



POLICY ROUNDTABLE ON EXPANDING NALOXONE ACCESS IN SCHOOLS

MEETING REPORT

The Collaborative for Effective Prescription Opioid Policies (CEPOP) (www.CEPOPonline.org) was formed in January 2015 as a national advocacy platform to engage diverse stakeholders in a comprehensive and coordinated strategy against the opioid epidemic. On October 10, 2023, CEPOP convened stakeholders to discuss policy approaches to expand access to naloxone, a medication designed to rapidly reverse opioid overdose, in school settings. The roundtable discussions centered on reducing barriers and accelerating access to naloxone in schools and for students to be able to carry naloxone on school grounds. Discussion leaders and participants shared their views on these topics and identified potential policy actions that could be taken by CEPOP and others. Speakers included representatives from federal and state government, school health services, student groups, healthcare professional associations, and advocacy organizations. The program agenda and list of participants are included as Appendix A and Appendix B, respectively. This document summarizes the proceedings of the roundtable and the recommended next steps to be included in CEPOP's policy and advocacy strategy.

Student Perspective: Carrying Naloxone on School Grounds

Following introductory remarks and an overview of the goals of the roundtable by the meeting moderator, the Honorable Mary Bono, Hays Stritikus of Students Against Overdose provided remarks highlighting student-led efforts to encourage fellow students to be able to carry naloxone on school grounds. The Durango School District in Colorado had a policy in place that allowed schools to stock naloxone in school nurses' offices. Students Against Overdose collaborated extensively with Durango School District leadership to discuss the feasibility and legality of expanding the existing policy to allow students to carry naloxone on school grounds. Student advocates emphasized that because students are more present on school campuses for longer periods of time, they are more available to administer naloxone should an overdose occur. Moreover, if students cannot carry naloxone when on campus, it is much less likely they will have it off-campus should they confront an overdose in that setting. These advocacy efforts resulted in the Durango School District becoming the first school district in Colorado to allow students to carry naloxone on school campuses.

Framing the Challenge: Student Access to Naloxone on School Grounds

Marci Hertz, Associate Director for Program Implementation at the Division of Overdose Prevention at the Centers for Disease Control and Prevention, presented a national overview on the status of naloxone in schools. Education in the United States remains largely the responsibility of State and local

governments. As such, school funding, especially at the elementary- and secondary-school levels, often comes from non-Federal sources. However, States, communities, and public and private colleges and universities can implement their own laws concerning naloxone in schools.

- Currently, 47 states have added a statute pertaining to naloxone access laws, 30 states have statutory language regarding access to naloxone in schools, and 10 of these states require local school districts to develop policies concerning the use of naloxone.
- 20 states allow schools to possess naloxone and authorize a school nurse or other school employee to administer naloxone. Maine, Nevada, Iowa, and New York allows schools to possess and keep naloxone on the premises and requires school districts or school boards to promote policies on the possession of naloxone in schools.
- Many naloxone laws related to schools only address naloxone possession and use in primary and secondary schools; however, in Maryland, Washington, and Wisconsin, the laws address both primary and secondary schools and higher education.
- States will often develop a model policy on naloxone access and local school districts can adopt the policy in its entirety or modify it. Many states have also developed tools for school districts to support policy implementation (e.g., user-friendly resources for schools, free naloxone distribution to schools).
- In February 2016, Pennsylvania initiated the first school naloxone program in the United States to facilitate distribution of naloxone to public and private schools. [Data](#) from a 2018 cross-sectional survey of school nurses in Pennsylvania suggested that half of school nurses had a supply of naloxone in their school building and 5.2% of those nurses reported that it had been administered during a school event. Barriers to use cited by school nurses surveyed included lack of school board support, lack of administration support, and a belief that schools do not need naloxone.
- Schools will need to consider several factors pertaining to state laws, district policies, school nurse practices, and community needs when developing their naloxone access policies. Further, state laws and nurse practice acts differ from state to state so, prior to enacting any protocol, each school district and each school nurse must ensure that the protocol is consistent with applicable state laws and regulations.
- Increasingly, states are developing guidance on administering naloxone in school settings and are including information on needs and prevalence data, standing orders, identifying the signs of an overdose, and appropriate overdose response options for school districts to incorporate into their emergency response plans.
- Health departments are encouraged to work with schools and school districts in the development and implementation of naloxone policies. Understanding that educating students is the school's primary goal and understanding the local context (e.g., local data about overdoses, local laws) are key to working effectively with schools.
- In recent years, additional steps have been taken to encourage safe and effective management of opioid-related overdoses in schools, including the release of the National Association of School Nurses [position statement](#) in 2020 encouraging that management of overdoses be incorporated in school emergency preparedness and response plans, and the pending [School Access to Naloxone Act](#), which aims to “amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose.”

Addressing Barriers and Accelerating Student Access

Discussants shared insights and engaged in a moderated discussion with other meeting participants to identify roadblocks preventing students' ability to carry naloxone on school campus and to consider policy recommendations to accelerate access. Federal regulators have sought to reduce prescription-related barriers and accelerate access to naloxone by approving two over-the-counter versions of naloxone. Much of the discussion focused on the need to complement these efforts by implementing local-level actions that address the stigma surrounding naloxone use, create linkages between the administration of naloxone and prevention activities, and foster community partnerships to support schools with identifying solutions and best practices and applying them more broadly across schools. A summary of the points discussed is included below.

- Naloxone and prevention programs are not mutually exclusive. While over-the-counter naloxone enables more flexibilities to support access in schools, naloxone is a necessary, but not sufficient, solution. Stakeholders will need to understand why students are using substances and the current barriers to prevention so they can address the underlying reasons for substance use. Evidence shows that prevention efforts implemented at the elementary school level are successful.
- Messaging plays an important role in reducing stigma, normalizing naloxone use, and accelerating naloxone access in schools. Messaging should be crafted to develop clear narrative to help students, parents, and teachers understand its uses and why students need access to naloxone, including emphasizing that naloxone is a lifesaving tool that can be used immediately and can be part of a broader harm reduction and prevention strategy. Advocates will also need to develop appropriate language for schools to have harm reduction conversations with students.
- Credible messengers are key to building trust with students. Advocates are encouraged to establish relationships and share the message of how naloxone is a necessary lifesaving tool. Credible messengers can include students, parents, first responders, public health agencies, and community groups.
 - Durango policy includes language that says that students are not held liable. They also require that students receive their naloxone from the school stock and that parents provide permission for the student to carry naloxone and the students formally acknowledge their responsibility, and that students complete naloxone training.

Proposed Actions

The following summarizes specific recommendations and considerations identified by Roundtable discussants and participants.

- Create policies that encourage comprehensive counseling for youth who are at risk of substance misuse.
- Insurers and risk management decisionmakers are important stakeholders in this domain. Develop resources that help these stakeholders understand what naloxone is and how it can be a tool that students, not just first responders, can utilize.
- Collaborate with stakeholder groups to develop model policies that address how to develop and implement naloxone access in schools and to navigate liability concerns.
- Coordinate with school boards on updating the current curricula and developing education models tailored for different school settings.

- Consider alternative forms for educating the community about naloxone, such as QR codes on naloxone kits that provide information on what naloxone is, how to administer it, and evidence-based information on substance use and prevention.
- Develop effective messaging and dissemination channels for students emphasizing that naloxone is a tool that can help someone experiencing an overdose, restore breathing, and save a life.

Next Steps and Action Items

Based on the recommendations shared during the roundtable, CEPOP will incorporate the following steps into its 2024 workplan.

- Promote recommendations from Roundtable when engaging with White House, Federal Agency, and Congressional leaders around CEPOP policy priorities;
- Identify and promote federal- and state-level legislation and regulatory policies designed to expand access to naloxone to students and schools;
- Consider a congressional briefing on strategies that promote student access to naloxone; and
- Consider a national best practices webinar to advance students' ability to carry naloxone on school campuses.

APPENDIX A

POLICY ROUNDTABLE: NALOXONE ACCESS IN SCHOOLS

October 10, 2023 | 3:00-5:00 p.m. ET

[Link](#) to Join Roundtable

AGENDA

- 3:00-3:10** **Welcome Remarks**
Hon. Mary Bono, Co-Convenor and Member of Congress (ret.)
- 3:10-3:15** **Student Perspective: Carrying Naloxone on School Grounds**
Hays Stritikus, University of Richmond
- 3:15-3:30** **Framing the Challenge: Student Access to Naloxone on School Grounds**
Marci Hertz, Associate Director for Program Implementation, Division of Overdose Prevention, Centers for Disease Control and Prevention
- 3:30-4:15** **Addressing Barriers and Accelerating Student Access**
Discussants:
Adam Leventhal, Director, USC Institute for Addiction Science
CAPT Christopher Jones, Director of the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration
Dr. Karen Cheser, Superintendent, Durango (Colo.) School District
Mark Hodge, Senior Administrator for School Health Services, Montgomery County (Md.) Health and Human Services
Dr. Patricia Kapunan, Medical Officer, Montgomery County (Md.) Public Schools
- 4:15-4:20** **Break**
- 4:20-4:50** **Discussion: Consensus Strategy Development**
All Participants
- 4:50-5:00** **Action Items and Concluding Remarks**

APPENDIX B

ROUNDTABLE PARTICIPANTS

- Lacy Adams, *National Association of State Alcohol and Drug Abuse Directors*
- Lindsey Arnold, *Emergent BioSolutions*
- Grant Baldwin, *Centers for Disease Control and Prevention*
- Maya Bolter, *Faegre Drinker Consulting*
- Mary Bono, *Mothers Against Prescription Drug Abuse*
- Karen Cheser, *Durango (Colo.) School District*
- Dona Dmitrovic, *Substance Abuse and Mental Health Services Administration*
- Allison Fox, *Mothers Against Prescription Drug Abuse*
- Ceceilia Frazier, *Mothers Against Prescription Drug Abuse*
- Rich Hamburg, *Safe States Alliance*
- Marci Hertz, *Centers for Disease Control and Prevention*
- Mark Hodge, *Montgomery County (Md.) Health and Human Services*
- Stephanie Iszard, *Maryland State Board of Education*
- Christopher Jones, *Substance Abuse and Mental Health Services Administration*
- Patricia Kapunan, *Montgomery County (Md.) Public Schools*
- Jessica Kelley, *Association for Behavioral Health and Wellness*
- Andrew Kessler, *Slingshot Solutions*
- Piper Largent, *National Association of School Nurses*
- Adam Leventhal, *USC Institute for Addiction Science*
- Michelle Mcvay, *Substance Abuse and Mental Health Services Administration*
- Rob Morrison, *National Association of State Alcohol and Drug Abuse Directors*
- April Norambuena, *USC Institute for Addiction Science*
- Steven Passik, *Millennium Health*
- Michelle Putnam, *Centers for Disease Control and Prevention*
- Sanjyot Sangodkar, *Faegre Drinker Consulting*
- Mathilde Sharman, *Rational 360*
- Michael Smith, *Michael Smith Business Development*
- Cecilia Spitznas, *Office of National Drug Control Policy*
- Hays Stritikus, *University of Richmond*
- Sue Thau, *Community Anti-Drug Coalitions of America*
- Windellina Thrane, *Alliance Health Plan*
- Carol Walsh, *National Association of School Nurses*
- Kim Waltrip, *Mothers Against Prescription Drug Abuse*
- Dave Zook, *Faegre Drinker Consulting*