

Combating Opioid and Heroin Use and Abuse

BOARD OF REGENTS
JANUARY 9, 2017



Panel Discussion about Heroin & Opioid Abuse & Use in NYS

- ❖ Doug Lentivech, Deputy Commissioner, NYSED
- ❖ Renée Rider, Assistant Commissioner, NYSED
- ❖ Sharon Stancliff MD, Medical Director Harm Reduction Coalition (HRC)
- ❖ Erin Graupman, District Coordinator of Student Health Services, Rochester City School District (RCSD)
- ❖ Ann Rhodes, Director Hamilton-Fulton-Montgomery (HFM) Prevention Council
- ❖ John Sumpter, SUNY College Student

AGENDA

1. Overview of the NYSED's Guidance for Implementing Opioid Overdose Prevention Measures in Schools
2. Current Opioid Epidemic & Consequences (HRC)
3. Implementation of an Opioid Overdose Prevention Program in Schools (RCSD)
4. Community & Prevention Partnerships in Schools (HFM)
5. Experiences from a Youth Perspective (HFM)
6. Next Steps
7. Discussion: Questions & Answers

Legislative Framework for Opioid Overdose Prevention in NYS Schools

Public Health Laws

- Public Health Law Section 3309
- 10 NYCRR 80.138

NYS Education Laws and Guidelines

- Article 19 §922 School Health Services
- Article 131 §6527 Medicine
- Article 139 §6909 Nursing
- Education Law §922, as added by Section 4 of Part V of Chapter 57 of the Laws of 2015, was amended by Chapter 68 of the Laws of 2016 to include NYS public libraries as eligible participants in the opioid overdose prevention programs
- Education Law 6509-d provides protection from liability of professional misconduct who is licensed to practice a profession under Title Eight

School District Policy and Procedures

Education Law- Article 19 Section 922

Trained School Personnel May Administer An Opioid Antagonist

- Voluntary, not a mandate. Schools may elect to participate.
- Permits an opioid antagonist (i.e., naloxone) use on-site for emergencies in public and nonpublic schools.
- Ensures access during emergencies for students or personnel having opioid overdose symptoms.
- School nurses and licensed professionals may administer within their professional practices pursuant to a patient non-specific order.
- Employees who volunteer to be trained must complete the training approved by the NYSDOH pursuant to section 3309 of Public Health Law for Opioid Overdose Prevention.

Administration of Naloxone in School Settings Option Chart

Prior to participation in an opioid overdose prevention program and providing an opioid antagonist in a school, district boards of education and school governing bodies should develop policies consistent with the laws and regulations of New York State.

All options should include communication with those providing health oversight to the school/school district.

Note: Education Law permits NYS school districts, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools to participate in NYSDOH opioid overdose prevention programs. Therefore, these groups will be generally referenced under school/school district.

	Options for Non-Patient Administration of Naloxone	Non-Patient Specific Order Is Issued By:	Opioid Antagonist (Naloxone) Available free from NYSDOH	Volunteer School Personnel Training	Volunteer School Personnel Administration of Naloxone	School Nurses (RN) Administration of Naloxone
Option 1	School/school district registers with the NYSDOH to operate a NYSDOH Opioid Overdose Prevention Program; School Medical Director required	School Medical Director Only	Yes	To be trained using the NYSDOH-NYSED approved training program	May administer to students or staff on-site at school who exhibit signs of overdose	RNs can only administer naloxone pursuant to a valid non-patient specific order and protocol issued by a licensed physician or NP
Option 2	School/school district allows school nurses to execute non-patient specific orders & protocols for administering opioid related overdose treatment to students and staff in school	School Medical Director or Licensed Physician or Certified Nurse Practitioner (NP)	No	Not applicable	Not applicable	May assign with proper training and on-site direction to Licensed Practical Nurses (LPNs) to administer
Option 3	The school/school district staff receives training as a participant in a NYSDOH Registered Opioid Overdose Prevention Program that is operated by another organization	Clinical Director of a NYSDOH Registered Opioid Overdose Prevention Program Note: An RN can only follow non-patient orders from a licensed physician or NP	Yes	To be trained using the NYSDOH-NYSED approved training program	May administer to students or staff on-site at school under a non-patient specific order	

PRACTICE NOTE: RNs and LPNs may administer an opioid overdose drug/treatment to a student that has a valid **patient specific** order prescribed by a duly licensed physician, physician assistant or nurse practitioner. Students at risk for opioid overdose may already have these orders in place.

This resource was created by the New York State Center for School Health and is available on the Opioid Overdose Prevention Toolkit and Resources Page at: www.schoolhealthny.com Updated 12/2016

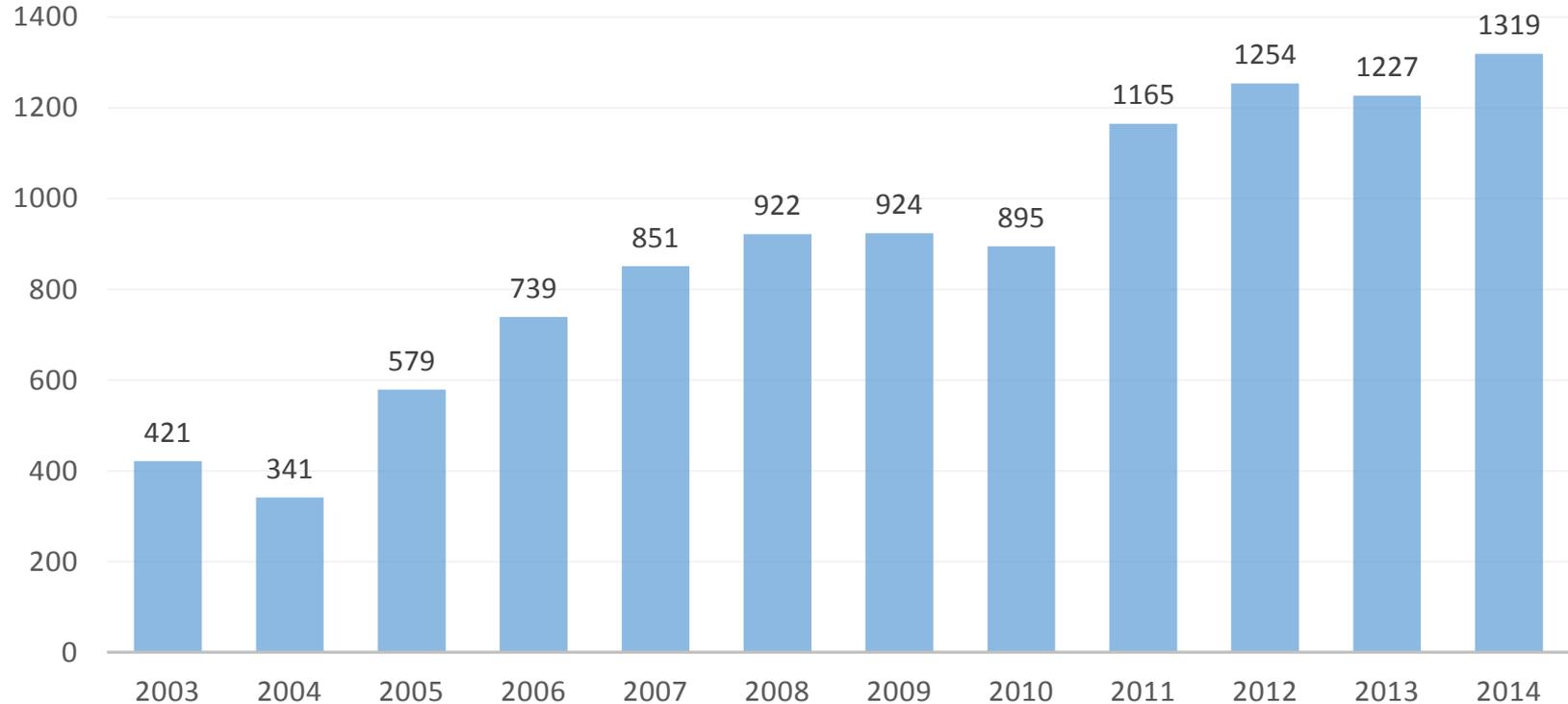
Current Opioid Overdose Epidemic Statistics

- Approximately 30,000 deaths nationally from opioid overdoses (prescription and illicit drugs) in 2015.
- Approximately 2,300 heroin or prescription opioid overdose deaths in 2014 in NYS.
- With over 21 million Americans with substance abuse disorders, the cost burden nationally is \$442 billion.
- Nearly 50% of new Syringe Exchange Program (SEP) enrollees in NYS outside of NYC are younger injectors.
- > 54% of approximately 2,400 naloxone administrations by law enforcement personnel are on persons under 30.

Data Sources: NYS OASAS and NYS Department of Health

Opioid-Related Deaths in NYS—2003-2014

Opioid-Related Deaths in NYS—2003-2014



LIMITATIONS OF THESE DATA SOURCES FROM THE NYSDOH

- Known underreporting
- Data only as good as certificates
- Variability among counties in thoroughness of tox screens and reporting

Schools/Districts Registered as Opioid Overdose Programs- Option 1

YEAR	District Registrations	Individual Schools
2015	12	56
2016	42	155
TOTAL	54	211

Types of Schools/Districts Registered as Opioid Overdose Programs – Option 1

Type of School/District	Number of Registrations	Number of Schools/Sites
Central School Districts	46	174
BOCES	6	35
Private Schools	2	2
TOTAL	54	211

Summary of Registered School Programs Through December 2016 By County

N = 29 Counties

Albany	Onondaga
Broome	Ontario
Cattaraugus	Orange
Chautauqua	Orleans
Delaware	Otsego
Erie	Saratoga
Essex	Seneca
Franklin	Suffolk
Fulton	Tioga
Genesee	Tompkins
Jefferson	Ulster
Kings	Wayne
Monroe	Westchester
Nassau	Yates
Niagara	

Implementation of an Opioid Overdose Prevention Program in Schools

- The Rochester City School District (RCSD) participates as a registered program in the NYS Opioid Overdose Prevention Program and has implemented Option 1.
- Naloxone is available in all RCSD high schools. RNs and LPNs may administer naloxone through a non-patient specific order written by the District Medical Director.
- The district has added the availability of naloxone to the RCSD board policy.
- Parents and staff were informed and educated.

Referrals and Resources for Students and Families

- Five High Schools have School Based Health Centers (SBHC) serving students in that school.
- Four Centers utilize SBIRT (Screening, Brief Intervention, and Referral to Treatment), which screens all students enrolled in the Centers.
- Referrals and/or therapy occur at the Centers.
- Depending on the severity of the abuse, Rochester City School District's support staff can provide referrals and resources to students and families.

Tracking Outcomes

- Rochester City School District administers their own Youth Risk Behavior Survey (YRBS) every two years to all high school students.
- The District is adding the delivery of this Survey to the Local Level District Wellness Policy to ensure implementation.
- Survey allows tracking of trends and awareness of students' behaviors on drug and alcohol usage.
- Survey has potential to implement data-driven decisions on guiding educational health programs beneficial to youth.

Community and Prevention Partnerships in Schools

- OASAS-funded Prevention Councils and Prevention Providers support substance abuse prevention efforts.
- The Hamilton, Fulton, and Montgomery Counties (HFM) Council serves these counties.
- The overarching goal is to stem the tide of the addiction and the opioid crisis by preventing young people from becoming addicted.

Prevention Partnerships Rendered

- Universal school-based prevention programs that are evidence-based are implemented in as many grades as possible (K through 12).
- The OASAS Youth Development Survey is completed in schools every two years in grades 7 -12.
- Identification of risk and protective factors.
- Assist prevention providers and schools in targeting effective interventions.

Continuous Improvement

- Evidence-based programs decrease substance use and increase school performance.
- School-based prevention programs are excellent opportunities to reach many students with inexpensive, effective curricula.
- Partnerships between schools and Community Prevention Councils or Prevention Providers that bring substance abuse prevention programs and Youth Development Surveys to their schools are critical.

Protective Factors That Promote Healthy Youth Development

Community

1. Community Opportunities for Prosocial Involvement
2. Community Rewards for Prosocial Involvement

Family

3. Family Opportunities for Prosocial Involvement
4. Family Rewards for Prosocial Involvement
5. Family Attachment

School

6. School Opportunities for Prosocial Involvement
7. School Rewards for Prosocial Involvement

Individual & Peer

8. Social Skills
9. Belief in the Moral Order
10. Religiosity
11. Prosocial Involvement

Research Findings:

- All Risk and Protective factors from the research predict youth substance use and the other problem behaviors.
- Research from Univ. of Washington, Social Development Research Group provides evidence that the Risk and Protective factor scores also predict statewide standardized academic test scores at the school district level.
 - **Risk factors** increase the probability of problem behaviors.
 - **Protective factors** decrease the probability of problem behaviors.

Why Evidenced-Based Substance Abuse Prevention Programs?

Associated Outcomes:

- 50 to 90% reduction in disruptive behaviors in the classroom, hallways, and other school settings
- 30 to 60% reduction in behavioral referrals, suspensions, or expulsions
- Up to 25% more time for teaching and learning
- 20 to 50% increase in number of children being fully engaged in learning
- Significant increases on students' reading benchmark scores
- 10 to 30% reduction in special education referrals
- Life-time decreased reliance on public services
- Reduction in teacher stress level and teacher turnover
- 50% reduction in the use of drugs over a child's lifetime
- Decrease prevalence and incidence of opioid use

Why Evidenced-Based Substance Abuse Prevention Programs?

Current Delivery Model:

- OASAS has 260 substance abuse prevention providers.
- 85% of substance abuse prevention services are delivered in the schools.
- 25% of schools receive substance abuse prevention curricula support from providers.
- 250,000 students access an EBP curricula-based program annually (about 8% of total NYS student enrollment).

The Power of Prevention

How Can Students Access Prevention Programming?

- Continue growing NYSED-OASAS-DOH partnership
- Consider options for teacher training
- Optimize prevention providers' access to schools
- Link to existing NYSED support structures
- Align with current school frameworks

Reflections from a Youth Impacted by Substance Abuse

- The journey is as unique as the individual, but cannot be made alone.
- Barriers often exist when attempting to obtain support.
- Ways schools can be more supportive in treatment and recovery.

NEXT STEPS

1. Continue to work with our partners and other key stakeholders to move the prevention and recovery agenda forward and to develop additional guidance on Health Education Standards Modernization (*An Instructional Resource Packet for Heroin and Opioids*).
2. Engage in Anti-Stigma Campaigns to break down stereotypes about people who use drugs and alcohol.
3. Collaborate with NYSED's Offices of Early Learning, Curriculum and Instruction, and Higher Education to identify gaps in prevention education and increase capacity to provide assistance on health education.
4. Recommend legislative changes so opioid antagonists can be administered to anyone on school property and at any school event.

Discussion, Questions & Answers

