

The Opioid Crisis and K-12 Schools: Impact and Response

April 26, 2018

Tim Duffey: ...brought together for today's event and it has been a great development process to get this content ready for you today and we look forward to hearing from each of the speakers. At this time, I would like to introduce Jason Botel. Again, his title is Principal Deputy Assistant Secretary, Delegated the Authority to Perform the Functions and Duties of the Assistant Secretary for Elementary and Secondary Education. Jason, we'll welcome you to the webinar and offer opening remarks. Jason?

Jason Botel: Thank you very much, Tim. I really appreciate it. I want to say hello and good afternoon to everyone who is on the chat and on this webinar. It is really great, seeing all the people who are putting in their names and titles. By the way, Tim, I appreciate you saying my title twice. It is a very long title. I want to welcome everyone. It is really exciting to see everyone logging in because I see you that folks are – we see the educators and people who were involved with the PTA and districts and schools and you are doing the most important work in our country— working with our students. I want to start by thanking you for what you do every day. It is essential to the future of our country.

It is really important that we have convened today to talk about the opioid epidemic which has become America's most urgent health emergency. Many consider it to be the worst drug crisis in our nation's history. The numbers are staggering but they bear repeating. More than 64,000 people died in 2016 of drug overdoses. The impact of this crisis is far-reaching. Virtually every community in the nation has felt its devastating effects. Families are being ripped apart. In fact, over three-quarters of States report an unprecedented number of children entering foster care because their caregivers are battling addiction. That is what it has come to. The opioid crisis

has broken down societal structures in thousands of communities across the country.

I started my career as a teacher and then I was a principal at schools in West Baltimore. I unfortunately witnessed firsthand the terrible toll drug addiction has on communities. I can remember a parent telling me that she thought her child was acting up in class because the parent herself was struggling with heroin abuse at home. I remember having parent conferences in which it was clear that the children were caring for their parents who were struggling with addiction more than the parents were able to look after their children. I do also remember a parent who overcame her addiction and ended up graduating from college the same semester that her daughter did, her daughter who was my student. The parent became a substance abuse counselor. Obviously, we need more stories like that.

What is being done at the federal level to combat the crisis? Well, across the federal government, we are mobilizing to address the problem. Last October, the president directed all executive departments and agencies to use every available method to combat the drug demand and opioid crisis. He also directed the Secretary of the Department of Health and Human Services to declare the crisis of public health emergency. At the U.S. Department of Education, we are also doing our part. We have a long history of promoting substance abuse prevention in schools. I think many of you are aware of that and have worked with us. Our Office of Safe and Healthy Students administers grant programs and other technical assistance centers that can help State and local educational agencies as well as schools, address opioid prevention, promote school safety, and create supportive school climates.

More recently, we have carefully reviewed the recommendations of the President's Commission on Combating Drug Addiction and Opioid Crisis. I actually had the honor of representing the Department of Education at the meeting for that commission. We have since responded to the White House with ideas on actions that the Department could take. The Department has also formed an internal working group that meets weekly and coordinates with the White House on addressing the opioid crisis and I lead that group. We are taking a two-pronged approach. First, we are

helping to educate Americans about the dangers of opioids and sharing stories and resources to help them avoid and recover from opioid addiction and we are supporting State and local educational agency efforts to prevent and reduce opioid addiction.

Numerous studies have shown that educating and empowering parents is fundamentally important in combating opioid and other illicit drug abuse by students. That is why we're hosting today's webinar, to help State and local education officials, educators, specialized instructional support personnel, parents and others understand how schools can help in preventing opioid addiction. We have also added a page on the Department's website with more information on the crisis as it affects youth and discussing what teachers, students, and parents can do. We link to some carefully selected resources that we hope will be useful. It is so important that educators across the country leverage our collective resources to advance this cause and talk about the changes that are needed.

As part of this effort, the Department has partnered with the U.S. Department of Justice's Drug Enforcement Administration to revive and distribute a new version of the popular publication, *Growing Up Drug-Free: A Parent's Guide to Prevention*. The publication provides an overview of opioid abuse as a youth issue and provides profiles of youth who have died from an overdose. It also contains resources for parents, students, and educators. A Spanish translation of the document is also available.

Last month, the president signed the Department of Education Appropriations Act, which provides funding for the Department through the rest of this fiscal year. While the figures are still fluid, a significant portion of the money that Congress appropriated for the Student Support and Academic Enrichment or SSAE Grant Program can assist local school districts in providing evidence-based drug prevention activities. SSAE funds can also be used for activities that address student risk and protective factors, an important element of any comprehensive school drug prevention program. These factors help promote successful coping and adaptation to life situations and change and are critical to help reduce the impact of risky

behavior in students. The Department is authorized to use 2% of this appropriation for technical assistance and capacity building, and we are currently considering request that the Department provide guidelines as to how schools can best prevent opioid addiction.

What can schools do to more effectively address this crisis? First, they should focus on creating safe environments and positive cultures. They should educate students, school staff, and families about the dangers of drug use. They should help mitigate risk factors that could make students vulnerable to engaging in dangerous behavior and they need to increase student engagement wherever and whenever possible. They also need to be prepared to respond if an opioid overdose occurs on school grounds and find ways to support students in recovery.

Colleges and universities also have a critical role to play in prevention and treatment. For example, counselors are crucial in treating and addressing use and misuse of drugs and alcohol. Campuses should continue to support and utilize their services. Colleges and universities can also incorporate information about the services and orientations and other campus events. They can provide training to staff to help identify drug and alcohol use, ensuring that students are referred to counselors and get the help they need.

I also encourage all community campus and school leaders to participate in a Twitter Chat on May 2 that is being hosted by our School Ambassador Fellows. We will be talking more about the challenge of the opioid crisis and strategies to combat it. This administration believes that if we can reach children and young adults before they ever start down the path toward abuse, we have a real chance to turn the tide on opioid addiction in America. That is the same approach schools and school districts should take.

Ultimately, this issue would not be resolved solely by action in Washington. It will be resolved State by State and neighborhood by neighborhood. It will take the determined efforts of families, faith-based, civic groups, law enforcement and first responders, healthcare and social service providers, and others. Most of all, it will happen through the transformation of individual lives by individual Americans with

the support of their communities. As the president has said, the scourge of drug addiction will stop. Failure is not an option. Addiction is not our future. We will liberate our country from this crisis and we will raise a drug-free generation of American children.

I want to thank you for your commitment to fostering safe and productive learning environments and the wellbeing and success of all students. This is a tough fight we are in. But through focused collaboration, I truly believe we can have meaningful impact on the youth of today and on future generations. I look forward to hearing more about your work and how we can strengthen our partnership in this effort going forward.

Thank you very much again for taking the time. I know you are all very busy. I appreciate you recognizing the importance of this issue. Thanks for what you do for our students every day. Thanks, Tim.

Tim Duffey:

Thank you, Jason. Thank you very much for that important context in which today's webinar is occurring and for reminding us of that effort that is happening at the federal level to address this crisis. Many examples of the kinds of actions being taken to do just that, to address that, the crisis will be a part of what we hear today from the subject matter experts that we have gathered together.

Before I advance the slide, I just want to recognize that this is a screenshot of the Department of Education's website that addresses the opioid crisis. The address to it is in the title bar of that slide. We will also post that in the chat so that you'll be able to access that website. In addition, we have created a fact sheet of the content of the landing page from this site and it is available for download in the download files pod in the lower right of your screen. So please feel free to access that information there as well.

Thank you very much. Before we get started with the speakers, we have just two quick polling questions. Elena will be pulling those over here in a moment with radio buttons on them. Here we go. This is the first one. We're curious first to know about the roles of the people who have joined us today. The question is which of the

following best describes your current role. Are you a State education agency staff, local education agency staff, a federal grantee, school administrator, classroom teacher, specialized instructional support personnel, community stakeholder, parent, or student? I will give you a moment here to weigh in and let us know what the population of our gathered group looks like. This is good information for the presenters, good for you as well as participants to see who else is on the line with you but also very informative to the presenters to help them think about ways in which they might target their conversation to those who are on today.

Great. It looks like the responses are starting to slow down a bit. The highest percentage I see is around 25% who are specialized instructional support personnel, followed by SEA staff and then LEA staff and smaller numbers sprinkled throughout that. Presenters, that gives you an idea of the audience that's with us today. Thank you everybody for that. Great. We have one more polling question. There we go. That one comes up for you. Again, if you would not mind just checking in with us and let us know your response to this question, which of the following best describes your primary reason for participating in this webinar. First option is "I have leadership responsibility to address the opioid crisis within a State education agency." The second, "I have leadership responsibility to address the crisis within a LEA." Third, "I am part of a team addressing the opioid crisis within a SEA." Fourth option, "Part of a team addressing the opioid crisis within LEA." The next option, "I have a personal interest in addressing the opioid crisis." The final is other and we encourage you to type in your response to that in the chat function if you would please. Thank you so much for doing that.

By the way, we read these because we do have folks who participate with us almost every time on our webinars only by audio. So they are aware of what is on the screen. That's part of why we take the time to read them even though I realize most of you have them right in front of you. So it looks like responses have slowed. The highest percentage is other with a wide variety of examples of that showing up in the chat function right now. Thank you for sharing all of that, everyone. There is a great variety of responses coming in. The second highest is folks who are part of a

team at the LEA level and followed by personal interest. Excellent. Great information for us. Thank you so much.

Our first speaker today that I would like to introduce to you is Dr. Wilson M. Compton. Wilson serves as Deputy Director of the National Institute on Drug Abuse or NIDA of the National Institutes of Health. In his current role, Dr. Compton works with the director to provide scientific leadership in development, implementation and management of NIDA scientific programs. Dr. Compton received his undergraduate education from Amherst College. He attended medical school and completed psychiatric residency at Washington University. He served as a member of the DSM-V Revision Taskforce and is author of over 150 articles and chapters and is an invited speaker at many high-level, high-impact venues. He is also recipient of numerous awards including in 2013 and 2015 the recognition by the Health and Human Services Secretary's Award for Meritorious Service and Distinguished Service.

You can tell that we have the great pleasure of having an accomplished individual with us today to share some information from the national level. You can review in more detail Dr. Compton's bio in the download file pod, if you prefer. Without any additional time taken by me, I will turn the floor over to you, Dr. Compton.

Wilson Compton: Thank you, Tim. It is a pleasure to be with you and with all of the representatives from across the country today. Working at the National Institute on Drug Abuse means that my primary job is to help figure out what research needs to be done across the country because that is what we do is we find researchers at mostly universities all across the country to come up with better ways to understand the epidemics, to prevent them, and to treat them. What I'm going to focus on today is a little bit of the national data but also focus particularly on prevention. I think that is a theme that schools and school teachers understand. You recognize that if we intervene early in someone's life, we can set them up for a very positive life course trajectory. In other words, they will do really well for the rest of their lives if they start out in a healthy, successful manner.

On the other hand, if we do not engage in those behaviors early on and help people start out well, they can be destined to trouble for many, many years. That is a key theme when it comes to addiction. When we think about it, it is not just biology but it's a combination of our own internal tendencies whether that is genetic or biologically based in combination with the environment, what kind of neighborhood we live in, how our parents operate, what kind of siblings we have, what kind of teachers we have all make a difference in whether somebody turns out to have addiction or turns out to go in a much more positive direction.

Now, our work in this area is summarized in a series of publications available on our website, but in particular, I highlight for you our publication on preventing drug use for children and adolescents because it reminds us of some of the basic principles that are important in setting children on a positive life course trajectory. Here is an example of one that I will use. We will have a couple examples to illustrate some of the basic principles of a life course perspective. This is an intervention that sent community nurses into the homes of mothers who were pregnant and then when they first had their newborns, in the first two years of life. The nurses were there only a few times but it turns out by sending nurses in to help give mothers advice and support and solve some of the problems they may have with newborns and during pregnancy and then when they had newborns at home, that those children are set on a much more positive life course. How do we know that? We know that by looking at the studies of it.

Here is an example of how the children were doing 12 years into the course of this study. The intervention was between ages zero and two but the outcomes were measured 10 years later. By age 12, the children that had nurses come into their homes were much less likely to be using substances. They were much less likely to have depression and/or anxiety. They were doing better in school. Even the mothers were doing better and were less likely themselves to be abusing substances. This tells us that by intervening early, we can really set children on a positive long-term life course trajectory.

Here is another example of how something that focuses on family bonding can have an impact on school performance. This is an intervention during sixth grade. They started out with teaching families. It's an intervention called the Strengthening Families Program and it is an afterschool universal prevention intervention. Those who participated in the intervention were much more likely to experience positive parenting, the parents did a better job, and the students were less likely to have a risky substance use even a year or two after the intervention. Their school engagement was increased over time and, indeed, even several years later, their academic performance was improved. This tells us that something that might start out as a drug abuse prevention could even have crossover effects to help school performance. Children's behavior is interlinked with one another, so when we help them in one area of their life, it often helps them in many other areas as well.

You have already heard mention of the scourge of the overdose epidemic in our country. This is just a map that shows you the increases that every single part of our country has experienced in terms of drug overdose deaths. Most recent data show that there were over 63,000 deaths in 2016, the vast majority of those from the prescription and illicit opioids. What I highlight for you is that this epidemic started with overprescribing of opioids that were then sometimes shared beyond the person to whom they were prescribed with other people. That is sort of a key bit of information that a doctor may write a prescription to one person but they frequently will share it with others in their family or social network.

That has been the major issue. We see that the prescription drugs were the problem up to around 2010 or 2011. Heroin has been causing increasing numbers of deaths and then in the last two or three years, we have seen the emergence in the illegal drug markets of fentanyl produced in China at very low cost and then sold for a phenomenal amount of money on the street pretending to be heroin or pretending to be pills. So counterfeit drugs in the illegal markets are now the poison that's killing so many people around the country.

Now, I highlighted for you that when we think about the prescription drugs, the source is not just your own prescription. We know this from survey data. This is data

coming from an annual survey of teenagers conducted in public and private schools every year in the United States. They asked the kids that misused their pills, so these are kids that are abusing the prescription painkillers that they may have, where did you get them? I as a physician thought they're getting them from their own prescription and indeed that is true. A significant number, about 40% percent do get them from their own prescription but they also get them by buying them from their friends or relatives or being given by their friends or relatives. It turns out that someone else's prescription is the source of these abused medications all too commonly. That is why we're trying to get doctors not to write as large a prescription and to make them less likely to be shared.

We also know that medical exposure can be a risk. In the same survey of high school seniors, they found out what kids were prescribed painkillers either for a sports injury or for their wisdom tooth removal and those that had opioids during their high school year were at increased risk of abusing these substances, of misusing these opioids four or five years later. The medical exposure may not be such a safe thing for kids. Of course, we want doctors to have it available for serious medical problems and during surgery, but it is quite clear that unnecessary exposure can have a number of dangerous consequences. That is number one, thinking about how we can change prescribing patterns to make our community safer.

Another way, important issue for schools is what happens if somebody has overdosed on school grounds or in the families of some of your students? We are fortunate that there are now two readily administered versions of a life-saving medication. This is a medication that reverses the effects of the opioids. If you have an opioid overdose, that means you stop breathing. Opioids have such an impact on our brains that not only do you fall asleep but it actually suppresses the natural ability to breathe. So people have what is called respiratory depression or a complete absence of breathing. That is what kills you in an overdose.

If we block the opioid effects with his opioid blocking agent and the antagonist, Naloxone, they wake up. It actually puts them in withdrawal. It blocks the receptor so much they feel quite unhappy and miserable. But they are unhappy and

miserable but they're awake and alive. So it is a remarkable medication. Of course in medical settings, we can use an injection form of this medication. For use in field settings, that means by family, by schoolteachers, by police officers and others without medical training, it is really helpful that we now have a nasal spray that works just as well as the injection form and also an auto-injector. So these are ways that these medications have been changed and reformulated so they can be readily administered even if an overdose takes place at a school, a library, or on a street corner. If somebody has this medication available to them, they can save a life.

We have talked about preventing the onset of these problems a little bit by changing prescribing patterns. I have talked about saving lives acutely by administering Narcan or Naloxone to wake people up when they have overdosed. The other major component to address this crisis has related to wider availability of medications to treat the underlying addiction. We are lucky that we have medications that can successfully help people recover from opioid addiction. The problem is many patients do not take them and many communities do not offer these medications. That is one of the challenges we are addressing from a research perspective, how can we set up systems of care to provide these life-saving treatments for opioid addiction more readily.

I'm going to come back to the main theme I started with which is prevention can have a long-term impact. When we do successful drug abuse prevention or mental health prevention of young children, it can have a long-term impact on these individuals. Some of the studies that have shown in impact on the opioid crisis relate to family interventions with middle school kids. This is what I have illustrated for you are the comparison of participants in this middle school family program compared to those that do not participate. The blue bars are those that got the middle school intervention, the red bars are those who did not. It shows that those who participated in middle school, even seven, eight, nine years later, were much less likely to be misusing prescription opioids. I think that is pretty remarkable that a short-term afterschool intervention that targets families of teenagers, so parents and their children, can have a long-lasting effect. So it can provide a protective

shield to reduce the onset of all sorts of substances, including prescription drug misuse.

I think this is something we have overlooked in our approach to addressing the opioid crisis and schools are frequently the setting for these programs, so that is why I highlight it for you. Programs like LifeSkills Training and the Strengthening Families Program 10-14 can be a crucial tool in helping communities prevent these problems among youth in their population. We see that this has been true now in several studies, the study I just showed you. This is also true in a large-scale project taking place in Iowa and Pennsylvania, in many, many communities across those two States. A benefit is it influences not just prescription drug use but also helps kids across a range of health-risking behaviors whether it is substance use or deliberate behavior and may help their school performance as well. These are kind of all-purpose prevention interventions that can help with a variety of significant outcomes. These interventions can be cost-effective. That is another major theme is that by investing in children during their middle school years, we can have a lasting impact on their outcomes and really help the communities save money in the long run.

Now, what are we seeing in terms of national rates of substance use by teens? The good news is that fewer teenagers are going down that pathway of using prescription opioids. The numbers using prescription opioids, this is referred to as narcotics other than heroin, have dropped from around 10% to be under 5%. I still think 4% or 5% of high school seniors taking these medications to get high is way too many kids putting their lives at risk but I am glad the numbers are trending downward as more and more kids are beginning to get that message that these are dangerous substances that they need to stay away from. We certainly have seen that message coming across with heroin where the numbers dropped from around 2% down to well under 1% among eighth, tenth, and twelfth graders in our national survey. So we are getting the message across generally although for high-risk youth, there's still way too many kids putting their life at risk and in danger.

Now, what I have highlighted for you is how human development and understanding of the long-term trajectories of the youth can really provide a background for how prevention interventions may work. Now, if we're successful in setting a child on a positive life course whether that is by working with their moms when they are newborns, by working with their teachers when they are first entering school with programs like the Good Behavior Game or working with afterschool programs like the Strengthening Families Program for 10 to 14 year olds, SFP 10-14 in middle school, the kids can really be protected from a variety of terrible outcomes. This really reminds us that what teachers know very well and by helping kids when they are growing and developing, we can set them on positive life course and help their outcomes over the long haul.

This is some of the ways that we are trying to address this issue from a national perspective. I'm very glad to be with you and take any questions you may have.

Tim Duffey: Thank you, Wilson. We do have questions coming in. I encourage folks to enter those into the chat pod so that we have them and again, even if we are not able to get to them all today, we will make every effort to respond to them and post them following the event.

Wilson Compton: Do you want me to read the questions out loud and then answer a couple of them?

Tim Duffey: Yes. That would be great, Wilson. If you prefer to do that, sure.

Wilson Compton: Yes, sure. It is easy for me to do because I can see them. How often do people overdose on school grounds? Any numbers on this problem? I'm not aware of any data that tells us how many overdoses have been seen on school grounds. What I will suggest to you is that we have seen overdoses less among students and probably more among visitors or even amongst staff in a school might be where I would be most concerned about it. The good news is that the overdose antagonists, Naloxone that I described to you, has very few side effects, is not in and of itself a restricted or controlled substance. So there is no reason it cannot be administered wherever somebody has overdosed. We even hear stories about libraries being a

location where overdoses have been seen partly because homeless, high-risk individuals sometimes use the library facilities. I do not know how many in school.

Has there been discussion about having Narcan available in schools? Absolutely. We certainly have had that discussion and we would encourage that. The Surgeon General of the United States just encouraged every individual of the United States to consider having Naloxone available so they can save lives.

What are the research-based prevention programs for middle schools? There are a number 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. I would highlight for you the two that I mentioned that are specifically proven to have an impact on opioids would be the Strengthening Families Program 10-14 and LifeSkills Training. Those are pretty well-known programs, LifeSkills Training typically during classroom setting and Strengthening Families typically in an afterschool training with parents and youth.

How are schools using ACEs research to improve trauma-informed approaches? I think this is an emerging area of research and practice. Not everyone is familiar with the ACEs, the Adverse Childhood Experiences, a very famous study that reminded us that early childhood traumas set kids up for a whole host of problems as they grow and develop. It is another way that we understand that the long-term trajectories are influenced by early childhood environment. Making sure that you are aware of your children, your student's background, can influence the way you may guide their classroom experience, whether a child needs an individual educational plan or other services in terms of after school. I encourage you to take a look at some of the family-based interventions that are available on the NIDA website, for example.

Okay, a concern I have heard are those who have been given Narcan can be very competitive and aggressive. Is this true? It is true that when you wake somebody up from an overdose, they may be in withdrawal. 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, they have an upset stomach. It is like having a mild or sometimes 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 medical help sent just as quickly as possible so you will not be handling this alone but will have the appropriate professional support to back you up.

All medications at our school has to be prescribed by a doctor. We can't even get Tylenol or Motrin. How can we give Naloxone? I think that is something for your school to wrestle with and to consider. As a physician, one of the things I am pleased with is that this is a medication that has few side effects. It does not have none but I do understand this. We are giving it to family members, friends to administer so I would think it may be appropriate for schools to consider. All right, I think I am done.

Tim Duffey: Great. Thank you, Wilson. Thank you so much. I know you may have conflicts you need to run to but if not, we'll invite you to be also part of the Q&A after the next two segments. Excellent questions coming in.

Wilson Compton: I do have to run.

Tim Duffey: Okay. So we will get the questions to you or...

Wilson Compton: I'll be happy to try to answer questions later.

Tim Duffey: Great. Thank you so much for that. We really appreciate your content today. Thank you for providing that important info. Obviously, this is a high interest topic and people have a lot of really important questions. Thanks again, Wilson, for that.

Our second speaker today will offer a State perspective and that speaker is Reginald Burke who is Director of Youth Development Branch at Maryland Department of Education. He also serves as the Education Branch Lead on the Governor's Opioid Operational Command Center which you will learn more about through his presentation. During his 22 years as an educator including 12 years as a principal and assistant principal in the District of Columbia Public Schools, Reginald assisted with developing effective programs and strategies to meet the academic and social

and emotional needs of students. Again, a more complete version of Reggie's bio is available in the download file section if you're interested. Reggie, let me get this turned over to you.

Reginald Burke: All right. Thank you, Tim. Thanks everybody for joining our webinar this afternoon. Here in the State of Maryland, we have a number of initiatives and strategies to address the heroin and opioid epidemic. I want to talk with you a little bit this afternoon to give you an overview of the programs and strategies that have taken place both at the State level and also in our 24 local school systems.

In 2017, as part of the Governor Hogan's heroin and opioid initiative, the Opioid Operational Command Center was formed. I know the name in itself sounds like a physical location but it is really more of a coordinating body of local, State, and federal agencies that really have come to the table together to address the opioid crisis. The goals of the OCCC is really to develop operational strategies, to continue developing and implementing the recommendation of the governor's Heroin and Opioid Emergency Taskforce. Part of our task is to collect, analyze, and facilitate the sharing of data relevant to the epidemic from state and local sources. Also in February of last year, Governor Hogan declared a state of emergency in Maryland and allocated \$50 million over the next five years to address the heroin and opioid epidemic.

The Maryland Emergency Management Agency which basically is Maryland's FEMA provides direct oversight of the Opioid Operational Command Center. It is kind of interesting and unique because the way they run the command center is pretty much the same way that they would run any kind of situation if we had a natural disaster such as a hurricane or tornado. We have objectives and measurable objectives that we have to meet on a monthly basis and we come together every couple of weeks and we discuss and collaborate and figure out best ways that we can address the heroin and opioid epidemic in our State.

The chart you see here comes from the Maryland's Department of Health and it is what's called a fatality report. This is the data from 2016. The data for 2017 will be released in a couple of months, but if you just take a look at the data, the first thing

you will see is if you look at the data, it goes from 2007 through 2016. If you follow the 10 bar across the middle of the chart, you can see how the number of opioid-related deaths have increased in our State over the years. You can see in 2007, we had 815. In 2016, we had over 2,000 opioid-related deaths in our State. So you can see that is alarming. Also, if you look at the changes even from 2015 to 2016, it is a very large spike from 1,259 in 2015 to again over 2,000 in 2016.

Looking at that data, what you will see is that the number of opioid-related deaths increased by 70%, which is huge just in one year and in six years between 2010 and 2016, the number of deaths has quadrupled. One of the things we also see in the data is 89% of the intoxication deaths in Maryland were opioid-related. The way our State defined opioid-related deaths, these are deaths that are related to heroin, prescription opioids of course, and non-pharmaceutical fentanyl.

The data also shows that between 2015 and 2016, the number of heroin related deaths increased by 62%. You can see the numbers there. Also, the number of prescription opioid-related deaths increased by 19% and many of those deaths occurred with a combination of heroin or fentanyl. Now, we do have some preliminary data that we have looked at for 2017 and one of the things that the data shows are that it looks like we are going to surpass our numbers from 2016 in the number of opioid-related deaths. There is a little light shining there which I guess is a good thing and that is the number of prescription deaths it looks like in our State is going to decrease. However, unfortunately, the number of deaths by synthetic opioids is going to increase by the end of - when we get the report in a couple of months that shows the data at the end of 2017.

Also in 2017, the Start Talking Maryland Act was a legislation that directly addressed the opioid crisis in Maryland. It had a number of mandates that the Maryland Department of Education was responsible for, including developing a workgroup to identify programs and services that are currently taking place in our 24 local school systems. Now, the MSDE launched a survey. In our survey, we found a lot of interesting programs and I want to be able to share those programs with you now. One of the things that we asked in the survey, we wanted to know how these

programs were being used, were they used as a prevention, as an intervention, or as a postvention. As you can probably imagine, most of the programs that were run in our schools basically fell under the prevention tier. We did have a number of programs that actually fell under both tiers. For example, they may have been used as a prevention as well as an intervention program.

So in the prevention practices, these are some of the programs that we have listed. This is not all of them, just a sample of some of them that were captured. The DARE Program, many of you may know the DARE Program. This has been around for a long time and it really started out as a partnership between the Los Angeles Police Department and the LA Public Schools. The idea of this program was pretty simple. It basically had officers, police officers, who would go in to schools and talking to kids, boosting their self-esteem so that they can resist the temptation to use drugs. DARE is still around. It has been revamped over the last couple of years and we do have several of our school systems here in Maryland utilizing the DARE program.

The LifeSkills or the Botvin LifeSkills Program is a program that Dr. Compton alluded to earlier. It is a research-validated substance abuse prevention program, proven to reduce the risk of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance abuse and other risky behaviors. This program is ideal because it teaches students the necessary skills to resist social peer pressure to smoke, drink, or use drugs and it really helps students to develop a greater self-esteem and self-confidence. Often it is listed as a model or exemplary program by the U.S. Department of Education and also the Center for Substance Abuse Prevention.

Smart Choices, Smart Moves is another program we have listed here. This program actually contains a school kit that enables middle school and high school students to raise awareness of prescription drugs through school assemblies, lesson plans, and year-round activities. Continuing on with the prevention programs, another program that was highlighted and captured in our survey was the Gateway Prevention and Intervention Programs, very similar to the DARE Program where it uses law enforcement officials who go into high schools and educate students on

drugs and alcohol and it is currently being used in 12 of our high schools throughout the state.

The Operation Prevention Program is a fairly new program and it is actually a partnership between the Drug Enforcement Agency and Discovery Education. They basically have joined forces to combat a growing epidemic of prescription opioid misuse and heroin use nationwide. The mission of this program is it educates students about the true impacts of opioids and really to kickstart those life-saving conversations not only in the home but also in the classroom.

In addition to evidence-based prevention practices and programs, we also have a number of other things that our school systems are doing. There has been a lot of school assemblies this year to address the heroin and opioid epidemic, to provide a lot of information to our students and our staff at both the grade level and school-wide. We have had a number of school systems throughout their high school theater departments put on plays that have addressed the heroin and opioid crisis, and several of these plays have traveled and performed in other schools within their county.

I think that is a very powerful message. Any time that you can have high school students presenting the material to middle school and elementary school students is a very powerful message. We also have had a number of videos and documentaries made here in Maryland to address the opioid epidemic. One that was made that a number of school systems is using, it's called the Before It's Too Late video. It's showed followed by a discussion of former and recovering addicts in a panel-type discussion.

Some of the intervention and postvention practices that we see in Maryland, you have here on the slide, you can see Botvin again and as I mentioned earlier, some of these programs like Botvin is used as a prevention and intervention practice as well. Some of the other programs that you hear are more local-grown and a lot of it is really the school system developing partnerships with their local health department and community service providers to provide intervention and postvention practices. Continuing along with the postvention practices, you see some of the other

practices here. Again, a lot of this is with partnerships with the school system and the health department.

One of the provisions of the Start Talking Maryland Act that I mentioned earlier requires that all public schools obtain and store Naloxone or other overdose-reversing medication to be used in an emergency situation. The bill also requires that Maryland schools are required now to report any use of Naloxone or other overdose-reversing drugs in school to the MSDE every year.

Some of the other strategies that we have done here in Maryland, and part of this has to do again with the legislation, with the Start Talking Maryland Act, our offices have created an online module that's created for teachers. They may not necessarily have a background in health but we want them to be able to teach substance abuse, especially in our elementary schools. One of the other things we have been able to do is to disseminate information about the safe storage and disposal of drugs in the home and part of this is really coming from our partnership and collaboration with the Opioid Operational Command Center.

Not only have we been able to provide information on safe storage, but we have been able to provide information to our school systems on things like personal protective guidance when handling synthetic opioids. We have passed out information on a synthetic opioid that we have seen pop up in our State called carfentanil which is much stronger than fentanyl. We have had a couple of overdoses in our State. We're able to get that information to our schools and our families in real-time data. I think that really is one of the advantages of being a part of the Opioid Operational Command Center is that we get information in a timely manner and we are able to present that information to our schools and families.

Also with the OCCC, we are partnered with our law enforcement officers to support reducing the availability of prescription drugs by participating in drug awareness take back days. Actually, this Saturday is the National Drug Take Back Awareness Day and we have provided information to our schools and families. We are encouraging them to participate in this national event. In Maryland, every police barrack is a prescription drop-off location. These prescription drugs can be dropped

off at any time. It doesn't have to be at the National Drug Take Back Day again which is taking place this Saturday.

Here are just some MSDE resources. These are links to our webpage which contains videos and local and national resources. There are links to national hotlines. There are videos and one particular video I just wanted to point out, it describes how to administer Naloxone. I think that is very important because I know there has been some questions and folks have really been asking how is it that I administer Naloxone and can I administer Naloxone even though I may not have a health background. We also have a toolkit as part of our resources and that toolkit is really designed to share a wealth of resources and information to support and inform the work taking place in our schools and also to provide access to information that students, teachers, and parents can use.

That is my contact information on the screen. Tim, that is it.

Tim Duffey:

Thank you, Reggie, for helping us drill down into specific activities that are underway at the State level there in Maryland. Very much appreciate that. I will echo your suggestion that folks take a look at the toolkit. I looked through that in preparation for today's event. It's a superb document that you've created there in Maryland for folks. All of those resources are connected either – well, on the NCSSE website. Again, we will continue to provide that link to you in the chat function as well so you can go to that site and look at these various connections that the presenters are offering in addition to the links to them within the presentation itself.

Let's take a look next at what is happening at a local district level and to help us with that, we will move on to McKenzie Harrington-Bacote who is the administrator of the Laconia School District's Office of School Wellness and has worked in the Laconia School District for the last four years. Her work supports students, staff, and family in the areas of social and emotional, behavioral, mental, and physical health all the way from early childhood right through to high school graduation. McKenzie has a Master's of Education and is currently working on her Doctorate in Education.

She is very busy as well as a mother of three children. McKenzie, let me turn the floor over to you so we can see what you are up to in Laconia.

McKenzie Harrington

-Bacote: Thanks, Tim. Good afternoon, everyone. Thank you for joining us today. As educators, we know that schools are no longer only academic and athletic infrastructures. Schools are hubs for building college career and life-ready skills that include academic, behavioral, and civic responsibilities. Five years ago, during the 2013-2014 school year, the Laconia School District completed a comprehensive needs assessment, environmental scan, and gap analysis process. From this work, we identified many areas of need that were going unmet and it was from this work that my office came into existence. This slide right here just captures a snapshot of where we started at that time.

So during the environmental scan process, we identified a multitude of risk factors that our students and their families were experiencing. Most of the risk factors are not standalone factors. As you know, many of our students are experiencing a combination of these risk factors. Drug and alcohol misuse and addiction in particular serve as a catalyst for other risk factors such as poverty, homelessness, DCYF involvement which is the Division for Children, Youth, and Families here in New Hampshire, transients and parental incarceration. JJS on this slide is referring to our juvenile justice system.

In 2015, students attending Laconia high school here which were presented by LHS in the column on this slide, completed the youth risk behavior survey. This survey is completed across the country by high schools and it's not a report card of high schools but it's a reflection of community perceptions and behaviors. Our YRBS results showed higher drug and alcohol use as well as the perception of easy access to the substances among our students as compared to all the students in the State of New Hampshire. On this slide, I have highlighted some of the data points but essentially, all of our high schools 2015 YRBS data were above the region and the State of New Hampshire for all indicators related to drugs and alcohol.

This information was at the same startling yet not unexpected for us based on the information we had pulled together in the year prior during the time when we were doing our needs assessment and environmental scan process. We knew that we had significant drug issues in our community, specifically opioid use. Of note from this survey data here on your screen, you will see that really for us what's concerning was the use of synthetic marijuana, marijuana, prescription drugs, and consumption of alcohol, and the perception of easy access to prescription drugs.

The data in this chart here is from the Laconia Police Department and the fire department. I do want to point out at this time we do not have a local policy that allows Narcan onsite for emergency use in our schools. However, there are some districts in New Hampshire that do. The Laconia Police, they also do not carry Narcan in their cruisers nor are they proponents of having it in our schools or having it onsite. They believe as does the school district that our EMTs are close enough to assist if Narcan is needed. You can see in 2015, or communitywide issue with overdoses from opioids resulted in 10 fatalities just here in Laconia. These fatalities have touched many poor students' lives as the consecutive year fatalities have as well.

To illustrate just one example of the impact that these deaths have had on our students, I will share a story with you of an elementary kid who is in our district right now in kindergarten whose father passed away from a fatal overdose. This child was three years old at the time and was in his father's arms when his father fatally overdosed. That child is in kindergarten right now. This child also has a sibling very close in age who was also in the home when this happened. Additionally, there was a separate child not related to this family but in the home at the time, asleep upstairs in the house when the fatal overdose occurred. All three of these children attend the same elementary school in our district. I'm going to return to that story in a minute but I also want to point out that the number of overdoses and Narcan administrations doubled from 2016 to 2017, making the work in our schools to combat the opioid crisis all the more critical for us.

Our districts began approaching prevention in the 2014-2015 school year through the lens of all dimensions of wellness for students. Essentially, our prevention model is a holistic systems prevention approach. We are really looking to build hope and resiliency in our students and for us, targeting and focusing on healthy relationships is a huge component of this district-wide. We have intentionally focused on all areas of wellness for our students because as an example, we know that when a person is emotionally well, they exhibit a positive attitude, optimistic outlook toward life, high self-esteem, self-respect, a balance between emotional states, an ability to cope with life changes, and ability to participate in positive interpersonal relationships. Another example is when a school is environmentally well, it exhibits shared norms, values, and expectations, a culture of respect, positive relationships between students, families, and educators and a shared commitment to the operations of the school in the care of the physical environment.

For more information on the way in which we approach our work to the dimensions of wellness, I have included a link here at the bottom of this slide to the New Hampshire Department of Education's Office of Student Wellness where you can find more information on this.

To address the environmental wellness component in our district, we decided to implement multi-tiered systems of support or MTSS. We did so because all of the research shows that all students benefit from instruction, consistent expectations and procedures, some students need a little extra support to be successful, and a few students need individual and intensive support to be successful. We refer to these as Tier 1 which is the green zone, Tier 2 the yellow zone, Tier 3 is the red zone. We use this MTSS framework as a way to systematize all of our supports and services, including academic, behavior, social and emotional and mental health support in our buildings to ensure that our students are not just college and career-ready but also life-ready.

Over the last four years, New Hampshire has developed what we call a MTSS for behavioral health and wellness or MTSS-B. Laconia is one of numerous school districts who have been pioneering this work in conjunction with the New

Hampshire Department of Education, Antioch University, the University of New Hampshire's Institute on Disability and the New Hampshire Center for Effective Behavioral Interventions and Support. This framework that we have developed blends essentially PBIS, social emotional learning, the Interconnected Systems Framework which focuses on mental health in schools, trauma-sensitive schools, and also responsive classrooms in our elementary schools. I did see a question about the ACEs research earlier. ACEs refers to adverse childhood experiences and we have really looked to that research to inform a lot of our work as we move forward in that area.

Here is an example on this slide of how mental health is embedded in our MTSS-B framework here in Laconia. For students at Tier 1, we emphasize prevention education, Tier 2, small group interventions and counseling, Tier 3, intensive supports received on site, individualized counseling and therapy. Then you'll see here on the right-hand side our MTSS framework for families mirrors the work for students with prevention, group support, and individual work as well. Since the 13-14 school year, Laconia has implemented all of these new positions across our district based on the needs that we had identified. These positions have been critical in her ability to implement our support and services for their students and their families who are experiencing trauma, opioid-related issues, and many of the other risk factors that I noted in the beginning of the presentation.

As I go through the next few slides, you will see that I have embedded links for you so that you can find information on any of the things we are doing here. This is some of the prevention work that we have been doing and found success with under our Tier 1 part of the framework. We do this in all of our schools and district-wide. PBIS, Botvin LifeSkills that the other presenters have also referred to, Project SUCCESS. I did see a question about middle and high school. Project SUCCESS directly supports our middle school and our high school students. We use mindfulness across the grades in our elementary schools right now.

This slide is a continuation of our Tier 1 preventions. We are doing trauma-sensitive schoolwork. Again, there is another link for more information that you can find on

that. We connect, this is a relationship-building program. This was developed in one of our elementary schools. It really was homegrown. It originally was a Tier 2 intervention but was remodeled to be used school-wide. The principals and teachers in this building, they really saw the value in the skills being provided in the Tier 2 groups and thought that it could be useful for all students as a prevention skill set that they are teaching their students. They literally redesigned their school day to accommodate this program. We do provide yoga in the elementary schools. Stand Up Sachems is youth-led substance misuse prevention group. It started at our high school and has now trickled down to our middle school. Then we focused heavily on prevention messaging and marketing across our district.

Here are some examples of group interventions. Again, you will see links embedded here so you can find this information. Coping Cats and Project SUCCESS is implemented at our middle school and our high school. We have multiple grief groups in every single school building and we break this down by grades, maybe K-2, 3-5 and this is a direct result of the opioid crisis. The child that I mentioned earlier in my presentation is a prime example of a student who's benefiting from involvement in a grief group at the elementary level as well as the support of a school social worker, school counselor, the mindfulness at Tier 1, and other supports and services.

This child and their sibling, they were both removed from their home by DCYF when their father fatally overdosed and put into foster care. They were only reunited with their mother right before entering kindergarten this school year. Their mother also struggles with opioid addiction and they were homeless as a result of this at the start of the year. They have periodically lived with their grandparents as a result. The social worker and school counselors worked hard to build a relationship with this mother. They do home visits. They have other meetings. Unfortunately at this time, the mother has relapsed. The third child I spoke of who was in the home at the time but not related also had their house raided by police later in time which led to parental incarceration and DCYF involvement for that child. So that child also was placed into foster care. This child also has recently been reunited with mom and is also benefiting from our Tier 2 group interventions that we provide.

Here you will see just some more interventions that we provide across all our schools. Each of the three students that I was just talking about as well as many other students in our buildings have an identified adult who connects with them on a daily, ongoing basis through our check-in and check-out programs that we are implementing in our buildings. This is an adult. It can be anyone, a counselor, a teacher, a secretary, a principal who has a strong personal relationship with that student and we work hard to maintain that.

Having our licensed alcohol and drug counselor onsite, that has just really been critical for us. We have students who self-refer at the middle and the high school to our counselor. We use a facilitated referral process for mental health counseling onsite for our middle school and our high school students so we do involve the parent in that. High fidelity wraparound is a youth and family-driven process that supports children and youth with significant emotional and behavioral challenges and their families. Then we have Renew here as well. This is a school transition planning and individualized wraparound process for youth emotional and behavioral challenges. We implement this at our high school and we have over 10 staff trained at the high school right now who are implementing this with students.

Here is a quick snapshot of just a couple of our community partners. We have many more than just this. The Family Resource Center, that is an example of a partner that provides sober parenting journey class for parents. Our mental health center who our social workers are referring other students and parents too as well. Stand Up Laconia, that is our grassroots coalition here in Laconia that works to confront the causes and consequences of substance misuse. They have been around for seven years. An example of how we partner with them, this past school year, they came onsite here in our elementary school conferences and provided lockboxes to parents at no cost to them.

Our police department, we have one fulltime police officer whose role is prevention enforcement and treatment coordinator. This position was the first of its kind in New England. We provide professional development on an ongoing annual basis for our staff. For sustainability, we have invested in having key staff become certified

trainers in quite a few of these professional development areas. These are not one-and-done trainings that we do but they're supported throughout the year, during faculty meetings and professional learning community or PLC time for our staff, and in our overall strategic plan for the district.

A quick note is the recognition we cannot overlook the needs our staff in this work. It is just as critical that we support the wellness of our staff who we are asking and expecting to come in every day and go above and beyond academics for our students. They play the role of pseudo-caregivers and social workers whether or not they like it. So we offer all of this at no cost to combat the effects of secondary trauma or vicarious trauma and compassion fatigue.

So what have we seen over the last few years throughout our systems overhaul and prevention work? At this time, we have over 40 middle and high school students who receive individual one-on-one onsite counseling with our licensed alcohol and drug counselor. Approximately 20% of all our students receive Tier 2 groups across the district. We have 25 middle and high school students who receive individual onsite mental health counseling.

Our office discipline referrals district-wide have decreased by over 50% and we have completely eliminated in-school suspension at our high school. All of our fourth graders and all of our elementary schools receive Botvin LifeSkills in addition to DARE. We do project success at the middle and the high school. We've embedded that in our health curriculum so every student gets that. Again, we refer out our students and their families to any needed community supports that they have. We conduct home visits across the district. Prevention messaging is an ongoing process for us and we have invested heavily in that. Again, we have a strong partnership with our local Stand Up Laconia here.

You can also see here we have increased our school-based mental health support by 17.3% district wide. We have increased our family engagement, a big piece which is our home visits, that relationship-building piece with our social workers and other related staff from a baseline of 122 events to 363 this past school year. Again, we have reduced our office discipline referrals by 50% and significantly decreased our

suspensions. More time in school equals more onsite service access for our students and more time in class equals more academic gains for our students as well.

Here is a quick snapshot of our most recent youth risk behavior data as compared to our high school's youth risk behavior data in 2015. I have highlighted here quite a few areas in which we are moving in the direction that we are hoping to see. We know we still have far to go in the areas of prevention, intervention, and treatment in Laconia but we truly believe that we are moving in the right direction and as we continue to work with our community partners in this, we are going to keep charging ahead and doing this work that we are doing because for us, we have far too many of our students and their families who are being impacted by the opioid epidemic. Here's my contact information. If you have any questions, please do not hesitate to contact me about anything we're doing district-wide or in a particular school. I appreciate the opportunity to share this with you. Tim, thank you.

Tim Duffey:

Thank you, McKenzie. Both Reggie and McKenzie, kudos to you both for offering such great, detailed information about what you are doing at your State and local level to address this crisis. There are tons of questions rolling in. We clearly will not be able to address them all in the few minutes we have remaining before we close but I do have a couple that I have pulled out to ask. Some of these I think will be relevant to both of you as this first one in particular would be. The question is— Has anyone been looking at how school policies could help address this issue? This person who asked the question indicated that their school policy suspends kids for alcohol and drug interactions which they have a sense is not the best practice. McKenzie, would you want to tackle that one first then Reggie, see if you have anything to add to that after McKenzie.

McKenzie Harrington

-Bacote:

Sure. We definitely have been looking at our policies around these last couple of years. We have been really looking to rewrite our official policy but internal practices and procedures at our high school as an example, those have shifted so that now, we do have students who may have been suspended for a lengthier time in the past who now are referred to that licensed alcohol and drug counselor who

we do have onsite full time. Then they start seeing a counselor on an ongoing basis and that is part of taking that moment of discipline and turning it into a learning opportunity and to make sure that our kids are getting the intervention they need and the treatment they need. That is a great question and we absolutely are looking at that and have been making shifts because of that.

Tim Duffey: Great. Reggie, how about from the State level in Maryland? Anything to add?
[Pause] Reggie might be muted.

McKenzie Harrington

-Bacote: Can I just add, Tim, that any questions that anyone has that they might want to direct directly towards me, they can just pick up my email here, email me the question directly and I will get back to them.

Tim Duffey: Right. I think it is a great time to speak to two things about that. One is that contact information for McKenzie and Reggie are all included on the slide deck, so feel free to reach out. In addition, these great questions that have come in today will be routed through the presenters and we will make sure to get brief answers to them. That will again be posted to our website so you will have access to those and the archived version of this webinar will be there as well.

In addition here, the last two slides of the slide deck are a number of references that were offered and many of these were in Dr. Compton's section in the beginning, in the overview perspective. Recall again that on our website, there will be a host of other resources that each of the presenters recommended and referenced today. So those will be included there.

As we conclude today then, we have four feedback questions that we would invite all of you as participants to take the time to provide us some feedback on. They will show up in a moment. Before we go to that, I just want to acknowledge our presenters today. Superb job you have all done in helping us to take a look at this important issue and provide some really valuable and specific actions and strategies that are being employed.

It has been a vibrant discussion in the chat function as well. You all who have been on today are clearly invested and concerned about this issue. So my appreciation to all of you, both participants and presenters, for an excellent session. We have the resources and folks we need here I think to take this issue on headstrong, so appreciate all of you being there and doing what you do. Thank you very much for your participation and remember, there will be just four quick questions that Elena will post here momentarily and invite you to respond to them quickly so that we know how to better help you with similar content in the future. Thank you very much, everyone. Have a great day.

- End of Recording -