The Opioid Crisis Hits Home
A Utah superintendent becomes a public voice for unnerved parents

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Two young students were gone from this world in a span of two days. The cause? Pink. What’s the connection between a color associated with Disney princesses and the deaths of two beloved boys, both 13 and best friends? Pink, as I and others in my community have learned, is a powerful, new synthetic drug available legally on the Internet in a matter of two short keyboard clicks. And so, this sad story begins.

A Tragedy Unfolds

At times, it is hard to separate the lines between my role as a school leader and my role as a parent. I often find what I learn as a parent helps me be a better superintendent and vice versa. The experience of dealing with two young deaths exemplifies the blurred lines of parenting and educational leadership.

It was a Sunday afternoon in September 2016 in Park City, Utah, where I lead a school district with 4,800 students. I received a text message from a parent, a friend of our family, that possibly a student had passed away that morning at his home. When I reached out to our police department, it was confirmed. We did have a student death.

Having worked with school-age children for 26 years, the past dozen years as an administrator, I have addressed my share of tragedy. I followed our protocol by notifying the principal of our junior high school followed by our intervention counselor to start the crisis plan. By the time school opened on Monday morning, we had counselors on site from other schools, teachers had been informed through the emergency calling tree, and we had a list of students whom we were watching closely because of their friendship with the deceased child.
Substance abuse experts often say that drug addiction does not care about race, socioeconomic status or place of residence. And when William Kerr, the superintendent of the Norwin School District, saw the ravages that opioids were having on the suburban area outside of Pittsburgh, Pa., he knew the schools had to act to stem the human devastation.

In 2016, the Westmoreland County coroner’s office reported a spike in deaths related to alcohol and drug overdoses — from 87 in 2014 to 174 two years later. The primary culprit was an increase in opioid overdose deaths. In a two-month period, five recent graduates of the Norwin schools had overdosed, including two brothers.

School district representatives began working with state and federal law enforcement agents to find ways to educate students about the dangers of these highly addictive opioids, which could be prescription painkillers such as OxyContin and Vicodin, or heroin. It was the first time the 5,250-student district had had a comprehensive program to address drug abuse.

Understanding Addiction

Norwin educators found Operation Prevention, a new curriculum created by Discovery Education through a grant from the federal Drug Enforcement Agency. The research-based curriculum differs from previous attempts to dissuade students from using illicit substances because it uses interactive tools to explain how the brain works and how opioids impact the nervous system to reduce pain and produce “feel good” endorphins. It also incorporates conversation guides for parents and communities.

“We felt it was the best way to address the epidemic of opioids and heroin in our region,” Kerr says. Operation Prevention is effective because it focuses on the science of drug addiction and explains how just one use can lead to addiction, says Timothy Kotch, assistant superintendent for secondary education, who has adopted the curriculum for Norwin’s middle school science classes.

He noted that the early teenage years are often a time when young people are experimenting with risky behavior, and were high-opioid patients, perhaps because of a sports injury or extraction of wisdom teeth. Discovery Education was approached by the Drug Enforcement Administration to help write the curriculum and disseminate it through the country’s largest network of contacts. The free materials (www.operationprevention.com) have been downloaded about 700,000 times, says Kristin Hirst, Discovery’s vice president of corporate education partnerships. To further focus on early intervention, DEA agents requested that Discovery build a curriculum for elementary-aged students, which will be released later this year, she says.

“This curriculum makes a point of looking at the entire community — we created a resource for teachers, students and parents to access and jump start the lifesaving conversations,” Hirst said.

While we could not point then to suicide or drug overdose for the deaths of the two 8th graders, we knew we were facing a crisis of magnitude. Not only were we suffering from the loss of two students who had been part of our school system since elementary school, we had teachers, staff members and siblings feeling tremendous pain. We called our state suicide expert, and she and her team began consulting with us by phone as they traveled to our community. She said we had to treat the tragedies delicately to prevent a contagion effect and that we must create a web of all students who could be affected.

In minutes before students were talking.

In the amount of time it took to drive to the school, I arranged a meeting with our district’s public relations specialist and a representative from local law enforcement. With confirmation that a second 13-year-old boy had died that morning, we recognized we had a much bigger situation. As children became aware of the news, a cloud of grief settled over their school. Parents arrived to pick up their children. Our staff kept working, putting plans into place for our most acutely affected. At this point, I realized we needed to use all of our resources to help parents keep our students safe at home, share with the community what we were learning and take extra measures to keep our school walls to increase the level of safety. We conducted locker and car searches, carried out by local law enforcement. We asked parents to be vigilant by reviewing contents of students’ backpacks. (See related story, page 26.)

Details Emerge

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All this was unfolding while we prepared for the worst — the loss of another beloved child. How can we keep our students safe? Those minutes of planning — the struggle to build the social media clock — were intense. Those were the minutes that were being put to the test in a few short moments.

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Mourners gather at the Sept. 17, 2016, memorial in Park City, Utah, for one of the two 13-year-old junior high students who died of opioid overdoses in their homes earlier that month.

of the two boys, considered best friends. Most shocking was the depth of information the students were now providing, information they had not previously shared with a trusted adult.

As a former high school principal, I always could count on one thing: Young adolescents talk, non-stop, and nothing remains a secret. But this situation was different. Students knew things, yet hadn’t divulged. We now had two boys gone from this world. We had grieving parents. We had heartbroken staff. We had a scared community. We had shocked school administrators. We also had a few courageous and brave students coming forward, and for that we are forever in debt. What we learned next was mind-boggling.

Evidently, packages of the suspected drug were being ordered over the Internet and being mailed from overseas to houses of the boys’ friends. When I’m asked by parents and other school leaders for advice on preventative measures, here’s what I share:

First, learn about trauma-informed, resiliency-focused measures that can be applied in your district.

We began with community conversations and circles of support to allow healing and education. We co-sponsored a film series that showed two films: “Chasing the Dragon,” a short documentary available on YouTube about ordinary people addicted to opiates, and “Resilience — The Biology of Stress and the Science of Hope.” Panels of experts were at each showing to answer questions and continue the conversation afterward.

“Resilience”correlates high scores on a measurement of adverse childhood experiences to increased medical problems in adulthood.

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A Public Voice

We were part of a national crisis, the scourge of opioids. I am now a public voice on an issue I never wanted to address. The ability to share this story, while being mindful of our grieving family, friends and community, has taken on a life of its own. As educators, we are taught from our first education course to share best practices. This has become my mission — if I can save one young person’s life, I have fulfilled my purpose. Speaking with regional superintendents turned into numerous state presentations, which has led to presenting at national addiction summits and collaborating with university departments of psychiatry and the state substance abuse division.

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School Nurses on Front Lines for Combating Abuse

When it comes to knowing the ins and outs of students’ lives, no one in education may be better positioned than the school nurse. So it’s no surprise that some of the better resources available to school leaders in addressing the scourge of prescription drug abuse are being produced by their professional association.

Of special note, the 16,000-member National Association of School Nurses has created a practical toolkit for stocking and using naloxone, the most widely available medication to reverse the potentially lethal effects of an opioid overdose.

“School nurses are on the front lines when it comes to knowing what kids are dealing with, their physical and mental states,” says Rebecca King, director of nursing for the Delaware Department of Social Services Division of Public Health and a school nurse for 18 years. “Parents would be surprised to know what we learn about kids.”

A former member of NASN’s board of directors, King has helped the association generate resource tools for educators from kindergarten through 12th grade to address what she calls an “epidemic” of prescription drug abuse across the country. Prescription drug-related deaths among young people (12- to 25-year-olds) have eclipsed deaths by motor vehicle in at least 29 states, according to the Trust for America’s Health. The Centers for Disease Control and Prevention reported that opioids in 2015 killed 7,163 people between the ages of 15 and 29 — more than 20 percent of total deaths — and 17 percent of 12th graders that year reported taking a prescription drug without a prescription.

In March, The New York Times quoted Roy Reese, superintendent of the Washingtonville Central Schools in Orange County, N.Y., on the likelihood of facing this issue in the schools: “I say this not reluctantly but sadly. It is only a matter of time.”

The nurses’ association, which is headquartered in Silver Spring, Md., believes the safe and effective management of naloxone (brand name Naran), which can be administered by injection or nasal spray, be incorporated into the standard school emergency preparedness and response plans, similar to defibrillators and EpiPens for allergic reactions. At least three states allow school nurses to administer the drug, according to the National Conference of State Legislatures, and many others permit schools to stock the overdose-reversal drug. Some states authorize first responders to access naloxone, and school staff are considered to be first responders via statute in a number of these states.

Neither one is formally tracking the use of the reversal drug by educators, news media reports in 2016 described an elementary school principal in Fayette County, Ohio, discovering a mother overdosed in a van in the parking lot with her kindergarten student in the vehicle. Last July in Western New York, a middle school teacher in Newfane, N.Y., was resuscitated with naloxone after overdosing on heroin. In both cases, medics administered the reversal drug.

King, who earlier worked in school nursing in Delaware’s largest school district in New Castle County, expects it won’t be long before she learns about a school staff member somewhere using naloxone to revive someone with overdose symptoms.

“I never want to walk into a school bathroom and not be able to help a kid slumped over,” King says. “I don’t think I could live with myself.”

— JAY P. GOLDMAN

Educator Resources on Drug Abuse

The National Association of School Nurses suggests these practical resources:

CURRICULUM:

• “Smart Moves, Smart Choices,” a K-12 curriculum produced by NASN. http://smart-movesmartchoices.org

INTERVENTION:

• Adapt Pharma, the maker of Naran (brand name of naloxone), has offered free doses of nasal spray to schools and support for school-based opioid overdose education. adaptpharma.com


• National Registry of Evidence-Based Programs, a searchable database of more than 330 interventions for prevention and treatment of mental and substance use disorders, maintained by the federal Substance Abuse and Mental Health Services Administration. www.samhsa.gov/nrep


• Toolkit for stocking and using naloxone in schools. The toolkit (free but requiring users to create a login) provides a downloadable list of questions for a school district to consider. www.pathlms.com/nasn/courses/3353

LEGAL:


A growing number of school nurses’ offices are stocking naloxone injectors.
Advice From One Parent to Another

When tragedy struck Park City almost two years ago, the outpouring of support from parents and community members was all consuming. Most importantly, parents wanted to know what to do to ensure their children did not possess the dangerous drug that had contributed to the death of two young lives or any other illicit substance.

In conjunction with the chief of police, we held press conferences to share the best advice we had. Subsequently, I heard from a mother who said she appreciated what we were doing to address everyone’s anxieties.

This mother went home from the press conference and began sifting through her son’s cell phone. She discovered drug paraphernalia and took him to be drug tested. With a positive result, the family began swift intervention with counseling, changes to the son’s activities and frequent parental browsing of the son’s cell phone. What the mother obtained by her “snooping” was shocking. The social media posts, mainly browsing of the son’s cell phone. What the mother obtained by her “snooping” was shocking. The social media posts, mainly

from her son. It created a shocking awareness among parents, but even more so,

it created a parent network of support. In addition to the shared support, this network has allowed parents to reduce their children’s exposure to risky behaviors promoted through social media.

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As a parent of a teenager myself, I know what the phone is the status symbol, yet when faced with the dangers and exposure to these behaviors, parents must continue to be a presence in their children’s business.

Parents are safety advocates, and research shows that parents are the No. 1 reason cited by children for not abusing harmful substances.

My Recommendations

These are the recommended actions I share with parents when dealing with their children.

Be clear with your words: Drugs are illegal and not allowed.

Be aware of any noticeable change in behavior of your child.

Do not be embarrassed to call for help.

States and communities operate hotlines and help lines.

When in doubt, take your child to get drug tested. Your child lives in your house, under your care. The worst case: You have a positive test, allowing you now to intervene and get help. The best case: The drug test is negative and you now have clear boundaries.

Turn off children’s personal technology every night. (Apps are available that shut down devices.)

Store children’s electronic devices overnight in your bedroom.

Be noon. Occasionally go through your child’s backpack and belongings.

Look through small containers, especially those unmarked or found near old worn packaging.

Be wary of nose inhalers and eyedrops. If you don’t buy them for your child, confiscate them.

Notice items that seem to be tampered with, such as markers or pens with tubes removed. Substances can be hiding in these containers.

Do not give your child a credit card. If they need money, obtain a bank card and watch every transaction.

If you receive a delivery package you did not order, open it, especially if unmarked or from overseas.

(continued from page 24)

tors and community advocates, the film offers ways to help children prevent serious medical consequences later in life.

Additionally, “Chasing the Dragon” was shown during the school day to all students in grades 8-12, with a panel of experts on hand to answer questions. The film launched a dialogue that led to test confirmation and “don’t do it” without sharing the consequences will not positively change behavior.

This idea was reinforced when the chief operating officer of Westgate Resorts contacted us after news of the two deaths hit the national level. Following the death of the Westgate CEO’s 18-year-old daughter in 2015 from a toxic mix of prescription medications, his family and corporation sunk millions into a national campaign to affect behavioral change.

Westgate’s principal messages for educators are: Scare tactics don’t work; empower school nurses to carry naloxone, the medication that reverses the effects of opioids; implement drug testing policies to deter and detect student drug use for early intervention; and use life skills curricula to address substance abuse at earlier ages.

The realization we ought to teach students at a younger age about drug prevention was critical. We are gathering all of the district’s counselors this summer to redesign our curriculum to provide real-time information students need to make healthy decisions.

Counseling, the county and district courts system, we certified four counselors as Prime for Life Providers, which has preventive education modules, as well as intervention material for students and parents who have interacted with the courts.

We also collaborated with the public health department and local behavior health units and contracted specialists to provide school-based therapy in schools rather than ask parents to take students out of school for such services. For the new school year, we are hiring two additional social workers to help with this need. Following Westgate’s advice, we have created medication policies for all school nurses or designated staff to administer naloxone and store it at school sites.

Westgate’s recommendation to test for drugs has been controversial, and no action has been taken to adopt a policy.

Finally, come together as a community.

Within the school district, we organized Lunch and Learn information sessions during the noon hour to give parents practical strategies for talking with their children about substance abuse. We shared situations and developed stronger relationships with others in our community. We explored supportive frameworks, such as Communities that Care, to broaden our efforts to change the risky behaviors of our youth. With the support of the county health department, county council, city council and non-governmental partners, we are hiring our first Community that Care coordinator to spearhead the attack on youth risk factors and increase youth protection.

In the aftermath of the tragic deaths, community leaders came together to address long-standing drug issues in and around Park City.

Recognizing the long road ahead, we wanted to harness the momentum into real change.

Test Confirmation

Two months after the tragedy that rocked our small, tight-knit community, toxicity tests confirmed what we had suspected: The cause of death was due to acute drug intoxication of U-47700, known by the street name of “pink.”

Our only hope is that we continue to make a difference for more children by coming together as a community to work as a unified front to battle this crisis of opioid abuse.

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Additional Resources

Based on her experiences as a superintendent during the past year, Ember Conley suggests additional resources:

Authentic Strengths by Fatima Doman, CEO of Authentic Strengths Advantage, www.authenticscepts.com

Communities that Care, which guides communities through a five-phase change process with prevention science as its base to promote healthy youth development, www.communitysthatcare.net

Parents Empowered, a media and education campaign addressing underage drinking, www.parentsempowered.org


Park City, Utah, Superintendent Ember Conley fielded questions, alongside the city’s police chief, on Sept. 12, 2016, about the deaths of two Treasure Mountain Junior High School students.

For information on how to contact Ember Conley, please visit Park City School District in Park City, Utah, E-mail: econley@pcschools.us. Twitter: @Dr_Ember.