	Alaska	2	0.1
	Texas	3	0.2
Age	11 or younger	14	0.9
	12	30	1.9
	13	70	4.4

	14	174	11.0
	15	276	17.5
	16	305	19.3
	17	422	26.7
	18 or older	287	18.2
Gender	Male	678	43.0
	Female	841	53.3
	Other	32	2.0
	Prefer not to say	27	1.7
Race	Black or African American	155	9.8
	White or Caucasian	1147	72.7
	American Indian or Alaskan Native	14	0.9
	Asian	79	5.0
	Native Hawaiian or Pacific Islander	10	0.6
	Some other race or Multiracial	173	11.0
Ethnicity	Hispanic or Latino	248	15.7
	Not Hispanic or Latino	1330	84.3
Grade	6th	36	2.3
	7th	28	1.8
	8th	123	7.8
	9th	241	15.3
	10th	256	16.2
	11th	351	22.2
	12th	543	34.4
Pre-Misuse Behavior	Never	1450	91.9
	1–2 times a month	64	4.1
	Weekly	10	0.6
	2–3 times a week	14	0.9
	Daily	40	2.5

Overall Attitude Shifts

Survey results demonstrate meaningful, statistically significant shifts in attitudes and knowledge following Fentanyl Fathers assemblies, reinforcing the effectiveness of the program. Across all 1,578 respondents, participants reported measurable gains in multiple protective factors and reductions in key risk barriers related to fentanyl awareness and overdose response. Notably, students showed a 20.8% increase in self-efficacy to respond to an overdose and a 15.6% improvement in their ability to recognize an overdose, representing the highest growth areas—critical outcomes for real-world emergency readiness. Perceived knowledge also rose by 11.8%, while perceived susceptibility to fentanyl harm increased by 12.2%, reflecting stronger recognition of personal risk.

Additionally, perceived barriers to naloxone access or use decreased by 29.2%, the largest single directional shift, suggesting the program successfully reduced stigma and misconceptions about carrying or administering lifesaving medication. Although smaller in scale, improvements were also seen in motivation to share information (8.6%) and perceived importance of parental involvement (6.1%) among the subset of respondents who answered those questions (N = 587).

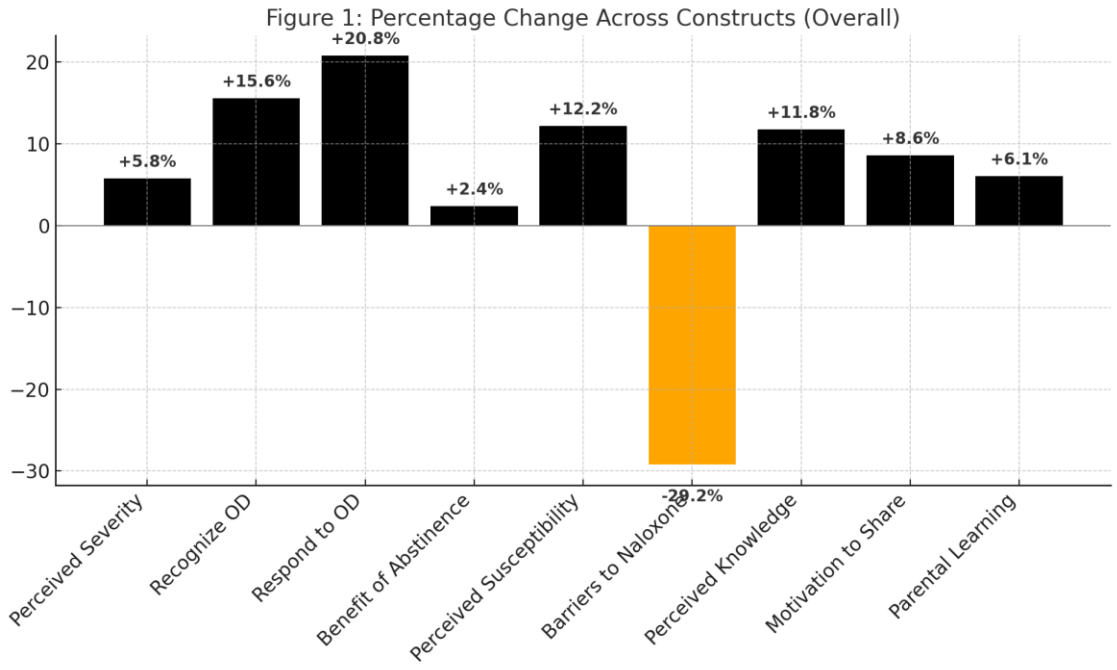
The statistical significance of all changes ($p < .001$) strengthens the evidence for program efficacy. These results underscore that students are not only absorbing essential overdose response information but are internalizing key messages that can support behavioral change and community-level prevention efforts. Full results are detailed in **Table 2** and are depicted in graphical form in **Figure 1**.

Table 2: Pre/Post Comparison with Percent Change (N = 1,578)

Construct	Pretest Mean	Posttest Mean	Change	% Change
Perceived Severity	8.81	9.39	0.58	5.80
Self-Efficacy: Recognize OD	6.24	7.80	1.56	15.60
Self-Efficacy: Respond to OD	5.57	7.65	2.08	20.80
Perceived Benefit of Abstinence	8.48	8.72	0.24	2.40
Perceived Susceptibility	4.32	5.54	1.22	12.20
Perceived Barriers to Naloxone	7.35	4.43	-2.92	-29.20
Perceived Knowledge	6.54	7.72	1.18	11.80
Motivation to Share*	5.88	6.74	0.86	8.60
Importance of Parental Learning*	7.98	8.59	0.61	6.10

*Subset N = 587 for parental/motivation items

Figure 1. Percentage change in student responses from pre- to post-surveys across nine key constructs.



Michigan

The Michigan subgroup (N = 1,401) was composed primarily of high school students, with 70.4% between ages 15 and 17. Grade distribution reflected this, with 32.1% in 12th grade and 27.4% in 11th. Gender identity skewed slightly female (51.1%) compared to male (45.9%), with smaller percentages identifying as other (1.6%) or preferring not to respond (1.4%). Racially, the majority of students identified as White or Caucasian (76.1%), followed by Multiracial or Other (10.1%) and Black or African American (7.8%). Hispanic or Latino students made up 12.4% of the sample. Encouragingly, 92.3% of Michigan respondents reported no substance misuse in the past 30 days, reinforcing a largely prevention-focused population. Full demographic frequencies and distributions are provided in Table 3.

Table 3: Michigan-Specific Demographic & Pre-Misuse Analysis (N = 1,401)

Variable	*Response Option*	*n (%)*
Age	12 or younger	14 (1.0%)
	13	9 (0.6%)
	14	112 (8.0%)
	15	284 (20.3%)
	16	346 (24.7%)
	17	356 (25.4%)

	18 or older	280 (20.0%)
Gender	Female	716 (51.1%)
	Male	643 (45.9%)
	Other	22 (1.6%)
	Prefer not to say	20 (1.4%)
Ethnicity	Hispanic or Latino	174 (12.4%)
	Not Hispanic or Latino	1227 (87.6%)
Race	Black or African American	109 (7.8%)
	White or Caucasian	1066 (76.1%)
	American Indian or Alaska Native	12 (0.9%)
	Asian	68 (4.9%)
	Native Hawaiian or Pacific Islander	5 (0.4%)
	Some other race or Multiracial	141 (10.1%)
Grade	6th	4 (0.3%)
	7th	1 (0.1%)
	8th	2 (0.1%)
	9th	192 (13.7%)
	10th	368 (26.3%)
	11th	384 (27.4%)
	12th	450 (32.1%)
Pre-Misuse Behavior	Never	1293 (92.3%)
	1–2 times a month	61 (4.4%)
	Weekly	16 (1.1%)
	2–3 times a week	9 (0.6%)
	Daily	22 (1.6%)

Michigan-specific results reinforce the effectiveness of Fentanyl Fathers assemblies in shifting youth knowledge, attitudes, and readiness around fentanyl and overdose response. As shown in Table 4 and Figure 2, the largest improvements were seen in overdose response preparedness: students reported a 24.4% increase in self-efficacy to respond to an overdose and a 17.3% increase in their ability to recognize one. Barriers to naloxone access and use fell sharply by 43.0%, indicating reduced stigma and improved perceptions about using lifesaving interventions. Perceived knowledge rose by 13.3%, and perceived susceptibility increased by 15.8%, suggesting students now better recognize both the risks and how to act in emergencies. These statistically significant improvements ($p < .001$ across all constructs) demonstrate that the program meaningfully enhances protective factors and supports the development of a more prepared, informed student population in Michigan.

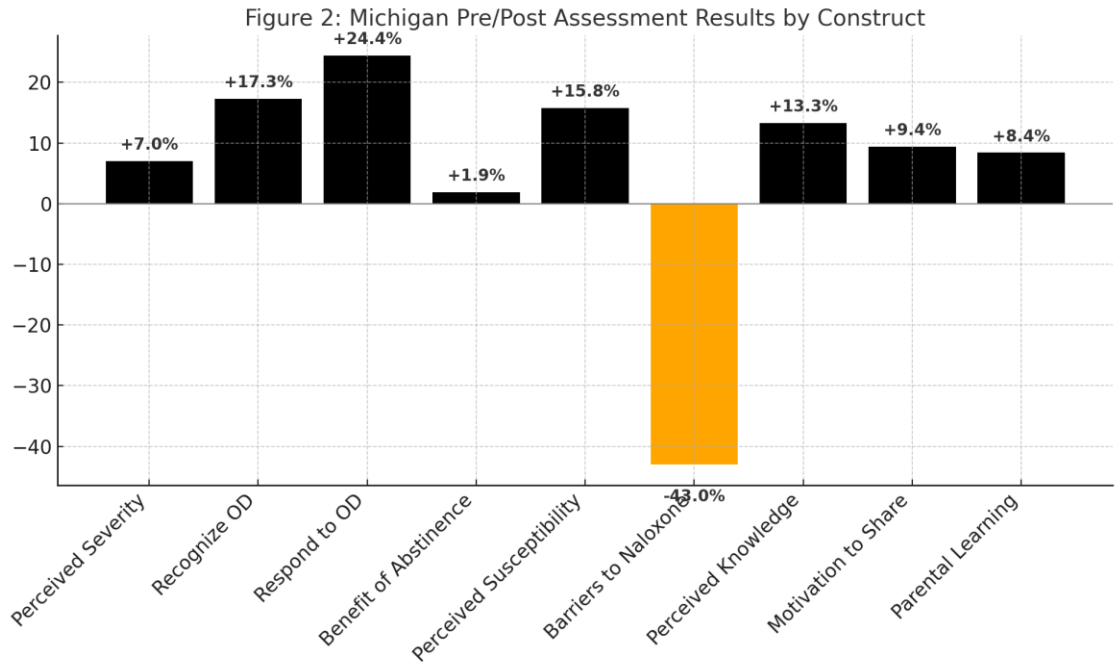
Table 4: Michigan-Specific Pre/Post Comparison with Percent Change (N = 1,401)

Construct	Pretest Mean	Posttest Mean	Mean Change	% Change

Perceived Severity	8.88	9.50	+0.62	+7.0%
Self-Efficacy: Recognize OD	6.19	7.89	+1.70	+17.3%
Self-Efficacy: Respond to OD	5.55	7.81	+2.26	+24.4%
Perceived Benefit of Abstinence	8.61	8.77	+0.16	+1.9%
Perceived Susceptibility	4.35	5.73	+1.38	+15.8%
Perceived Barriers to Naloxone	7.41	4.22	-3.19	-43.0%
Perceived Knowledge	6.47	7.80	+1.33	+13.3%
Motivation to Share*	5.91	6.84	+0.93	+9.4%
Importance of Parental Learning*	8.01	8.68	+0.67	+8.4%

*Subset N = 584 for parental/motivation items

Figure 2: Michigan Pre/Post Assessment Results by Construct Bar Graph Comparison



Florida

The Florida subgroup (N = 172) consisted primarily of younger students, with 65.1% in 8th grade and over 60% aged 14. The group was predominantly Hispanic or Latino (76.2%) and racially diverse, with 57.6% identifying as multiracial or from another race. Gender distribution was nearly equal, with 51.2% identifying as female and 46.5% as male. Notably, 90.1% of respondents reported no substance misuse in the past 30 days, underscoring a primarily prevention-focused population. Full details are provided in Table 4.

Table 5: Florida-Specific Demographic & Pre-Misuse Analysis (N = 172)

Variable	*Response Option*	*n (%)*

Age	12	1 (0.6%)
	13	16 (9.3%)
	14	105 (61.0%)
	15	45 (26.2%)
	16	5 (2.9%)
Gender	Female	88 (51.2%)
	Male	80 (46.5%)
	Other	2 (1.2%)
	Prefer not to say	2 (1.2%)
Ethnicity	Hispanic or Latino	131 (76.2%)
	Not Hispanic or Latino	41 (23.8%)
Race	Black or African American	29 (16.9%)
	White or Caucasian	42 (24.4%)
	American Indian or Alaska Native	1 (0.6%)
	Asian	1 (0.6%)
	Native Hawaiian or Pacific Islander	0 (0.0%)
	Some other race or Multiracial	99 (57.6%)
Grade	6th	2 (1.2%)
	7th	10 (5.8%)
	8th	112 (65.1%)
	9th	41 (23.8%)
	10th	7 (4.1%)
Pre-Misuse Behavior	Never	155 (90.1%)
	1–2 times a month	10 (5.8%)
	Weekly	2 (1.2%)
	2–3 times a week	1 (0.6%)
	Daily	4 (2.3%)

Florida-specific results (Table 6, Figure 3) demonstrate meaningful growth across several key constructs following the assembly program. The most significant improvements were seen in **perceived susceptibility to overdose** (+20.4%), **self-efficacy to respond to an overdose** (+11.4%), and **self-efficacy to recognize an overdose** (+9.3%), indicating strengthened student confidence in overdose response preparedness.

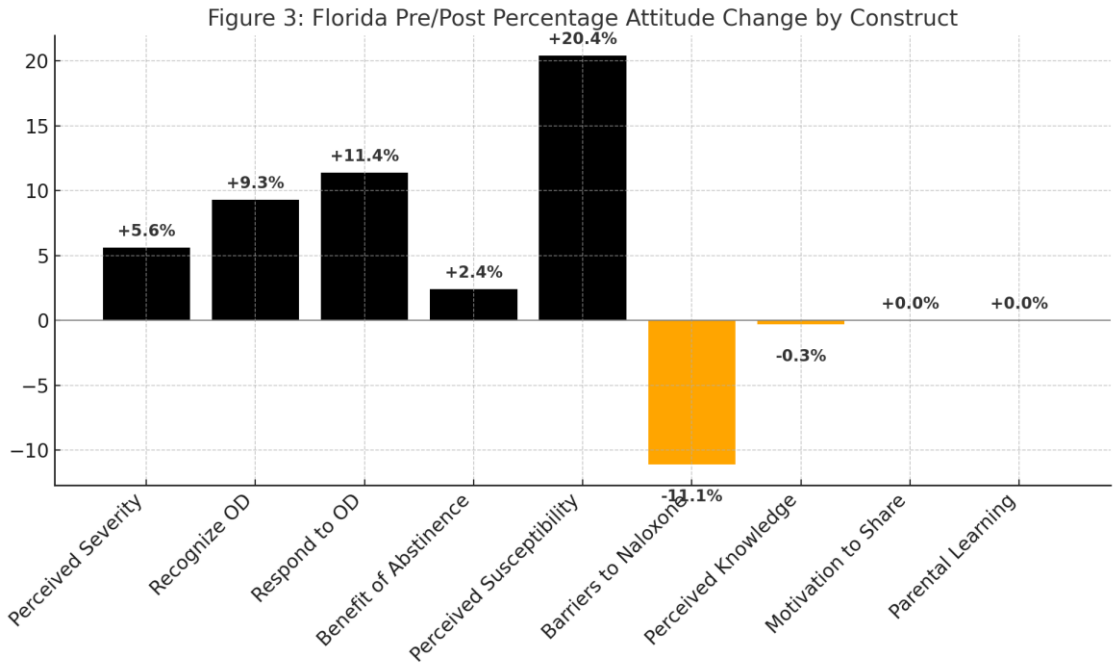
Additionally, perceived severity (+5.6%) and perceived benefit of abstinence (+2.4%) both increased modestly. Importantly, **perceived barriers to naloxone access and use decreased by 11.1%**, aligning with program goals around normalizing naloxone literacy and reducing stigma. Notably, perceived knowledge and parental learning metrics showed little to no change among the Florida group, likely due to limited subset responses (N = 2). These outcomes reinforce the impact of fentanyl awareness education among middle school-aged populations, particularly in enhancing overdose recognition and risk perception.

Table 6: Florida-Specific Pre/Post Comparison with Percent Change (N = 172)

Construct	Pretest Mean	Posttest Mean	Mean Change	% Change
Perceived Severity	8.32	8.79	+0.47	+5.6%
Self-Efficacy: Recognize OD	6.76	7.39	+0.63	+9.3%
Self-Efficacy: Respond to OD	5.86	6.53	+0.67	+11.4%
Perceived Benefit of Abstinence	7.54	7.72	+0.18	+2.4%
Perceived Susceptibility	4.12	4.96	+0.84	+20.4%
Perceived Barriers to Naloxone	6.87	6.11	-0.76	-11.1%
Perceived Knowledge	7.12	7.10	-0.02	-0.3%
Motivation to Share*	1.00	1.00	+0.00	+0.0%
Importance of Parental Learning*	1.00	1.00	+0.00	+0.0%

*Subset N = 2 for parental/motivation items

Figure 3. Florida Pre/Post Percentage Attitude Change by Construct



Cross-State Comparison & Reflections

When comparing the program's impact across Michigan and Florida, several meaningful distinctions emerge. Michigan students, who were predominantly in high school and represented a more diverse range of grade levels, demonstrated stronger post-assembly improvements across nearly all constructs. The most pronounced shifts occurred in overdose response readiness—particularly self-efficacy to respond to an overdose (+24.4%) and recognize an overdose (+17.3%)—and in reducing perceived barriers to naloxone (-43.0%). These results suggest that older student populations may be especially receptive to messaging that emphasizes personal responsibility, emergency preparedness, and harm reduction.

In contrast, the Florida subgroup was composed primarily of younger middle school students (with 65.1% in 8th grade and over 60% aged 14), and while the magnitude of change was somewhat lower overall, it is notable that perceived susceptibility increased by 20.4%, the highest of any measured domain in that subgroup. This suggests that younger students may be particularly responsive to messaging that helps them understand their own risk, which is a critical precursor to future protective decision-making. Although smaller in sample size (N = 172), these results highlight the importance of tailoring program content and delivery by age group to maximize relevance and impact.

A key limitation of the Florida data is the extremely low response rate on some items, particularly those related to motivation to share and perceptions of parental involvement (N = 2). This restricts the ability to generalize findings for those constructs in Florida and suggests the need for enhanced survey administration protocols in future implementations. Strengths of the current analysis include robust sample size in Michigan, consistent program fidelity across locations, and statistically significant improvements across all primary constructs of interest.

Future efforts could further strengthen findings by implementing follow-up assessments to measure retention of knowledge and behavioral outcomes over time. Additionally, increasing Florida sample sizes and ensuring better representation across all survey items would support more confident comparisons. Overall, results from both states affirm the Fentanyl Fathers assembly model as a promising and scalable tool for increasing youth knowledge, reducing stigma, and preparing communities to respond to fentanyl-related overdose risks.

Fentanyl Fathers Qualitative Assembly Analysis

2/6/25 – 6/1/25

This analysis is based on student feedback collected across 91 Fentanyl Fathers presentations held between February and June 2025. Over 1,500 students submitted anonymous surveys, and hundreds included voluntary open-ended comments reflecting on the assembly's content, delivery, and emotional impact. This report summarizes the dominant themes, highlights illustrative quotes, and provides recommendations for program refinement.

Overall Reception and Impact

Students overwhelmingly responded with gratitude, emotional engagement, and increased awareness of fentanyl's risks. Many described the assembly as "impactful," "eye-opening," and even "life-changing." A significant portion of students expressed intentions to avoid drug use or to share what they learned with friends and family. Personal testimonies, especially the stories of bereaved fathers, were repeatedly cited as the most powerful part of the experience.

Key Themes Identified

1. **Emotional Impact & Empathy**
    - Many students reported crying or feeling overwhelmed, highlighting how the personal stories helped them connect emotionally with the message.
    - Comments such as "The video made me cry," "I could feel their pain," and "I was very touched" were common.
    - Students expressed condolences and respect for the presenters' strength.
2. **Gratitude & Appreciation**
    - Dozens of students offered thanks: "Thank you for sharing your story," "This was amazing," and "You are making a big impact."
    - Several praised the bravery of the speakers and their commitment to spreading awareness.
3. **Knowledge Gained / Educational Value**
    - Students repeatedly noted that they learned new and important information: "I didn't know what fentanyl was before," "I learned how to use Narcan," and "I now understand the risks of counterfeit pills."
    - Many students said they now feel more prepared to respond to an overdose.
4. **Behavioral Intentions / Prevention Messages Received**

- Numerous students stated they will avoid drug use: "I'm never taking a pill not given by a doctor," "I'm done with all of that," and "I want to help others stay safe."
- Others expressed a desire to educate peers or help prevent overdoses in their community.

5. **Personal Connection to Overdose or Addiction**
    - Several students shared that they lost a parent, sibling, or friend to an overdose: "I lost my mom," "My cousin died from this," and "I wish someone had told me sooner."
    - These responses reflect the wide reach of the opioid crisis and the assembly's relevance.
6. **Suggestions for Improvement**
    - Some students requested a shorter presentation or more interactive components.
    - A few noted difficulty hearing the speakers or seeing the video.
    - Others asked for more information on mental health, how to help others, or how to access naloxone locally.
7. **Criticism or Off-Topic Responses**
    - As is typical in school-based settings, some comments were dismissive, inappropriate, or unserious. These were minimal but present.
    - Examples include off-topic phrases, memes, or jokes.
8. **Naloxone Awareness and Application**
    - Students responded positively to the naloxone training and its life-saving potential: "Now I know how to use Narcan," "That part was so helpful," and "I feel more confident in an emergency."

Illustrative Quotes

- "This was life-changing. I will never take a pill unless it's prescribed."
- "The fathers made me cry. I can't imagine going through that."
- "I feel like I can save a life now if it ever happens."
- "We need more of this. Everyone should see it."
- "My uncle overdosed and this hit way too close to home."

- "Thank you. This was the most real presentation we've ever had."
- "I lost my mom this year. I appreciate you for being strong and sharing."

Conclusion & Recommendations

Student feedback from this period underscores the continued effectiveness of the Fentanyl Fathers assembly program in increasing awareness, promoting empathy, and supporting behavior change. To strengthen future impact, consider the following:

- Add brief interactive elements or more opportunities for Q&A to maintain engagement.
- Expand information on how to access naloxone and mental health support.
- Provide options for reflection or grief support after emotionally intense assemblies.
- Consider peer-based or youth-led testimony as an additional perspective.

The assembly continues to make a powerful impression on young people across diverse communities, equipping them with the knowledge and motivation to stay safe and help others. The testimonials shared confirm that this program is not only informative but also deeply humanizing and transformative.