

Education Policy Responses to the Opioid Crisis

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Data indicates that more than 130 people are dying each day from opioid overdoses in the United States; in 2017 alone, this ongoing public health crisis claimed over 47,000 lives. Despite increased awareness and attention on this topic, the crisis has surged in recent years, as overdose deaths involving opioids were five times higher in 2017 than they were in 1999.

This crisis has both direct and indirect implications for students and education systems. Students who are living in the care of a parent or guardian struggling with an opioid use disorder may be at higher risk of experiencing trauma, school absences and behavior issues. As the crisis continues, more students are displaced from their homes — some are living with grandparents or entering foster care — which also affects their ability to consistently engage in the learning environment. According to the youth risk behavior survey, in 2017, 14% of high school students reported that they had ever misused prescription opioids. Students who misuse opioids themselves may struggle to succeed in school and are at risk for experiencing tragic outcomes, including overdose.

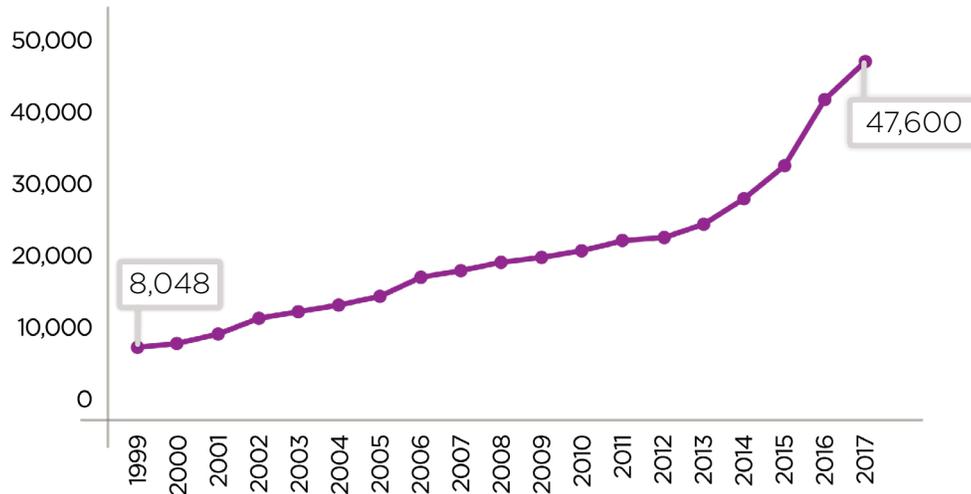
Health organizations have led the way in responding to this crisis for years, and education leaders are now searching for ways to support affected students and improve prevention efforts in schools. This brief explores the connection between education policy and the opioid crisis, provides examples of recent state policies and initiatives, and outlines considerations for education policy leaders.

State policies are shifting to include education on opioid misuse and to allow the use of opioid overdose reversal medication, such as naloxone, in schools.

Every day, more than 130 people die from opioid overdoses.

In 2017, the opioid crisis was declared a public health emergency by the United States Department of Health and Human Services.

National Drug Overdose Deaths Involving Any Opioid, 1999-2017



Source: [National Institute on Drug Abuse](#).

DEFINING TERMS

Opioid: A class of drugs that include prescription pain relievers, such as oxycodone, hydrocodone, codeine, morphine and others; synthetic opioids, such as fentanyl; and the illegal drug heroin.

Naloxone: A fast-acting drug that is administered to reverse an opioid overdose. This medication is one type of opioid antagonist and is often administered in emergency situations in the form of an inhaler or injection.

State Policy Responses

While the health sector has been working to address the opioid crisis by improving prevention efforts and increasing access to quality treatment and recovery services, education policy leaders are adding to these efforts by making legislative changes and instituting state-level initiatives. Generally, state-level initiatives aim to support education and prevention efforts on the ground, while state legislative responses in recent years address one or both of the following:

- Opioid misuse education in school curriculum.
- Possession and administration of naloxone by school personnel.

Recent State Legislation

[Most states](#) include some form of alcohol and drug abuse education in their middle and high school health education curricula. In response to the opioid crisis, several states have added specific requirements for opioid misuse education, including:

- [Texas S.B. 435](#) (2019) tasks the local school health advisory council with recommending curriculum that includes opioid addiction and abuse and methods for administering an opioid antagonist.
- [Virginia H.B. 1532](#) (2018) permits health education programs in public schools to include age-appropriate instruction on the safe use and risks of abuse of prescription drugs, including opioids.

The program must be consistent with curriculum guidelines developed by the board of education and approved by the state board of health.

- [Maryland H.B. 1082](#) (2017) requires the state board of education to include opioid addiction and prevention education in public school health instruction for certain grades. This bill also includes provisions requiring public schools to store naloxone.
- [Michigan H.B. 4407](#) (2017) requires the department of education to include opioid abuse instruction in state health education standards. The department must make available a model program — with instruction on the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs — based on the recommendations from the prescription drug and opioid abuse commission.

All 50 states and the District of Columbia [allow specific medical personnel](#) to administer naloxone, and the U.S. Department of Health and Human Services [suggests](#) making naloxone accessible to first responders and the general public via prescription. States are moving to allow or require school personnel to obtain and administer naloxone. Often, these bills include training requirements and legal protections for those administering the drug. In 2019, at least four states enacted bills to expand naloxone access in schools.

- [Minnesota H.F. 400](#) (2019) allows school nurses or certified public health nurses employed by the school board to administer opioid antagonists. This bill also establishes the opiate epidemic response advisory council.
- [Oregon S.B. 665](#) (2019) directs the state board of education to adopt rules for administering naloxone and requires school district boards to adopt policies and procedures for administering naloxone on school premises. Trained school personnel are provided immunity from criminal action for civil damages related to naloxone administration.
- [South Dakota S.B. 84](#) (2019) authorizes school district and nonpublic school governing boards to acquire opioid antagonists, allows trained personnel to possess and administer opioid antagonists on school premises, and outlines legal protections. School personnel must be trained on overdose symptoms; proper administration of an opioid antagonist; adverse responses to opioid antagonists and stabilization methods if adverse responses occur; and procedures for transporting, storing and securing an opioid antagonist.
- [Washington S.B. 5380](#) (2019) authorizes public high schools to obtain and maintain opioid overdose reversal medication and requires school districts with 2,000 or more students to obtain and maintain at least one set of opioid overdose reversal medication in each of its high schools. This bill also allows trained personnel to administer opioid overdose reversal medication on school premises and at school functions in certain cases, and outlines training requirements.

Recent Federal Action

In 2018, Congress passed the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act](#), which includes provisions to support education systems in providing trauma-informed care for students affected by the opioid crisis. The legislation [appropriates \\$50 million in grants](#) per year — evenly distributed among urban, rural, tribal and suburban areas — to help states and school districts increase evidence-based supports for students who have experienced trauma.

State Initiatives

On the ground, schools and districts have [various approaches](#) to supporting students through this crisis, and several states are focusing on complementing these approaches by assisting schools and districts as they implement programs within their own unique contexts.

- Beginning as a pilot program in **Massachusetts**, [Screening, Brief Intervention and Referral to Treatment in Schools](#) was mandated statewide via the [Substance Use, Treatment, Education and Prevention Act](#) in 2016. The state department of health runs this prevention program. Trained school staff — often school nurses or counselors — use screening tools to identify student substance use (including opioid use) before it becomes high-risk. These screenings take place once in middle school and once in high school and are followed by brief interventions or referrals to treatment for students at risk of misuse, when appropriate.
- The **New Hampshire** Department of Education provides support to various districts through its [Bureau of Student Wellness](#). The [Laconia School District](#) has implemented a Multi-Tiered System of Supports for Behavioral Health and Wellness (**MTSS-B**), in partnership 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. MTSS-B blends positive behavior interventions and supports; social and emotional learning; and the interconnected systems framework to address issues associated with the opioid crisis, including trauma, student behavior and mental health.
- **Ohio's** [Start Talking!](#) initiative includes several programs for preventing drug use among youth. The [5 Minutes for Life](#) program encourages communication about the dangers of drug use by inviting Ohio state troopers, National Guard members and local law enforcement officers to speak for five minutes with student leaders — who are then encouraged to present information on a drug-free lifestyle to their peers. Ohio was also one of the first states to pass legislation in 2014 requiring opioid use prevention education in health curriculum as part of [H.B. 367](#). The Start Talking! Initiative works to promote the use of the [Health and Opioid-Abuse Prevention Education Curriculum](#), which includes lesson plans, assessments, instructional materials, and teacher and school administrator guides.

Local Initiative Spotlight

Based in **West Virginia**, [The Martinsburg Initiative](#) is a school, community and law enforcement partnership focused on implementing a trauma-informed approach for those affected by the opioid crisis. The initiative is partially funded by federal grants and [offers various supports and services to schools](#), including mentors and mental health providers, after-school programs and other wraparound supports — such as home visits — for affected students.

Policy Considerations

In addition to improving education around opioid misuse and instituting prevention programs, there are several ways education policy leaders may support students affected by the opioid crisis. In the near term, addressing intersecting issues such as chronic absenteeism, student displacement, mental health and trauma may better enable affected students to engage in the learning environment. Education leaders may consider:

- Providing funding and support for wraparound services in schools and districts.
- Collaborating with state and local health departments and organizations to fill gaps in knowledge or service provision.
- Encouraging the incorporation of trauma-informed practices and positive behavior supports in schools, and ensuring appropriate training and support is available to school staff.
- Ensuring that schools and districts identify chronically absent students and provide access to transportation and support services.



About the Author



As a policy analyst, Alyssa focuses on various policy topics, including school climate and discipline, accountability and school improvement, and student health. Prior to joining Education Commission of the States, Alyssa earned a master's degree in international studies from the University of Denver and worked in public health policy. When Alyssa is not researching education policy trends, she can be found traveling, visiting her family or enjoying the Colorado mountains. Contact Alyssa at arafa@ecs.org or **303.299.3691**.