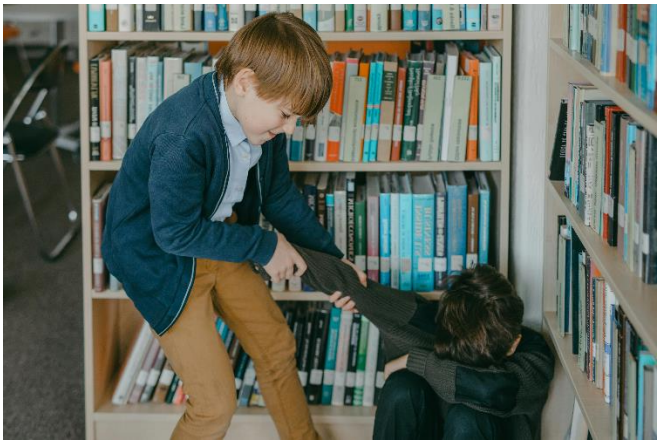


Bullying Prevention with Upstanders

By Sarah

October is National Bullying Prevention Month, reminding us of the urgent need to address bullying in our schools. According to the National Bullying Prevention Center, about 20% of students ages 12-18 experience bullying nationwide. This public health concern can lead to negative outcomes for all involved. Bullying takes many forms—physical, psychological, social isolation, humiliation, and cyberbullying. While cyberbullying is rising, most incidents still happen in person, with classrooms and hallways being frequent sites.

A secondary form of bullying occurs in our classrooms and hallways, through bystanders: a student or a group of students who witness the bullying but do not intervene. Bystanders are also susceptible to negative outcomes: increased stress, depression, and anxiety, and may also experience trauma in the bullying situation.

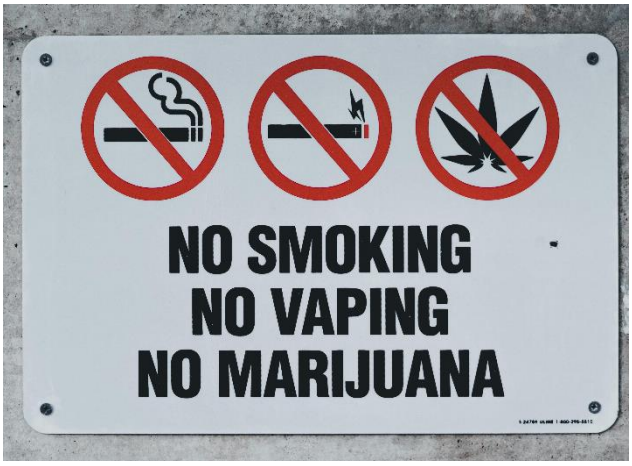
One study completed in Canada showed it only takes one person and ten seconds to stop a bully. So let's begin to empower those bystanders to stop the cycle of abuse that occurs in our hallways and classrooms, and be upstanders. Being an upstander takes courage, action, assertiveness, compassion, and leadership. Our students might feel overwhelmed by this role. As teachers and parents, we need to help upstanders feel more comfortable speaking up, more confident in their ability to take action, and role model upstander behaviors.

Teachers and parents can empower their students by opening up dialogue about those bullying issues within the school building. Ask students open-ended questions about bullying and talk through possible ways to address what they are seeing. Ask students their thoughts on what can be done to encourage kindness, create friendships, and build community. Try a role-playing scenario to help your youth know how to respond in a bullying situation. -Let the teacher or parent first role model the best responses to the situation, and then let the students try. Other key actions students can take to help the victim of bullying when they see it happening are: not laughing; not encouraging, ignoring or participating in the bully’s behavior; not becoming an audience for the bully; supporting the victim, even if it is in private; inviting those being isolated to eat with you at lunch or involved in your friend group’s activities; and lastly, and most importantly, telling an adult.

For students hesitant to intervene directly, stress the importance of telling an adult so the situation can be addressed, even anonymously. Promoting this approach allows students to help

safely. When one person acts, others are encouraged to follow. Empower upstanders to change our school climate.

More resources for parents and teachers can be found from the National Bullying Prevention Center and the Boston vs. Bullies program. Please contact your SCIP coordinator for additional presentation and information.



Vaping Addiction and Cessation

By Abbe

E-cigarettes (also referred to as vapes) remain the most common tobacco product used by middle and high school students (Truth Initiative). Nicotine is found in most vape products and is highly addictive. While nicotine can be dangerous at any stage of life, it is especially damaging to adolescents because their brains are still developing, making them more susceptible to nicotine's harmful effects, including addiction.

Like all drugs of abuse, nicotine works by hijacking the reward system of the brain, this system is more sensitive in teens compared to adults. Once inhaled, nicotine reaches the brain in about 10 seconds. It binds to receptors located in nerve cells and sends a signal to the brain to releasee dopamine, a feel-good chemical. This rush of dopamine plays a role in addiction. As nicotine in the bloodstream drops, withdrawal symptoms can start to kick in leading to unpleasant feelings and strong urges to vape. Nicotine withdrawal includes a combination of physical, mental, and emotional symptoms. This can include headaches, nausea, trouble sleeping, increased irritability, difficulty concentrating or increased feelings of anxiety. The more a person vapes, the more the brain and body get used to the presence of nicotine and the harder it is to go without.

According to the 2024 National Youth Tobacco Survey, among middle and high school students who currently vape, nearly 40% report using e-cigarettes frequently. Frequent use is more strongly associated with signs of nicotine addiction. Talking to youth about signs of addiction is a good place to start in offering support. Answering yes to one or more of the following questions could be a sign that a young person is struggling with a nicotine addiction.

- Do you continue to vape even though you want to quit or think it's hurting you in some way?
- Do you feel anxious or irritable when you want to use your vape but can't?
- Do thoughts about vaping interrupt you when you are focused on other activities?
- Do you still vape after getting in trouble with your parents or school for vaping?
- Have you ever tried to quit vaping but couldn't?
- Do you feel like you have lost control over your vaping?

Quitting vaping isn't as easy as just making the decision to quit. Nicotine withdrawal can make the process challenging. Adults and care givers can play an important role in a young person's

journey to quit by offering support and encouragement. Examples of ways to support youth who want to quit vaping include:

- Talk to youth about strategies to manage cravings, and temptation when around peers who vape.
- Help them to create a list of activities they can use to distract themselves when cravings start.
- Be patient- it might take several attempts for a young person to quit vaping for good.
- Connect youth to resources to help further support their choice to quit. This might include connecting to a medical provider, a behavioral health specialist, quit line coaches or online resources.

Below are resources available to help young people who are trying to quit vaping:

- National Cancer Institute Teen Smokefree.gov https://teen.smokefree.gov/- offers a variety of resources including tips to help teens build a quit plan, a guide to quitting vaping, strategies to better deal with cravings and ways to cope with nicotine withdrawal symptoms.
- EX Program https://join.exprogram.com/- a program by the Truth Initiative in collaboration with the Mayo Clinic Nicotine Dependence Center. Offers online and text support from experts and experienced quitters, personal tools and tracking and regular virtual check-ins.
- The Nebraska Tobacco Quitline- call 1-800- QUIT-NOW (1-800-784-8669) to speak with a live coach. Quitline services are available 24/7 in over 200 languages. Web-based services and text options are available.
- My Life, My Quit https://ne.mylifemyquit.org- designed for youth. Offers a self-guided program that includes information about vaping and activities to support quitting and stress relief. Coaches are available via live text messaging, online chat, or by phone for additional support and tips.

Please note that youth need parental consent to participate in all types of live coaching. Parental consent can be given over the phone. Coaches will assist youth through the process of gaining consent.

References: American Academy of Pediatrics; Centers for Disease Control and Prevention (CDC); National Cancer Institute: Smokefree.gov; Nebraska Department of Health and Human Services; Truth Initiative

“Kratom Sold Here”, but what is it?

By Tessah

“Kratom Sold Here” signs have been popping up outside of vape shops and gas stations throughout the county over the past few years. Kratom has been marketed as a safe alternative to opioids, as a dietary supplement, and as a food additive on advertisements on social media and printed ads. A recent Huberman Lab Podcast episode discussing Kratom quotes literature suggesting there are 2-2.5 million individuals who consume Kratom daily, but the values based on sales of Kratom products and manufacturers estimate over 20 million individuals consume Kratom products per day.

Kratom is everywhere- but do you know what it actually is?

Dr. Christopher McCurdy, Ph.D., F.A.A.P.S., a professor at the University of Florida, College of Pharmacy and Director Of The UF Translational Drug Development Core, explains that Kratom is a tree native to Southeast Asia. Within this region, locals consume Kratom leaves in traditional capacities; by either chewing Kratom leaves or boiling them into teas to enhance energy. In this capacity, Kratom is an herbal extract that provides a stimulant effect similar to caffeine and is considered a low-dose product. Dr. McCurdy further describes that in Southeast Asia, Kratom is used for pain relief, mood boosters, and as a treatment for opioid withdrawal symptoms. The Drug Enforcement Administration has stated there are no medical benefits to the use of Kratom.

In contrast to the traditional low-dose consumption, the Kratom products sold at vape shops and gas stations in the United States are sold in a concentrated form. A simple explanation of this process: the Kratom plant is harvested, the Kratom leaves are then ground into powder, a solvent is used to extract and filter the active compounds, this solution is boiled until the solvent has evaporated, and a highly concentrated Kratom product is produced. These products may be sold as liquids, powders, tablets or capsules, or pastes.

This is relevant because Kratom’s physiological effects are dose-dependent. Meaning, in low doses (1-5 grams), Kratom produces stimulant effects similar to caffeine, but in high dosages (5-15 grams), Kratom produces a sedative or opioid-like effect, and individuals may feel euphoric and experience a high. These values are from a Descriptive Analysis titled “Kratom” completed by Mark Sanderson, MD, and Adrianna Rowe, MD, in their 2019 study. In another article titled “Kratom,” published in the National Library of Medicine by Dr. Brenda Sokup in 2023, Kratom Toxicity describes that toxicities typically occur when the ingested dose exceeds 8 grams.

In a non-traditional Kratom consumption, our bodies absorb direct compounds as opposed to the entire Kratom leaf used in traditional capacities. Both the Drug Enforcement Administration and the US Food and Drug Administration warn against the use of highly concentrated Kratom products because of potential health risks, including liver toxicity and damage, cardiotoxicity, seizures, and, when consumed in higher dosages, can lead to more serious consequences, such as respiratory depression and death. According to the DEA, individuals who develop a Kratom dependency may exhibit psychotic symptoms, including hallucinations, delusions, and confusion. Additionally, highly concentrated Kratom products consumed too frequently lead to addiction, as dependency for the concentrated products increases. The DEA originally expressed

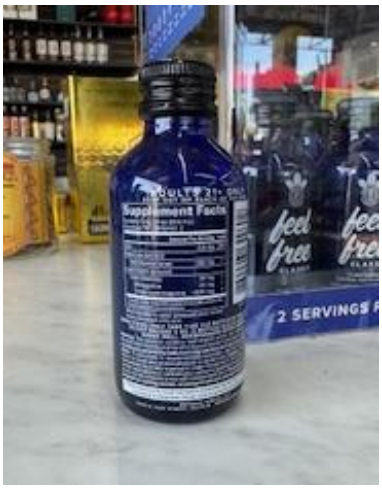
plans to name Kratom as a Schedule 1 drug alongside Morphine, Fentanyl, and Tramadol. Kratom is currently on the DEA's Drug and Chemical Concern List. Yet, there is limited research on Kratom, and its products are not federally regulated. There are zero DEA-approved or FDA-approved Kratom products.

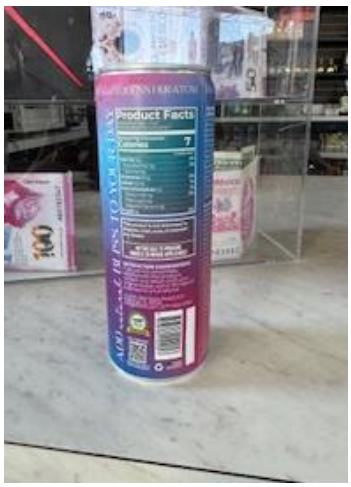
For parents, schools, and communities, here lies the problem, or at least a significant concern for Kratom misuse; taken at high dosages and too frequently, Kratom usage can be addictive, yet it's widely sold in gas stations and vape shops. A valid fear that any naive individual (at any age) may consume Kratom without knowing what they're consuming and potentially experiencing significant consequences. Additionally, because Kratom is not widely regulated, producers may add additional ingredients without the consumer's knowledge.

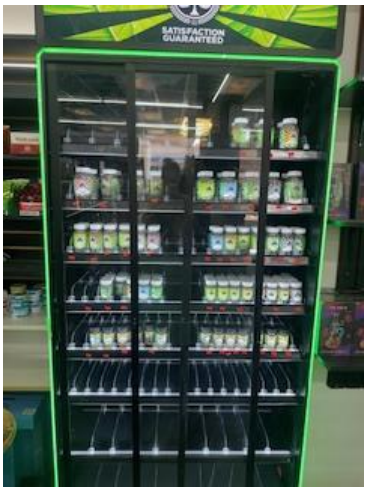
In Nebraska, the Kratom Consumer Protection Act (LB 230) has been passed, which placed requirements on the regulation of Kratom. Now, all Kratom products must be labeled properly with serving amounts and set age limits for purchasing Kratom. Still, parents, educational professionals, behavioral health specialists, and community members should be questioning Kratom products: who is using these products? What is the reason for using Kratom products? Where are these products being purchased? How are these products being used? How much is being used? Who, how frequently, and how thoroughly are compliance checks being completed on vape shops and gas stations selling Kratom products?

Within Nebraska, LB 230's regulation takes a harm reduction approach to managing Kratom, but some states and communities have taken a zero-tolerance approach to the concern. Since 2014, seven states, most recently Louisiana, have banned the Kratom form from being sold. And cities including Denver, Colorado, San Diego, and Oceanside, California, have implemented local bans on Kratom and its synthetic products for human consumption.

Take a look at the two Kratom drinks pictured below: one bottle contains two ounces but lists two serving sizes, while the second can holds twelve ounces with a single serving. Both products comply with LB 230's requirements, but ask yourself: how often do you check serving sizes and follow the recommended guidelines? Would you assume the smaller, two-ounce bottle is a single serving and consume it entirely at once? If the larger twelve-ounce can resembles an alcoholic beverage, would you be tempted to drink more than one? Would your children and/or students notice or consider serving sizes?







Many questions have arisen surrounding Kratom in recent years, and research on Kratom is still limited. For more information on Kratom, please listen to the Huberman Lab Episode: Health Effects, Risk of Kratom Opioids, and Other Naturally Occurring Medicines, or read peer-reviewed literature and journals published. Additionally, professionals in the field recommend reviewing all new products before consuming. Good sites to complete research on include the Centers for Disease Control and Prevention, Drug Enforcement Administration, and the U.S. Food and Drug Administration.

Information obtained for this article came from the same three organizations, the Huberman Lab Podcast with Dr. McCurdy, Nebraska's Legislative site, and two articles published in the National Library of Medicine titled Kratom:

https://www.ncbi.nlm.nih.gov/books/NBK585120/
https://pmc.ncbi.nlm.nih.gov/articles/PMC6779532/