Opiod Exposure

- Practical classroom management strategies for the Educator

Mae Katt, BScN, MEd, NP

Debbie Weiler, BA, BEd, MEd

Chi Cheng, BArtsSc, MD, FRCP(C), MPH

Learning Objectives

During this workshop, participants will:

1. Learn about the science with in-utero exposure to opiods.
2. Develop an understanding about the behaviours that may manifest in children exposed to opiods.
3. Discuss myths and facts about exposure to opiods and classroom learning.
4. Have the opportunity to learn from case discussions in smaller group setting.
5. Have the opportunity to ask questions and discuss classroom management strategies.

Overview

- Science of in-utero exposure
- Associated behaviours
- Myths/Facts re: exposure to opiods
- Case #1 – Alexia
- Case #2 – Brian
- Case #3 – Kevin
- Discussion/Questions


learning
solutions
Science
creativity
students
questions
21st Century
thinking
processing
communication
problem solving
scientific method

Science

What is Neonatal Abstinence Syndrome (NAS)?

- Drug withdrawal syndrome (after delivery) of some opiod-exposed infants
- Epidemiology (between 2004 – 2013):
  - Incidence per 1000 births 1.4 → 4.8
  - Increased in rural areas 1.2 → 7.5
  - Variable severity, not all infants exposed develop NAS
- Characteristics:
  - Starts within 3-5 days of birth → days/weeks
  - Irritability, high pitched cry, tremor, stiff, increased reflexes, unable to settle
  - Loose stools, sucking ++, poor feeding, weight loss
  - Rapid breathing, sweating, sneezing, yawning, increased temperature
  - Seizures, possible death

Outcomes on infants/babies

- Not all babies develop NAS
- More likely if exposure to:
  - cigarette smoke, benzodiazepine, gabapentin, SSRI (antidepressant), marijuana
- Lower cognitive performance
- Lower affect regulation
- Neural development slowed or lessened
- Attention deficits
- ? Gender differences

Longer-term outcomes

- Associated with poorer school performance grade 3, 5 and 7
  - e.g., reading, numeracy, writing, grammar, spelling
- Worsened as they got older
- Learning disabilities
- Behavioural and attentional problems (e.g., ADHD)
- Protective:
  - Older maternal age (> 30 years)
  - Primary parent with education above grade 9

Other Associated Risks

- Childhood maltreatment, neglect
- Social vulnerability
- Chronic stress
- Alcohol or drug use disorder (earlier onset)
- Low self-esteem
- Increased anxiety, depression, oppositional behaviour
- Resilience associated with:
  - Strict parental supervision
  - Lower violence exposure
  - No tobacco exposure

Associated Behaviours

Behaviours Observed

- Behavioural outbursts
- Moody, or mood swings
- Affect dysregulation
- Withdrawn
- Low attention

Tips for managing behaviours

- Frequent breaks
- Seating arrangement
- Physical activity
- Use assistive technology (e.g. auditory supports)
- Meet with parent/guardian

- Cross ability grouping
- Provide photocopied notes
- Provide organization tips, time management
- Keep lessons concrete
- Colour code items
- Give extra time to process new information
- Regular repetition & clarification

What schools can do

- Provide a “chillax” area
- Remove distractions:
  - Headphones
  - Seating
  - Lighting
  - Alternate place to work
  - Minimal removals from classroom
- Build for success (e.g. focus on strengths)
- Provide “safe” ‘go-to’ teacher
- Provide time extensions

Supporting Return to School

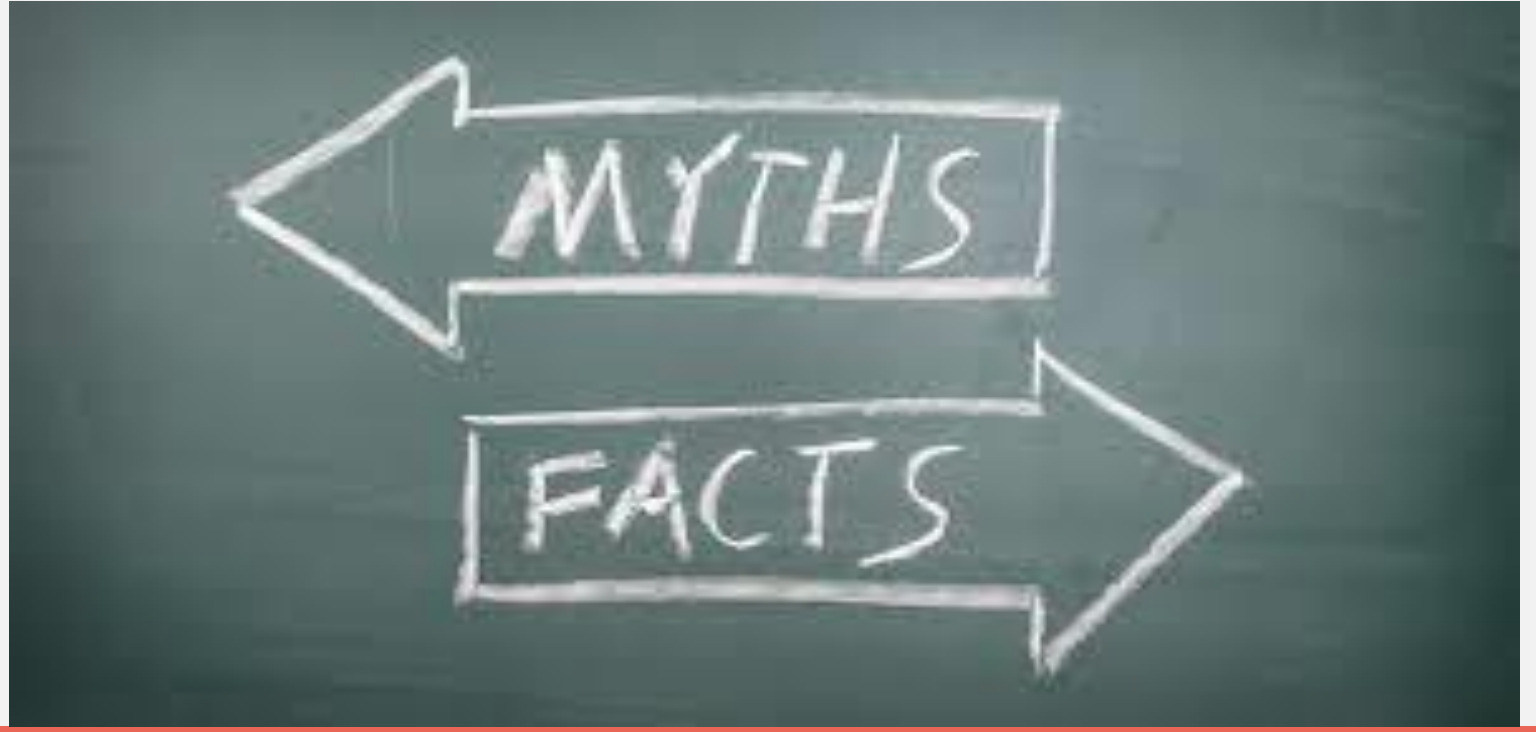
- Self confidence/esteem
- Return to school is an important goal
- Many barriers to return to school

- Dispel myths and stigma – can be hard to return to school
- Consider the side-effects of medications.
- Allow for difficulties in concentration and thinking.
- Provide academic accommodations as required.
- Support reintegration; school life, back to classes, extra-curricular activities.
- Connect with the student's service providers (with consent)
- Maintain a positive, encouraging stance with students

School Accommodations - Examples

- Quiet time
- Extended time/deadlines
- Separate room for exams
- Oral instead of written exams
- Note takers
- Permission to tape lectures
- Frequent breaks
- Later start to day

- Classroom
- Exams
- Assignments
- Financial assistance
- Scheduling/Timetable
- Academic
- Withdrawal from class accommodations
- Accessibility workshops
- Residential accommodations
- Provision of support services
- Assessment for provision of adaptive technology



Myths and Facts

True or False?

1. All kids who were exposed to opiods will have behaviour outbursts in school.
2. All babies exposed to opiods will develop NAS.
3. The best thing to do with kids who are behaviourally explosive is to protect the school safety and suspend them from class.
4. It is necessary to remove a student from class to support remedial work.
5. Kids who have history of psychosis and opiod exposure more likely to go “postal”.
6. 50% of children of substance users are resilient to poor outcomes
7. Children of substance users have earlier and more frequent criminal activity.
8. Staying in school is key to success.

Case Studies

Alexia

Alexia is a 12 year old Indigenous girl who lives with (non-Indigenous) foster-parents in small northern community. She was placed in care at 6 years because both parents have severe drug addiction. Until early 2017, she was living with her Gookum. Due to her increasing oppositional behaviours (e.g., threating suicide, self harm, not listening to rules at home), she was placed with foster-parents who live in a nearby community. Alexia started a new school in September, but only attended until ~ end of October. The school officials want to “suspend” Alexia because they can not manage her behaviour. Alexia has repeatedly said she wants to die, that she is haunted by a woman from her community (who passed away 18 mos ago), and that she is very scared and hopeless. Most of the time, when you try to talk to her, she is mute, and refuses to say anything.

Brian

Josh and Pam are both 35 years old and have been married for 16 years. They have 4 children: Brian 15; Kayla 5; Joe 4 and baby “JJ” (Josh Jr) 1 year. They have used opioid drugs for many years and they went onto Suboxone treatment in 2011. Brian had witnessed his parent’s drug use as a young child and he spent time with his grandmother who provided meals, a safe place and bought him toys.

Pam is worried about Brian. Since moving to a small town to attend high school he has “not been doing good” in grade 9. She says is “hyper and shy” and won’t go for help at the school. He does not drink alcohol or smoke. At school there was a suggestion to have Brian repeat grade 8 as he requires remedial help. At the high school Brian has to leave his classes to get one-on-one help for his homework as this is only offered during classes and not after school. Josh and Pam recently separated and Brian does not seem angry with his parents. How can the school help Brian?

Kevin

Mrs. Smith had a great deal of trouble with a first grader named Kevin. Kevin was a very angry child who lived with his grandparents. His grandparents were totally non- supportive not recognizing an issue with Kevin. They felt the teacher was to blame as she made Kevin mad. Kevin’s mother lived in the community with her boyfriend but had minimal involvement with him. At least five times a day, Kevin would lose his temper if he didn't get his way. He would yell and scream at anyone who frustrated him. He was beginning to throw things at people during his episodes. His temper kept the class on edge throughout the entire day.

Questions

Contact Information

Mae Katt or Debbie Weiler

maekatt@shaw.ca

Twitter: @MaeKattNP

Dr. Chiachen Cheng

chcheng@nosm.ca

Twitter: @drchicheng

References

- Nygaard, E. etal. Longitudinal cognitive development of children born to mothers with opiod and polysubstance use. *Pediatric Research*. 2015 (78) 330-5.
- Oei, JL. etal. Neonatal abstinence syndrome and high school performance. *Pediatrics*. 2017 (139) e20162651.
- Oei, JL. Adult consequences of prenatal drug exposure. *Internal Medicine Journal*. 2018 (48) 25-31.
- Reddy, U. etal. Opion use in pregnancy, neonatal abstinence syndrome and childhood outcomes. *Obstetrics & Gynecology*. 2017 (130) 10-28.
- Sanlorenzo L, eta. Neonatal abstinence syndrome: an update. *Current Opinion in Pediatrics* 2018 (30) 1-5.