

COMMENTARY

The Opioid Crisis and Schools—A Commentary

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Ms. Brown, a high school teacher, notices that a student is nodding off in class and no longer turns in homework on time. She asks the student in private if he is all right. He tells her that last month he had a wisdom tooth extraction and started taking prescribed pain medication. When the teacher asks if she can talk with the school nurse, he discloses that his parents are not aware that he has continued to take pain medication, which he is now getting from a friend. Ms. Brown is unclear what to do, especially because the student has just turned 18.

Adolescents have an increased susceptibility for substance use due to a number of risk factors, ranging from genetic heritability, peer influences, adverse childhood experiences, and a low perceived risk of harm.¹⁻⁴ Around 1.3 million, or 5.1% of adolescents ages 12 to 17 need treatment for a substance use problem. Unfortunately, only 6.3% of those who needed treatment in 2015 were able to access specialized care.⁵ Many of these adolescents are actively using substances and struggling in school. According to the Youth Risk Behavior Survey, 21.7% of high school students have been offered, sold, or given an illegal drug on school premises in the last 12 months.⁶ The use of prescription opioids for nonmedical purposes has been increasing, with 12.4% of students endorsing a lifetime nonmedical use of these drugs.⁷ Approximately 20% of 12th grade students describe heroin as either “fairly easy” or “very easy” to obtain.³ Given the ongoing opioid crisis, school personnel should have an understanding of reasons for opioid use, signs of active use, existing screening tools, and how to respond effectively.

A common misconception is that teenagers are only “experimenting” when they use substances. However,

according to the Partnership Attitude Tracking Study, only 15% of adolescents reported that they misused prescription drugs to experiment. The majority of responses included to relax (15%), have fun (14%), feel good (12%), deal with stress at school (9%), and feel better about themselves (7%).⁸ Unsurprisingly, adolescents with problematic substance use have a greater occurrence of mental health problems and psychiatric diagnoses when compared to their counterparts. Opioid use in adolescents and young adults has a significant correlation with anxiety-related diagnoses, specifically generalized anxiety disorder.⁹ In addition, adolescents with a history of a major depressive episode are twice as likely to have used illicit substances in the past year when compared to youth with no history of depression (31.5 vs 15.3%).⁵ There is also an alarming link between the use of prescription opioids and a future transition to heroin, with 77.4% of heroin users starting with nonmedical use of opioids before trying heroin.^{10,11}

School staff need clear policies and protocols to navigate the challenging situation when a student is suspected or identified of abusing opioids. Teachers commonly feel unprepared to recognize the signs or symptoms of opioid intoxication or withdrawal, as well as how to deal with potential safety risks of opioid use such as an overdose. Staff are often apprehensive about how to transition and monitor students who have been in treatment for substance use. Problems from students’ substance use can overlap with an identified disability as labeled by the Individuals with Disabilities Educational Improvement Act 2004, creating uncertainty when handling discipline procedures and consequences.¹²

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Stigma surrounding the use of opioids may create barriers for students to seek help, teachers to approach students when concerned, and schools to promote constructive response efforts. School districts may encounter issues related to substance use and/or opioids in adolescents receiving individual education plan services.

Collaboration with substance use/mental health providers to create a clear plan that supports recovery in individuals diagnosed with a formal substance use disorder is essential. With signed consent, a caring action plan can be quickly implemented in the case of relapse. Students may be motivated to abstain from drugs because they want to participate in extracurricular activities including team sports. When school coaches and counselors work together with treatment providers who can monitor for signs of opioid use, the student has a better chance of maintaining abstinence.

Due to the increase in opioid use among students, it is imperative that teachers and school staff can recognize opioid use. Signs and symptoms of opioid use can include intoxication, which is characterized by an altered mental state of euphoria or confusion, sleepiness (which can include “nodding”), nausea and vomiting, constricted pupils, and even difficulty breathing. Opioids can be used orally, through insufflation (“snorting”), or by injection. Long-term signs of opioid use may include changes in the student’s social and academic functioning and evidence of opioid withdrawal if physically dependent. Weight loss, track marks, and signs of local infection can be visible in injection users. Track marks are the visible scarring/darkening along the vein at the site of injection and are typically located on a person’s forearms.

The CRAFFT screening tool is an additional measure for adolescent substance use. The tool is freely available online, and can be used by school nurses, teachers, and parents. The 6 question screen (<http://www.ceasar-boston.org/CRAFFT/screenCRAFFT.php>) is quick, relatively easy to administer and can be applied to opioid use.¹³

There is an ongoing debate about using drug screening in schools. Given differences in state and local legislation, the National Institute on Drug Abuse recommends seeking legal expertise before any district adopts these practices, whereas the American Academy of Pediatrics opposes the widespread implementation of drug screen testing in schools.^{14,15} Empirical evidence does not show a significant relationship between school drug testing and self-report of illicit substance use, or high school athletes’ drug use.¹⁶ Drug testing also has the potential of alienating students and may actually reduce the likelihood that they will seek help.

Treatment options for adolescents and young adults struggling with an opioid use disorder include psychosocial interventions as well as buprenorphine/naloxone (Suboxone) or naltrexone, which can be prescribed or administered in the office setting for opioid use. Buprenorphine is a partial opioid agonist, which helps to decrease cravings, minimize withdrawal, and promote ongoing abstinence. This medication reduces the potential for overdose and is approved by the Food and Drug Administration for adolescents and adults ages 16 and older.¹⁷ Naltrexone is an opioid antagonist, blocking the effects of opioids. Naltrexone is available in both daily oral formulation and a monthly injection. In some cases, an inpatient or residential program may be required. The American Society of Addiction Medicine has published multidimensional criteria for patient placement in different levels of care.¹⁸

When determining how to approach the opioid epidemic from a school perspective, it is important to consider confidentiality, medical safety, and stigma. School counselors and nurses may have discretion about whether to share information about students’ use of opioids, with safety and legal concerns taking precedence. According to the *Family Educational Rights and Privacy Act*, schools may inform parents if a student under the age of 21 has violated any law or policy concerning the use or possession of alcohol or a controlled substance.¹⁹ The school should have a clear policy on who contacts a parent, how to initiate a medical assessment, and how, if necessary, students should be searched for opioids on school grounds. It is helpful to have an identified person in the school who can be a resource to other staff and can respond to these crises. Many school personnel are mandated reporters; a decision to file a report with the Department of Children and Families (DCF) should be considered if an adolescent is not receiving adequate care for substance use that poses a potential threat to their safety. A psychosocial assessment of the student’s overall safety from DCF or the school social worker should be conducted.

Informing parents and teachers at the start of the year about policies, protocols, and possible scenarios that may arise can help prepare staff before a crisis. An amnesty policy focused on healthy interventions that are less punitive encourages students to reach out to adult support when concerned about their classmates. Opioid prevention committees can help promote awareness of the risks, encourage student involvement, and keep staff aware of potential opioid use in the school. Punitive policies for students identified with opioid use range from a suspension of extracurricular activities to expulsion. However, students who are struggling with substance use often already have poor school attendance, with treatment increasing their involvement in school curricula.²⁰

Suspensions may actually increase the use of certain substances when compared to more remedial policies.²¹ More progressive school programming integrates access to substance use treatment in the school, reducing potential barriers to care such as transportation and insurance requirements.²² Stigma continues to surround the use of opioids and can present as a barrier to those seeking help, even in emergent situations. The potential positive impact of de-stigmatizing substance use has been demonstrated in Portugal. Since the decriminalization of drugs in that country, the utilization of substance use treatment programs has increased, and drug use among adolescents ages 13-18 has declined for each substance category. Although this model may not be ideal for the United States, it emphasizes the important role of stigma in creating barriers to effective treatment.²³

Schools can educate students and their families about the risks of opioids, prevention, signs and symptoms of use, and how to intervene. Back-to-school orientations are ideal platforms to deliver this information. School-based health clinics can assess students who have a suspected problem with opioid use. Prevention strategies are crucial to reduce harm and mortality from the opioid epidemic. Evidence supports involving diverse members (such as school administrators, parents, and teachers) to discourage substance use.²⁴ Peer pledges and positive peer support to not use psychoactive substances,²⁵ also have been effective. Many local areas provide take back programs for safe disposal of opioid medication. Schools may want to participate or advertise these programs to signal an awareness of the epidemic.

Any student identified using opioids on school grounds is at potential risk of an overdose. In this event, safety precautions should be taken including a medical assessment of what type of opioid was ingested, the amount, and route of administration (ie, oral, intranasal, or by injection). In 2015, the National Association of School Nurses announced its support for the use of naloxone, the opioid overdose rescue medication in schools.²⁶ Naloxone can be compared to an EpiPen for allergic reactions but can be administered through a nasal spray or through injection. Delaware was one of the first states to employ this strategy in their public school system.²⁷ Schools should consider providing access to this potentially life-saving medication.

Ms. Brown was so alarmed about the information her student shared that she met with the school nurse. Although the student was 18, his disclosure of opioid use on school grounds prompted administration to call his parents. They were unaware of their son's drug use and were appropriately concerned. The school nurse facilitated transfer to the emergency room where the student was provided a mental health assessment and referral to specialized treatment services. He was not at acute risk of an overdose and was

allowed to go home with his parents. An agreement with his outpatient treatment team and the school, allowed the student to participate in extracurricular activities if he received ongoing care and was monitored for potential use.

Schools, as the safety net for students, are now asked to expand policies and support systems for students and families impacted by the opioid epidemic.

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