

## ***KILLER EPIDEMIC:***

### ***Schools deal with repercussions of the nation's opioid crisis***

*Michelle Healy*

Falmouth, Massachusetts, on the southwestern tip of Cape Cod, is every inch the quintessential coastal town. A popular destination for summer tourists, Falmouth is famous for its beaches, ocean and marine research facilities, and passenger ferries that travel to Martha's Vineyard and Nantucket islands.

Yet, the town's economic prosperity and classic New England charm could not insulate Falmouth from the nation's opioid epidemic.

The community's drug crisis came to light for Falmouth Public Schools "when we started to see a number of deaths of family members of our students due to issues of substance abuse or dependency," says Charles Jodoin, director of student services for the 3,500-student district.

By October 2017, the school system knew of 12 parents who had died of opioid-related abuse—six parents of fourth-graders in one school alone. By November, the district had been notified of an additional overdose-related death, says Superintendent Nancy Robbins Taylor. "The numbers continue to move at a rate that we can't predict," she says.

#### Worst drug crisis

Opioids, a highly addictive class of drugs, also includes prescription painkillers (such as OxyContin, Percocet, and Vicodin), and the cheaper, more accessible drug heroin, along with synthetic drugs such as fentanyl and carfentanil.

Doctors began prescribing opioid pain killers in the 1990s, when the drugs were considered a safe way to manage chronic pain. Once concentrated in Appalachia and the rural Southwest, opioid-related abuse and death has spread to nearly all parts of the country.

Opioid-related deaths reached 33,091 in 2015, almost two-thirds of the 52,404 drug overdose deaths that year, according to the Centers for Disease Control and Prevention (CDC). Preliminary data for 2016 shows drug overdose deaths predicted to top 64,000—or 175 deaths a day. That increase is largely blamed on the proliferation of fentanyl and other highly potent, illicitly made synthetic opioids.

Schools are experiencing an increase in the number of children being orphaned or sent to foster care when their parents overdose. Children born to addicted mothers come to school with cognitive delays. And some children are finding and trying the drugs themselves.

Two 13-year-old middle school students in Utah's Park City School District fatally overdosed on the drug within days of one another in September 2016. In the days, weeks, and months that followed, Park City Superintendent Ember Conley, district administrators, and the school board worked closely with federal agents from the federal Drug Enforcement Administration, local law enforcement, and community health experts. They learned the "depths and breadth" of the opioid crisis in their community, Conley says. "We listened to a career drug enforcement agent tell us that this epidemic is the worst drug crisis in the nation's history."

President Trump used those same words in October 2017 when he officially declared the opioid epidemic —which has taken more than 300,000 American lives since 2000—a national public health emergency that does not discriminate based on ZIP code or income.

“In the past, people often thought this happens to someone else’s kid; they weren’t raised right; or there was some other issue,” says Rebecca Gediminskas, a school board member with Pennsylvania’s Norwin School District. “Then it started hitting everybody. More and more people are being touched by this.”

Since December 2016, at least five recent Norwin graduates had died of a heroin or prescription pain medication overdose, according to the school district, which is 20 miles southeast of Pittsburgh. The Westmoreland County Drug Overdose Task Force reported overdose deaths increased dramatically in the region —from 22 in 2002 to 174 in 2016—up by 38 percent from the year before.

Unlike the crack cocaine epidemic of the 1990s, which was overwhelmingly portrayed as an urban crime and law enforcement problem, today’s opioid epidemic is widely depicted as a problem best battled by a cross section of community players, including law enforcement, social services, health care, and education.

Norwin is one of the first districts in the country to test a free drug prevention curriculum developed by the U.S. Drug Enforcement Administration and Discovery Education. With its accompanying parent resources and digital tools, Operation Prevention was particularly appealing to Norwin because it teaches students about addiction while incorporating insights and experiences of people who have been impacted by addiction through videos and live discussion.

Teachers like the program because it focuses on helping students change their attitudes about addiction. That change includes helping students recognize the risks of misusing prescription pain relievers, including overusing medications they received from their physician, and sharing them with friends, says Gediminskas, a nursing professor.

#### Trauma-informed practice

In Falmouth, the police department alerted the district to the growing drug overdose problem in the community. School officials, in turn, recognized the collateral damage: an increase in the mental health needs of children experiencing the loss of loved ones, living in homes destabilized by drug abuse, or transitioning to new homes with grandparents or other family members.

“We started to see some profiles we didn’t recognize in our youngest learners, those coming into pre-k and kindergarten,” Superintendent Taylor says. There were signs of anxiety and depression. Simultaneously, she adds, teachers and counselors became concerned that some students might have been exposed to the opioids their mothers used during pregnancy and were now affected by neonatal abstinence syndrome.

When it came to dealing with challenging behavior, veteran teachers said that “the tools in their toolbox simply don’t work anymore,” and that they needed more assistance, Jodoin says.

Older students were showing increased signs of distress as well. “An alarming rate” of high school students were being hospitalized for issues around anxiety, depression, and eating disorders. The need for tutorial home services was on the rise. “An alarm bell went off” and school leaders knew they needed to respond and to respond differently than in the past, Jodoin says.

Falmouth’s answer included a major infusion of trauma-informed practices that emphasize building stronger relationships between the school, families, and caregivers; strengthening resiliency and perseverance in students; and teaching mindfulness as a tool to help students make positive choices, including avoiding substance abuse.

Sensory rooms were added in each of the elementary schools and middle schools to provide a safe place to settle and regroup as needed. Additional counseling staff was added (including an adjustment counselor specifically for the preschool program), as well as extensive professional development emphasizing how trauma impacts learning and brain development.

The district also expanded social service supports for students and families, such as the creation of a grandparent support group. “We have a growing number of grandparents who are raising their grandchildren because (the primary parent) has either overdosed or is unavailable,” Taylor says.

Essential to the district’s efforts to help its students and their families, she says, was refusing to be stigmatized by its challenge and addressing it head-on —Falmouth Public Schools was the subject of an NBC Nightly News feature on the opioid crisis—and reaching out to develop partnerships with local and state agencies, nonprofits, and medical experts.

Supporting faculty and staff has been crucial to the district’s work. “Dealing with student trauma day in and day out really takes a toll,” Taylor says.

#### Learning the consequences

Park City educators and school officials emphasized bringing students into the conversation following the deaths of eighth-graders Ryan Ainsworth and Grant Seaver. Many students mentioned that they’d only been taught to say no. Instead, they wanted to know the consequences of drug use.

The district responded by revamping the drug abuse component of its life skills curriculum, emphasizing the impact of drugs on brain development. It began introducing these concepts to students starting in late fourth grade.

The district also emphasized a culture that promotes a safe, healthy, and engaged environment for students and teachers.

Programming around mindfulness and yoga have taken off in the elementary schools. There’s been added focus on nutrition and the importance on rest and rejuvenation. A teacher training initiative emphasizes focusing on students’ unique strengths.

To help guide and coordinate its increased mental health outreach, wraparound support programs, staff training, and counseling efforts, the district created a new position: assistant superintendent of student wellness.

"Utah has the highest suicide rate in the nation, the fourth highest opioid use," Conley says. "Our students are coming to us with [an array] of issues. Being able to add additional staff, counseling, training, and conversation has been extremely important."

The school board put together a two- to three-year plan to fund the district's new resources. It also supported the decision to stock all district schools—elementary, middle, and high—with naloxone, the opioid-overdose reversal drug often referred to by its brand name, Narcan. School nurses and first responder teams in each school have been trained in its use.

#### Narcan and education

In Maryland, legislation signed into law in July 2017 required that public schools at all grade levels in all 24 counties stock naloxone and train staff in its use. Some Maryland library systems also have provided training to staffers so they will know how to administer the lifesaving drug in an overdose emergency.

Cecil County Public Schools, located in the northeastern region of the state on the border with Pennsylvania, had its secondary school nurses trained in naloxone administration two years before the new mandate, says Superintendent D'Ette Devine.

School leaders in some districts have questioned the appropriateness of making the antidote available in a school setting. Devine argues that school campuses are accessible to parents, family members, and other community members. "People have to understand the world in which we live and be a little pragmatic," she says. "What if a third-grader's parent comes and has an issue? We'd want to be able to save his or her life."

Along with medication, the Maryland state legislation also mandates that all public schools put in place "age-appropriate" drug education programming that includes the dangers of heroin and other opioids. The specific curriculum is left to the discretion of the district, but the content must be provided at least once between the third and fifth grades, once between the sixth and eighth grades, and once between the ninth and 12th grades.

Three years before the state law went into effect, Cecil County schools began an extensive drug education program in addition to what had historically been offered in its K-12 health classes, Devine says. Today, three dedicated drug education teachers travel to the districts' 29 schools to "push in lessons" for grades three through 10.

The district uses the Botvin LifeSkills Training program, which emphasizes age-appropriate drug and alcohol prevention along with social skills and life lessons on making healthy choices, including staying away from drugs. The curriculum was revamped last year to specifically address the dangers of opioids.

With Cecil County's youngest students, "we start with making sure they know you shouldn't be picking up anyone's pill bottle and ingesting the contents because it will make you sick," Devine explains. "It's very low-level, and then you build on that lesson. By grade 10, obviously, we begin talking about the powers of addiction more graphically."

To help educate its community, the district helps sponsor a series of drug prevention seminars held at each of its high schools. Officials work extensively in partnership with

county agencies and organizations that aim to attack the opioid crisis from all sides—prevention, treatment, and recovery.

“But we recognize that schools are the best hope for preventing the problem before it begins,” Devine says, and that effort must come through drug prevention education as part of a quality education program that gives students hope for their future and the tools they need to be successful in the face of challenges and adversity. “We’re hoping that with that kind of support, they will make better choices.”

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*Michelle Healy ([mhealy@nsba.org](mailto:mhealy@nsba.org)([link sends e-mail](#))) is associate editor of American School Board Journal. This article originally appeared in the February 2018 edition of American School Board Journal.*