



219 North Main Street, Suite 402  
Barre, VT 05641 (p) 802-479-1030 | (f) 802-479-1835

## **Testimony to House Human Services: Opioid Use Prevention in Schools**

### **Given By:**

**Ted Fisher, Director of Communications and Legislative Affairs, Vermont Agency of Education**

The Vermont Agency of Education is pleased to provide the following information to the committee on opioid prevention in schools.

### **School-Focused Opioid Use Prevention**

The following grants or programs specifically focused on opioid or substance use prevention are administered by state government focused on schools and youth:

- The [Comprehensive School-Based Tobacco Use Prevention Grant](#), which goes to 18 Supervisory Districts/Supervisory Unions, focuses on tobacco prevention and also general comprehensive health education, youth asset development, community engagement and family engagement, all of which indirectly support prevention of opioid use by students. **(Administered by AOE)**
- [School-Based Substance Abuse Services](#), which are focused on general substance use prevention in schools specifically. **(Administered by VDH)**

### **Encouraging Healthy Behaviors and Substance Use Prevention**

There are many steps SD/SUs can take that, while not directly targeted to opioid use, have protective or preventative effects. Opioid use prevention can encompass many things because the risks for all substance abuse begin developing before a child is even born and are usually established during early childhood, well before the usual time of first use in adolescence. As such, the establishment of protective factors (secure attachments to caregivers, safe housing, safe and healthy communities, positive relationships with teachers and community adults and more) is most important in the early childhood years to ensure resilience in adolescence.

The following activities all serve to increase protective factors for children and decrease the likelihood that they will turn to opioids or other substances (the average age of first opioid use in Vermont is shown to be 20-21 whereas the average age of marijuana use is 14, and alcohol 15):

- provision of social and emotional skills and competency-building through comprehensive health education
- provision of multi-tiered supports (MTSS)
- provision of after-school or “third space” activities and supervision for children and engaging families
- holistic health promotion (nutrition, exercise, healthy relationships, environmental health, sexual health, etc.)

Those are all activities that accomplished through a variety of funding streams and initiatives that the agency oversees. In some cases, due to local control of curriculum and student health and safety initiatives, there will be significant variance in the approach districts choose to take.

### **The Role of Opioid Prevention Education in Broader Health Education**

Direct prevention education—the discussion of opioids themselves, their potential for addiction and relevant information on avoiding them constitutes only one part of the spectrum of activities that can be considered preventative of opioid abuse. Such education will vary in terms of how directly it discusses opioids specifically given that

- a) such discussion must be developmentally appropriate (e.g. it may not be appropriate to discuss Fentanyl with children but it may be very appropriate to talk about when it's ok to take medication and who it's ok to take it from),
- b) individual schools and communities can and should tailor the content to be responsive to what the data tells them is the biggest concern for their children, and
- c) the specific curricula used by any given school will have a slightly different presentation of the topic of opioids. The National Health Education Standards are proficiency and skills-based, so focus on risk behaviors and health promotion in a holistic manner. However, VT statute also specifically states that health education will include information alcohol, tobacco and other drugs.

Opioid prevention is important for youth. However, it is nuanced and individualized, and may or may not involve direct discussion of opioids themselves. Currently, funds used for opioid prevention can support things that don't look or sound like more obvious ideas of opioid prevention, but nevertheless research shows has a supportive and preventative impact on our students.