

Date of Hearing: March 20, 2024

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 2429 (Alvarez) – As Introduced February 13, 2024

SUBJECT: Student instruction: health education courses: fentanyl

SUMMARY: Requires that if the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, it include, commencing with the 2026–27 school year, instruction on the dangers associated with fentanyl use, as specified. Specifically, **this bill:**

- 1) Requires that if the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, it include, commencing with the 2026–27 school year, instruction in the dangers associated with fentanyl use.
- 2) Requires that this instruction be provided by a teacher, school nurse, or school counselor based on information from the National Institutes of Health and the United States Department of Health and Human Services.
- 3) Requires that this instruction include, but not be limited to, all of the following:
 - a) Information on what fentanyl is, including, but not limited to, all of the following:
 - i) An explanation of the differences between synthetic opioids, nonsynthetic opioids, and illicit drugs;
 - ii) Variations of fentanyl; and
 - iii) The differences between the legal and illegal uses of fentanyl.
 - b) The side effects and risk factors of using fentanyl, including, but not limited to, all of the following:
 - i) The lethal dose of fentanyl, including comparing that lethal dose of fentanyl to the lethal dose of other drugs;
 - ii) How often fentanyl is put into illegal drugs without a user’s knowledge;
 - iii) An explanation of what fentanyl does to a human body and the severity of fentanyl’s addictive properties; and
 - iv) How the consumption of fentanyl can lead to hypoxia and an explanation of what hypoxia is and how it can affect the human body.
 - c) An explanation of the process of adding or mixing fentanyl with other drugs, a process more commonly known as “lacing,” and why lacing with fentanyl is common.

- d) How to detect fentanyl in drugs and how to potentially save a person from a fentanyl overdose, including, but not limited to, all of the following:
 - i. How to buy and use fentanyl test strips;
 - ii. How to buy and use naloxone in the form of a prefilled nasal spray and an injection;
 - iii. How to detect if someone is overdosing on fentanyl.
- 4) Requires that students be assessed on the instruction which may include assessing if a student understands all of the following:
 - a) The differences between synthetic and nonsynthetic drugs;
 - b) Hypoxia and how it is related to fentanyl use;
 - c) The effects of fentanyl on a human body;
 - d) The lethal dose of fentanyl; and
 - e) How to detect and prevent fentanyl overdoses.

EXISTING LAW:

- 1) Requires that instruction shall be given in elementary and secondary schools by appropriately trained instructors on drug education and the effects of the use of tobacco, alcohol, narcotics, and dangerous drugs, as defined in Section 11032 of the Health and Safety Code, and other dangerous substances. (Education Code (EC) 51260)
- 2) Defines an “appropriately trained instructor” as one who, based upon the determination of the site administrator, demonstrates competencies in interacting in a positive manner with children and youth; demonstrates knowledge of the properties and effects of tobacco, alcohol, narcotics, and dangerous drugs; and who demonstrates skills in conducting affective education, which includes methods and techniques for helping children and youth to freely express ideas and opinions in a responsible manner and to gain an awareness of their values as they affect decisions related to drug use and misuse. (EC 51260)
- 3) Requires that, for grades 7 to 12, instruction on drug education be conducted in conjunction with courses given on health or in any appropriate area of study. Encourages, for grades 1 through 6, instruction on drug education to be conducted in conjunction with courses given on health.
- 4) Prohibits the State Board of Education (SBE) from accrediting any teacher education institution for teacher certification purposes after the 1972–73 fiscal year unless it offers courses for prospective teachers on drug education and the effects of the use of tobacco, alcohol, narcotics, restricted dangerous drugs, and other dangerous substances. Requires the SBE to continually reevaluate approved teacher training institutions to ensure that programs are in conformance with these requirements. (EC 51261)

- 5) Specifies coursework requirements for graduation from high school, including three courses in English, two courses in mathematics, two courses in science, three courses in social studies, one course in visual or performing arts or world languages or career technical education (CTE), two courses in physical education, and, commencing with students graduating in the 2029-30 academic year, subject to an appropriation, a one-semester course in ethnic studies. (EC 51225.3)
- 6) Authorizes the governing board of a school district to adopt coursework requirements in excess of the coursework requirements of the state. (EC 51225.3)
- 7) Requires that, if the governing board of a school district requires a course in health education for graduation from high school, the governing board of the school district shall include instruction in sexual harassment and violence, including, but not limited to, information on the affirmative consent standard, as defined. (EC 51225.36)
- 8) Requires each local educational agency (LEA), charter school, and the State Special Schools for the Blind and the Deaf that offers one or more courses in health education to students in middle school or high school to include in those courses instruction in mental health as specified. States that this requirement shall not be construed to limit a school district, county office of education (COE), state special school, or charter school in offering or requiring instruction in mental health as specified in the measure. (EC 51925)
- 9) Authorizes school districts, COEs, and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained volunteer personnel for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (EC 49414.3)
- 10) Authorizes public and private elementary and secondary schools to voluntarily determine whether or not to make emergency naloxone or another opioid antagonist and trained personnel available at its school. Requires a school to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to naloxone or another opioid antagonist and trained personnel. Prohibits a private elementary or secondary school from choosing to exercise the authority provided by this bill from receiving state funds for this purpose.
- 11) Requires the Superintendent of Public Instruction (SPI) to establish, and revise every five years or sooner, minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist as specified. Requires the California Department of Education (CDE) to maintain a clearinghouse for best practices in training nonmedical personnel to administer naloxone hydrochloride or another opioid antagonist to students. (EC 49414.3)
- 12) Requires that, if a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention (CDC) to each athlete. Requires that the athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian, sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. Authorizes the Opioid Factsheet for

Patients to be sent and returned through an electronic medium, including, but not limited to, fax or email. (EC 49476)

FISCAL EFFECT: This bill has been keyed non-fiscal by the Office of Legislative Counsel.

COMMENTS:

Need for the bill. The author states, “Although a significant problem across the country and other parts of the world, California has been disproportionately hit hard by the fentanyl epidemic. Between 2019 and 2021, California’s opioid-related deaths spiked 121%. Moreover, since taking office, the Newsom administration spent more than a billion dollars to resolve this crisis. Increasing awareness through education is critical to deter kids from fentanyl use and be able to recognize it and assist in emergencies. Resolving this crisis will take a myriad of solutions. However, increasing education and understanding must be at the forefront of our solutions.”

State and local graduation requirements. Current law specifies coursework requirements for graduation from high school, including three courses in English, two courses in mathematics, two courses in science, three courses in social studies, one course in visual or performing arts or world languages or CTE, two courses in physical education, and, commencing with students graduating in the 2029-30 academic year, subject to an appropriation, a one-semester course in ethnic studies. Current law also authorizes the governing board of a school district to adopt coursework requirements in excess of the coursework requirements of the state.

Health education in California schools. According to data published by the CDE, in the 2018-19 school year, over 170,400 middle and high school students were enrolled in a Health Education course. Nearly 12,000 health courses were offered, in over 1,600 schools. ***The Committee may wish to consider that*** course taking data, which is important for policy analysis and evaluation, has not been updated by the CDE since the 2018-19 school year. The CDE reports that this data will be updated in 2024.

A course in health is not a statewide graduation requirement, but current law authorizes school districts to establish local graduation requirements in addition to those required by state law, and some school districts have chosen to make a course in health a local graduation requirement. According to school district websites reviewed in 2021, 6 of the largest 10 school districts by enrollment require a course in health for graduation.

Drug and alcohol prevention education in the California Health curriculum. In 2019, the State Board of Education (SBE) adopted the current Health Education Curriculum Framework. In the curriculum for each grade, from kindergarten through 12th grade, Alcohol, Tobacco, and Other Drugs (ATOD) is a major theme, with discussion of the key competencies and concepts and examples of lessons. The Health Framework was developed earlier in the “third wave” of the opioid overdose epidemic (as defined by the CDC), so while opioids and heroin are mentioned, fentanyl is not.

After a new curriculum framework is adopted, the SBE typically adopts instructional materials for grades K-8 which align to the framework, but in 2020 the SBE cancelled the adoption of health instructional materials due to lack of publisher interest.

State curriculum process is not designed to keep up with rapid emergence of new illicit drugs.

The SBE adopts revised content standards and curriculum frameworks infrequently – at the earliest every eight years. And recent patterns of adoption suggest that this may occur even less frequently in the future.

As noted above, the Health Framework was developed earlier in the “third wave” of the opioid overdose epidemic, so while opioids and heroin are mentioned, fentanyl is not. Illicit drug use changes rapidly, with one substance waning in use while another increases. This is an illustration of how the state curriculum adoption process is not designed to keep pace with rapidly changing content. Indeed, before this bill takes effect in the 2026-27 school year, a new dangerous substance may have supplanted fentanyl. ***The Committee may wish to consider that,*** when a rapid response is needed, state-curated resources and support for professional development may be more effective tools to teach content in a timely manner.

If requirements keep getting added, will school districts stop requiring a Health course for graduation? Or should the state make a health course a graduation requirement? A course in health is not a statewide graduation requirement, but current law authorizes school districts to establish local graduation requirements in addition to those required by state law, and some school districts have chosen to make a course in health a local graduation requirement. ***The Committee may wish to consider that*** the state does not collect data on local graduation requirements, so it is unclear how many require a course in health for graduation from high school.

In addition to the requirements of the California Healthy Youth Act, legislation in recent years requires that the following topics be included in a Health course required for graduation:

- Mental health, including signs and symptoms, evidence-based services and supports that effectively help individuals manage mental health challenges, warning signs of common mental health problems, stigma surrounding mental health challenges, among other topics.
- Sexual harassment and violence, including information on the affirmative consent standard
- Performance of compression-only CPR, such as those developed by the American Heart Association or the American Red Cross.

Each year this Committee hears bills on other health topics, such as domestic violence, suicide, bleeding control, and food allergies, among others. ***The Committee may wish to consider that,*** if at some point the requirements for the Health course become too burdensome, LEAs may decide not to require it for graduation. Alternatively, if the Legislature and Governor determine that this is a high enough priority, they could add a course in Health to the list of state-required courses for graduation.

Dangers associated with Fentanyl. Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration (FDA) for use as an analgesic and anesthetic. It is approximately 50 times stronger than heroin and 100 times stronger than morphine. First developed in 1959, it was introduced in the 1960’s as an intravenous anesthetic. Fentanyl is legally manufactured and distributed in the United States; however, there are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and

for advanced-stage cancer. Most recently, cases of fentanyl-related overdoses are linked to illicitly manufactured fentanyl that is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

Addressing fentanyl among California youth. According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased 625% among ages 10-19 from 2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15–19 years old in California.

Current law requires the SPI to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to students.

The CDE, in conjunction with the CDPH, provides LEAs with resources and information that they can readily share with parents and students to help keep them safe. The Fentanyl Awareness and Prevention toolkit page offers information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH’s Substance and Addiction Prevention branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

Arguments in support. The County Health Executives Association of California writes, “Despite the increase in youth overdose deaths, educational instruction on the dangers of fentanyl and other drugs is often inconsistent. AB 2429 provides a framework for this instruction, consistent with information from the National Institutes of Health and the US Department of Health and Human Services, that includes material on the types of these drugs, the side effects and risk factors associated with fentanyl, and how to detect fentanyl in other drugs, instruction on how to use naloxone, and how to detect overdoses. Given the current opioid overdose crisis, developing an educational program for high school students on the dangers of fentanyl and how to respond appropriately could potentially save innumerable young lives.”

Recommended Committee Amendments. Staff recommends that this bill be amended to:

- Delete the requirement that students be taught by specified staff, as this is already required under existing law;
- Delete the requirement that students be assessed on specific content;
- Include “and other opioid antagonists” in the reference to Naloxone; and
- Add a requirement that instruction be aligned with the health curriculum framework.

Related legislation. AB 1915 (Arambula) of the 2023-24 Session would establish a voluntary training program for high school students in how to administer naloxone hydrochloride during an opioid overdose; require the CDPH to develop the training and resource materials in collaboration with specified entities; and require schools that elect to stock naloxone hydrochloride to place it in specified locations.

AB 915 (Arambula) of the 2021-22 Session would have required any school district, county office of education (COE), or charter school that voluntarily determines to make naloxone

hydrochloride or another opioid antagonist available on campus to be placed in an appropriate location; and required the CDPH to create an opioid overdose training program and program toolkit to train high school students on how to identify and respond to an opioid overdose, and to make these materials available to public high schools upon request. This bill was held in the Senate Appropriations Committee.

AB 2690 (Patterson), of the 2023-24 Session, would require an LEA to, as part of the annual notification to parents or guardians, include the risk of social media platforms being used as a way to market and sell synthetic drugs, such as fentanyl.

AB 3271 (Patterson), of the 2023-24 Session, would require each public school operated by a school district, COE, or charter school, that has elected to make a school nurse or trained personnel available at the school to use naloxone hydrochloride or another opioid antagonist, to maintain at least 2 units of naloxone hydrochloride or another opioid antagonist for purposes of those authorizations.

AB 889 (Joe Patterson), Chapter 123, Statutes of 2023 requires a local educational agency (LEA), county office of education (COE), and charter school to annually inform parents or guardians of the dangers associated with using synthetic drugs and post this information on their respective internet websites.

SB 224 (Portantino), Chapter 675, Statutes of 2021, requires LEAs and charter schools that offer courses in health education to students in middle school or high school to include in those courses instruction in mental health that meets specified requirements, and requires the CDE, by January 1, 2024, to develop a plan to increase mental health instruction in California public schools.

AB 19 (Joe Patterson) of the 2023-24 Session would have required public schools to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose. This bill was held in the Senate Appropriations Committee.

SB 10 (Cortese), Chapter 856, Statutes of 2023, would require LEAs and COEs to include strategies for the prevention and treatment of an opioid overdose in their school safety plans, and require the CDE to develop training materials on the use of emergency opioid antagonists for school personnel, and safety materials for parents, guardians, and students in conjunction with the California Health and Human Services Agency (CalHHS).

SB 472 (Hurtado) of the 2023-24 Session would have required each campus of a public school operated by an LEA, COE, or charter school to maintain at least two doses on its campus, and distribute, naloxone hydrochloride or another opioid antagonist pursuant to the standing order for naloxone and requires LEAs, COEs, and charter schools to report to DHCS for failure to distribute naloxone. This bill was held in the Senate Appropriations Committee.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

REGISTERED SUPPORT / OPPOSITION:

Support

County Health Executives Association of California

Opposition

None on file

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