

REPORT OF THE BOARD OF TRUSTEES

B of T Report 11-A-24

Subject: Safe and Effective Overdose Reversal Medications in Educational Settings

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Referred to: Reference Committee B

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1 INTRODUCTION

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3 At the 2023 Annual Meeting of the American Medical Association (AMA) House of Delegates  
4 (HOD), Resolution 217 entitled, “Increase Access to Safe and Effective Overdose Reversal  
5 Medications in Educational Settings,” was adopted. This resolution called on the AMA to:

6

- 7 • Encourage states, communities, and educational settings, to adopt legislative and  
8 regulatory policies that allow schools to make safe and effective overdose reversal  
9 medications naloxone readily accessible to staff and teachers to prevent opioid overdose  
10 deaths in educational settings;
- 11 • Encourage states, communities, and educational settings to remove barriers to students  
12 carrying safe and effective overdose reversal medications; and
- 13 • Study and report back on issues regarding student access to safe and effective overdose  
14 reversal medications.

15

16 The HOD adopted the resolution, which has been codified at Policy H-95.908, “Increase Access to  
17 Safe and Effective Overdose Reversal Medications in Educational Settings.” In response to the  
18 third resolve of the HOD action, this report provides background information, a discussion on  
19 naloxone access in schools and other educational settings, relevant AMA advocacy initiatives, and  
20 other updates.

21

22 BACKGROUND

23

24 More than 2,200 adolescents (ages 10-19) died of a drug-related overdose between July 2019-  
25 December 2021, with nearly 84 percent of these deaths involving illicitly manufactured fentanyl.  
26 An opioid of any type was involved in more than 91 percent of deaths, according to the Centers for  
27 Disease Control and Prevention (CDC).<sup>1</sup> Naloxone was administered only 30 percent of the time,  
28 according to the CDC.<sup>2</sup> Unintentional drug overdose deaths among young people (ages 15-19)  
29 continued to remain high in 2022, according to the National Institute on Drug Abuse (NIDA).<sup>3</sup>  
30 Two-thirds of those who died did not have any history of prior opioid use.<sup>4</sup>

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32 Naloxone was created in the 1960s and subsequently began being used in emergency departments  
33 and other hospital settings.<sup>5</sup> Naloxone distribution in the community became more prevalent in the  
34 1990s through harm reduction organizations.<sup>6</sup> Naloxone is most commonly administered via  
35 intramuscular injection or intranasal spray, and user preference may vary depending on familiarity  
36 with a product and how to use it.<sup>7</sup> With respect to availability in schools and other educational  
37 settings, the nasal spray formulation is most commonly cited in school educational resources and

1 guidelines. It is important to emphasize, however, that the AMA does not endorse any specific  
2 brand or generic formulation of naloxone or other U.S. Food and Drug Administration (FDA)-  
3 approved opioid overdose reversal agents. While it is beyond the scope of this report to review the  
4 several decades of life-saving benefits of naloxone, it is notable that AMA policy supports  
5 continued development of and access to additional medications to reverse opioid-related overdoses.  
6

7 Access to naloxone in the community has increased considerably in the past decade. From  
8 2012-2017, naloxone prescriptions dispensed in the United States grew from 1,061 prescriptions to  
9 nearly 270,000 prescriptions.<sup>8</sup> Naloxone prescriptions dispensed increased to nearly 1.7 million  
10 prescriptions in 2022. Based on our strong policy, the AMA continues to urge all physicians to  
11 prescribe naloxone or other overdose reversal medications to patients at risk of overdose—and to  
12 friends and family of those who might be in a position to save a life from overdose. The AMA also  
13 continues to encourage physicians and physician offices to educate patients about the availability of  
14 naloxone and other overdose reversal agents available over the counter, from pharmacists via a  
15 standing order, or reversal agents that may be available through public health agencies. The  
16 National Association of Counties details multiple strategies and examples to increase state- and  
17 community-level distribution of naloxone.<sup>9</sup>  
18

19 In addition to physicians' increasing efforts in prescribing naloxone, the AMA also recognizes the  
20 longstanding role that harm reduction organizations have played in saving lives from overdose.  
21 Harm reduction and other community-based organizations distributed more than 3.7 million doses  
22 of naloxone between 2017–2020.<sup>10</sup> From August 2021 to July 2023, national harm reduction  
23 organization, Remedy Alliance For The People, sent 1,639,542 doses of generic injectable  
24 naloxone to 196 harm reduction projects in 44 US states, DC, and Puerto Rico, of which  
25 206,371 doses were provided at no-cost to 138 under-resourced harm reduction projects.<sup>11</sup>  
26 Naloxone has saved hundreds of thousands of lives in the United States, and the Board of Trustees  
27 continues to strongly support all efforts to increase access to naloxone and other opioid overdose  
28 reversal agents.  
29

## 30 DISCUSSION

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32 Increasing access to naloxone was one of the first recommendations of the AMA Substance Use  
33 and Pain Care Task Force (Task Force),<sup>12</sup> which was first convened in 2014 and remains a vital  
34 part of ensuring that organized medicine communicates emerging issues and policies to improve  
35 outcomes and save lives. The Task Force's work, including providing input on and development of  
36 AMA model state legislation<sup>13</sup> to increase access to naloxone, has been part of every state now  
37 having broad naloxone access laws.<sup>14</sup>  
38

39 AMA model legislation also includes broad authority and immunities for high schools, universities,  
40 and other educational settings to possess, distribute and administer naloxone to teachers, staff, and  
41 students. As a result of AMA and other organizations' advocacy, approximately 30 states authorize  
42 educational settings to administer naloxone, and it varies by state regarding whether that includes  
43 elementary schools, high schools, or schools of higher education.<sup>15</sup>  
44

45 Multiple school districts and universities already provide naloxone and overdose prevention and  
46 education opportunities. While the total number continues to grow, representative examples can be  
47 found in Southwest Virginia, where nearly all schools carry naloxone,<sup>16</sup> and the state itself has  
48 amended its laws to authorize the ability for schools and school employees to carry, administer, and  
49 distribute naloxone.<sup>17</sup> All schools in the Miami-Dade public school system carry naloxone,  
50 although it is most commonly held by school public safety officials.<sup>18</sup> One student remarked that  
51 she carries naloxone in her purse because, "Our friends do not know that those pills are more than

1 likely to be fake [or] have enough fentanyl in it to kill you. And that is scary. I carry Narcan in my  
2 school bag. If I am going to a party, I will put it in my purse. It is just a layer of protection. You  
3 wear your seatbelt not because you are going get in a car accident. It is to keep yourself safe.”  
4

5 Additional examples of schools, universities and other educational settings carrying naloxone:  
6

- 7 • University of Pennsylvania Perelman School of Medicine—medical students are taught  
8 how to recognize signs of overdose and administer naloxone on their first day of medical  
9 school.<sup>19</sup>
- 10 • University of Southern California—a group of pharmacy students found that once they  
11 started a naloxone education and distribution program, demand outpaced expectations.<sup>20</sup>
- 12 • Vanderbilt University—makes naloxone and other harm reduction supplies available for  
13 individuals as well as at public locations throughout campus.<sup>21</sup>
- 14 • Akron (Ohio) School District—voted to approve naloxone availability in schools in 2017.<sup>22</sup>
- 15 • Columbia (NY) University—students who carry naloxone have saved lives from overdose  
16 in the community<sup>23</sup> and in schools. Naloxone education events have occurred since 2018  
17 and resulted in “more than 2,500 students, faculty, staff and community members on how  
18 to recognize an overdose and administer treatment.”<sup>24</sup>
- 19 • University of South Carolina—naloxone is accessible at the university fitness center,  
20 school pharmacy and other locations.<sup>25</sup>
- 21 • Montana—authorizing naloxone distribution and use in schools has been one part of the  
22 state’s naloxone efforts, which distributed more than 26,000 naloxone kits to first  
23 responders, law enforcement, schools, and others.<sup>26</sup>
- 24 • Texas—schools now are required to carry naloxone, which has been administered multiple  
25 times to save the life of a young person, according to news reports.<sup>27</sup>

26  
27 This short list above of high schools, universities, and other settings is a very brief snapshot  
28 showcasing the fact that school districts recognize the value of having naloxone in educational  
29 settings. Given the rapid adoption of efforts to increase access to naloxone in school-based settings,  
30 data on the total number of educational settings with naloxone is not currently available. The Board  
31 of Trustees strongly encourages these trends to continue.  
32

33 The Board of Trustees also wants to continue to dispel myths about naloxone. The Board is aware  
34 of ongoing myths that naloxone may increase risky drug use behaviors. Much like debunked and  
35 dangerous myths of how use of seatbelts encourages risky driving; that the presence of fire  
36 hydrants encourages arson; or “that HPV vaccination increases promiscuity or increases risky  
37 sexual behavior,”<sup>28</sup> the presence and availability of naloxone has consistently been found to not  
38 increase use of drugs or increase risk of overdose. For example, a 2023 study found that “Naloxone  
39 access laws and pharmacy naloxone distribution were more consistently associated with decreases  
40 rather than increases in lifetime heroin and [injection drug use] among adolescents.”<sup>29</sup> The study  
41 authors make clear that “Our findings therefore do not support concerns that naloxone access  
42 promotes high-risk adolescent substance use behaviors.” A smaller study of heroin users found “no  
43 evidence of compensatory drug use following naloxone/overdose training.”<sup>30</sup> And a report from  
44 2010 looking at multiple myths cited multiple studies disproving the link between naloxone  
45 availability and increased drug use.<sup>31</sup> The Board of Trustees further emphasizes that while the  
46 Board does not support illicit drug use, it unequivocally supports efforts to save lives from  
47 unintentional drug-related overdose, including dispelling myths and supporting widespread  
48 availability of naloxone and other opioid overdose reversal agents. The limitations of naloxone,  
49 however, should be recognized. NIDA advises that “People with physical dependence on opioids  
50 may have withdrawal symptoms within minutes after they are given naloxone. Withdrawal

1 symptoms might include headaches, changes in blood pressure, rapid heart rate, sweating, nausea,  
2 vomiting, and tremors.”<sup>32</sup> NIDA aptly points out, however, that “The risk of death for someone  
3 overdosing on opioids is worse than the risk of having a bad reaction to naloxone.” The Board of  
4 Trustees agrees that death is a greater harm than withdrawal symptoms.

5  
6 As noted in the 2023 AMA Overdose Epidemic Report, overdose and death related to illicitly  
7 manufactured fentanyl, methamphetamine and cocaine increase; and xylazine and other toxic  
8 synthetic adulterants present new challenges. Naloxone does not reverse an overdose related to  
9 methamphetamine, cocaine or other toxic substances. Naloxone also does not work to counteract  
10 overdose related to alcohol, benzodiazepines or xylazine, which may increase the sedative effects  
11 of opioids, making the antagonist effects of naloxone appear not as rapid or sustaining.<sup>33</sup>  
12 Polysubstance use, moreover, may be intentional or unintentional as illicit substances may contain  
13 multiple toxic adulterants, including illicitly manufactured fentanyl.<sup>34</sup> The CDC, SAMHSA, NIDA  
14 and many other leading public health organizations, including the AMA, continue to counsel that in  
15 addition to immediately calling 911, it is still advised to administer naloxone because it is likely an  
16 opioid is present, and naloxone will not harm an individual. The Board of Trustees agrees and  
17 further points out that if an individual’s overdose is related to multiple substances, administering  
18 naloxone could help reduce respiratory depression. Again, the benefits of naloxone outweigh the  
19 limitations.

20  
21 The presence of fentanyl in the nation’s illicit drug supply also has raised the question of whether  
22 additional doses of naloxone are necessary, greater dose strengths, or different opioid overdose  
23 reversal medication (OORM) work more effectively than another. According to SAMHSA, the  
24 evidence shows that:

- 25
- 26 • Giving more than one dose of naloxone and using higher dose products may not be  
27 necessary when responding to a known fentanyl overdose.
  - 28 • An overdose may appear to need additional doses if other sedating drugs are present in the  
29 person’s body, such as alcohol, benzodiazepines, or xylazine; however, rapidly giving  
30 more naloxone or using a stronger, more concentrated OORM will not necessarily speed  
31 up the reversal process.
- 32

33 In fact, SAMHSA reports that “Multiple studies have found that despite the presence of fentanyl,  
34 more doses were not associated with improved outcomes.”<sup>35</sup> The Board of Trustees further  
35 emphasizes that there are multiple OORM that have been approved by the FDA. The AMA does  
36 not take a position on which OORM is more effective than another and—for the purposes of this  
37 report—encourages states, communities, and educational settings, to adopt legislative and  
38 regulatory policies that allow schools to make safe and effective overdose reversal medications  
39 such as naloxone readily accessible to staff and teachers to prevent opioid overdose deaths in  
40 educational settings. The Board of Trustees further encourages states, communities, and  
41 educational settings to remove barriers to students carrying safe and effective overdose reversal  
42 medications. The Board of Trustees wants to make clear that even when naloxone or other OORM  
43 saves a life from overdose, it is essential to seek immediate medical attention.

#### 44 AMA POLICY

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46  
47 The two most relevant AMA policies covering the areas of this report are (1) “Increasing  
48 Availability of Naloxone and Other Safe and Effective Overdose Reversal Medications”  
49 (Policy H-95.932); and (2) “Prevention of Drug-Related Overdose” (Policy D-95.987).  
50 Adoption of H-95.932 has helped the AMA to support a broad array of naloxone access initiatives  
51 for nearly a decade. As identified in H-95.932, these initiatives include:

1  
2 ...legislative, regulatory, and national advocacy efforts to increase access to  
3 affordable naloxone and other safe and effective overdose reversal medications,  
4 including but not limited to collaborative practice agreements with pharmacists and  
5 standing orders for pharmacies and, where permitted by law, community-based  
6 organizations, law enforcement agencies, correctional settings, schools, and other  
7 locations that do not restrict the route of administration for naloxone and other safe  
8 and effective overdose reversal medications delivery.  
9

10 Moreover, in accordance with AMA policy, specifically “Increasing Availability of Naloxone and  
11 Other Safe and Effective Overdose Reversal Medications” (Policy H-95.932), AMA advocacy has  
12 helped states enact broad liability protections “for physicians and other healthcare professionals  
13 and others who are authorized to prescribe, dispense and/or administer naloxone and other safe and  
14 effective overdose reversal medications pursuant to state law.” As part of our advocacy to support  
15 broad access, in accordance with AMA policy entitled, “Increasing Availability of Naloxone and  
16 Other Safe and Effective Overdose Reversal Medications” (Policy H-95.932), AMA continues “to  
17 encourage individuals who are authorized to administer naloxone and other safe and effective  
18 overdose reversal medications to receive appropriate education to enable them to do so  
19 effectively.”  
20

21 As noted briefly above, existing AMA policy entitled, “Increasing Availability of Naloxone and  
22 Other Safe and Effective Overdose Reversal Medications” (Policy H-95.932), also allows for broad  
23 support for “the widespread implementation of easily accessible naloxone and other safe and  
24 effective overdose reversal medications rescue stations,” as well as “access to and use  
25 of naloxone and other safe and effective overdose reversal medications in all public spaces  
26 regardless of whether the individual holds a prescription.” This includes public schools and other  
27 educational settings.  
28

29 Given the broad nature of our existing AMA policy, which is amply reflected in the positive  
30 developments to implement these policies throughout the United States, the Board of Trustees  
31 concludes that AMA policy is sufficient and that additional new policy is not necessary. This report  
32 also accomplishes the task set to the Board of Trustees to study and report back on issues regarding  
33 student access to safe and effective overdose reversal medications.  
34

### 35 RECOMMENDATIONS

36

37 The Board of Trustees recommends that the following be adopted, and that the remainder of the  
38 report be filed:  
39

- 40 1. Existing American Medical Association (AMA) policy entitled, “Increasing Availability of  
41 Naloxone and Other Safe and Effective Overdose Reversal Medications” (Policy H-  
42 95.932), be reaffirmed, and (Reaffirm HOD Policy)  
43
- 44 2. The third resolve of Policy H-95.908, “Increase Access to Safe and Effective Overdose  
45 Reversal Medications in Educational Settings” be rescinded and that the policy be updated  
46 as noted. (Modify Current HOD Policy)

47 1. Our AMA will encourage states, communities, and educational settings to adopt  
48 legislative and regulatory policies that allow schools to make safe and effective overdose  
49 reversal medications readily accessible to staff and teachers to prevent opioid overdose  
50 deaths in educational settings.

- 1           2. Our AMA will encourage states, communities, and educational settings to remove
- 2           barriers to students carrying safe and effective overdose reversal medications.
- 3           ~~3. Our AMA will study and report back on issues regarding student access to safe and~~
- 4           ~~effective overdose reversal medications.~~

Fiscal Note: Less than \$500.

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