

Fentanyl Fathers

Spring 2026 Outcome Evaluation Report

Paired Pre-Post Analysis of Student Survey Responses Following School-Based Fentanyl Awareness Assemblies

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Reporting Period:
November 1, 2025 – April 20, 2026

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Data sources used in this report include the Spring 2026 paired pre-post dataset, the corresponding analysis worksheet, and the current survey instrument. Prior reporting periods (Summer 2025 and Spring 2025) were referenced to maintain consistency in formatting, measurement approach, and narrative structure.

Executive Summary

This report summarizes the Spring 2026 pre-post evaluation of Fentanyl Fathers school-based fentanyl awareness programming. The analysis focuses on student knowledge, overdose response confidence, harm-reduction beliefs, and behavioral intention constructs measured immediately before and after the assembly.

- The Spring 2026 paired dataset included 1,774 matched student pre-post responses. The sample was drawn primarily from Michigan (94.1%), with smaller Florida (2.7%) and Pennsylvania (3.2%) cohorts.
- Across all nine paired constructs, pre-post differences were statistically significant at $p < .001$ in the full sample. The largest positive shifts were observed in fentanyl-related knowledge, confidence responding to an overdose, confidence recognizing an overdose, and lower perceived naloxone barriers.
- The strongest practical effects were observed in perceived knowledge ($d = 1.07$), self-efficacy to respond to an overdose ($d = 1.00$), self-efficacy to recognize an overdose ($d = 0.82$), and perceived barriers to naloxone ($d = 0.80$).
- Students reporting any recent substance misuse also improved, but their gains were smaller than those of students reporting no recent misuse on knowledge, overdose recognition, overdose response confidence, perceived benefit of Narcan, and naloxone barriers.
- High school students showed larger gains than younger students on knowledge and overdose response confidence. Because the younger subgroup was much smaller ($n = 95$), these results should be interpreted cautiously but still suggest developmental tailoring may improve impact.
- Students also reported very high post-assembly behavioral intention, with 90.3% indicating a strong likelihood of avoiding or reducing substance use and high willingness to share prevention information with peers and family members.

Methods and Survey Constructs

Students completed an anonymous paired pre-post survey administered through Google Forms. The instrument measured demographics, recent substance misuse, and nine core prevention constructs using 10-point response scales. The post survey also included two intention items: likelihood of staying away from drugs or using them less in the future, and likelihood of talking with friends or family about fentanyl and fake pills. Percent change was calculated by expressing the mean difference on the 10-point Likert scale as a proportion of the total scale range (i.e., 1-point change = 10%). This approach maintains consistency with prior evaluation reports and supports intuitive interpretation of change across constructs. The Ambassador item was modified during the reporting period from a 5-point to a 10-point scale to align with other survey constructs; only responses collected using the updated scale are included in this analysis.

Table 1. Core survey constructs used in the Spring 2026 analysis

Construct	Survey wording summary	Scale
Perceived Severity	How dangerous do you think it is to take a pill that you got from a friend or someone you met online?	1 = Not dangerous / 10 = Very dangerous
Recognize Overdose	How sure are you that you would know if someone is having a drug overdose?	1 = Not sure at all / 10 = Very sure
Respond to Overdose	Pre: how sure you would know what to do to help; Post: confidence in ability to respond appropriately	1 = Not sure/confident at all / 10 = Very sure/confident
Benefit of Narcan	Do you think it is helpful to have Narcan nearby to keep you and your friends safe?	1 = Not helpful at all / 10 = Very helpful
Susceptibility	How likely is it that you or someone you know could die or overdose from fentanyl?	1 = Not likely / 10 = Very likely
Barriers to Naloxone	I do not know enough about Naloxone, what it is for, where to get it, how to use it, or when to use it.	1 = Strongly disagree / 10 = Strongly agree
Knowledge	How much do you feel you know about fentanyl and fake pills?	1 = Hardly anything / 10 = Almost

		everything
Motivation to Share	I want to talk with other students about this topic and help stop overdoses in my community.	1 = Strongly disagree / 10 = Strongly agree
Caregiver Importance	It is important for parents/caregivers to learn about fentanyl, fake pills, and Narcan.	1 = Strongly disagree / 10 = Strongly agree

Participant Characteristics

The analytic file included 1,774 matched student surveys. Most respondents were high school-aged, and the sample was heavily concentrated in Michigan. Recent self-reported misuse was uncommon but not negligible, with 8.2% of students reporting any alcohol, marijuana, non-prescribed pill use, or other illegal drug use in the prior 30 days.

Table 2. Overall sample profile

Domain	Category	n	Percent
State	Michigan	1667	94.1%
	Florida	48	2.7%
	Pennsylvania	56	3.2%
Age	14-17 years	1506	84.9%
	18 or older	173	9.8%
	13 or younger	95	5.4%
Gender	Female	989	55.7%
	Male	718	40.5%
	Other / Prefer not to say	67	3.8%
Race	White or Caucasian	1236	69.7%
	Black or African American	192	10.8%
	Asian	173	9.8%
	Some other race / Multiracial	153	8.6%
Ethnicity	Hispanic or Latino	142	8.0%
Pre-misuse	No misuse	1629	91.8%
	Any misuse	145	8.2%

Multi-State Program Reach and Implementation

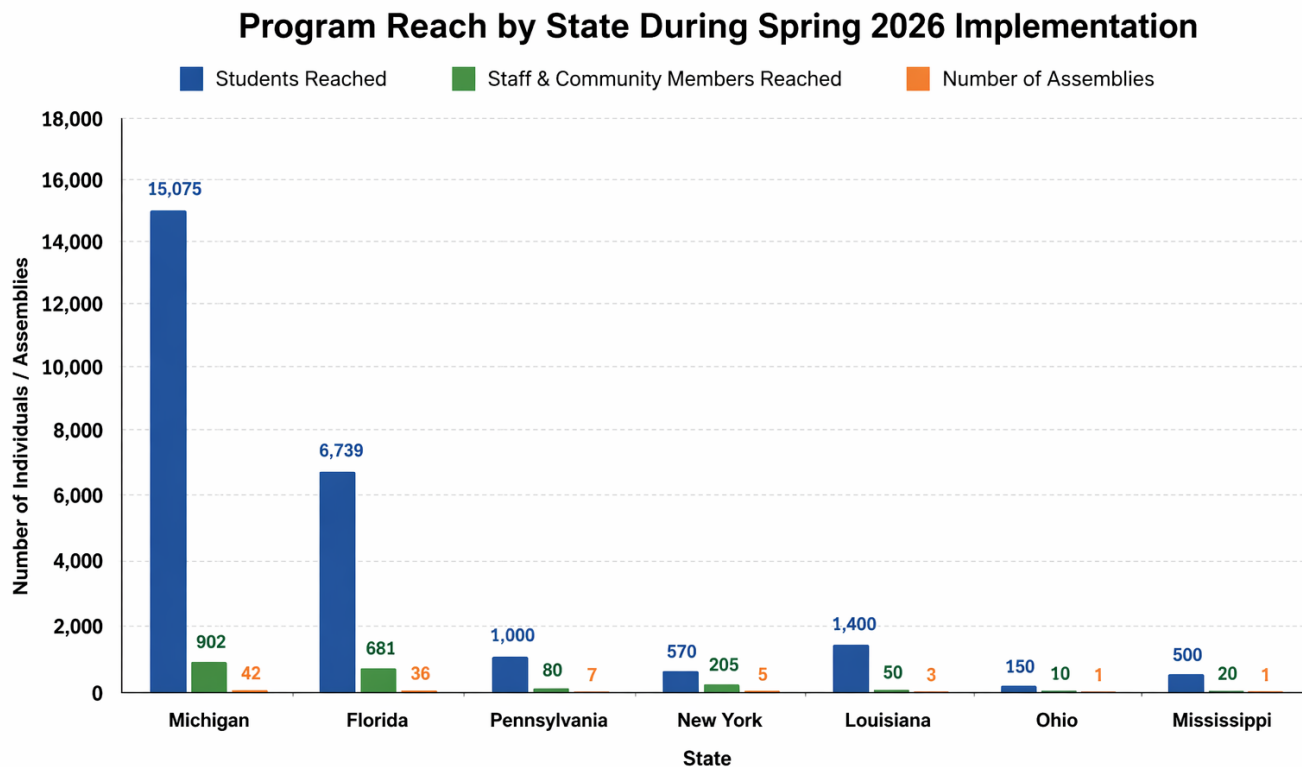
Michigan and Florida account for the majority of program reach, reflecting sustained engagement and repeated partnerships with school systems. Programming in Pennsylvania, New York, Louisiana, Ohio, and Mississippi further demonstrates the program's expansion into additional geographic regions.

Table 3. Multi-State Program Reach and Implementation

State	Students	Staff	Assemblies	Community
Michigan	15,075	642	42	260
Florida	6,739	431	36	250
Pennsylvania	1,000	40	7	40
New York	570	50	5	155
Louisiana	1,400	50	3	—
Ohio	150	10	1	—
Mississippi	500	20	1	—

Note: Community values reflect non-student outreach events (e.g., parents, administrators, and other stakeholders). Assemblies reflect school-based student presentations.

Across the reporting period, the program reached more than 25,000 students and over 1,200 educators, parents, and community members through 95 school-based assemblies and outreach events across seven states. The majority of implementation occurred in Michigan and Florida, reflecting both depth of engagement and repeated partnerships with school systems. At the same time, programming in Pennsylvania, New York, Louisiana, Ohio, and Mississippi demonstrates the program’s continued geographic expansion and ability to maintain consistent delivery across diverse settings. This combination of depth in core regions and expansion into new areas supports both sustained local impact and scalable national reach.



Note. Community values reflect non-student outreach events (e.g., parents, administrators, and other stakeholders). Assemblies reflect school-based student presentations.

Figure 1. Student Reach by State During Spring 2026 Programming.

Differences in scale in Figure 1 across students, staff/community, and assemblies may visually compress smaller values. Despite this, the program reached both student and adult audiences across all states, supporting a multi-level prevention approach. This reach extends beyond individual knowledge to influence broader community awareness and the social environments that shape prevention behaviors.

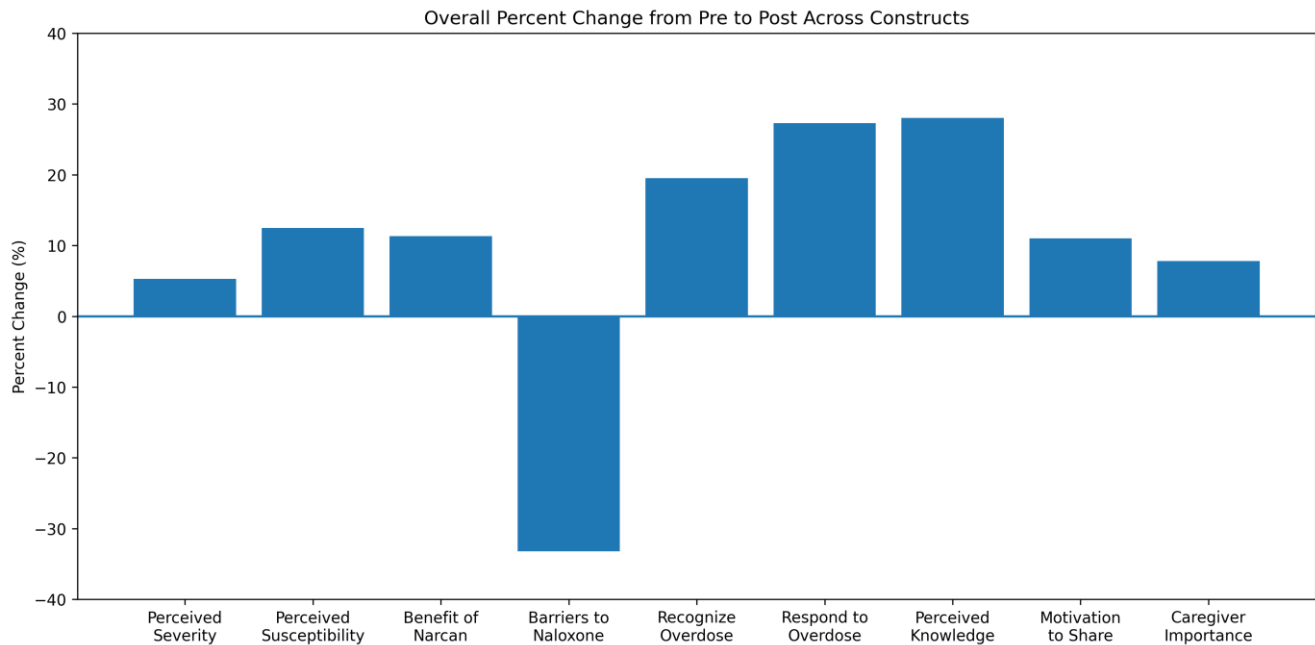


Figure 2. Percent change from pre to post across the nine paired constructs.

Overall Pre-Post Outcomes

The program produced statistically significant change across all nine paired outcomes. Skill- and knowledge-oriented constructs showed the largest gains. Motivation to share information and caregiver importance also increased, indicating that students not only gained knowledge and skills but may also be more inclined to communicate prevention messages within their social networks.

Table 4. Overall paired pre-post findings

Construct	N	Pre mean	Post mean	Mean change	% change	d	p
Perceived Severity	1774	9.07	9.6	0.53	5.3	0.33	< .001
Self-Efficacy: Recognize OD	1774	5.86	7.82	1.95	19.5	0.82	< .001
Self-Efficacy: Respond to OD	1774	4.98	7.71	2.73	27.3	1.0	< .001
Perceived Benefit of Narcan	1774	8.18	9.31	1.13	11.3	0.53	< .001
Perceived Susceptibility	1774	5.05	6.3	1.25	12.5	0.43	< .001
Perceived Barriers to Naloxone	1774	7.3	3.98	-3.32	-33.2	0.8	< .001
Perceived Knowledge	1774	4.82	7.62	2.8	28.0	1.07	< .001
Motivation to Share	1774	6.26	7.36	1.1	11.0	0.5	< .001
Caregiver Importance	1774	8.19	8.98	0.78	7.8	0.42	< .001

Positive mean change indicates a higher posttest score. For the barriers item, lower posttest scores indicate improvement because agreement reflects not knowing enough about naloxone.

- The single largest improvement was in perceived knowledge about fentanyl and fake pills (mean change = +2.80; 28% increase on the 10-point Likert scale; d = 1.07).
- Confidence in responding to an overdose increased by +2.73 points (27.3% increase; d = 1.00), while confidence recognizing an overdose increased by +1.95 points (19.5% increase; d = 0.82).

- Perceived barriers to naloxone fell by -3.32 points, representing a 33.2% reduction in perceived barriers; a large practical effect consistent with reduced uncertainty about what naloxone is, where to get it, and how or when to use it.
- Benefit-of-Narcan and susceptibility both increased meaningfully (11.3% and 12.5% respectively) but with smaller effects than the skill-based constructs.

State-Level Analysis

State-level descriptive frequencies were available for Michigan, Florida, and Pennsylvania. Because the Florida and Pennsylvania subgroups were comparatively small, state comparisons should be interpreted as descriptive rather than definitive. Nonetheless, the direction of change was highly consistent across states: overdose recognition, overdose response confidence, knowledge, and naloxone barrier reduction all moved in the desired direction in every state.

Table 5. State subgroup demographic profile

State	N	Gender pattern	Race pattern	Ethnicity pattern	Any misuse
Michigan	1,667	55.7% female	70.1% White	6.4% Hispanic	7.8% any misuse
Florida	48	37.5% female	39.6% White	64.6% Hispanic	8.3% any misuse
Pennsylvania	56	75.0% female	85.7% White	5.4% Hispanic	16.1% any misuse

Table 6. State-level change on selected constructs

Construct	Michigan	Florida	Pennsylvania
Self-Efficacy: Recognize OD	+1.99 (+19.9%)	+1.52 (+15.2%)	+1.30 (+13.0%)
Self-Efficacy: Respond to OD	+2.79 (+27.9%)	+2.06 (+20.6%)	+1.62 (+16.2%)
Perceived Knowledge	+2.84 (+28.4%)	+2.31 (+23.1%)	+1.95 (+19.5%)
Perceived Barriers to Naloxone	-3.37 (33.7% reduction)	-2.83 (28.3% reduction)	-2.50 (25.0% reduction)
Perceived Susceptibility	+1.26 (+12.6%)	+1.33 (+13.3%)	+0.59 (+5.9%)

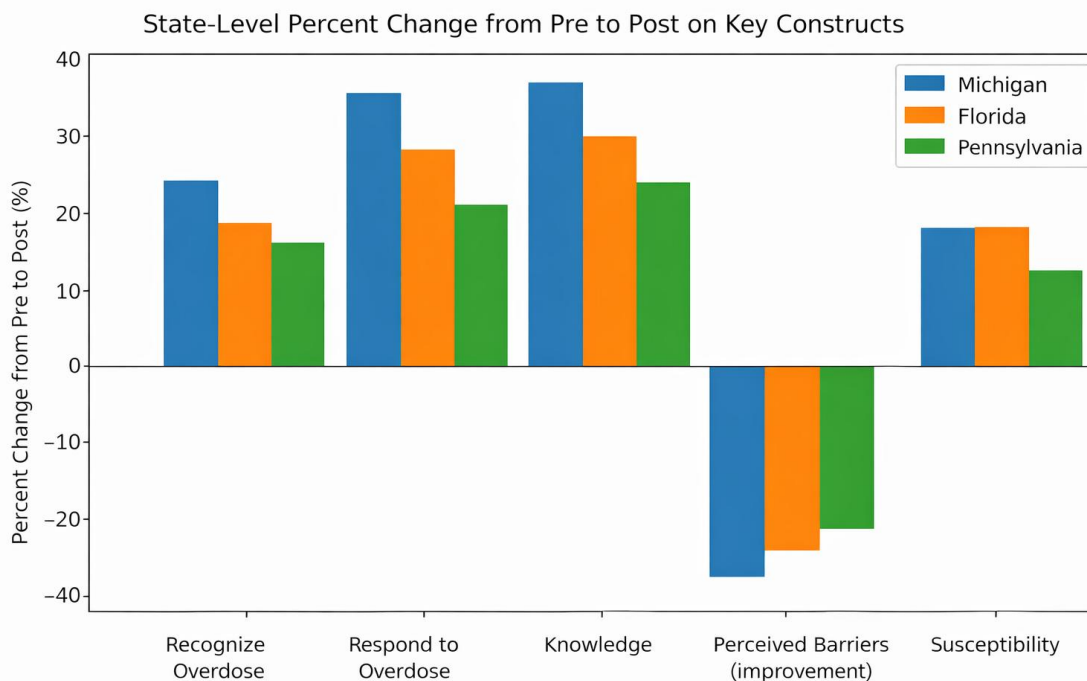


Figure 3. Percent change on selected constructs by state.

- Michigan showed the strongest gains overall, especially for knowledge (+28.4%), overdose response confidence (+27.9%), and reduced naloxone barriers (33.7% reduction).
- Florida also demonstrated clear improvement, with especially strong gains in overdose response confidence (+20.6%), knowledge (+23.1%), and lower naloxone barriers (28.3% reduction). Benefit-of-Narcan improved, but not significantly in this subgroup.
- Pennsylvania showed the same general pattern, but several constructs were weaker or not statistically significant, including severity and susceptibility. This likely reflects the smaller subgroup size and greater instability in estimates.

Subgroup Analysis: Baseline Misuse Status

Students reporting any recent substance misuse entered the assembly with a distinct profile. Relative to students reporting no recent misuse, they reported higher perceived susceptibility, but lower perceived severity, along with lower naloxone barrier scores, higher baseline knowledge, and lower caregiver-importance scores. This pattern suggests a group with greater exposure to substance-related risk and awareness of personal vulnerability, but potentially lower perceived danger and reduced alignment with prevention messaging.

Table 7. Baseline differences by misuse status

Construct	No misuse mean	Any misuse mean	p
Perceived Severity	9.17	7.88	< .001
Self-Efficacy: Recognize OD	5.84	6.07	= 0.314
Self-Efficacy: Respond to OD	4.93	5.52	= 0.015
Perceived Benefit of Narcan	8.2	7.99	= 0.349
Perceived Susceptibility	4.97	5.99	< .001
Perceived Barriers to Naloxone	7.39	6.37	< .001
Perceived Knowledge	4.78	5.3	= 0.020
Motivation to Share	7.38	7.12	= 0.271
Caregiver Importance	9.03	8.35	= 0.001

Both groups improved post-assembly, but the no-misuse group showed larger gains on several high-priority constructs.

Table 8. Mean change by misuse status

Construct	No misuse change	Any misuse change	p
Perceived Severity	0.52	0.65	= 0.568
Self-Efficacy: Recognize OD	2.01	1.37	= 0.007
Self-Efficacy: Respond to OD	2.82	1.74	< .001
Perceived Benefit of Narcan	1.18	0.64	= 0.013
Perceived Susceptibility	1.27	0.95	= 0.193
Perceived Barriers to Naloxone	-3.41	-2.3	= 0.003
Perceived Knowledge	2.87	1.99	< .001
Motivation to Share	1.09	1.26	= 0.391
Caregiver Importance	0.77	0.9	= 0.545

Change values are post minus pre. For barriers, more negative values indicate greater improvement.

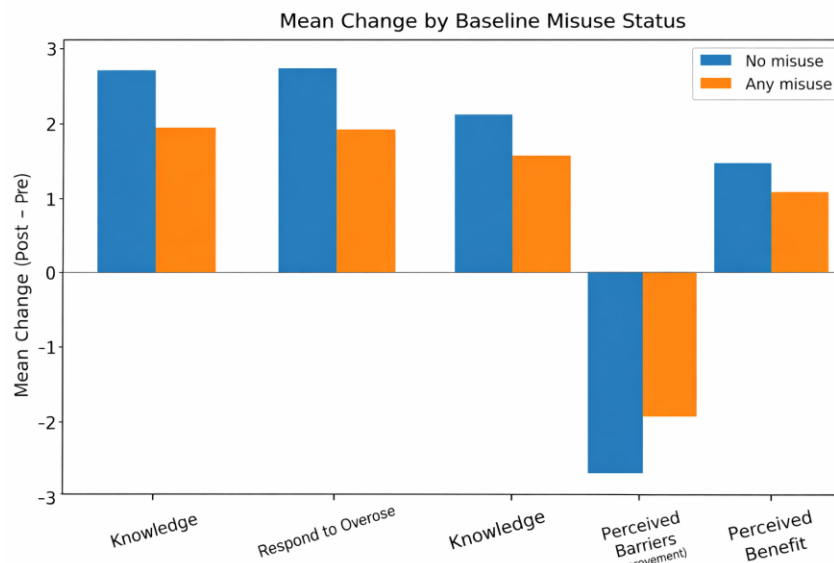


Figure 4. Mean change by baseline misuse status on selected constructs.

- Students with no recent misuse showed larger gains in overdose recognition, overdose response confidence, fentanyl knowledge, perceived benefit of Narcan, and naloxone barrier reduction.
- The misuse subgroup still improved on every major skills and knowledge construct, indicating that the presentation remains relevant even for higher-risk students.
- The lack of a significant misuse-group difference on susceptibility suggests the assembly moved personal risk perception similarly across groups.

Subgroup Analysis: Age Group

The age subgroup comparison contrasted students aged 13 and under with students aged 14 and older. The older subgroup was much larger ($n = 1,679$ versus $n = 95$), so this analysis should be treated as directional. Even with that caveat, older students showed significantly larger gains in knowledge and overdose response confidence.

Table 9. Mean change by age group

Construct	13 and under	14+	p
Perceived Susceptibility	0.89	1.27	= 0.244
Perceived Knowledge	2.03	2.84	= 0.019
Self-Efficacy: Respond to OD	1.8	2.78	= 0.006

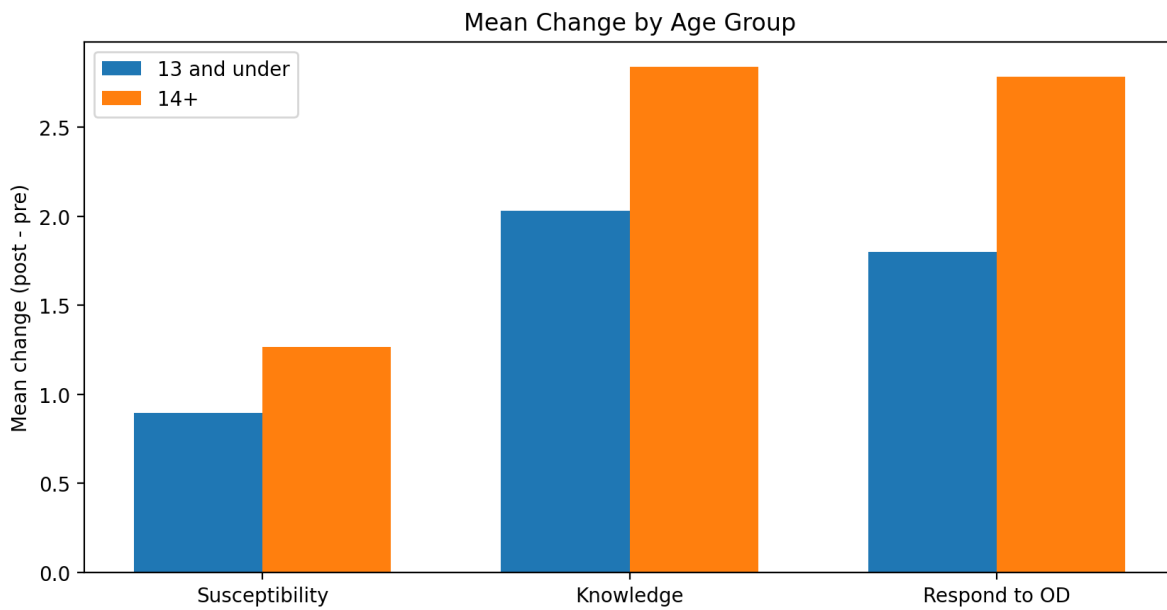


Figure 5. Mean change on selected constructs by age group.

Post-Assembly Behavioral Intentions and Peer Engagement

In addition to observed improvements in knowledge and self-efficacy, students reported strong behavioral intentions following the presentation. On average, students indicated a high likelihood of avoiding or reducing substance use in the future (mean = 9.30 out of 10), as well as a strong willingness to share information about fentanyl and counterfeit pills with peers and family members (mean = 7.78).

A large majority of students (90.3%) reported high intention (scores of 8–10) to avoid or reduce substance use, suggesting substantial potential for behavior change following the assembly. Approximately 60.7% of students reported a high likelihood of sharing information with others; however, this item reflects responses collected after a mid-period scale update and should be interpreted accordingly.

Further analysis demonstrated that increases in knowledge and overdose response confidence were positively associated with higher behavioral intention. Students who experienced greater gains in fentanyl-related knowledge, overdose recognition, and response confidence were significantly more likely to report intention to avoid or reduce substance use (all $p < .01$). In a multivariate model, these factors remained significant predictors of intention, indicating that improvements in knowledge and self-efficacy may contribute to increased readiness to engage in protective behaviors.

No significant differences in behavioral intention were observed between students who provided open-ended responses and those who did not ($p = .467$), suggesting that intention findings are broadly representative of the full sample. Students who provided qualitative responses reported slightly higher likelihood of sharing information with others ($p < .001$), indicating that qualitative engagement may be associated with increased peer communication.

Table 10. Post-Assembly Behavioral Intentions and Peer Engagement

Outcome	Mean (SD)	High (8–10), %
Intention to Avoid/Reduce Drug Use	9.30 (1.73)	90.3%

Likelihood to Share Information (Ambassador)	7.78 (2.28)	60.7%*
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* The Ambassador item was modified during the reporting period from a 5-point to a 10-point scale. As a result, only responses collected using the updated scale are included in this analysis.

Qualitative Analysis of Student Feedback

Methods

Open-ended responses were collected from students following the assembly to capture feedback on presentation content, delivery, and perceived impact. Responses were analyzed using a rapid thematic approach, with recurring patterns grouped into key themes. Representative quotes were selected to illustrate each theme. Both supportive and critical responses were included to provide a balanced perspective.

Approximately 38.6% of students provided open-ended feedback following the presentation. Response rates did not differ significantly by substance misuse status ($p = .691$), age group ($p = .121$), gender ($p = .802$), or race ($p = .241$). Although Hispanic or Latino students demonstrated a slightly higher rate of open-ended response participation compared to non-Hispanic students (43.7% vs. 38.4%), this difference was not statistically significant ($p = .213$), indicating no meaningful variation in response rates by ethnicity.

These findings suggest that qualitative responses were broadly representative of the overall sample and not driven by a specific subgroup of students. Response rates may reflect time constraints or variability in student engagement with optional survey items.

Students who provided open-ended responses did not differ significantly from non-respondents in pre-post change across most key outcome variables, including knowledge, overdose response confidence, perceived susceptibility, and motivation (all $p > .05$). A small but statistically significant difference was observed in overdose recognition ($p = .020$), with non-respondents demonstrating slightly greater gains. Overall, these findings suggest that qualitative feedback was not disproportionately driven by students who experienced greater program impact.

Key Themes

Emotional impact, knowledge gain, and increased risk perception were the most frequently observed themes across responses as summarized in Table 11. While subgroup-specific qualitative differences were not formally analyzed, responses appeared broadly consistent across student groups.

1. Emotional Impact and Personal Connection

Students frequently described strong emotional reactions, particularly in response to personal stories and visual content. Many reported that the presentation felt “real” and personally relevant.

Example responses:

- “I was sobbing... I’m so sorry for your losses.”
- “This was the saddest thing I’ve ever seen, but I needed to hear it.”
- “It made me think about if it was someone in my life.”

Interpretation:

Emotional engagement appears to reinforce perceived severity and susceptibility while also increasing attention and retention of key prevention messages.

2. Increased Knowledge and Awareness

Students consistently reported learning new information about fentanyl, counterfeit pills, and overdose response.

Example responses:

- “I didn’t know how little fentanyl it takes to kill someone.”
- “I didn’t know fake pills look identical to real ones.”
- “I feel like I actually understand what’s happening now.”

Interpretation:

These responses align closely with the largest observed effect sizes in perceived knowledge and overdose-response confidence.

3. Increased Perceived Risk

A shift in mindset from perceived invulnerability to personal risk awareness was frequently observed.

Example responses:

- “I thought this only happened to addicts... now I know it could be anyone.”
- “It made me realize it could happen to me or someone I know.”

Interpretation:

This shift reflects increased perceived susceptibility, a key construct in the Health Belief Model and a critical driver of behavior change.

4. Desire for Practical Skills and Resources

Students expressed interest in actionable tools, including overdose response steps and access to naloxone.

Example responses:

- “Teach more about how to help someone who overdoses.”
- “We should all have Narcan.”
- “I didn’t know where to get Narcan before.”

Interpretation:

This reinforces quantitative findings showing large increases in self-efficacy to recognize and respond to overdose.

5. Empathy and Social Awareness

Students demonstrated increased awareness of the broader impact of overdose on families and communities.

Example responses:

- “It made me think about the families affected.”
- “It’s not just the person—it’s everyone around them.”

Interpretation:

These responses suggest the program may influence not only individual knowledge but also social norms and peer awareness.

6. Constructive Feedback and Suggestions

Students provided actionable suggestions for improving the presentation.

Common suggestions included:

- More applied overdose-response scenarios
- Additional information on helping someone with addiction
- Adjustments to pacing or delivery

Example responses:

- “More real-life examples of what to do.”
- “Make it more interactive.”

Interpretation:

Feedback suggests strong engagement and a desire for deeper, action-oriented content rather than dissatisfaction with the core message.

7. Resistance and Disengagement (Minor Theme)

A small subset of responses reflected disengagement or immaturity.

Example responses:

- “This wasn’t necessary.”
- “You’re boring.”

Interpretation:

Such responses are expected in adolescent populations and represent a small minority. They do not meaningfully detract from overall program impact. Importantly, criticism was generally focused on delivery preferences rather than disagreement with core content.

Table 11 summarizes the key qualitative themes and their alignment with quantitative findings.

Table 11. Summary of Qualitative Themes and Alignment with Quantitative Findings

Theme	Description	Example Quote	Alignment with Quantitative Findings
Emotional Impact	Strong emotional reactions and personal connection to presentation content	“I was sobbing... I’m so sorry for your losses.”	Supports increases in perceived severity and overall engagement
Knowledge Gain	Increased awareness of fentanyl risks and overdose response	“I didn’t know how little fentanyl it takes to kill someone.”	Consistent with large gains in perceived knowledge
Risk Perception	Shift from perceived invulnerability to personal risk awareness	“It could happen to me or someone I know.”	Aligns with increased perceived susceptibility
Practical Skills	Desire for actionable tools (e.g., naloxone use, overdose response)	“Teach more about how to help someone overdosing.”	Reflects increases in overdose response self-efficacy
Empathy	Greater awareness of family and community impact	“It’s not just the person—it’s everyone around them.”	Extends impact beyond individual-level outcomes

Feedback	Suggestions to improve delivery and engagement	"Make it more interactive."	Informs program refinement opportunities
Resistance	Minor disengagement or dismissive responses	"This wasn't necessary."	Expected in adolescent samples; minimal impact on overall findings

Integration with Quantitative Findings

Qualitative findings strongly reinforce the quantitative results. Students not only demonstrated measurable improvements in knowledge, overdose-response confidence, and perceived risk, but also articulated these changes in their own words. Emotional engagement, personal storytelling, and practical skill-building emerged as key drivers of impact, suggesting that the program's effectiveness is rooted in both cognitive and affective learning processes.

Interpretation and Practical Implications

Findings from qualitative student feedback further support these results, providing insight into how and why the observed quantitative changes occurred. Taken together, these findings strongly support the program's core instructional model. The largest improvements occurred in the same domains that matter most for overdose prevention readiness: recognizing an overdose, knowing how to respond, understanding fentanyl and fake pills, and feeling less uncertain about naloxone. These are the most actionable targets in a brief school-based assembly model and are therefore the most important indicators of program value. These domains—overdose recognition, overdose response confidence, fentanyl knowledge, and naloxone access—represent the most proximal behavioral determinants of overdose prevention.

Post-assembly behavioral intention findings further support this pathway, suggesting that improvements in knowledge and self-efficacy may translate into increased readiness to engage in protective behaviors. Improvements in these areas suggest increased readiness to recognize and respond to overdose events in real-world settings.

All constructs moved in the expected direction following the assembly. While Motivation to Share and Caregiver Importance increased, these constructs demonstrated smaller gains relative to skill-based outcomes, likely reflecting high baseline levels and potential ceiling effects.

Second, subgroup analyses imply that students with recent misuse and younger students may need additional tailoring. The program still benefits these groups, but it appears to move lower-risk and older students somewhat more strongly on selected outcomes. This points toward opportunity rather than failure: brief booster content, more explicit peer-help framing, or additional applied overdose scenarios may improve uptake among youth who are either developmentally younger or already behaviorally exposed to substance-use risk.

Limitations

- This is a one-group paired pre-post design. It supports strong evidence of immediate change, but it does not establish long-term retention or causal effects as firmly as a design with delayed follow-up or a comparison group would.
- All outcomes are self-reported and collected immediately after the assembly. Social desirability, momentary emotional salience, and response recalibration may influence scores.
- State representation was highly imbalanced. Michigan dominated the sample, while Florida and Pennsylvania were much smaller, limiting the stability of subgroup estimates.

- The younger age subgroup and the misuse subgroup were both substantially smaller than the primary analytic sample, so subgroup contrasts should be interpreted as exploratory.

Data collection relied on student access to personal mobile devices during the assembly period, which may have systematically limited participation in settings where cell phone use was restricted or unavailable. This was particularly relevant in middle school environments and in schools with increasingly strict no-phone policies during instructional time. As a result, some students may not have had the opportunity to complete the survey, introducing potential coverage bias. In addition, participation in the survey was voluntary and not incentivized, which may introduce participation bias if respondents differ systematically from non-respondents. These factors suggest that alternative data collection strategies (e.g., paper-based tools or facilitated group response methods) may be needed in future implementation cycles to ensure more complete and representative data capture. Behavioral intention measures were collected only at posttest, limiting the ability to assess change over time or establish baseline levels for these constructs.

Recommendations

- Maintain the current assembly core, especially the overdose-recognition, overdose-response, fentanyl-knowledge, and naloxone-literacy content. These are the strongest and most consistent outcome domains.
- Review the Motivation to Share and Caregiver Importance items before the next wave. Consider testing slightly more behaviorally specific or less ceiling-prone wording.
- Add targeted reinforcement for higher-risk students, such as more explicit discussion of real-world decision points, peer intervention, and help-seeking steps.
- Consider a brief developmental adaptation for younger students that simplifies applied overdose response steps and includes more repetition or concrete scenarios.
- Where feasible, add a short follow-up survey interval to assess retention of knowledge and overdose-response confidence after the immediate post-assembly period.

Conclusion

The Spring 2026 evaluation demonstrates that Fentanyl Fathers' assembly model continues to produce substantial short-term improvements in the knowledge, confidence, and harm-reduction beliefs most relevant to fentanyl overdose prevention. The strongest gains were observed in perceived knowledge, confidence responding to an overdose, confidence recognizing an overdose, and lower naloxone barriers. These findings are both statistically robust and practically meaningful.

At the same time, the current cycle provides a more refined picture of who benefits most and where the instrument can improve. Students with prior misuse and younger students still improved, but not as strongly on several high-value constructs. Agreement-based items, including Motivation to Share and Caregiver Importance, showed smaller but positive increases. These constructs may still benefit from refinement, as their high baseline levels suggest potential ceiling effects. Overall, the evidence strongly supports continued use and refinement of the program, with the clearest next step being targeted enhancement rather than wholesale redesign.

In addition to improvements in knowledge and overdose-response confidence, students reported high intention to avoid or reduce substance use and a strong likelihood of sharing prevention information with peers and family members. These findings suggest the program may extend beyond individual learning to influence both personal decision-making and peer-level communication.

Findings from this evaluation are broadly consistent with prior reporting, while also suggesting strengthening program impact over time. Compared to the Spring 2025 evaluation period, larger gains were observed in key skill-based domains, including overdose response confidence, overdose recognition, and fentanyl-related knowledge. Reductions in perceived naloxone barriers also remained strong and slightly improved. While differences in timeframe, sample composition, and survey instrumentation limit direct statistical comparison, the overall pattern suggests that continued program refinement and expanded implementation have enhanced effectiveness, particularly in domains most closely linked to real-world overdose prevention readiness.

Appendix A. Key State-Level Descriptive Profiles

State	Profile summary
Michigan	Older high-school-heavy sample; 45.7% were ages 16-18+; 55.7% female; 6.4% Hispanic; 7.8% any misuse.
Florida	Small but more diverse subgroup; 64.6% Hispanic; 58.3% male; strongest grade concentration in 12th grade.
Pennsylvania	Small subgroup; 75.0% female; 85.7% White; 16.1% any misuse, the highest of the three state cohorts.