Refereed Article

# The Opioid Crisis and the Role of Health Education and Physical Education

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The opioid crisis impacts our students, families, schools and communities with, not only the number of unintentional overdose deaths, but also the trauma associated with drug abuse. Health and physical education teachers are on the front lines of the schools' responses to the opioid crisis by providing quality curriculum focused on skill-building; assisting in the development of the schools' prevention plan; and helping connect school and community prevention resources. Teachers play a role by supporting students experiencing trauma, serving as a trusted adult who can recognize, reach out and refer services to support students.

The purpose of this article is to overview the role of educators and schools in supporting students developing resiliency skills and health literacy using the Whole School, Whole Community, Whole Child (WSCC) model.

**Keywords:** Opioids; drug prevention; school health education; physical education; Whole School, Whole Community, Whole Child (WSCC).

Education and health are integrally related and receive significant attention from policymakers and the government, and represent a large portion of state and federal budgets. The work of health education and physical education lives at the intersection of education and health in the efforts to promote a lifetime of health, wellness and physical activity. The close connection between health and education has been highlighted by the impact of the opioid crisis. In 2017, opioid-related unintentional overdose deaths in the United State were approximately 72,000, a staggering 9 times higher than the rate in 1999 (CDC—Centers for Disease Control and Prevention, 2018). West Virginia (52.0 per 100,000), Ohio (39.1), New Hampshire (39.0), and Pennsylvania (37.9) were the states with the highest rates of unintentional overdose deaths and 27 states had a significant increase in unintentional drug overdose death rates from 2015–2016 (CDC, 2018). In 2018 3,764 Ohioans died from an unintentional drug overdose, a 22.5% decrease from the highest ever 4,854 deaths in 2017 (Ohio Department of Health, 2019). The opioid crisis has not been limited to state, county, or city boundaries as it has impacted every community.

While the drug overdose statistics include both prescription and illicit opioids, a majority of the deaths (83.7%) are attributed to the powerful synthetic opioid fentanyl because of its low cost of production, leading to greater demand and purchase, and its powerful effects (Ohio Department of Health, 2019). Overdose deaths attributed to fentanyl have increased, while the number of overdose deaths attributed to prescription opioids and heroin have decreased. Although this shift shows signs of progress in addressing the opioid crisis, there is a need to remain vigilant, as the prevalence of cocaine and methamphetamine use is on the rise (CDC, 2018; Ohio Department of Health, 2019). Amidst the steep increases in unitentional overdose deaths in adults, there has been a decrease in teen drug use and teen opioid use (Johnston, Miech, O'Malley, Bachman, Schulenberg, & Patrick, 2020). The prevalence and severity of the negative consequences of parent Substance Use Disorder (SUD) continues to grow as more than 8.7 million children have a parent who suffers from SUD. SUD is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. A record number of children entered foster care, and every 25 minutes a baby born in 2017 suffered from opioid withdrawal (American Academy of Pediatricts, 2019; Lipari & Van Horn, 2017). Cooperative efforts and engagement from families, community, health, and education stakeholders are needed as student needs persist and expand.

The multi-faceted response to the opioid crisis in the community includes supply reduction, prevention, treatment and on-going recovery supports. Schools are focused on prevention and are seen as an essential element of community prevention efforts. Prevention includes programs, curriculum and/or activities to prevent or reduce the risk of developing a behavioral health problem. Prevention approaches can develop both social and behavioral skills that increase the likelihood of healthy behaviors. Schools are tasked with preparing students for a future where they will have to use 21st century skills to make healthy decisions. Schools collaborate and engage families and the community to build and support healthy behaviors by providing messages and building skills to promote healthy behaviors throughout the school day and academic year (Association for Supervision and Curriculum [ASCD], 2014). Prevention is most successful when messages are delivered by influential adults and peers in a consistent, culturally-appropriate manner with messages repeated at home and reinforced in communities, worksites, and community organizations (National Institute on Drug Abuse [NIDA], 2003). While the attention is currently on opioids, the key to building a healthy and physically active future for our youth needs to be grounded in efforts that focus on developing the skills to demonstrate healthy behaviors related to substance use, rather than a focus on specific substances.

Teachers are key assets in opioid prevention and developing healthy students by promoting healthy choices. Educators are aware of the impact that what happens outside of school has a profound impact on what happens in the school. However, a teacher is a key element of drug prevention in schools because a teacher spends more time with a student than any other adult during the school year, and for many students, the teacher is considered a trusted adult that has long-lasting effects on students. They have the ability to promote consistent messages about drug-free choices and proper use of medications across the school day and year. Teachers also contribute to drug prevention by minimizing risk factors and developing protective factors in their students (NIDA, 2003). Health and physical education teachers play an additional role as the champions of health and physical activity for students, parents, staff, and community (Castelli, Carson, & Kulina, 2017).

The key to building a healthy and physically active future for our youth needs to be grounded in efforts that focus on developing the skills to demonstrate healthy behaviors

Our purpose is to provide an overview of the role health education, physical education, and all teachers have in promoting healthy behaviors and supporting students within a school-wide plan in response to the opioid crisis. The article will explore how to build a safe, supportive, challenging, engaging and healthy school environment through the Whole School, Whole Community and Whole Child (WSCC) model that builds the skills to make a lifetime of healthy choices. The article will then frame how every teacher can support and encourage healthy, drug-free choices, as well as highlight the specific contributions from health and physical education. Additionally, the article will suggest tips for working with students experiencing trauma associated with the opioid crisis using *Recognize, Reach Out, and Refer* (Safer Schools Ohio, 2019).

## A Whole Child Approach to the Opioid Crisis

A Whole Child approach to the opioid crisis involves a shared effort of community, education and health partners. School-based efforts require an integrated approach across curriculum, programming, and services to meet students' comprehensive needs. The WSCC Model (ASCD, 2014) captures the relationship between learning and health. It is an "ecological approach directed at the whole school, with the school in turn drawing its resources and influences from the whole community and serving to address the needs of the whole child" (ASCD, 2014, p. 6). The Whole School, Whole Community, Whole Child (WSCC) Model (ASCD, 2014) provides a framework to identify the priorities, various components and resources to promote safe, supported, engaged and healthy students. Drug prevention efforts align with tenets of the WSCC Model, that is, that every student will be healthy, safe, supportive, engaged and challenged. These tenets are the collective focus of the school, health agencies, and community stakeholders to encourage healthy behaviors and support

students' needs. The WSCC Model is effective in sharing a collaborative focus on the whole child. The various components of the WSCC model collectively contribute to the goals, including the role of parents and community (Hivner, Hoke, Francis, Ricci, Zurlo, & Kraschnewski, 2019).

The WSCC Model effectively frames the components of school-wide drug prevention efforts and it shows the need for greater alignment, integration, consistency and collaboration between education and health programs, policies and practices to improve each child's cognitive, physical, social, and emotional development (see Table 1 for an example of prevention efforts for each WSCC component). An example of the connection and integration between the WSCC components in drug prevention can be seen in the communication and decision-making skills emphasized in health education could be aligned with the social-emotional learning curriculum. These same skills could be applied in physical activity programs or connected to parent engagement and community involvement activities. The WSCC Model (ASCD, 2014) and "ASCD School Improvement Tool" (ASCD, 2019) could be incorporated into strategic planning to build supports for the whole child and connect academic and health outcomes.

School-based prevention efforts help students develop resiliency, and life and social skills, and become health literate. Similar to efforts to shape healthy behaviors in health and physical education, providing consistent messages from various stakeholders throughout the school

**TABLE • 1**

**Components of the WSCC Model and Drug Prevention Efforts (ASCD, 2019)**

| Component | Description | Example(s) in School Drug Prevention |
|---|---|---|
| Health Education | The pre-K–12 curriculum that provides the opportunity to acquire information and the skills students need to make quality health decisions. | • Skills-based health education<br>• HOPE Curriculum |
| Social and Emotional School Climate | Psychosocial aspects of students' educational experience that influence their social and emotional development as well as provide a safe and supportive learning environment | • PBIS<br>• Social-emotional learning standards<br>• Trauma-informed care |
| Health Services | Intervene with actual and potential health problems, including providing first aid, managing of chronic conditions (such as asthma or diabetes); wellness promotion, preventive services, and staff, student, and parent education. | • School nurse administering medicine as a trusted adult<br>• Responding to student health needs |
| Counseling, Psychological, and Social Services | Support the mental, behavioral, and social-emotional health of students and promote success in the learning process. | • Provide teachers with referral support.<br>• Supporting students and their families<br>• Provide Tier II and Tier III programs. |
| Community Involvement | Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities. | • Community education programs with community partners to promote medication safety and disposal<br>• Generation Rx |
| Family Engagement | Families and school staff work together to support and improve the learning, development, and health of students. | • Parent education session<br>• Social media messages<br>• Start Talking! |
| Physical Environment | Encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. | • Trash removal and securing school grounds |
| Employee Wellness | Fostering school employees' physical and mental health protects school staff. | • Staff education for prescription medicine safety<br>• Supporting teachers experiencing secondary trauma |
| Physical Education and Physical Activity | Opportunities for students to be physically active throughout the school day. | • Reinforce school-wide prevention messages.<br>• Building Social-Emotional Skills |
| Nutrition Environment and Services | Opportunities to learn about and practice healthy eating in the cafeteria and throughout the school campus. | • Opportunity to connect school-wide prevention messages<br>• Reinforce healthy decision-making. |

day and year will create an environment where healthy and drug-free choices are the norm for students. This next section will overview the creation of a school-wide drug prevention plan that includes the Health and Opioid Prevention Education (HOPE[1]) Curriculum and the role of health education and physical education. The plan requires collaboration between many school and community stakeholders along with the expertise and leadership of health and physical educators to support the long-term development and success of all students.

## Role of Health Education

Health education is one component of the WSCC approach and is the subject area primarily responsible for building students' knowledge, skills and attitudes to become health literate (Joint Committee on National Health Education Standards, 2007; SHAPE America, 2018). Health literate individuals are more likely to experience positive health outcomes throughout their lives. A quality, skill-based K–12 health education curriculum is essential to building the skills for making healthy decisions. The National Health Education Standards (Joint Committee on National Health Education Standards, 2007) and the Ohio Association for Health, Physical Education, Recreation and Dance (OAHPERD) Health Education Model Curriculum (OAHPERD, 2019) sets the foundation for developing local health education curriculum focused on skills that have a positive impact on health behaviors. The "Health Education Curriculum Analysis Tool" (CDC, 2015), national, state, community and student health data including the "Youth Risk Behavior Survey" (YRBS) and "Ohio Healthy Youth Environments Survey" (OHYES!), and the "Characteristics of Effective Health Education" (CDC, 2012) are additional tools to develop local health education curriculum that is meaningful, relevant, and aligned with the skills-based approach. The skills-based approach is essential to drug prevention, as the focus is not on the substance or drug, but on the skills students need to make healthy and drug-free choices. An example is assertive and refusal skills that could be used to avoid an unhealthy choice whether that is drugs, alcohol, vaping or risky behavior. These skills can be reinforced across health topics, integrated into other subject areas and connected to the Ohio Social-Emotional Learning Standards

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In response to the opioid crisis, state legislatures have developed policy and legislation requiring opioid prevention and medication safety be included in health education curriculum. Ohio was one of the first states to pass a bill requiring opioid prevention instruction in health education curriculum, while Massachusetts, Michigan, Maryland, New York, and South Carolina are just a few of the states at various stages of developing or implementing similar legislation. Many states have followed the path originally taken by the Ohio's HB 367 that required Ohio schools to select a health curriculum that includes instruction on the dangers of prescription opioid abuse and the connection between prescription and non-prescription opioid abuse and addiction to other drugs, such as heroin (Ohio Department of Education [ODE], 2018a). The Ohio Governor's Cabinet Opiate Action Team (GCOAT) made recommendations published by the ODE (2018a) for health education instruction at each grade band (K–2, 3–5, 6–8, 9–12). The ODE cannot publish or develop curriculum, thus local districts were left to develop or select their own curriculum. The limited offerings for health education in Ohio, with no time or course offering requirements in K–8, and only one semester (60 hours) in high school, constrains the potential impact of the law. Despite the new state guidelines, the challenge exists that most schools do not have a health education curriculum that provides the foundation for an effective opioid prevention curriculum because Ohio is the only state without health education standards. This reactive approach to policy adds to a teacher's and school's overflowing plate of mandates, rather than addressing a comprehensive approach to prevention. The guidance provided by the state of Ohio is focused on addressing topics with a knowledge/information focus rather than skills-based learning outcomes aligned with the NHES (Joint Committee on National Health Education Standards, 2007) to promote healthy behaviors.

**Author Note**

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**Health and Opioid Prevention Education (HOPE) Curriculum.** Due to the limited state guidance for health education curriculum and the need for opioid specific curricular support, the HOPE Curriculum Project was developed in the fall of 2017. The HOPE Curriculum (http://starttalking.ohio.gov/Schools) is a free K–12 health education curriculum designed to enhance opioid prevention in health education in Ohio's schools to meet the requirements of HB 367. The HOPE Curriculum is an evidence-informed opioid prevention curriculum based on the NHES (2007) and Characteristics of Effective Health Education (CDC, 2012) that includes lesson plans, assessments, instructional materials, teacher resources, school administrator guides, and tips for connecting with parents and community resources. The goal of the HOPE Curriculum is for students to develop essential skills and knowledge to make healthy choices about opioids and prescription medicines throughout their life. The skills-based approach of the HOPE Curriculum combines essential knowledge with key skills to demonstrate health literacy, that is, the ability to make healthy and drug-free choices. The HOPE Curriculum prioritizes developing: the skills of decision-making; interpersonal communication skills including active listening and assertive communication, refusal skills, negotiation skills and conflict management skills; analyzing influences; and identifying trusted adults. These skills are not only essential to opioid prevention, but also transfer to other drugs and other health topics such as healthy eating, appropriate physical activity, and personal safety. The skills developed in the HOPE Curriculum extend beyond merely refusing to use or avoiding risky behaviors but can also impact students living in homes and communities where drug use is common by teaching skills that transfer to other health behaviors. Learning to access valid health information is a valuable skill children can use to obtain information when they need it, no matter what the topic or issue might be.

**Implementing the HOPE Curriculum.** The middle and high school lessons are designed for health education teachers to implement and enhance existing health education curriculum to focus on the skills needed to make healthy choices about prescription medication and opioids.

> Physical education contributes to drug prevention by providing a safe and nurturing environment for all students that builds social-emotional skills.

While other prevention providers can use the HOPE Curriculum, it was designed for the health education teacher who is trained and licensed to build students' skills within a skills-based health education curriculum. Elementary (K–5) lessons are designed for general education classroom teachers to integrate opioid abuse prevention within English Language Arts (ELA). The HOPE Curriculum outcomes of decision-making, communication and advocating for healthy choices more closely align with the ELA standards. The key messages and skills of the HOPE Curriculum can be reinforced throughout the school year by the classroom teacher. The HOPE Curriculum also offers an opportunity to introduce a skills-based approach to health education curriculum to teachers and curriculum directors.

## Role of Physical Education

The recommendations for the physical educator in the opioid crisis are similar to every teacher. These include being a caring, trusted adult; enhancing protective factors and reducing risk factors; sharing consistent messages about healthy choices; and being an advocate for the physical, social, mental, and behavioral health of students. Physical education contributes to drug prevention by providing a safe and nurturing environment for all students that builds social-emotional skills. Physical Education Standard 4—Personal and Social Responsibility (ODE, 2015), together with the aligned social-emotional learning standards, provides a set of foundational skills that include self-management, self-awareness, responsible decision-making, relationship skills, and social awareness. These skills can be used to make healthy choices across topics, activities, and situations to enhance students' overall health and wellness.

The role of the physical educator in drug prevention would be slightly different depending on the grade level or school setting. In the elementary grades, drug prevention would be situated primarily within the classroom provided by the classroom teacher, school counselor, and/or school nurse. The physical educator could support drug prevention efforts in the classroom by providing resources, curriculum, information, and support to these partners. The physical educator can also capitalize

on teachable moments to reinforce key concepts or practice skills. For example, a teacher could reinforce the key concept of trusted adults to help a student take medicine. Students could also practice communication skills or the decision-making process to decide how to be physically active. It is important to refer to the district's health education and social-emotional learning curriculum for additional guidance and support. Additionally, the middle and high school physical educator can include consistent messages about making healthy choices within their lessons, incorporate drug-free and healthy behavior messaging in their gymnasium, be an advocate for healthy students, and collaborate with the health education teacher to integrate consistent messages about healthy choices throughout the school.

The physical education teacher is a key advocate and serves as one of the school leaders for student health. As an advocate, the physical educator is the "button pusher" highlighting key issues, serving in a leadership role on the local wellness committee, and providing support and programming aligned with the school's wellness goals including the development of a Coordinated School Physical Activity Plan (CSPAP) (Castelli et al., 2017). A physical educator not only enhances physical activity through a quality physical education curriculum and CSPAP, but it can also build numerous protective factors, connects students with trusted adults, and engages students in healthy behaviors.

## Every Teacher Can Help: The Power of One Caring Adult

Teachers and school professionals are essential to supporting our students to be healthy and drug-free. One caring adult is a significant protective factor in drug prevention (NIDA, 2003). Teachers play a significant role as a caring adult as they build relationships with students throughout the school year, serving as an accessible, skilled, knowledgeable, and supportive resource for students. Every teacher can help by building protective factors and reducing risk factors, using words and language that is supportive and empathetic, and reaching out to students in need.

### Building Protective Factors and Reducing Risk Factors

Prevention programs increase protective factors, which are environmental, biological, or relational factors that help children deal with stressful and risky events in an effective way (NIDA, 2003). When present, protective factors can help improve a child's health and wellbeing. Examples of protective factors include social/emotional competence and social connections. Both of these protective factors will be detailed with examples to follow.

Risk factors are factors associated with greater potential for substance abuse. Examples include early aggressive behavior, academic problems, lack of parental supervision, substance use, drug availability, peer and family substance use, rejection, mental health problems, and poverty (NIDA, 2003). The presence or absence of risk factors are not absolutes and do not guarantee active addiction or substance use disorder will occur. A risk factor for one person may not be a risk factor for another individual. Collectively, risk and protective factors affect children and their risk trajectory or path. Evidence-based prevention programming can intervene to strengthen protective factors and reduce risks before problem behaviors develop. Health education curriculum and prevention programming share the common goal of developing the knowledge and skills to make healthy choices (Joint Committee on National Health Education Standards, 2007; Substance Abuse and Mental Health Services Administration—SAMSHA, 2019). Health and physical educators could play a key role in connecting prevention programming to existing curriculum, helping implement programming, and making connections to the school-wide approach to drug prevention.

### Words Matter: Addiction Language and Terminology

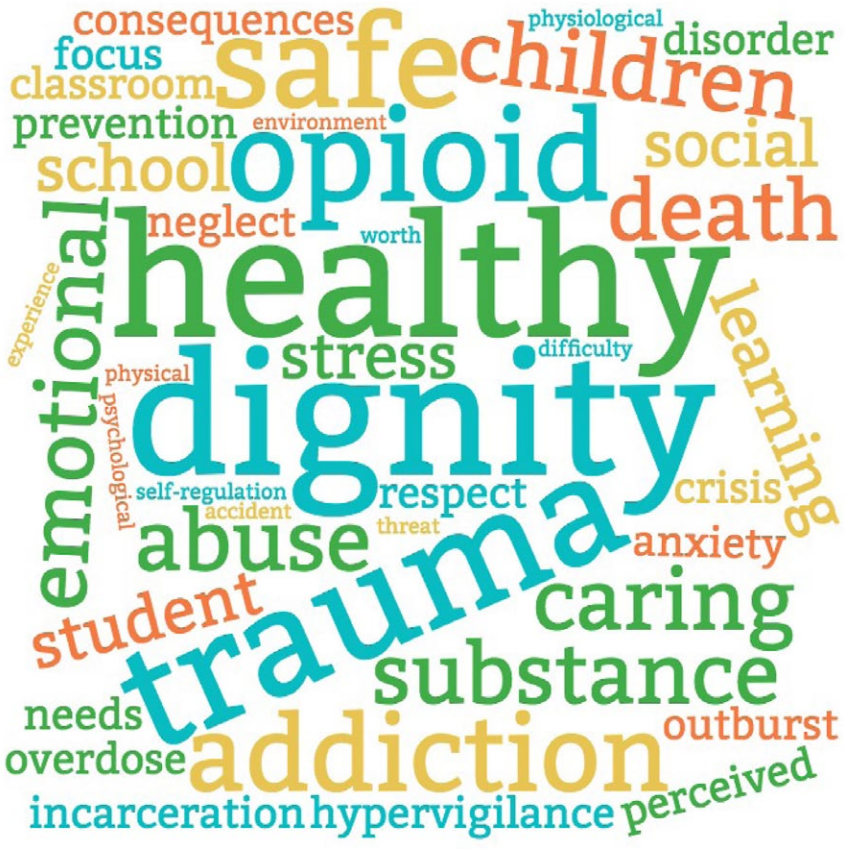
The stigmas and stereotypes associated with addiction remain a barrier for treatment and can potentially cause trauma among our students who can re-experience trauma because of the language used. Broyles

and colleagues (2018) provide guidance for words to avoid, justification, and appropriate alternatives. Examples of guidelines include:

- Respect the worth and dignity of all persons. Avoid using the terms "addict, abuser, or junkie."
- Use person-first language (e.g., person in active addiction, person experiencing an alcohol/drug problem).
- Use language that reflects the medical nature of substance use disorders.
- Avoid slang and idioms.
- Avoid using "clean" or "dirty" when referring to a drug test; instead use "negative," "positive," or "substance-free."

**Trauma-Informed Practices**

Trauma is the emotional, psychological, and physiological damage caused by heightened stress during a threatening, violent, or live-changing experience (Walkley & Cox, 2013). *The Diagnostic and Statistical Manual of Mental and Emotional Disorders (DSM-5), 5th Ed.* (American Psychiatric Association, 2013) asserts that victims of trauma experience a real or perceived threat of death or personal injury to themselves or someone they know. This could include a single distressing event, chronic stress, or from exposure to frequent prolonged adversity. Trauma can occur at any age and can affect individuals from all walks of life. Examples of traumatic events may include being in a car accident, death of a loved one, abuse, or witnessing violence. Traumatic events involving abuse, neglect, or familial dysfunction during the early years of life are often referred to as adverse childhood experiences (ACEs) and are directly related to poor health, education and social outcomes into adulthood (Liming & Grube, 2018). The impacts of trauma can vary by individual and can include physical, social, emotional, cognitive and behavioral consequences. Difficulty concentrating, impulsivity, inconsistent behavior, and complaints of somatic symptoms are all signs associated with trauma. Children and adolescents may also present with hypervigilance, social or emotional withdrawal, anxiety and emotional outbursts. In the midst of the current opioid crisis, children and adolescents are more likely than not to be exposed to trauma (Feder, Letourneau & Brook, 2019). Overdose, death of a family member, family member incarceration, and abuse are all possible traumatic events a child may experience in association with familial drug use. It is estimated that nearly 50% of children and adolescents in the U.S. have had at least one out of ten common adverse child experience (Bethel, Davis, Gombojav, Stumbo & Powers, 2017). There is a significant increase between the number of adverse childhood experiences and the likelihood for a child or adolescent to use substances and/or develop a substance use disorder (Bethel, et al., 2017).




Prevention programming should focus on addressing the related consequences of trauma as well as providing programs and services that promote healthy childhood development. Implementing trauma-informed practices can serve as a guide for educators when working with students who may have experienced trauma. Trauma-informed schools and classrooms provide a caring stable environment that helps students feel safe and supported. It focuses specifically on addressing the needs of the whole child in relation to learning and development, places a great emphasis on the relationship between the school and student, and introduces social emotional learning as a means to teach students self-regulation (SAMSHA, 2014).

TABLE • 2

**Recognize, Reach Out and Refer (Safer Schools Ohio, 2019)**

| Recognize | Reach Out | Refer |
|---|---|---|
| Recognize a *change* in indicators including:<br>• Show a decline in school-work; grades drop or slip dramatically<br>• Miss school (skipping secretly or being too "tired" or "sick" to attend)<br>• Have unexplainable and dramatic mood changes (irritable, crying)<br>• Drop out of enjoyable activities (music, sports, hobbies)<br>• Change their physical appearance (poor hygiene, unusual style changes)<br>• Lose motivation; seem depressed or anxious; are forgetful<br>• Change their sleeping habits, are tired, and possibly fall asleep in class<br>Signs of drug abuse:<br>• Suddenly change friends and do not introduce new friends to parents<br>• May take money or valuables from others' purses, lockers, desks, or homes.<br>• Show secretive behaviors such as locking bedroom doors and taking a long time to answer<br>• Have hostile, aggressive outbursts<br>• Smells on their breath or body<br>• Are negative, argumentative, or destructive<br>• Paranoid, confused, or anxious<br>• Overreact to criticism<br>• Act rebelliously<br>• Are overly tired or hyperactive<br>• Exhibit drastic weight loss or gain | • Once you "recognize" the signs and symptoms, the next step is to "reach out" to the student.<br>• Respond to the student in a non-judgmental tone; show your concern and a willingness to help.<br>• Develop a plan to reach out that includes key messages to share with the student and next steps that follow school policy and procedures.<br>• Practice how you will respond to a student disclosure, incorporating youth-centered and non-judgmental approaches including "I" messages in a supportive and non-judgmental tone to show your concern and willingness to help. Examples include:<br>  • "Thank you for sharing something so personal with me."<br>  • "I may not be able to answer all your questions, but I will get you connected to someone who can help."<br>  • "I am concerned about you. Can we talk about this more with the guidance counselor (or other trusted adult at school)?"<br>• Prepare how to care for yourself or build a support network for after a student disclosure.<br>• Identify key messages to use with the student once disclosure has occurred | • Seek the support of administrators, counselors, or other support personnel to provide additional resources to meet the student's needs.<br>• Provide accurate and timely information when referring the student.<br>• ALWAYS follow district policy and procedures for reporting student concerns.<br>• FOLLOW state and district guidelines for mandatory reporting.<br>• Check with administrators to determine the current policy and reporting procedures.<br>• Teachers are not expected to provide a clinical intervention, treatment, or services but teachers are expected to be a resource for students. |

Note. The list of symptoms is important to know, but a key indicator is any change in the pattern of behaviors. Any one of these signs is not a definitive certainty of substance use, abuse, or addiction. Please recognize and reach out if a student is struggling or needs support.

## Recognize, Reach Out, Refer

*Recognize, Reach Out & Refer* (Safer Schools Ohio, 2019) is an easy to remember guideline for supporting student's needs (See Table 2). Educators are not expected to be mental health or behavioral health professionals. However, teachers should "recognize, reach out, and refer" young people to professionals who can help address problems before they escalate to crisis level. Utilizing school-wide efforts and working with a school improvement team or school climate committees that include health and physical education teachers can aid in identifying resources to support educators and create a safe, supportive and drug-free school. The most important thing schools can do is help train educators to recognize the signs and symptoms of distress in students, reach out to them, tell them they care, and make the appropriate referral so students can get the help they need to be successful in school and life.

- *Recognize:* A *CHANGE* in indicators.
- *Reach Out:* Show your concern, support and a willingness to help in a non-judgmental statement. "I am concerned about you. Can we talk about this more with the guidance counselor?"
- *Refer:* Seek the support of administrators, counselors, or other

support personnel to provide additional resources to meet the student's needs. Teachers are not expected to provide a clinical intervention, treatment, or services but teachers are expected to be a resource for students.

**Role of Teacher Education and Professional Organizations**

Teacher preparation programs should be prepared to modify courses and course offerings to meet the health needs of students and schools. As schools shift their focus to supporting the whole child, teacher education must change its focus to include both education and health outcomes. This includes a shift to focus on social-emotional learning, resiliency skills, Positive Behavior Interventions and Supports (PBIS), health literacy, and trauma-informed schools. The opioid crisis highlights the need for schools and teacher education to include training in the WSCC Model. This includes an awareness of the importance of student health in education, working with public health and community partners, understanding PBIS, using trauma-informed practices, and understanding the opioid crisis and its impact on schools, students, and communities. Teacher candidates should have opportunities to practice collaboration with other programs and professionals such as school counselors, school nurses, and school social workers. Fostering relationships with other school health professionals while in teacher education programs will develop an awareness, knowledge and skills to make collaboration more likely. Some states, such as Ohio, have required teacher preparation programs to build an opioid module to prepare all future teachers to have the information to educate students about the consequences of opioids and other substance abuse, as well as the resources available to help support students, families, and communities.

State and national health and education professional organizations should focus advocacy efforts towards a focus on healthy students and meeting the needs of the whole child, while fostering partnerships with other organizations focused on the similar outcomes. This includes state and national policy and initiatives highlighting the positive relationship between health and academic success, and the significant role health and physical educators play in our greatest health challenges. Professional organizations should be at the table to collaborate with other education organizations such as school boards, administrators, public health, and mental health/addiction services to develop a process, framework, and tools for schools and educators to impact the important work that goes on at the school level.

Health and Physical Education should be prepared to connect and coordinate with school and health partners to maximize student health and education outcomes.

## Recommendations

A public health crisis such as the opioid epidemic highlights the important role of schools, educators, and health and physical education. Schools, educators and students are significantly impacted by the health of their community and must be able to evolve to meet the needs of the whole child. Ohio has prioritized the whole child through the ODE Strategic Plan (ODE, 2019) and the $675-million in Student Wellness and Success Funds, and $20-million in Prevention Funding. Health and Physical Education should be prepared to connect and coordinate with school and health partners to maximize student health and education outcomes. Educators also play a central role as a trusted adult and will need to continue to build their skills to *Recognize, Reach Out, and Refer* students to services. Educators must also continue to prioritize and take care of their own personal wellness. As advocates for student health and wellness, health and physical educators can connect programs, initiatives, and curriculum for the whole school to meet the needs of the whole child.

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