



Addressing the Opioid Epidemic in Our School Systems

Over the last decade, our country has rapidly slipped into an unprecedented epidemic. Opioid related overdose deaths have more than quadrupled, leading President Donald Trump on October 26, 2017, to declare the opioid epidemic a national public health emergency. This national public health emergency has taken its toll in Tennessee. In 2016 alone, 1,186 Tennesseans died from opioid overdoses, an average of more than three deaths a day.¹

While there are many factors contributing to this alarming increase in use of and deaths from opioids, at least part of the problem lies in the over-prescribing of opioids by healthcare providers to manage pain. In 2013, healthcare providers wrote nearly a quarter of a billion opioid prescriptions—enough for every American adult to have their own bottle of pills.² Among all states, Tennessee ranks third in opioid prescribing rates, trailing only Alabama and Arkansas.³ As the epidemic continues to devastate Tennessee communities, one of the places feeling this impact is our school systems, both in the devastating toll it has taken on families and in the use of opioid drugs by students themselves.

Drug overdoses are now the leading cause of death among Americans under the age of 50,⁴ with shocking headlines of parents overdosing while children are present.⁵ Tennessee has seen a 50% increase in the number of parents permanently losing parental rights and “the state’s opioid addiction epidemic is the key driver” in this increase.⁶ Often school counselors are the first contact for these children, but the treatment necessary for such children often extend

beyond what counselors and the school systems are able to provide.

In 2016, Tennessee adopted the Prescription Safety Act, which enhanced the Controlled Substance Monitoring Database Program (CSMD).⁷ The CSMD tracks the dispensing of opioids to patients, and healthcare practitioners are required to check the database prior to issuing a prescription for opioids. In March of 2017, TCA. § 49-6-303 was amended to permit school counselors to refer students to a counselor or therapist outside of the school for mental health assessments or services. This change gives counselors another tool to meet the needs of these children; however, the costs for the referred services fall on the child’s family, which may not have the resources or capability to follow through (especially if the family is uninsured or underinsured).

In addition to the effects on children of family opioid abuse, actual opioid use has increased among school-aged children. A 2017 survey of Knox County schools indicated that one in eight students had misused pain medication and 23% reported they had been offered, sold, or given an illicit substance on school property.⁸ Metro Nashville Public Schools (MNPS) have noticed similar trends. Dr. Tony Majors, the MNPS Executive Officer for Students Services, has stated, “the school system is seeing more opioid use in line with the national opioid epidemic.”⁹ According to the Tennessee Department of Mental Health and Substance Abuse Services, 33,325 students used opioids non-medically in 2016.¹⁰

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One approach to addressing the tragic overdose numbers is providing greater access to opioid antagonists, such as Narcan (or other drugs that immediately reverse the physiological effects of an overdose). The need for broader access to these lifesaving drugs has now reached our school systems. In 2017, Tennessee became one of six states allowing schools to have the drug on site and to administer it to students they suspect are suffering from an opioid overdose.¹¹ Despite overwhelming support for this initiative, only a handful of schools have started carrying the drug (partially due to the drug's steep \$140 price tag and partially due to its limited 18-month shelf life—a sad trade-off of economics over the lives saved by the drugs).¹² MNPS, however, are among those that have made the drug available to school nurses.

In addition to treating overdoses, equally important is educating students about the risks of addiction and treating those students at risk for or suffering from substance abuse disorder. A national longitudinal study of high school students found that “opioid use before high school graduation was shown to be independently associated with a 33% increase in the risk of future opioid misuse after high school.”¹³ In January of this year, Gov. Bill Haslam unveiled an extensive plan to further combat the opioid epidemic in Tennessee, which includes increases to prevention education for elementary and secondary schools through revisions to the state’s health education academic standards.

Governor Haslam also supported and signed into law bills placing greater limitations on the prescribing of

opioids, creating a pilot juvenile drug court system, and establishing recovery high schools to serve teens struggling with substance abuse (based upon studies indicating that recovery high schools have significant effects on students maintaining sobriety and curb school absenteeism).¹⁴ However, since 2014, Ridgecrest Academy in Nashville has operated as the state’s only recovery high school.¹⁵ But, Ridgecrest has struggled due to the high costs of operating such programs.

New laws, codified at TCA § 49-6-4, allow local boards of education to establish the recovery high schools, which would receive state and local funding for operation per student just as any other public school. Whether this new funding—which is less than \$9,000 per student—will spur local education boards to create recovery high schools has yet to be seen. The estimated cost to establish a recovery high school is more than \$100,000, or if a new building is constructed, more than \$1.3 million.¹⁶

As we wait on more educational centers with these expanded capabilities, schools continue to come up with other options for students struggling from substance abuse. For example, the MNPS “First Time Offenders” program allows students who violated school drug policies to avoid expulsion if they attend drug education classes (with their parent or guardian) and undergo subsequent drug testing to ensure they are maintaining sobriety.¹⁷

While we struggle to find solutions to the underlying problems and conditions that result in and foster opioid abuse, we continue to put support

systems in place to ameliorate the inevitable lethal results of this epidemic (specifically in our school systems). Some suggest that we are treating the symptoms, rather than the causes, of this epidemic with such support systems. But, a core tenant of medical triage is “keeping the patient alive” (long enough to cure him/her)—and that is where we find ourselves with this epidemic, triage. There are no quick (or cheap) fixes, and more changes to our laws and support systems are needed if we are to adequately protect those who are least able to protect themselves—the children in our Tennessee school system. ■

Endnotes

¹ TENNESSEE DEPARTMENT OF HEALTH, DRUG OVERDOSE DASHBOARD, TN.gov/health/health-program-areas/pdo/pdo/data-dashboard.html.

² CDC, PRESCRIPTION OPIOIDS, (last updated Aug. 29, 2017), CDC.gov/drugoverdose/opioids/prescribed.html.

³ CDC, U.S. STATE PRESCRIBING RATES, 2016 (July 31, 2017), CDC.gov/drugoverdose/maps/rxstate2016.html.

⁴ Josh Katz, *Drug Deaths in America Are Rising Faster Than Ever*, N.Y. TIMES, June 5, 2017, available at NYTimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html.

⁵ See e.g., Anne Woolsey & A.J. Willingham, *A mom apparently overdoses next to her child and why police want you to watch*, CNN (Sept. 23, 2016), CNN.com/2016/09/23/health/heroin-overdose-video-massachusetts-trnd/index.html.

⁶ Anita Wadhvani, *Tennessee parents lose kids as opioid crisis rages on*, THE TENNESSEAN, Nov. 26, 2016, available at Tennessean.com/get-access/?return=https%3A%2F%2Fwww.tennessean.com%2Fstory%2Fnews%2Finvestigations%2F2016%2F11%2F26%2Fnas-loss-parental-rights%2F94231538%2F.

⁷ The Tennessee Prescription Safety Act of 2016, Tenn. Pub. Acts, ch. 1002 (2016).

⁸ Erin Barnet, *Dealing with drug culture in East Tennessee Schools*, WATE (Feb. 22, 2017), (continued on page 14)

2018), available at Wate.com/news/local-news/dealing-with-drug-culture-in-east-tennessee-schools/986940588.

⁹ Julie Edwards, 'One of the biggest challenges,' says Metro Schools exec on teens and drugs, WKRN (Sept. 28, 2017), available at WKRN.com/news/julie-drugs-in-metro/1057463178.

¹⁰ Tyler Whetstone, *Legislator pushes for recovery schools for kids struggling with substance abuse*, KNOX NEWS, Jan. 11, 2018, available at KnoxNews.com/story/news/politics/2018/01/11/legislator-pushes-recovery-schools-kids-struggling-substance-abuse/1016250001/.

¹¹ See TENN. CODE ANN. § 49-50-16.

¹² See Chris Bundgaard, 'Hope is not a strategy': District makes Narcan available in schools, WKRN (Oct. 12, 2017), WKRN.com/special-reports/tennessee-s-opioid-crisis/hope-is-not-a-strategy-district-makes-narcan-available-in-schools_2018032603281844/1077086560; Chris Gadd, *Dickson Co. Schools stock opioid overdose halting drug Narcan*, THE TENNESSEAN, Apr. 3, 2018, available at Tennessean.com/story/news/local/dickson/2018/04/03/dickson-co-schools-stock-opioid-overdose-halting-drug-narcan/479038002.

¹³ Richard Miech, et al., *Prescription opioids in adolescence and future opioid misuse*, 136 PEDIATRICS 1169 (Nov. 2015), available at Pediatrics.aappublications.org/content/136/5/e1169.

¹⁴ See e.g., Andrew J. Finch, et al., *Recovery high schools: Effect of schools supporting recovery from substance use disorders*, 44 AM. J. DRUG & ALCOHOL ABUSE 175 (2018), available at TandFOnline.com/doi/abs/10.1080/00952990.2017.1354378?journalCode=iada20.

¹⁵ Brad Schmitt, *Nashville's fledgling addiction recovery high school*, THE TENNESSEAN, Nov. 14, 2016, available at Tennessean.com/story/news/2016/11/14/nashvilles-fledgling-addiction-recovery-high-school/93492500.

¹⁶ Heather Duncan, *Recovery Schools' Could Save Tennessee Teens from Addiction*, 100 DAYS IN APPALACHIA (Feb. 7, 2018), 100DaysInAppalachia.com/2018/02/07/dont-treat-now-will-treat-later-recovery-schools-save-tennessee-teens-addiction.

¹⁷ Julie Edwards, 'One of the biggest challenges,' says Metro Schools exec on teens and drugs, WKRN (Sept. 28, 2017), WKRN.com/news/julie-drugs-in-metro/1057463178.



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