



STOP IT! — Knowledge Saves Lives

Evaluation of a Pilot Fentanyl Education Initiative for Students, Parents, and Educators

Delivered via the PATHS Digital Learning Platform

A Rural School District in Southern Arizona
Pilot Implementation — 2025–2026 School Year

Combined Findings Report: Student Outcomes, Parent & Educator Perspectives, and Platform Performance

Prologue

STOP IT! — Knowledge Saves Lives is an Arizona-grown fentanyl education initiative built on a simple conviction: in an overdose crisis where a single counterfeit pill can be fatal, accurate knowledge is itself a life-saving intervention. Developed by Arizona subject matter experts in substance use prevention, clinical care, and education, the initiative delivers a structured curriculum covering fentanyl risks, counterfeit pills, overdose recognition, naloxone (Narcan) administration, Good Samaritan protections, and practical prevention strategies. What distinguishes STOP IT! from traditional one-time assemblies is its whole-community design: parallel versions of the curriculum reach students, their parents, and their educators at the same time, so the same accurate, expert-vetted information is reinforced in the classroom and at the kitchen table. The initiative's pilot brought together subject matter experts in drugs, adolescents, education, and technology to offer a fentanyl curriculum using the STOP IT! model to more than 2,000 students, parents, and educators across four high schools in a rural southern Arizona school district, measuring not only who participated but what they learned and how prepared they felt to act.

The curriculum was delivered on PATHS, a digital learning and care-navigation platform that organizes expert content into structured, self-paced “Paths” of short steps (e.g. videos, readings, and knowledge checks) while recording enrollment, step-level progress, and assessment results for every learner. Built to healthcare-grade security and privacy standards, the platform gave the STOP IT! team the ability to deploy the curriculum district-wide, measure engagement and knowledge outcomes in real time, and evaluate the pilot with the rigor reflected in the pages that follow.

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Executive Summary

The *STOP IT! — Knowledge Saves Lives* initiative is a metric-based fentanyl education program developed by Arizona subject matter experts and delivered through the PATHS digital learning platform. During the pilot, the program was implemented across four high schools in a rural school district in southern Arizona, reaching students, parents, and educators through a shared, asynchronous curriculum using a whole-community, multi-modal approach to address a crisis.

This report synthesizes three evaluation components: a quantitative analysis of student enrollment, engagement, and pre/post knowledge outcomes; a qualitative analysis of post-program reflections from parents and educators; and a technical performance analysis of the platform's step-level delivery data. Together, they answer four questions: (1) Did the community engage? (2) Did knowledge improve? (3) What should the next version of the curriculum look like? And (4) is the technology ready for scale?

High School Path Fentanyl Examples - Try it for yourself



Teachers



Parents



Students

The Pilot at a Glance

Indicator	Result
Students enrolled in the fentanyl awareness Path	1,740
Parents and educators enrolled	85 parents · 213 educators
Total curriculum steps completed across the district	31,000+
Students completing every step of the full Path	759 (43.6%)
Students completing all core required curriculum steps	1,133 (65%)
Students reaching and passing the final knowledge check	1,250 (72%)
Average share of curriculum completed per student	67.6%
Average student knowledge score, pre-test → post-test	92.6% → 95.9% (+3.0 points, $p < .001$)
Parents rating the lesson impactful	94%
Educators rating the lesson impactful	91%
Parents feeling at least somewhat prepared to respond to an overdose	100%

Figures aggregate all participating schools. Knowledge results reflect the 1,182 students with matched pre- and post-assessments.

Key Findings

- **The community showed up.** More than 2,000 students, parents, and educators enrolled, completing over 31,000 curriculum steps — strong evidence that an asynchronous, platform-based prevention program is feasible at scale in a rural district.
- **Instructional reach exceeded the headline completion rate.** While 43.6% of students finished every step of the Path, 72% (1,250 students) progressed through the core curriculum and passed the final knowledge check. Step-level analysis shows the gap is driven by optional resource content and a single misconfigured final step, not by students failing to learn.
- **Knowledge measurably improved.** Students entered with high baseline knowledge (92.6%) and still posted a statistically significant gain of 3.0 percentage points ($p < .001$). Positive gains were observed at every participating school.*
- **Adults felt more prepared to act.** Every responding parent felt at least somewhat prepared to respond to an overdose after the program, and 88% of educators did as well. Many described concrete new capabilities — explaining risks to their child, calling 911 with confidence.
- **The most important content was communicated and retained.** Across every audience, the topics that resonated most were overdose recognition and response, naloxone (Narcan), and the presence of fentanyl in counterfeit pills — precisely the program's core prevention objectives.
- **The pilot identified a clear set of opportunities for curriculum and platform refinement, several of which have already been implemented.** Participants converged on the same curriculum improvements (interactivity, real and local stories, hands-on naloxone practice, earlier timing, repetition), while the platform's own analytics pinpointed every technical drag on completion. PATHS shipped three production releases during and immediately after the pilot window, in response to early incoming data.

Outcome: the pilot demonstrates that digitally delivered, expert-developed fentanyl education can reach an entire school community, measurably improve knowledge, and leave families and educators feeling prepared to act. The findings support continued implementation in the district and expansion to additional communities.

**Although statistically significant improvements in knowledge were observed, interpretation should consider the limitations of the assessment instrument. The pre-test contained several items assessing commonly known fentanyl-related information, resulting in high baseline scores. Future implementations should include more discriminating items that assess higher-order understanding and application of knowledge to better capture program-related learning.*

1. Background and Program Overview

Overdose fatalities are the third leading cause of death in adolescents in the U.S., with most of those overdoses involving fentanyl. Addressing the dangers and harms caused by this often-unsuspecting drug is a national priority. Southern Arizona’s proximity to the U.S. Mexico border and high cross-border mobility make it a hotbed for fentanyl-related activity. Some of Southern Arizona’s rural and border communities are disproportionately impacted - yet have scant resources to address the fentanyl crisis. STOP IT! — Knowledge Saves Lives was designed to close this gap. Developed by Arizona subject matter experts in substance use prevention, the curriculum covers fentanyl risks, counterfeit pills, overdose recognition, naloxone administration, Good Samaritan protections, and prevention strategies. It is delivered as a structured, self-paced “Path” of short modules designed to be in specific, sequential order (e.g., videos, readings, and knowledge checks) on the PATHS learning platform, an ed-tech system that tracks each learner’s progress step by step.

Three design features distinguish the program:

- **Whole-community reach.** Parallel Paths were offered to students, parents, and educators, so the same accurate information reached classrooms and kitchen tables simultaneously.
- **Metric-based delivery.** The platform records enrollment, step-level progress, and assessment scores for every learner, making rigorous evaluation possible without added burden on schools.
- **Flexible, asynchronous format.** Learners progress on their own schedule, allowing schools to fit the program into existing instructional time and parents to participate from home.
- **Dashboard Oversight.** A personalized dashboard tracked completion of every individual assigned a path to monitor engagement and ensure completion. A parallel community dashboard was prepared for public viewing demonstrating school completion rates and encouraging health competition between schools.

Implementation Design

The pilot was implemented with support from the district superintendent, who spent considerable time meeting with teachers and school administrators to ensure they were fully informed, and all their questions were addressed. This was an important implementation component to ensure district-wide buy-in and a smooth roll-out of the pilot. Parents were also informed about the curriculum and invited to participate via email correspondence from teachers and the superintendent.

Prior to pilot implementation, the Student and Parent Paths were pre-piloted with six students from Student Government Council and four parents, respectively. Pre-pilot feedback enabled

revisions before full pilot implementation. The full pilot was implemented across four high schools in a rural southern Arizona school district toward the end of the 2025–2026 school year. The district and participating schools are not identified in this report, and all results are deidentified and presented in aggregate.

Evaluation Design

The full pilot evaluation combined three components. First, student engagement and knowledge were assessed quantitatively: completion was tracked at the step level, and students completed identical knowledge assessments before and after the Path, analyzed with paired-samples t-tests. Second, parents and educators completed post-program reflection surveys mixing fixed-choice ratings (impact, understanding, engagement, preparedness) with open-ended prompts; 34 parent and 126 educator reflections were received and thematically coded. Percentages throughout are calculated on the responses provided to each item, and multi-select answers are counted per selection. Third, the PATHS engineering team conducted a technical performance analysis of the platform’s engagement, goals, assessment, and email-delivery records to diagnose factors affecting completion and to drive platform improvements (Section 6).

2. Reach and Engagement: Did the Community Participate?

A total of 1,740 students enrolled in the fentanyl awareness Path across the four participating schools, alongside 85 parents and 213 educators. That reflects more than 2,000 community members in a single pilot. Collectively, participants completed over 31,000 curriculum steps.

Depth of Student Engagement

Engagement extended well beyond simple enrollment. Districtwide, 759 students (43.6%) completed 100% of the Path, and the average student completed 67.6% of the curriculum. Nearly three-quarters of students completed at least half of the modules, meaning the large majority received substantial exposure to the program’s core prevention content even when they did not finish every step. Only a small fraction of enrollees (about 6%) never began the curriculum.

Table 1.

Aggregate student engagement with the fentanyl awareness Path

Engagement Measure (All Schools Combined)	Value
Total students enrolled	1,740
Students fully completing the Path	759
Full completion rate	43.6%
Average curriculum progress per student	67.6%
Students completing at least half of the curriculum	~73%

For a voluntary, asynchronous digital program delivered late in the school year, these engagement levels are strong. They also leave clear headroom: completion varied across sites and classrooms, and educator feedback (Section 4) points directly to the levers including earlier scheduling, facilitated discussion, and repeated exposure most likely to lift completion in future implementations. Because implementation conditions differed across sites, school-level results are not broken out here; the variation is treated as implementation learning rather than a comparison of schools.

Instructional Reach: Looking Beneath the Completion Rate

The technical analysis of step-level platform data (detailed in Section 6) revealed that the headline completion rate substantially understates how many students actually received and learned the curriculum. Each Student Path contained 24–25 steps organized in two parallel tracks: a core curriculum track (instructional videos, a baseline quiz, a final knowledge check, and a pledge) and a secondary track of optional supplementary resources (podcasts, documents, and extension activities). “Full completion” required finishing every step, including the optional resources and a final step that was misconfigured and registered zero completions at every school.

Measured against what students were asked to learn, the picture is considerably stronger (Table 2)

Table 2.

Three measures of student completion. The final knowledge check is the truest measure of instructional impact: it counts students who moved through the curriculum and proved they learned it

Measure	What It Means	Students	Rate
Full-path completion	Finished all 24–25 steps, including optional content	759	43.6%
Required-curriculum completion	Finished all core required steps	1,133	65%
Reached and passed the final knowledge check	Completed the core learning and demonstrated knowledge	1,250	72%

Step-level patterns confirm that students who did not reach full completion were, in most cases, skipping optional resources rather than abandoning the program: core curriculum steps held strong completion, while later optional steps were unfinished and students routinely completed required steps that came after optional ones they skipped. In other words, the gap between 43.6% and 72% is explained almost entirely by content that was never required and by a correctable technical defect, not by a failure of the educational experience. Section 6 details the diagnosis and the fixes.

Adult Participation

The 213 enrolled educators represent broad instructional coverage across the participating schools, and half (106) completed their full Path with several educator cohorts meeting or exceeding their goal-based participation targets. The 126 educator reflections received constitute an unusually high feedback rate for a pilot program. Parent participation (85 enrolled; 34 reflections) was more modest and typical for a first-year, opt-in family program, though here too goal-based participation targets were met or exceeded in the largest parent cohort. Both educators and parents themselves asked that adult training be expanded in future rounds, a demand signal the district can build on.

3. Student Knowledge Outcomes: Did Learning Improve?

Students completed identical assessments before and after the Path. In total, 1,451 students took the pre-test, 1,204 took the post-test, and 1,182 completed both and were included in the paired analysis.

Overall Knowledge Change

Table 3 shows the student pre/post knowledge outcomes. Across all schools, mean scores rose from 92.6% (SD = 9.3) at pre-test to 95.9% (SD = 8.6) at post-test, an average gain of 3.0 percentage points. A paired-samples t-test confirmed the improvement was statistically significant, $t(1181) = 9.89$, $p < .001$, 95% CI [2.43, 3.64].

Table 3.

Pre/post knowledge outcomes for students completing both assessments

Knowledge Measure (Matched Sample, n = 1,182)	Value
Average pre-test score	92.6%
Average post-test score	95.9%
Average gain	+3.0 percentage points
Statistical significance	$t(1181) = 9.89$, $p < .001$
Students who improved their score	427 (36.1%)
Students who maintained their score	594 (50.3%)
Students who scored lower	161 (13.6%)

Interpreting the Gain: A Ceiling Effect

Two findings should be considered together. First, baseline knowledge was already high, as students averaged 92.6% before instruction, likely reflecting the visibility of the fentanyl crisis in Arizona communities. Second, the program still produced a significant gain on top of that baseline. Half of students maintained already-high or perfect scores, which mathematically limits how large the average gain could be. In other words, the +3.0-point result almost certainly understates the program's educational effect: more than one in three students demonstrably improved despite very little room to do so. The more meaningful finding may be the volume: more than 1,150 students completed both assessments, with pass rates on the final knowledge check reaching 99–100%.

Positive knowledge gains were observed at every participating school, with average site-level improvements ranging from roughly 2 to 6 percentage points, and gains reached statistical significance at nearly all sites (the exception being one very small site where the sample size limited statistical power, not the direction of the effect). The consistency of the direction of change across four distinct school environments strengthens confidence that the curriculum drove the improvement.

The high baseline also carries a design implication that PATHS will act on: the next revision will deepen the assessment to include applied, scenario-based items (e.g., what to do in a specific overdose situation) that better differentiate knowledge levels and capture growth beyond factual recall. Section 5 details this and other revisions. Questions will be revised from factual recall to real-world responses to better capture students’ beliefs in their abilities to apply the knowledge they do have and any new knowledge they gain.

4. Parent and Educator Experience: How Did It Land?

Parents (34 reflections) and educators (126 reflections) told a remarkably consistent story: the lesson was impactful, learners understood it, engagement was the norm, and the content that stuck was exactly the content that saves lives. Educators were slightly more measured than parents and supplied the most actionable suggestions. This may reflect teachers’ frequent, repeated interactions with students daily.

Table 4.
Parent and educator reflections side by side. Educator “clear understanding” is lower largely because about a fifth reported some lingering confusion in their classes — a realistic classroom read rather than a red flag

Dimension	Parents	Educators
Rated the lesson impactful (“Very” or “Somewhat”)	94%	91%
Reported learners left with a clear understanding	91%	76%
Described learners as highly or moderately engaged	~97%	~93%
Felt at least somewhat prepared to respond to an overdose	100%	88%
Top topic that resonated	Emergency response	Emergency response
Top improvement request	Real stories + interactivity	Interactivity + repetition

What Parents Said

Three in four responding parents called the lesson “Very Impactful,” and none rated it low-impact. 91% said their teenager came away with a clear understanding of overdose risks and safety, and every parent who answered felt at least somewhat prepared to respond to an overdose — with 73% feeling adequately or very prepared. Parents described concrete gains rather than vague reassurance:

“I would be more prepared to call 911 and explain what the situation is.”

“My understanding of drugs is now more clear to the point where I can explain it to my child.”

Perhaps most valuable for a program built on the school-community model, several parents volunteered that the lesson sparked real conversation at home:

“The material was clear and important, and it helped prompt meaningful conversation about safety and substance risks at home.”

“My teen was initially reluctant, but the ‘fentanyl in fake pills’ topic definitely broke the ice and made them realize this isn’t just about ‘hard’ drugs. Thank you.”

What Educators Said

91% of educators rated the lesson impactful, and 76% reported their students left with a clear understanding. Coding educators’ open-ended descriptions of student reactions revealed a healthy pairing: concern (37% of coded mentions) alongside curiosity (33%): the content landed as serious but not paralyzing. Naloxone information produced visible “aha” moments; one educator noted students found the overdose signs important enough to write down.

Notably, 16% of coded reactions involved the lesson surfacing and correcting misinformation students already held. This is itself evidence the curriculum is doing necessary work. Educators flagged two persistent misconceptions that the next curriculum revision will directly target:

“I could tell the difference.” Some students remained convinced they could visually distinguish counterfeit pills from legitimate ones, despite instruction to the contrary.

“Reluctance to stay after calling 911.” Many students were unaware of Good Samaritan protections, and some said that even knowing them, they would not stay at the scene.

On preparedness, 88% of educators felt at least somewhat ready to respond to an overdose, but a meaningful minority (12%) felt unsure or unprepared - most often tying this to a desire for hands-on naloxone practice. One educator also raised a practical question worth the district’s attention:

“Students know what to look for better. Wonder why teachers don’t have Narcan in their rooms.”

Where Parents and Educators Converged: The Improvement Agenda

The most striking feature of the qualitative data is agreement. Both groups independently asked for the same things, in nearly the same order:

- **More interactivity** — discussion prompts, scenarios, role-play, and partner work to break the video-and-quiz rhythm. This was the single most common request across both groups (40% of coded educator improvement mentions).
- **More real, local, lived-experience content** — survivor stories and community-specific statistics to make the risk feel immediate rather than abstract.
- **Better timing and repetition** — educators (37% of improvement mentions) asked for delivery early in the school year, reinforced periodically, rather than a single late-year module.
- **Hands-on naloxone practice** — even with a trainer model — to convert knowledge into confident readiness.
- **Training parity for adults** — several educators asked that parents and staff receive the same training students do.

A small number of educators (3 of 126) preferred less AI-generated or “canned” on-screen content in favor of real people, and one reported student login issues, which was the only technical-access issue in the dataset. Both are addressed in the revision plan below.

5. From Pilot to Version 2: How SME’s & PATHS Will Revise the Curriculum and Adjust Platform based on User Behavior and Engagement

The evaluation surfaced a clear, convergent improvement agenda that PATHS and subject matter experts who authored the curriculum will incorporate into the next release. Table 5 below maps each pilot finding to a planned revision.

Table 5.*Pilot findings mapped technology needs to committed curriculum revisions for the next release*

What the Pilot Found	Planned Revision
Video-and-quiz format limited engagement for some learners; interactivity was the top request from parents and educators alike	Embed discussion prompts with quick check-ins throughout each module as an option
Learners wanted real, local, lived-experience content	Add survivor and family testimony and localized overdose statistics, with a framework for districts to insert community-specific data
Persistent misconceptions: counterfeit pills are “distinguishable”; reluctance to remain on scene after calling 911	Add targeted content directly confronting both misconceptions, including an expanded, scenario-based Good Samaritan law module
Educators wanted hands-on naloxone practice; 12% still felt unsure or unprepared	Add a guided naloxone practice component (trainer-model demonstration) and district guidance on classroom Narcan availability
Late-year, one-time delivery depressed engagement	Restructure as an early-fall launch with brief booster modules across the year; provide districts recommended pacing calendar
High assessment baseline (92.6%) created a ceiling effect	Deepen assessments with applied, scenario-based items that measure decision-making, not just factual recall
Adults asked for training parity	Expand and promote the parent and staff Paths so the whole community receives the same core preparation
A minority preferred real human presenters over AI-style content	Increase on-screen use of real presenters and lived-experience voices; s
Login-access issue reported	Add mobile phone account creation and single-sign-on to eliminate login friction. Push nudges and reminders to users that include mobile phone and email reminders

These revisions preserve the pilot’s proven effect on the core content of overdose response, naloxone, and counterfeit pills that resonated most with every audience, while shifting delivery from passive viewing toward interactive, locally grounded, human-centered learning repeated over time.

6. The Technology Behind the Pilot: Diagnosing, Improving, and Building for What’s Next

In addition to testing the curriculum, the Pilot also tested the infrastructure that delivered it. Because every learner interaction in PATHS is recorded at the step level, the Technology team could go beyond reporting what happened to explaining why it happened, fix what the data surfaced while the pilot was still underway, and leave the platform measurably stronger for the next implementation. This section indicates what we did, how we did it, and how the technology improved because of it.

What the Data Made Visible

The platform's telemetry (i.e. step-level engagement, goal, assessment, and email-delivery records, re-pulled and cross-checked) allowed the team to diagnose precisely why reported completion trailed instructional reach:

- **A single misconfigured final step capped every path.** The terminal “Extra Resources” step registered zero completions at every school and produced the single largest drop-off in every path. Because full completion required it, this one defect suppressed the reported completion rate for all 1,740 students simultaneously. Fixing or de-requiring it is the highest-leverage, lowest-effort correction available.
- **Students skipped optional content. They did not quit.** Core curriculum steps sustained strong completion while the parallel optional-resource track sat far lower. Students routinely completed required steps that came after optional steps they skipped, confirming they were passing optional content by, not abandoning the program.
- **Hypotheses could be tested, not just asserted.** An early theory held that a key video was blocked on school networks. The step data disproved it: the video in question performed in line with each school's overall engagement. Evidence-based diagnosis prevented effort being spent on a fix for a problem that did not exist.
- **Participation goals were set above what was mathematically possible.** Several cohort goal targets exceeded the number of students actually enrolled, guaranteeing “unmet” status regardless of performance. In one case, the goal exceeded possibility by 43%. Future goals will be cohort-based and set from enrollment data.
- **Launch-week email deliverability was degraded.** Delivery logs showed an elevated bounce rate (8.1% overall, spiking during launch week) consistent with one large send to a stale address list. Because reminder emails drive return visits, this plausibly contributed to students starting but not finishing. This is offered as context rather than a quantified cause, since account-level bounce data cannot be mapped to individual schools.

Together, these findings explain the gap documented in Section 2: instructional reach (72% passing the final knowledge check) was roughly 1.6 times the headline completion figure, and

the least-affected cohort on the identical path reached 64–73% full completion. This was a realistic benchmark for what all sites can achieve once the correctable issues are resolved.

Fixed in Real Time: The Iterative Loop in Action

The defining feature of this pilot’s technology story is speed. Three platform updates were implemented during the pilot period. The updates addressed issues that surfaced and demonstrated the platform’s inherent rapid iteration capability.

- **Email deliverability, root-caused, and re-engineered.** The platform now detects hard and transient email bounces in real time and surfaces delivery failures to users immediately — directly closing the launch-week reminder gap.
- **Progress tracking is made airtight.** Goal and step progress counting was corrected, completion flows were redesigned with clearer next-step navigation, and a step-completion tutorial now guides new users. This addresses the friction that likely costs completions at the margins.
- **Assessment tooling upgraded.** Quizzes can now be designated as baseline assessments and their result screens can be customized. This upgrade will realize the deeper, scenario-based pre/post design recommended in Section 3.
- **Real-time visibility for district leadership.** New organization-level insights dashboards, richer member activity views, and goal-completion indicators mean a superintendent can now watch adoption unfold as it happens. AI-assisted analytics tooling further allows program staff to query engagement data conversationally, in real time.
- **A closed feedback loop for issues.** In-app issue reporting now routes directly to the engineering team’s support and ticketing systems, so the same day a teacher notices a problem it is in the development queue the same day.
- **Security and privacy maintained throughout.** All releases preserved SOC 2 and HIPAA-aligned security compliance. This is a prerequisite for handling school-community data at scale, and the digital protection of all users remains PATH’s priority.

Changes to the Codebase: Ready for the Next Mass Fentanyl Training

Four concrete issues were identified by the pilot’s own data. The following features/changes have been made and now ready for the next education outreach:

- Fixed the de-required the misconfigured final step, which represented the single largest drag on reported completion across every path.

- Set goal targets from actual cohort enrollment, so progress reporting reflects performance rather than arithmetic impossibility.
- Report on required-curriculum and knowledge-check metrics. We now report the measures of what students actually received and learned as well as raw path completion.
- Re-engaged in-progress students with verified, cleaned email lists, converting the pilot's large in-progress population into completers.
- Knowledge of each user by device type (smartphone, tablet or computer) and operating system (IOS, Windows, etc.) is now known with every touchpoint to allow for more granular knowledge of the user experience.

A Transferable Prevention Operating System

The most important technology finding is not any single fix — it is what the pilot proved about the model. The curriculum is content; the platform is infrastructure. Because Paths are modular, the measurement engine, delivery system, dashboards, and improvement loop validated in this pilot transfer intact to whatever the next threat is. If it is not fentanyl, it will be kratom, cocaine, methamphetamine, gambling, or social media addiction. The issues our youth face change faster than traditional curriculum development cycles can respond. The technology platform gives SME's the ability to tweak and adjust content for maximum knowledge retention in a defined window of time that can be adjusted and calibrated based on user behavior.

The technology platform gives educators the ability to be proactive vs reactive. Reactive: Educators concerned about the health and safety of their students have historically been forced to fight each new crisis head on - after the issue is sizable and formidable and are late to address the issue with time and speed needed with best evidence-based practice at their disposal. They have had to wait for curricula to be written, printed, approved, and scheduled while the problem spreads. The PATHS model allows for proactive logic and design with the end in mind that is measurable. Expert-authored content can be composed into a new Path, deployed district-wide in days, measured step-by-step in real time, and revised within days or weeks based on what the real-time user behavior and data shows. This gives educators the resources and infrastructure they need to accomplish the mission before the emerging problem becomes an epidemic. The pilot demonstrated every link in that chain: rapid deployment, real-time measurement, evidence-based diagnosis improvement, all within a single school semester.

For the district, this means the investment made in this pilot, such as the enrollment infrastructure, the teacher, parent and student Paths, the implementation playbook, the trust built is reusable. The next program starts from where this one finished, not from zero.

Importantly, this technology is particularly well-suited to students with chronic absenteeism and truancy. National research consistently demonstrates that students with persistent

absenteeism are at substantially higher risk for adverse health behaviors, including substance use, mental health challenges, and school disengagement. Yet, these are often the very students least likely to receive traditional classroom-based prevention education. Because PATHS delivers high-quality educational content asynchronously and digitally, students can continue progressing through learning modules regardless of inconsistent school attendance, allowing districts to reach high-risk populations that conventional instructional models frequently miss. This creates an opportunity to deliver evidence-based prevention content to students who may benefit from it the most, while also providing educators with real-time visibility into participation and learning outcomes.

7. The Case for Expansion

- **Proven reach at low marginal cost.** A single asynchronous platform engaged more than 2,000 students, parents, and educators across four schools and 31,000+ completed learning steps. This was completed without requiring new staff, assemblies, or travel. The model scales: adding a school or district is primarily a matter of enrollment, not rebuilding.
- **Measurable, statistically significant impact.** This program makes metric-based, measurable outcomes a possibility. In this case, knowledge gains were significant overall ($p < .001$) and positive at every site.
- **Readiness, not just awareness.** This platform enabled the rapid rollout of an outcome that most directly translates to lives saved, with 100% of responding parents and 88% of educators reporting feeling at least somewhat prepared to respond to an overdose.
- **A validated improvement loop.** The metric-based platform generated the exact data needed to improve both the curriculum and the technology in real time, as well as post-roll-out. PATHS enables the evaluation feedback loop and subsequent revision plan to occur nearly immediately, essentially learning from its own implementation.
- **Transferable infrastructure, not a one-off program.** The delivery, measurement, and improvement system validated here is substance-agnostic. The same platform can carry the next prevention curriculum related to whatever the emerging threat may be to the same communities in a fraction of the time, putting schools ahead of the next crisis rather than behind it.
- **Real Time Dashboards for Educators.** Educators can now track PAT progress and completion at the student, classroom, school, and district level – allowing for mass monitoring of educational content delivery, which can support schools with evidence-based metrics needed for grant reporting, health curriculum standards, and adherence to state policies.

The fentanyl crisis is not receding in Arizona. In fact, in 2025, Arizona was one of three states that not only did not decrease its overdose rate but increased it by 18%. Rural adolescents

remain among those most at risk. This pilot demonstrates a delivery model that works, a community willing to engage, and a curriculum ready to improve. Next steps include expansion to convert a successful pilot into a sustained, scalable prevention infrastructure.

8. Conclusion

The STOP IT! pilot set out to test whether a metric-based, digitally delivered fentanyl curriculum could engage an entire rural school community and improve what its members know and can do. On both counts, the answer is yes. More than 2,000 students, parents, and educators participated; 72% of enrolled students progressed through the core curriculum and passed the final knowledge check; students posted statistically significant knowledge gains at every school despite high starting knowledge; and their parents/guardians and teachers overwhelmingly reported feeling prepared to act. This is important as they tend to be the closest to students and would most likely be first on the scene of an emergency.

Of equal importance is that the pilot identified specific opportunities for program refinement. Findings from participant feedback and implementation data informed a series of planned revisions, including increased interactivity, greater incorporation of locally relevant content and lived experiences, earlier implementation within the academic year, and reinforcement through repeated exposure. In parallel, analysis of platform performance identified technical barriers affecting learner progression, all of which were addressed through targeted software enhancements before the conclusion of the school year. Together, these findings demonstrate the value of an iterative, data-informed approach to both curriculum development and digital platform optimization.

That iterative capacity is the pilot's most durable legacy. Threats to our youth are many and change rapidly - from fentanyl or kratom to bullying and social media addictions. The multiplicity of threats necessitates an agile and easily deployable infrastructure does not need to be rebuilt for each emerging threat. Expert content can be composed, deployed, measured in real time, and revised in weeks on the same platform, giving educators a tailwind against emerging threats instead of a perpetual giving educators the opportunity for a more proactive response.

The district can be proud of what its students, families, and staff accomplished in this pilot. The findings support continuing the partnership, implementing the revised curriculum districtwide, and extending this model to other communities confronting the same crisis. In a subject where knowledge genuinely saves lives, this pilot demonstrated that knowledge can be delivered at scale, measured honestly, and improved continuously.

***Methodological note:** All results are aggregated across the four participating schools; the district and schools are not identified. Student knowledge analyses use paired-samples t-tests on the 1,182 matched pre/post assessments. Parent (n = 34) and educator (n = 126) percentages are computed on responses provided to each item; multi-select answers are counted per selection, and quotations are drawn verbatim from survey free-text fields, lightly trimmed for length.*