



Summer 2025 Quarterly Impact Report

June 2 – October 31, 2025
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Executive Summary

Between June and November 2025, the Fentanyl Fathers program reached 10,284 students, 544 school staff, and 3,909 community members through 55 combined assembly presentations across six states including Michigan, Florida, Alaska, Texas, and Nevada. Pre- and post-survey data collected from 716 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 (+26.2%), recognition of overdose signs (+18.1%), knowledge about fentanyl and counterfeit pills (+25.9%), and reduction of barriers to naloxone use (-32.4%). Students in Michigan and in Florida demonstrated similar results in this analysis despite demographic differences compared to previous analyses, likely due to increased focus on program fidelity and curriculum delivery. The data validates continued program expansion, particularly leveraging Michigan's delivery model to enhance results in other states.

"This was life-changing. I will never take a pill unless it's prescribed."

- **Student attendee**

Fentanyl Fathers Quantitative Assembly Analysis

6/2/25 – 10/31/25

Between June and November 2025, an estimated 14,737 people were reached with fentanyl awareness and overdose prevention education including students (10,284), school personnel (544), and community members (3,909). The implementation period included 55 assembly presentations across six states including: Florida (20), Michigan (20), Texas (8), Alaska (6), New York (1), Pennsylvania (1) and Nevada (1). Of those, 716 valid survey responses were collected from students, representing roughly a 7% 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 public 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.

“The presentation was exceptionally engaging, capturing the attention of our students through its clear, compelling, and age-appropriate delivery.”

- **Valerie Z., SLAM! School Counselor**

The overall survey sample of 716 student respondents was composed primarily of Michigan students (80.0%), with additional representation from Florida (19.4%), and a very small number from Ohio, Pennsylvania and Texas. The majority of respondents were high school-aged, with 95.3% between ages 14 and 17. The largest single age group was 16-year-olds, representing 25.3% of the sample. Respondents were slightly more likely to identify as female (56.6%) than male (41.1%), with smaller proportions identifying as another gender (1.1%) or preferring not to disclose (1.3%). Most students identified as White or Caucasian (63.7%), followed by Multiracial or Other (16.5%), Black or African American (9.6%), and Asian (9.5%). Roughly 23.6% of respondents identified as Hispanic or Latino. Grade-level distribution skewed toward lower high school, with 55.8% of students in 9th or 10th grade, and 43.3% of students in 11th or 12th grade. Baseline drug misuse behavior showed that the vast majority of students (94.8%) reported no marijuana, alcohol, or illicit substance misuse in the past 30 days, while 5.2% reported at least some level of recent use. See **Table 1** below for full demographic breakdown.

Table 1: Overall Demographic & Pre-Misuse Analysis (N = 716)

Variable	Response Option	Frequency (n)	Percent (%)
State	Michigan	573	80.0
	Florida	139	19.4
	Ohio	1	0.1
	Texas	2	0.3
	Pennsylvania	1	0.1

Age	11 or younger	0	0.0
	12	4	0.6
	13	12	1.7
	14	227	31.7
	15	136	19.0
	16	181	25.3
	17	138	19.3
	18 or older	18	2.5
Gender	Male	294	41.1
	Female	405	56.6
	Other	8	1.1
	Prefer not to say	9	1.3
Race	Black or African American	69	9.6
	White or Caucasian	456	63.7
	American Indian or Alaskan Native	2	0.3
	Asian	68	9.5
	Native Hawaiian or Pacific Islander	3	0.4
	Some other race or Multiracial	118	16.5
Ethnicity	Hispanic or Latino	169	23.6
	Not Hispanic or Latino	547	76.4
Grade	6th	2	0.3
	7th	4	0.6
	8th	1	0.1
	9th	259	36.2
	10th	140	19.6
	11th	175	24.4
	12th	135	18.9
Pre-Misuse Behavior	Never	679	94.8
	1–2 times a month	16	2.2
	Weekly	7	1.0
	2–3 times a week	6	0.8
	Daily	8	1.1

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 716 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 26.2% increase in self-efficacy to respond to an overdose, an 18.1% improvement in their ability to recognize an overdose, and a 25.9% increase in perceived knowledge about fentanyl and counterfeit pills. These are all significantly higher than previous analyses, with the highest change noted in perceived

knowledge (+14%) compared to last quarter's implementation period. Other overdose protective factors like perceived susceptibility to fentanyl harm, and perceived benefit of carrying or having access to naloxone increased by 11.6% and 11.7% respectfully reflecting stronger recognition of personal risk and recognizing the importance of emergency readiness.

Additionally, perceived barriers to naloxone access or use decreased by 32.4%, which has been the largest single directional shift of the program, suggesting the program continues to successfully reduce stigma and misconceptions about carrying or administering lifesaving medication. Although smaller in scale, improvements were also observed in motivation to share information (12.2%) and in the perceived importance of parental learning (5.4%). Notably, students demonstrated a high baseline pretest mean, indicating that they already recognized the importance of the information presented—particularly as it relates to parents.

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, including their motivations to share knowledge with peers and community members. Full results are detailed in **Table 2** and are depicted in graphical form in **Figure 1**.

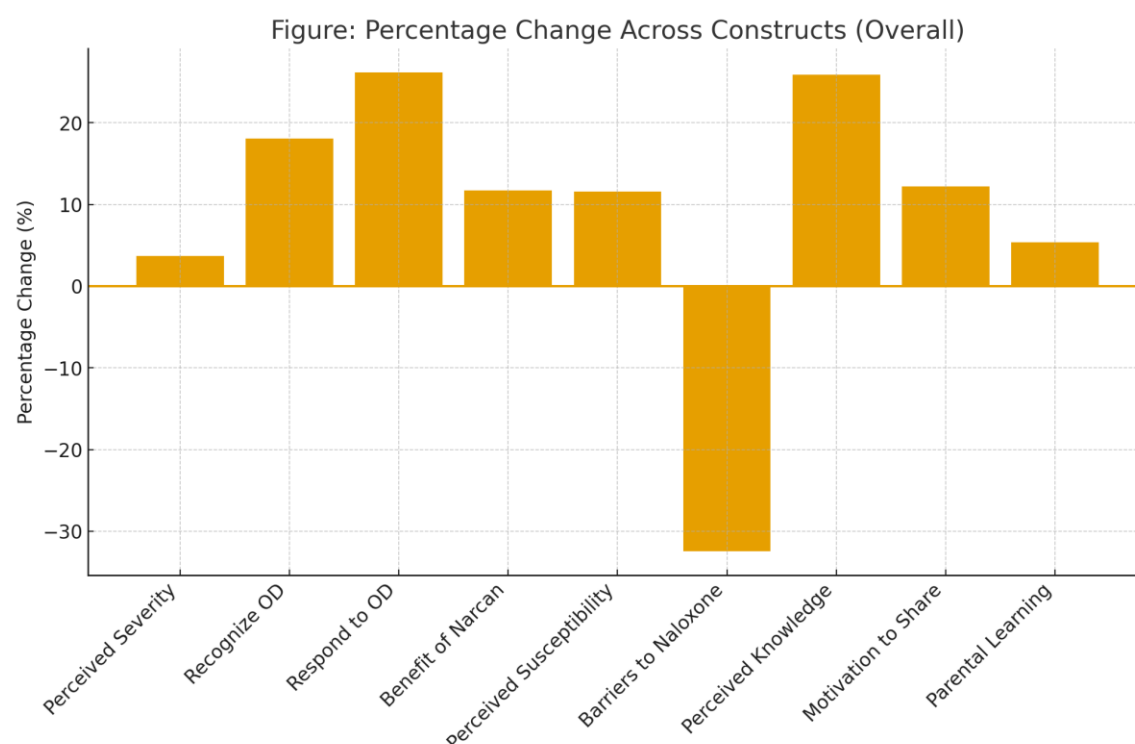
Of note, the paired-sample correlations indicate that while some attitudes (e.g., perceived severity, and the importance of parental learning) were relatively stable from pre- to post-survey, knowledge-based variables, particularly understanding of where to access and how to use naloxone ($r = .078$, $p < .05$), showed substantial change. This suggests the program had a significant instructional impact, especially in improving students' practical overdose response readiness.

Table 2: Pre/Post Comparison with Percent Change (N = 716)

Construct	Pretest Mean	Posttest Mean	Change	% Change
Perceived Severity	8.99	9.36	0.37	3.7
Self-Efficacy: Recognize OD	5.85	7.66	1.81	18.1
Self-Efficacy: Respond to OD	5.00	7.62	2.62	26.2
Perceived Benefit of Narcan	7.63	8.80	1.17	11.7
Perceived Susceptibility	4.92	6.08	1.16	11.6
Perceived Barriers to Naloxone	7.50	4.26	-3.24	-32.4
Perceived Knowledge	4.87	7.46	2.59	25.9

Motivation to Share	6.30	7.52	1.22	12.2
Importance of Parental Learning	8.11	8.65	0.54	5.4

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



Michigan

The Michigan subgroup (N = 573) was composed primarily of high school students, with 96.0% of respondents between the ages of 14 and 17. Grade distribution reflected this, with relatively even distributions of 9th (29.1%), 10th (22.0%), 11th (26.9%), and 12th grades (21.6%). Gender identity was skewed to more female respondents (57.8%) compared to male (39.8%), with smaller percentages identifying as other (1.4%) or preferring not to say (1.0%). Racially, the majority of students identified as White or Caucasian (65.3%), followed by Multiracial or Other (12.6%), Asian (10.8%), and Black or African American (10.6%). Hispanic or Latino students made up only 5.9% of the total sample. Encouragingly, 94.9% of Michigan respondents reported no illicit 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 = 573)

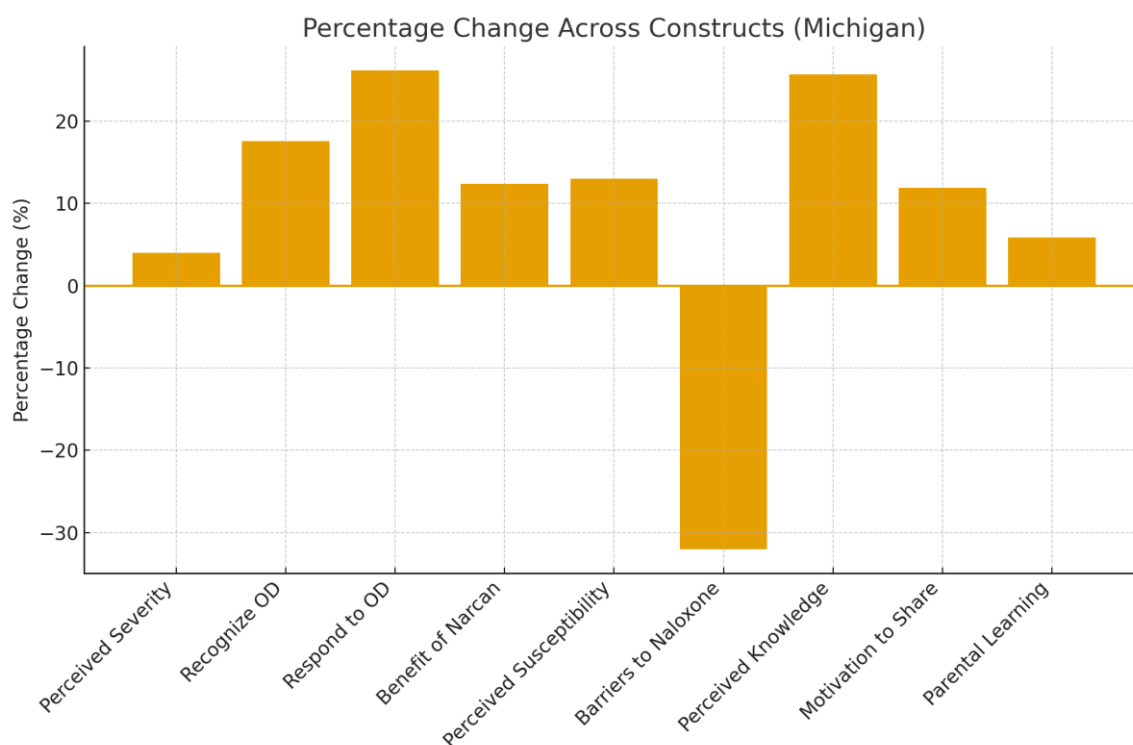
<i>Variable</i>	<i>Response Option</i>	<i>n (%)</i>
Age	12 or younger	1 (0.2%)
	13	9 (1.6%)
	14	151 (26.4%)
	15	112 (19.5%)
	16	161 (28.1%)
	17	126 (22.0%)
	18 or older	13 (2.3%)
Gender	Female	331 (57.8%)
	Male	228 (39.8%)
	Other	8 (1.4%)
	Prefer not to say	6 (1.0%)
Ethnicity	Hispanic or Latino	34 (5.9%)
	Not Hispanic or Latino	539 (94.1%)
Race	Black or African American	61 (10.6%)
	White or Caucasian	374 (65.3%)
	American Indian or Alaska Native	2 (0.3%)
	Asian	62 (10.8%)
	Native Hawaiian or Pacific Islander	2 (0.3%)
	Some other race or Multiracial	72 (12.6%)
Grade	6th	1 (0.2%)
	7th	0 (0.0%)
	8th	1 (0.2%)
	9th	167 (29.1%)
	10th	126 (22.0%)
	11th	154 (26.9%)
	12th	124 (21.6%)
Pre-Misuse Behavior	Never	544 (94.9%)
	1–2 times a month	13 (2.3%)
	Weekly	7 (1.2%)
	2–3 times a week	5 (0.9%)
	Daily	4 (0.7%)

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 26.2% increase in self-efficacy to respond to an overdose and a 17.6% increase in their ability to recognize one. Barriers to naloxone access and use fell sharply by 32.0%, indicating reduced stigma and improved perceptions about using lifesaving interventions. Perceived knowledge rose by 25.7%, nearly double previous analyses, and perceived susceptibility increased by 13.0%, suggesting students now better recognize both the risks and how the fentanyl epidemic may impact their life. Students

showed the strongest baseline attitudes in perceived severity (+4.0%) and importance of parental learning (+5.9%), indicating prior awareness of fentanyl's risks and the value of parental education. The 11.9% increase in *Motivation to Share* (from a pretest mean of 6.30 to a posttest mean of 7.49) reflects a meaningful shift in students' willingness to engage in conversations about what they learned during the fentanyl awareness presentation. This upward change suggests that students are not only retaining information but also feel empowered to share it with peers, parents, and others in their social circles. This is also supported by student responses discussed in the qualitative section of this report (See Theme: **Behavioral Intentions and Prevention Mindset**, p. 16). 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 = 573)

Construct	Pretest Mean	Posttest Mean	Mean Change	% Change
Perceived Severity	9.02	9.42	+0.40	+4.0%
Self-Efficacy: Recognize OD	5.89	7.65	+1.76	+17.6%
Self-Efficacy: Respond to OD	5.08	7.70	+2.62	+26.2%
Perceived Benefit of Narcan	7.56	8.80	+1.24	+12.4%
Perceived Susceptibility	4.95	6.25	+1.30	+13.0%
Perceived Barriers to Naloxone	7.41	4.21	-3.20	-32.0%
Perceived Knowledge	4.90	7.47	+2.57	+25.7%
Motivation to Share	6.30	7.49	+1.19	+11.9%
Importance of Parental Learning	7.99	8.58	+0.59	+5.9%

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

Florida

The Florida subgroup (N = 139) consisted primarily of younger high school students, with 65.5% of respondents in 9th grade, and 84.6% of respondents ages 15 or younger. The group was predominantly Hispanic or Latino (95.0%), which stands in stark contrast to the 5.0% observed in Michigan's subgroup. It was also more racially diverse overall, with 41.7% of participants identifying as multiracial or as a race other than White or Caucasian. Gender distribution was nearly equal, with 51.8% identifying as female and 46.8% as male. Notably, 95.0% of respondents reported no illicit substance misuse in the past 30 days, underscoring a primarily prevention-focused population. Full details are provided in **Table 5**.

Table 5: Florida-Specific Demographic & Pre-Misuse Analysis (N = 139)

Variable	Response Option	n (%)
Age	12	3 (2.2%)
	13	3 (2.2%)
	14	75 (54.0%)
	15	23 (26.2%)
	16	18 (12.9%)
	17	12 (8.6%)
	18 or older	5 (3.6%)

Gender	Female	72 (51.8%)
	Male	65 (46.8%)
	Other	0 (0.0%)
	Prefer not to say	2 (1.4%)
Ethnicity	Hispanic or Latino	132 (95.0%)
	Not Hispanic or Latino	7 (5.0%)
Race	Black or African American	7 (5.0%)
	White or Caucasian	81 (58.3%)
	American Indian or Alaska Native	0 (0.0%)
	Asian	5 (3.6%)
	Native Hawaiian or Pacific Islander	1 (0.7%)
	Some other race or Multiracial	45 (32.4%)
Grade	6th	1 (0.7%)
	7th	4 (2.9%)
	8th	0 (0.0%)
	9th	91 (65.5%)
	10th	13 (9.4%)
	11th	20 (14.4%)
	12th	10 (7.2%)
Pre-Misuse Behavior	Never	132 (95.0%)
	1–2 times a month	3 (2.2%)
	Weekly	0 (0.0%)
	2–3 times a week	1 (0.7%)
	Daily	3 (2.2%)

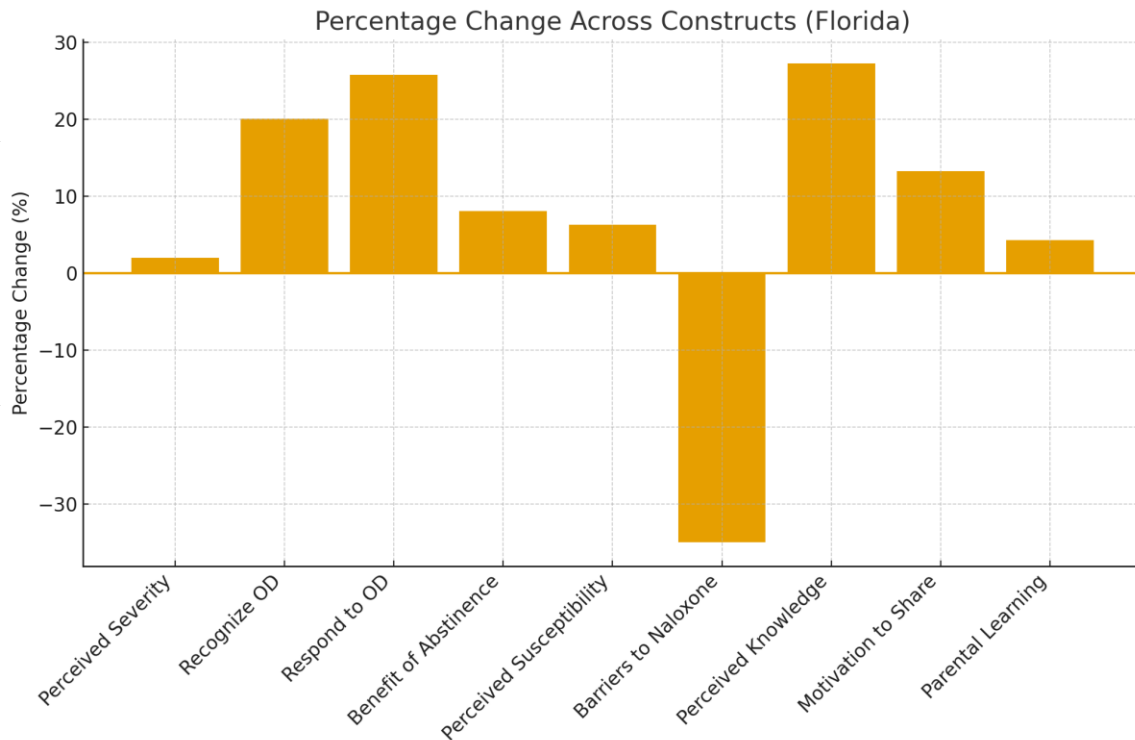
Florida-specific results (Table 6, Figure 3) show meaningful gains across several key constructs, mirroring the patterns observed in Michigan. The most substantial improvements were seen in self-efficacy to respond to an overdose (+25.8%), knowledge about fentanyl and counterfeit pills (+27.3%), and self-efficacy to recognize an overdose (+20.1%). Together, these increases indicate a significant strengthening of students' confidence and preparedness to recognize and respond effectively in potential overdose situations.

Students also reported modest increases in their perceived likelihood of encountering an overdose (+5.6%) and in the perceived benefit of having naloxone accessible (+8.4%). Most notably, perceived barriers to accessing or using naloxone dropped by 34.9%, strongly supporting the program's aim to normalize naloxone literacy and reduce stigma and barriers associated with carrying or administering it. Perceived severity of fentanyl-related consequences and the importance of parental learning both showed high baseline scores, resulting in only modest post-presentation changes. However, students demonstrated a notable increase in motivation to share what they learned (+13.3%), mirroring the pattern observed in the Michigan subgroup. Together, these findings reinforce the effectiveness of

fentanyl awareness education for adolescents, particularly in strengthening overdose recognition, risk perception, and peer-to-parent information sharing.

Table 6: Florida-Specific Pre/Post Comparison with Percent Change (N = 139)

Construct	Pretest Mean	Posttest Mean	Mean Change	% Change
Perceived Severity	8.92	9.12	+0.20	+2.0%
Self-Efficacy: Recognize OD	5.72	7.73	+2.01	+20.1%
Self-Efficacy: Respond to OD	4.71	7.29	+2.58	+25.8%
Perceived Benefit of Naloxone	8.01	8.82	+0.81	+8.1%
Perceived Susceptibility	4.82	5.45	+0.63	+6.3%
Perceived Barriers to Naloxone	7.91	4.42	-3.49	-34.9%
Perceived Knowledge	4.71	7.44	+2.73	+27.3%
Motivation to Share	6.25	7.58	+1.33	+13.3%
Importance of Parental Learning	8.53	8.96	+0.43	+4.3%

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

attitudes related to naloxone. Michigan students demonstrated a larger increase in perceived susceptibility (+13.0%) compared to the Florida cohort (+6.3%). This pattern is consistent with developmental research suggesting that older adolescents, who composed the majority of the Michigan sample, may be more capable of recognizing personal risk and applying it to hypothetical or real-world scenarios. Florida's smaller but still meaningful increase in susceptibility reflects progress among early adolescents, many of whom had limited prior exposure to overdose information and may have lower initial risk perception due to their age.

Both states showed significant reductions in perceived barriers to naloxone, with Florida demonstrating a 34.9% decrease and Michigan a 32.0% decrease. This similarity suggests that students, regardless of age or demographic background, responded strongly to barrier-reduction messaging and learned to view naloxone as a legitimate and necessary tool for emergency situations. While Michigan students reported slightly higher gains in the perceived benefit of naloxone (+12.4% compared to Florida's +8.1%), the combined results indicate a clear shift toward increased acceptance of harm-reduction and overdose prevention practices across regions.

Motivation to share what students learned also increased meaningfully in both states, rising by 11.9% in Michigan and 13.3% in Florida. These changes suggest that students feel empowered not only to retain the material but to pass it on to peers, siblings, or parents—a critical mechanism for expanding prevention messaging beyond school settings. High baseline scores in constructs such as perceived severity and parental importance in both

states resulted in smaller overall changes, but these stable attitudes reflect strong initial understanding of the seriousness of fentanyl and the value of involving caregivers in prevention efforts.

Demographic differences between states also provide important context for interpreting outcomes. Michigan's sample consisted predominantly of high school students representing a broad range of grades and racial backgrounds, with relatively few Hispanic or Latino students. In contrast, Florida's sample included primarily ninth-grade students, with 95% identifying as Hispanic or Latino and over 40% identifying as multiracial or as a race other than White. These differences reflect distinct cultural and developmental contexts that may influence baseline attitudes and the degree of post-intervention change. For example, Florida's high baseline scores for perceived severity and parental importance may reflect strong collectivist cultural values and close family networks common in Hispanic communities, which naturally limit observable growth but do not diminish the strength of students' existing beliefs.

Reflections

Taken together, these cross-state findings affirm that the Fentanyl Fathers program produces meaningful improvements across diverse student populations. Michigan students—being older and more developmentally prepared to conceptualize risk and emergency action—tended to exhibit larger gains in susceptibility and naloxone-related constructs. Florida students, despite being younger and earlier in their awareness of fentanyl-related risks, demonstrated strong increases in overdose recognition, knowledge retention, and motivation to share critical safety information. These patterns highlight the importance of age-informed, culturally responsive adaptations as the program continues to scale. Overall, the combined results from both states reinforce the value of fentanyl awareness education for adolescents and support the program's role in preparing youth to recognize overdose risks, reduce stigma, and promote safety within their communities.

Unlike previous reporting periods, the outcome patterns between Florida and Michigan are far more similar in this analysis. This is an encouraging development, as it reflects the increased emphasis on programming fidelity and consistent implementation across regions. The alignment in results suggests that earlier differences were less likely to be due to demographic or regional factors and more likely related to variations in delivery. With stricter fidelity measures and a standardized curriculum now in place, the program demonstrates strong and comparable effectiveness across diverse student populations.

Limitations

Another important consideration is the lower survey response rate observed in this analysis (7%), which disproportionately affects middle school populations. As the program expands, several states have adopted or are considering cellphone restriction policies in schools. For example, Florida's recent legislation prohibits middle school students from carrying cell phones, and Virginia is exploring similar measures. These changes will require alternative data-collection strategies beyond QR code surveys accessed via mobile devices

to ensure ongoing, reliable feedback from students. The program may also benefit from offering modest incentives for survey completion and providing clearer presenter instructions to encourage consistent post-assembly participation.

Fentanyl Fathers Qualitative Assembly Analysis

Analysis period: June 2, 2025 – October 31, 2025

This analysis is based on several hundred anonymous student reflections submitted following recent Fentanyl Fathers presentations. Students responded to open-ended prompts regarding what stood out to them, how the presentation made them feel, and what they learned. The feedback demonstrates both emotional and educational impact and provides insight into how students internalized the prevention message.

Overall Reception and Impact

Students overwhelmingly described the assemblies as emotional, eye-opening, and impactful. Many expressed deep empathy for the parents who shared their experiences, and the personal testimonies made the risks of fentanyl feel real and relevant. A large number of students reported that they now understand the danger of taking any pill not directly prescribed to them and stated intentions to avoid drug use or help protect others.

Students also described feeling more informed about how to recognize an overdose and the importance of knowing or carrying naloxone (Narcan).

Key Themes Identified

1. Emotional Impact and Empathy

The emotional intensity of the parent speakers' stories was the most consistently referenced element. Students described sadness, sympathy, and shock, and many reported crying or nearly crying during the presentation. They recognized and acknowledged the courage it takes for parents to speak publicly about their loss.

Examples:

- *"The presentation made me cry. No parent should ever go through that."*
- *"Hearing the fathers talk about their kids really hit my heart."*
- *"It was very emotional and eye-opening. I felt their pain."*

2. Gratitude and Appreciation

Students frequently expressed thanks and admiration for the presenters' strength and purpose. They recognized the effort and emotional vulnerability involved in sharing these personal stories.

Examples:

- *"Thank you for being strong enough to tell your stories."*
- *"This presentation was beautiful and powerful."*
- *"You are making a real impact. Please keep doing this."*

3. Knowledge Gained and Educational Value

Students repeatedly stated that they learned new and important information about fentanyl, overdose risks, and counterfeit pills. Many emphasized that they did not previously understand how common or deadly fentanyl exposure can be. The Narcan demonstration in particular was frequently described as useful and empowering.

Examples:

- *"I didn't know one pill could kill you before today."*
- *"Now I know how to use Narcan and what to look for in an overdose."*
- *"I understand the risks way more now."*

4. Behavioral Intentions and Prevention Mindset

Students often stated that they now intend to avoid taking unauthorized pills or experimenting with drugs, citing the assembly as the reason for their decision. Others expressed newly formed intentions to warn or protect friends from similar risks.

Examples:

- *"I'll never try anything like that. It's not worth my life."*
- *"I will make sure my friends know not to take random pills."*
- *"This changed how I think about drugs."*

5. Personal Connection to Addiction or Loss

Many students connected the material to their own lived experiences, sharing that they have lost friends, siblings, parents, or relatives to overdose. This suggests the presentation resonates across diverse backgrounds and highlights the relevance of fentanyl awareness in school communities.

Examples:

- *“As someone who lost two friends to fentanyl, this really hit me.”*
- *“My brother uses drugs and now I want to help him.”*
- *“I pictured my family if something happened to me.”*

6. Requests for Additional Practical Information

Students showed interest in more detailed harm reduction content, particularly involving Narcan access and overdose response steps. Questions included where to obtain Narcan, whether it expires, and how quickly an overdose progresses.

This suggests value in slightly expanding the overdose response portion of the assembly in schools where interest is high.

7. Emotional Overwhelm or Processing Needs

A small number of students noted that the presentation felt emotionally heavy. This reaction is expected given the emotional subject matter and highlights the importance of allowing space for processing feelings or reflection when possible.

8. Neutral or Disengaged Responses

A minority of comments consisted of brief or disengaged responses (e.g., “idk,” “don’t care”). These are common in school-based feedback and do not diminish the overall impact observed in the broader dataset.

Illustrative Quotes

- *“This was life-changing. I will never take a pill unless it’s prescribed.”*
- *“I feel like I can save a life now.”*
- *“I can’t imagine losing my child. Thank you for being strong enough to share.”*
- *“I didn’t know this could happen to anyone. Now I do.”*

Conclusion & Recommendations

The qualitative reflections demonstrate that the Fentanyl Fathers assemblies continue to make a profound emotional and educational impact on students across diverse school communities. The overwhelming majority of students described the presentations as powerful, eye-opening, and emotionally resonant, often reporting that the stories shared by bereaved fathers helped them fully grasp the real-world consequences of fentanyl exposure in a way they had never understood before. Many students expressed deep empathy and compassion, with a significant number sharing that they cried or struggled to hold back tears as presenters described the loss of their children. These emotional responses

consistently translated into meaningful reflections about personal choices, family relationships, and the urgency of staying safe.

Across schools, students reported substantial increases in their understanding of fentanyl risks, counterfeit pills, and overdose response actions. Many noted that they did not previously recognize how common fentanyl poisoning is or how quickly an overdose can occur. The Narcan demonstration was frequently praised as one of the most valuable parts of the assembly, giving students a sense of confidence and practical readiness that they had not felt before. Notably, numerous students explicitly stated that they now feel capable of saving a life should they ever encounter someone experiencing an overdose—an outcome that directly aligns with the program's goals.

The assemblies also prompted strong behavioral intentions, with students reporting that they plan to avoid taking any non-prescribed pills and encourage friends or siblings to do the same. The theme of *motivation to share* was particularly striking in this cycle. Many students expressed a desire to talk with their parents or caregivers about what they learned, while others felt compelled to educate peers or intervene if they see someone making unsafe decisions. This peer-to-parent and peer-to-peer communication represents a critical extension of the program's reach beyond the auditorium.

A significant number of students connected the content to their own lived experiences. Many shared that they have lost family members, siblings, cousins, or close friends to overdose; others wrote about their own fears related to a loved one's substance use. These disclosures emphasize both the emotional relevance of the assemblies and the scale of grief and worry present within school communities. The personal nature of these reflections reinforces the importance of continuing to center real family stories within the program's model.

Students also requested additional practical information, including where to access naloxone locally, how long Narcan lasts before expiration, and what steps to take if they witness an overdose. Several asked for more examples of accidental overdoses or more detailed explanations of how fentanyl ends up in fake pills. A smaller subset of students noted that the assemblies felt emotionally heavy at times and suggested offering space for reflection or follow-up support for those who may need it. This feedback may relate, in part, to time constraints during some presentations, where the 45-minute block limited opportunities for questions or processing at the end.

Despite a small number of brief or disengaged responses—which are typical in school-based settings—the overwhelming tone of student feedback was thoughtful, earnest, and appreciative. Many students thanked the presenters for their courage, expressed sympathies for the families' losses, and affirmed that the assembly changed the way they think about drugs and safety.

Overall, the qualitative responses from this reporting period reaffirm that the Fentanyl Fathers presentation model is both deeply humanizing and educationally effective. Students

consistently demonstrate increased awareness of overdose risks, heightened empathy for grieving families, and stronger intentions to avoid dangerous behaviors and help protect others. These findings underscore the importance of continuing to expand opportunities for overdose-response instruction, grief-informed messaging, and culturally responsive education—while maintaining the powerful storytelling foundation that makes this program uniquely impactful.