There are proven strategies that can help us treat this as a poison-control problem

By SCOTT WALTERS

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ast month, there was a mass poisoning in a Dallas suburb. The poisoning happened when a couple allegedly sold pills to juniorhigh students out of a Carrollton house. Eight students apparently sold to others, and nine overdosed as a result. Three students died.

The incident has understandably deeply affected the community, especially the grieving parents. As a parent myself, the thought of losing my children this way breaks my heart.

Twenty years ago, the overdose landscape was far different. Most people who overdosed had relatively long, increasing histories of drug use. Over time, people who use drugs develop strategies to protect themselves against overdose, for example, not using alone and making sure they have an overdose antidote nearby. But increasingly we are seeing overdoses among young people who have no substantial history of drug use and no idea what kind of drug they are taking.

This was evident in the Carrollton tragedy, where drugs sold to students were disguised as 30 mg oxycodone pills. Young people's developing brains are wired to take risks, but we have to help them understand that not all risky decisions are safe.

In the last five years, there has been a spike in overdoses nationally, and especially among young people. Between 2019 and 2021, fentanyl overdose deaths doubled in the U.S., increasing nearly fourfold among children. Statewide, fentanyl was present in 97% of drug overdoses last year.

Drugs like heroin are made from plants that have a growth cycle. As a result, they are relatively expensive to make and complicated to transport.

Fentanyl, on the other hand, is cheap to make and easy to transport. It's also much more potent than heroin or other opioid pills. Only a few grains of fentanyl produce a lethal dose. It can be mixed, colored and pressed into a pill that looks like practically anything you'd find in your medicine cabinet. Pills that are seized by the Drug Enforcement Administration often look identical to legitimate medications

such as Adderall, Percocet or oxycodone. This makes it easier for people to accidentally ingest fentanyl without realizing its potency, increasing the risk of overdose.

Several bills have been introduced into the Texas Legislature to address this new reality. One proposal is to toughen penalties for people who distribute fentanyl, even charging them with murder. While this may seem appealing at first glance, there isn't much evidence that tougher laws actually reduce drug use. It's already illegal to sell fentanyl, and the adults who sold the drugs in Carrollton will likely face years in prison. I doubt that increased penalties would have deterred them

It's also hard to know how to prosecute minors who distribute pills. Are we ready to charge a 16-year-old with murder for giving a pill to a friend? Since most counterfeit pills are manufactured in faraway places, my guess is that the children involved, and likely the adults too, didn't know what was in the pills. Increasing penalties without offering additional solutions is a halfhearted approach that could lead to unintended consequences.

Fortunately, there are proven strategies to protect children against poison. First, we need to prioritize public health messages that "One pill can kill." Communication campaigns need to be designed to appeal to teens, much like the successful tobacco campaigns that dramatically reduced teen cigarette smoking (now being undone by the onset of vaping).

The DEA has posted pictures of authentic and fake pills side by side, and I can't tell the difference. We need clear and persuasive messages that urge teens to avoid any medication that wasn't prescribed specifically for them.

Second, we need to increase access to naloxone, also called Narcan, for schools, parents and others who are around teens who might use drugs. Naloxone, in an easy-to-administer nasal spray form, is an overdose antidote that is available in Texas without a prescription. People can get Narcan from their local pharmacy for a standard insurance copay or for free from the websitemorenarcanplease.com, which has funding to distribute naloxone in Texas. Health and community groups, and even religious institutions can host naloxone distribution and training events. Neighborhood groups can use social media to share information about where to get naloxone in case of emergency.

And finally, Texas should decriminalize harmreduction practices like fentanyl test strips. Laws

prohibiting these strategies were written decades ago when the drug supply was vastly different. Nowadays, it is simply too easy to make a pill that looks like something else.

In the U.S., most illicit pills are mass-produced in Mexico and brought into the country through legal ports of entry. It might cost 50 cents to manufacture a pill that gets traded from person to person, and eventually sold to an

end user for \$20. This disconnected drug supply means that the person selling a drug may have no idea what's in it, so we must offer people a way to know what they are taking.

For example, fentanyl test strips are a simple and inexpensive way to detect the presence of fentanyl in drugs. In fact, after years of opposition, Gov. Greg Abbott now supports decriminalizing fentanyl test strips and Texas lawmakers have filed bipartisan bills to support this lifesaving strategy.

In Carrollton, fentanyl test strips could have potentially saved the lives of the three children lost to this deadly poison. It's time to treat the overdose crisis as a poison-control problem.

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Opinions expressed here are the author's and not necessarily those of his institution. He wrote this column for The Dallas Morning News.