National Center on Safe Supportive Learning Environments

Safe Supportive Learning
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The Opioid Crisis and K-12 Schools: Impact and Response Webinar
April 26, 2018

Webinar Question and Answer Summary

The U. S. Department of Education, Office of Elementary and Secondary Education in coordination with the Office of Safe and Healthy Students, and with support of the National Center on Safe Supportive Learning Environments (NCSSLE), together hosted a webinar for the PreK-Grade 12 education community. The webinar, entitled "The Opioid Crisis and K-12 Schools: Impact and Response" provided details on how the opioid crisis affects students and families along with insights into practices and policies that can help address the opioid crisis in schools.

The webinar agenda included: Opening remarks by **Jason Botel**, Principal Deputy Assistant Secretary Delegated the Authority to Perform the Functions and Duties of Assistant Secretary for Elementary and Secondary Education; an overview of the opioid crisis including history, demographics, and how brain science can inform school drug prevention activities provided by **Dr. Wilson Compton**, Deputy Director of the National Institute on Drug Abuse; a shared Statewide effort and multi-tiered response to the opioid crisis at the practice and policy levels presented by **Reginald Burke**, Director, Youth Development Branch, Maryland State Department of Education; and one school district's comprehensive response to the opioid crisis, including the realities of the crisis and student/family considerations presented by **McKenzie Harrington-Bacote**, Project Director of Laconia, New Hampshire's School Climate Transformation and Safe Schools/Healthy Students grants and Grants Administrator of Laconia's Office of Student Wellness.

During each section of the Webinar, the presenters received several questions from the audience. Since the presenters could not answer all the questions during the event, the NCSSLE has prepared the following Webinar Question and Answer Summary with responses to each question raised during the event. For additional information, please email or call NCSSLE (NCSSLE@air.org; 1-800-258-8413).

Please note the content of this summary was prepared under a contract from the U.S. Department of Education, Office of Safe and Healthy Students to the American Institutes for Research (AIR). This Q/A summary does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.

Questions and Answers

1. **How often do people overdose on school grounds? Are there any numbers [statistics] on this problem?**

   COMPTON: I am not aware of any data that tells us how many overdoses have been seen on school grounds. What I will suggest is that we have seen overdoses less among students and probably more among visitors or even among staff in a school. So those populations are the ones I might be most

concerned about it. The good news is the overdose antagonist, the Naloxone that I described to you, has very few side effects and is not in and of itself a controlled substance, so there is no reason it cannot be administered wherever somebody has overdosed. We even hear of libraries being a location of where overdoses occur, partly because homeless and high-risk individuals sometimes use the library facilities as a safe location to spend time.

2. **Has there been any discussion about having Narcan or the nasal spray version in schools and public settings like they did with Defibrillator machines?**

   COMPTON: Absolutely, we certainly have had that discussion and we would encourage consideration of having naloxone available, depending on the local situation. The Surgeon General of the United States just encouraged EVERY individual in the United States to consider having Naloxone available, so they can save a life.

3. **What are the names of research-based prevention programs for middle schools?**

   COMPTON: There are numbers of them, you might look at our Principles of Drug Abuse Prevention for some of those on the NIDA website, SAMHSA has information about this as well. What I would highlight are the two that I mentioned that are specifically proven to have an impact on opioids. The "Strengthening Families Program 10 to 14" and "LifeSkills Training"; those are pretty well-known programs. LifeSkills Training is typically offered in classroom settings and Strengthening Families is typically offered in an afterschool setting with parents and youth.

4. **How are schools using ACEs research to improve trauma informed approaches?**

   COMPTON: Well, I think this is an emerging area of research and practice. Not everyone is familiar with ACEs, the Adverse Childhood Experiences, a very famous study that reminded us that early childhood trauma set kids up with a whole host of problems as they grow and develop. So, it is another way that we understand that the long-term trajectories are influenced by early childhood environments and making sure that you are aware that your students' background can influence the way you may guide their classroom experience; whether the child needs an Individualized Educational Plan or other services afterschool. I encourage you to take a look at the family-based interventions on the NIDA website.

   HARRINGTON-BACOTE: ACEs refers to adverse childhood experiences and we have looked to that research as we inform a lot of our work in that area.

5. **A concern I have heard is that those individuals who are being given Narcan to reverse an overdose can be very combative and aggressive. Is that true?**

   COMPTON: It is true that when you wake someone up from an overdose they will be in withdrawal, and they can be quite irritable. On the other hand, I will accept somebody being irritable and unhappy over dead any day of the week. Generally, they are not combative, but they may be feeling unwell or have an upset stomach. It is like having a mild or sometimes a more significant case of the flu. You know how miserable and how irritable you can be when you're quite sick. That is about the level of discomfort. Certainly, if you have to reverse an overdose, that is a reason to be calling 911

and to be getting the medical help sent just as quickly as possible. So that you won't be handling this alone and getting the appropriate professional support.

6. **All medication received at our school has to be prescribed by a doctor. We cannot even give Tylenol or Motrin without a prescription. How are we to administer Narcan or nasal spray?**

   COMPTON: That is something for your school to consider. As a physician one of the things I am pleased with is this is a medication that has few side effects. While every medication, including naloxone, can have complications, it has been safely administered outside of medical settings many times. For instance, this medication is often dispensed to family members and friends (of opioid dependent individuals) to administer so I think it would be appropriate for you and your school to work with local health officials to consider this possibility.

7. **Have any studies been done to determine the long-term outcomes of children that have received a universal prevention curriculum in elementary school?**

   COMPTON: Yes. There are multiple long-term studies. I encourage you to look at the Principles of Drug Abuse Prevention materials on the NIDA website (www.drugabuse.gov) for some information on this topic.

8. **The LifeSkills curriculum you mentioned ... is this a curriculum that can be purchased or made available for our schools?**

   COMPTON: Yes. It is available from the developers online.

9. **I've heard that Narcan is available to every middle and high school free of charge by the pharmaceutical company that sells it. Can you verify this?**

   COMPTON: The two FDA approved naloxone products that are designed to be administered by non-health professionals are Nasal Narcan and Evzio. The companies that produce these products might be contacted for information about reduced price access.

10. **Are there laws to protect individuals that administer the overdose medications and something goes wrong? (ex. Good Samaritan Law for CPR).**

    BURKE: The Start Talking Maryland Act legislation states that "except for any willful or grossly negligent act, the school nurse, other school health services personnel, or other school personnel who respond in good faith to an overdose emergency of a student may not be held personally liable for any act or omission in the course of responding to the emergency. Maryland Code, Health-General Article §13-3108 (a) states that an individual who administers naloxone to an individual who is or in good faith is believed to be experiencing an opioid overdose shall have immunity from liability under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article."

11. Have state or district education departments noted opioid crisis impact on special education early intervention (babies and toddlers) or K-12 services?

BURKE: The Maryland Infants and Toddlers Program has seen an increase in referrals in many Maryland counties due to infants born exposed to substances. Increases in behavior problems, absenteeism, and tardiness are also connected with this crisis. The Maryland State Department of Education (MSDE) is working with the University of Maryland on a multi-agency workgroup to support families with substance exposed infants, and a focus group was convened (with county representative from 10 counties) to better understand the overall impact.

The impact of the opioid epidemic on special education across the country has been linked with increases in absenteeism, tardiness, behavior problems, and trauma, as well as increases in foster care for all students. Each of these trends can specifically impact students with special education needs, but specific data as related to the opioid crisis and Maryland's special education programs across the State has not been quantified at this time.

12. Do your DARE efforts use Keepin' It Real?

BURKE: Yes, several Maryland school systems are using the new DARE program with the Keepin' it Real curriculum.

13. Is the workgroup tracking alcohol and other drug suspensions and expulsions?

BURKE: No, the Start Talking Maryland Workgroup was mandated by legislation to review behavioral and substance abuse disorder services/programs in Maryland Public Schools. The MSDE does collect data on student disciplinary actions by infraction.

14. Are there any programs that emphasize not just preventing children from using, but focusing on coping when someone else in your life is using, incarcerated, removed from the family, or died from an overdose, etc.?

BURKE: The Adolescent Community Reinforcement Approach (A-CRA) is listed on the Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices. The A-CRA is an outpatient program for youths and young adults between the ages of 12 and 24 who have substance use and co-occurring mental health disorders. The program is administered by a behavioral health clinician through three types of sessions: 1) for adolescents alone, 2) for parents/caregivers alone, and 3) for adolescents and parents/caregivers together.

15. Are there any good evidence-based programs for elementary school prevention efforts?

BURKE: Several school systems in Maryland are utilizing the Botvin Life Skills Elementary program designed for students in grades 3-5 to help increase self-esteem, develop healthy attitudes, and improve their knowledge of essential life skills.

16. **Is anyone looking at how school policies could help? Our school policy suspends kids for alcohol/drug infractions. I'm not sure that's a best practice.**

BURKE: The Code of Maryland Regulations 13A.08.08 states that "students are prohibited from possessing or using drugs without a physician's prescription, in any form on school premises." Each local board of education is required to adopt policies and protocols for student drug use or possession. The MSDE developed "The Maryland Guidelines for a State Code of Discipline" which provides a framework for local school systems to use in establishing policies that include drug use, under the influence, or possession of illegal drugs.

HARRINGTON-BACOTE: We definitely have been looking at our policies around this topic for the last couple of years and we have been really looking to rewrite our official policy. Internal practices and procedures at our high school as an example, those have shifted so we do have students who may have been suspended for a lengthy period of time in the past that now are referred to the licensed drug and alcohol counselor that we have on site all the time and they start seeing a counselor on an ongoing basis and that is part of taking the moment of discipline and turning it into a learning opportunity and to make sure they're getting the intervention they need or the treatment they need. So that's a great question and we are looking at that and we have been making shifts because of that.

17. **I have heard there are bags that can be handed out that will help destroy meds and make them safe to throw away. Any thought on getting these handed out at schools of ALL grades?**

BURKE*:* At this time, there are no statewide efforts to distribute prescription disposal bags in Maryland schools.

18. **Any tips for engaging schools in community coalitions? We have other sectors of our community engaged, but the connections are weak.**

BURKE: In Maryland, Opioid Intervention Teams (OIT) are set up in each of the 24 jurisdictions and led by the emergency manager and health officer, and includes local school superintendents. They are multi-agency coordination bodies that coordinate with the community, and complement and integrate with the statewide opioid response effort. A total of $4 million in FY 2018 was distributed to the OITs to use for opioid-fighting strategies at the local level.

19. **How were you able to compare your high school specifically to NH's statistics when YRBS is a sample survey?**

    HARRINGTON-BACOTE: YRBS data is provided to districts along with regional and state data as a comparison by the New Hampshire Department of Health and Human Services. The data is disaggregated for districts in a variety of ways, allowing for local, regional, and state trends to be understood bi-annually and longitudinally over time. National Youth Risk Behavior Survey data is also made available so that trends can be understood on a national level as well.

20. **McKenzie, I'm wondering what factors caused the jump between 2016 and 2017.**

    HARRINGTON-BACOTE: According to our police department there was a spike in fentanyl use by users who had previously been using heroin only.

21. **How were these positions funded?**

    HARRINGTON-BACOTE: The Laconia Office of School Wellness works to leverage federal and state competitive funding opportunities to support many of the positions in this office. Medicaid and private insurance are also used for individual counseling supports provided by our local mental health center onsite. A small amount of local funding is utilized as well. Moving forward in NH there will be coming changes to Medicaid to Schools that will allow for certain individual supports to be reimbursable. More information on our funding sources can be found here: http://laconiaschoolwellness.weebly.com/about.html

22. **Can you tell us more [about your work] on mindfulness?**

    HARRINGTON-BACOTE: We went through *Mindful Schools* to have multiple staff trained in mindfulness and how to teach this to children and youth. There is a lot of research supporting the benefits and positive effect this has in helping children to self-regulate, reset, etc. We have been doing this in classroom settings (not just as a Tier II group intervention) in our elementary schools and have had success with this. We also teach mindfulness to our staff for their own use and how to use it with their students. Another curriculum we use to support this work is called *MindUp*. We teach our students about brain science (i.e. how the brain is wired, how trauma affects brain development, etc.) while teaching them mindfulness techniques.

23. **When do the grief groups meet? During what part of the school day?**

    HARRINGTON-BACOTE: Tier II groups meet during school day. Each building does this a little differently but the Tier II team in each school works to decide when the best time of day is in the school schedule to run Tier II groups. This is similar to how some students would receive OT or PT services during the school day, in that it is a pull-out support. One school redid their school day schedule to allow for all students and teachers to be in groups (Tier II support that morphed into a

Universal program for all students) every other week to work on various needed skills. This was done because many Tier II groups (social skill building, relationship building, etc.) are beneficial for any student.

24. How does your district fund school-based mental health staff and engage other staff in providing Tier II and Tier III services (e.g. Wraparound)?

HARRINGTON-BACOTE: Mental health counseling is predominately funded by Medicaid and private insurance, just as would be done if a student were accessing this onsite at the community mental health center. My office does use grant funds to pay for other time provided by Mental Health Clinicians to meet with Tier III teams. The District worked hard over the past four years to educate all staff on Positive Behavioral Interventions and Supports (PBIS) and the benefits of Tier II and Tier III work. No one has been made to do this work, they have simply seen the benefits, have bought into the framework and choose to be a part of the work. Tier II and Tier III teams include school counselors, social workers, student services staff (i.e. OT), Administration, teachers, behavior support staff, and paraprofessionals. Wraparound is specifically provided by our school-based social workers who have been through extensive training and certification processes to provide this. It is an intensive support and for this reason the number of cases they can take on is limited.

25. How large is this school system?

HARRINGTON-BACOTE: As mentioned in my opening slide, our district population is about 2,000 students in pre-K through grade 12. We have three elementary schools, one middle school, one high school, and one technical center.

26. What is the size of your student population? How many prevention staff do you have? What is the budget for programs?

HARRINGTON-BACOTE: See question 7. We have on Student Assistance Program (SAP) Counselor that is considered prevention. However, many other staff members provide prevention efforts, such as Botvin's LifeSkills and Tier II groups so this is hard to quantify. The budget for our work fluctuates annually depending on available funding but see question 3 response for more information on this.

27. Is your substance abuse counselor a school employee or outside mental health provider?

HARRINGTON-BACOTE: We have one full-time school employee who is our Student Assistance Program (SAP) Counselor. They are a master's level dually certified Licensed Alcohol and Drug Counselor and Mental Health Clinician. We partner with our Community Mental Health Center who currently provides two master's level Mental Health Clinicians who see individual students in our middle and high school.