



Upcoming Events

- Stalking Awareness Month
- Cervical Cancer Awareness Month
- 1/ World Day of Peace
- 2/ Science Fiction Day
- 19/ Martin Luther King Jr. and Civil Rights Day
- 24/ International Day of Education

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NITAZENES An Emerging Synthetic Opioid Threat

Nitazenes are powerful synthetic opioids similar to fentanyl and can equal or exceed its potency. When mixed with fentanyl, overdose risk increases significantly. These substances cannot be identified without laboratory testing, meaning users often do not know they are present until it is too late.

Although dangerous, nitazenes currently pose a smaller threat than fentanyl, which dominates the U.S. opioid market. Since 2020, the DEA has identified just over 1,000 nitazene-containing samples, compared to tens of thousands involving fentanyl.

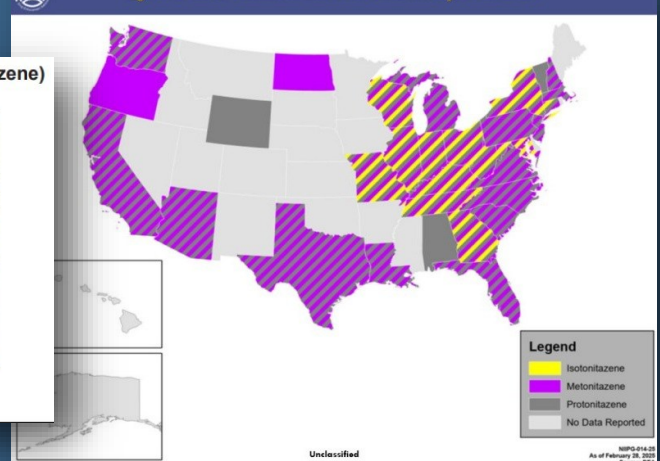
Most nitazenes originate from chemical suppliers in China and are shipped in small quantities through mail parcels. Due to complex production, they are unlikely to replace fentanyl but will continue to appear sporadically in drug mixtures. The most commonly identified nitazenes in the U.S. over the past five years are isotonitazene, metonitazene, and protonitazene, with 19 distinct nitazenes identified overall.

Figure 1: Powder Nitazene Sample (Isotonitazene)



Source: DEA

Figure 3: Most Common Nitazene Exhibits by State 2024



Scromiting: Hazards of Cannabis Use

“Scromiting” describes severe screaming and vomiting linked to **cannabinoid hyperemesis syndrome (CHS)**, a condition seen in people who use cannabis heavily over time. Chronic use can interfere with the body’s nausea control, causing intense abdominal pain and uncontrollable vomiting. In extreme cases, the distress leads to screaming during vomiting.

CHS symptoms and phases:

- * **Early:** Mild nausea, stomach discomfort, low appetite.
- * **Active:** Ongoing vomiting, severe stomach pain, dehydration; hot showers may give brief relief. This is when scromiting may occur.
- * **Recovery:** Symptoms improve after stopping cannabis but can return if use resumes.



When to seek care: Urgent care may be appropriate for mild, manageable symptoms. Go to the emergency room for nonstop vomiting (over 24 hours), severe dehydration, fainting, rapid heartbeat, blood in vomit, or intense abdominal pain. Early medical care and stopping cannabis are essential for recovery.

How We Introduce Our Kids to Social Media

Parenting today means modeling healthy technology habits. Our kids watch how we use devices, so we chose to be intentional about when and how we introduced technology.

We began with a shared family iPad when our kids were young to reinforce that technology is a tool, not a personal entitlement. Clear rules guided use: chores and schoolwork first, short time limits, parent approval for apps, limited messaging, no devices in bedrooms, and minimal screen use in the car. This created natural opportunities to teach online safety, privacy, and trust.

Around age 12, our kids received iPods with time limits and monitored messaging. Responsibility earned more freedom, along with regular spot checks that opened the door to important conversations.

When work activities required it, we introduced a shared family cell phone. Around 9th grade, after consistent responsibility, our kids earned their own phones and pay part of the bill. Social media is introduced slowly and thoughtfully, not because “everyone else has it,” but based on what’s healthy for them.

Ongoing communication and consistency matter most. Our goal is to raise wise, responsible digital citizens—not impulsive consumers of content.

“There are only two days in the year that nothing can be done. One is called yesterday and the other is called tomorrow. Today is the right day to love, believe, do and mostly live.” — Dalai Lama

Kinds of Depression

Depression is a common mental health condition marked by ongoing sadness, irritability, and loss of interest. Children and teens may feel hopeless, tired, or worthless and may think about or attempt suicide. It can begin at any age but often starts in the teen years, and girls are diagnosed about twice as often as boys. Most forms fall under **unipolar depression**, which involves only depressive episodes (unlike bipolar disorder).



Types of Depression

1. **Major Depressive Disorder (MDD):** The most common and severe form. Symptoms last at least two weeks and may include sadness, irritability, fatigue, poor focus, low self-esteem, sleep or appetite changes, and suicidal thoughts.
2. **Persistent Depressive Disorder (Dysthymia):** Milder but longer-lasting, affecting children and teens for at least one year.
3. **Disruptive Mood Dysregulation Disorder (DMDD):** Diagnosed in young children, involving frequent temper outbursts and chronic irritability due to difficulty managing strong emotions.
4. **Premenstrual Dysphoric Disorder (PMDD):** A severe form of PMS causing intense mood and physical symptoms before a period, which resolve once it begins.
5. **Seasonal Affective Disorder (SAD):** Depression linked to seasonal changes, most often in fall and winter, related to reduced sunlight.

Treatment / Depression is treatable. Most children and teens improve with therapy and, in some cases, medication. Together, they help build coping skills and reduce symptoms for the best results.

This project is funded, and paid for with taxpayer dollars, under a contract with the Pennsylvania Department of Drug and Alcohol Programs with Lehigh and Northampton County Drug and Alcohol.

3rd Annual Benefit

SPRING GOLF OPEN



Monday, May 4, 2026

Green Pond Country Club

Check-in Opens 8AM - Scramble Start 10AM

Individual Player - \$175

Includes 18 holes of golf with cart, lunch, buffet dinner, contest and raffle prizes. **Sponsorships available!**



Visit the CHC website at www.thehc.org for online registration, sponsorships, or to download tournament information.



Join the fun and friendly competition to support the prevention education programs and services provided by the Center for Humanistic Change.

Digital Devices in Schools

2025

Public and educator support for classroom cellphone bans is strong, and staff generally report positive impacts in schools. School-issued devices can risk child data privacy and are rarely vetted for efficacy in learning. Research indicates mixed results for improvements in student learning and achievement from their use.

Adolescents spend an average of 1.5 hours of a 6.5 hour school day on smartphones, with additional time spent on school-issued “1:1” devices.

(Christakis et al., 2025)

PHONE BANS - IMPACTS

Student Impacts

ACADEMIC PERFORMANCE and CLASSROOM USE

Research summary: Early data suggest phone bans/restrictions may improve student performance. These effects are more evident in lower-performing students.

- Roughly 30% of students worldwide get distracted by digital devices during math lessons.
- Students rely on smartphones for “extended cognition” (external support that assists with finding information, resources, and improving memory).
- Students use phones for non-educational purposes during lessons more often when teachers ban phones (compared to if their teachers allow phone use).

Phone bans associated with:

- Improved learning outcomes, mostly observed in lower-performing students
- More detailed note-taking, better recall from lectures, better test performance
- Academic performance improvement equivalent to up to a year of math and science
- Higher GPA and increased likelihood of attending academic high school



MENTAL HEALTH/WELL-BEING

Research summary: There is insufficient and mixed evidence on the effects of school phone policies on student mental health and well-being. Impact is dependent on the type of ban, where the ban takes place, how students use their phones during the school day, and their level of attachment to their phones.

Phone bans associated with:

- Decrease in bullying and cyberbullying in some studies but not in others
- Modest effect on overall well-being measures
- Increased student-reported anxiety on phone-free days compared to “regular” days (risk of anxiety was higher for those who rely on their phones as a “safe haven” or for frequent social networking)
- Small decreases in psychological distress and negative affect
- More body movement during the school day in schools with both phone bans and movement programs

(Abrahamsson, 2024; Baggio et al., 2018; Beneito & Vicente-Chirivella, 2022; Böttger & Zierer, 2024; Campbell et al., 2024; Cherif et al., 2024; Gajdics & Jagodics, 2021; Kuznekoff & Titsworth, 2012; Nyberg et al., 2021; OECD, 2024; Rahali et al., 2024; UNESCO Report, 2023; Webster & Paquette, 2023)

School Climate Impacts

Research summary: There is strong evidence that school phone bans improve school and classroom climate. There are consistent reports of fewer conflicts, increased attention and participation, and reduced stress on school staff.



Phone bans associated with:

- Lower conflict between students, higher student satisfaction, greater conflict resolution, and lower social comparison
- Fewer behavioral issues, violence, and peer conflicts
- Improvements in learning and student well-being
- Fewer device-related incidents

Student behavior:

- Older high school students who are frequent social media users are least likely to comply with school ban policies.
- Youth unable to use phones during school express boredom and feelings of having nothing to do, despite having access to school activities.

(Cakirpaloglu et al., 2020; Cross, 2024; King et al., 2024; Kopecký et al., 2021)

Types of School Phone Restrictions



Schools and districts implement different types of personal phone restrictions:

- **Bell-to-bell** - no phone during the entire school day
- **Instructional time** - no phone during class
- **Off and away** - phones allowed on the person, but must be turned off and stowed
- **Securely stored** - phones inaccessible to students (often in secured pouches)

PHONE BANS The Educator Perspective



Research summary: Educators in schools with phone bans perceive benefits to students, as well as themselves, when devices are removed from classrooms.

90% of educators support a phone ban during instructional time and 83% support a bell-to-bell phone ban.

RESEARCH FROM AUSTRALIA



% of school leaders in Australia reporting positive impacts from phone bans:

- Decreased staff time following up issues with phones/social media (93%)
- More positive break time activities (83%)
- Increased focus and engagement during learning time (76%)
- Lower frequency of critical incidents involving devices happening at school (75%)
- Learning improvement since school ban (81%)
- Students were less distracted in the classroom since mobile phones were banned (87%)
- Improved student socializing (86%)

RESEARCH FROM THE U.S.



Teachers feel stricter mobile device policies reduce distractions and protect students' well-being from challenges posed by digital interruptions and social media.

Teachers working in schools with stricter bans:

- Strongly support bans more than teachers in less restrictive schools
- See more positive effects compared to teachers working in schools with more flexible policies (i.e., once a strict ban is in place, teachers experience the benefits)
- Perceive increased safety and attentiveness in the classroom

(Mecom & Lehtinen-Vela, 2024; National Education Association, 2024; New South Wales Education Department, 2024; South Australia Department for Education,

Do School-Issued Devices Benefit Youth Learning?



Research summary: School technologies, including laptops and tablets, are rarely vetted for learning efficacy. School-issued devices may provide modest educational benefits, primarily for lower socioeconomic students, but only if provided on a 1:1 (device to child) basis and implemented thoughtfully.

Nearly all evidence suggests human instruction is as good or better than any tech-assisted learning.

Evidence for Benefit:

- Quality mobile learning was associated with improved early literacy skills in kindergartners compared to print learning.
- 1:1 school-issued devices showed small positive effects on student achievement, especially for low socioeconomic students.

Evidence for Detriment:

- Using social media to teach literature to high school students had an overall negative effect on student achievement - particularly for previously high-achieving students.

1:1 Device Programs in Schools:

- Increased inequality in education gaps in mathematics
- Did not result in significant improvements in secondary school students' academic performance in math or language
- Decreased math skills for students from low-income families compared to students from high-income families

(Andriono et al., 2025; Barbetta et al., 2023; Hall et al., 2019; Harper & Milman, 2016; Netland et al., 2025; Randolph & Liu, 2022; Yeung et al., 2021)

SCHOOL-ISSUED DEVICES Risks to Privacy



- Monitoring software is widely used on school-issued devices to "watch" student activity.
- Students censor themselves when monitored:
 - » 60% don't share their true thoughts or ideas
 - » 80% are more careful about what they search online
- Lower income youth, who often only have school-issued devices, are at a disadvantage for privacy risks.
- Some educators have students use unsanctioned applications (e.g., ChatGPT), which can put youth privacy at risk.
- Educational software may collect student data such as email addresses, passwords, online activity, biometric data, religion, heritage, date of birth, sexual orientation, ability/disabilities, family income range.

(Center for Democracy & Technology, 2021; Kelso et al., 2025; O'Daffer et al., 2025)

