REPORT OF THE BOARD OF TRUSTEES

Subject: Safe and Effective Overdose Reversal Medications in Educational Settings

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Referred to: Reference Committee B

INTRODUCTION

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

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

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

BACKGROUND

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

Naloxone was created in the 1960s and subsequently began being used in emergency departments and other hospital settings.\(^5\) Naloxone distribution in the community became more prevalent in the 1990s through harm reduction organizations.\(^6\) Naloxone is most commonly administered via intramuscular injection or intranasal spray, and user preference may vary depending on familiarity with a product and how to use it.\(^7\) With respect to availability in schools and other educational settings, the nasal spray formulation is most commonly cited in school educational resources and...
guidelines. It is important to emphasize, however, that the AMA does not endorse any specific
brand or generic formulation of naloxone or other U.S. Food and Drug Administration (FDA)-
approved opioid overdose reversal agents. While it is beyond the scope of this report to review the
several decades of life-saving benefits of naloxone, it is notable that AMA policy supports
continued development of and access to additional medications to reverse opioid-related overdoses.

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

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

DISCUSSION

Increasing access to naloxone was one of the first recommendations of the AMA Substance Use and Pain Care Task Force (Task Force), which was first convened in 2014 and remains a vital part of ensuring that organized medicine communicates emerging issues and policies to improve outcomes and save lives. The Task Force’s work, including providing input on and development of AMA model state legislation to increase access to naloxone, has been part of every state now having broad naloxone access laws.

AMA model legislation also includes broad authority and immunities for high schools, universities, and other educational settings to possess, distribute and administer naloxone to teachers, staff, and students. As a result of AMA and other organizations’ advocacy, approximately 30 states authorize educational settings to administer naloxone, and it varies by state regarding whether that includes elementary schools, high schools, or schools of higher education.

Multiple school districts and universities already provide naloxone and overdose prevention and education opportunities. While the total number continues to grow, representative examples can be found in Southwest Virginia, where nearly all schools carry naloxone, and the state itself has amended its laws to authorize the ability for schools and school employees to carry, administer, and distribute naloxone. All schools in the Miami-Dade public school system carry naloxone, although it is most commonly held by school public safety officials. One student remarked that she carries naloxone in her purse because, “Our friends do not know that those pills are more than
likely to be fake [or] have enough fentanyl in it to kill you. And that is scary. I carry Narcan in my
school bag. If I am going to a party, I will put it in my purse. It is just a layer of protection. You
wear your seatbelt not because you are going get in a car accident. It is to keep yourself safe.”

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

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

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

The Board of Trustees also wants to continue to dispel myths about naloxone. The Board is aware
of ongoing myths that naloxone may increase risky drug use behaviors. Much like debunked and
dangerous myths of how use of seatbelts encourages risky driving; that the presence of fire
hydrants encourages arson; or “that HPV vaccination increases promiscuity or increases risky
sexual behavior,”\footnote{28} the presence and availability of naloxone has consistently been found to not
increase use of drugs or increase risk of overdose. For example, a 2023 study found that “Naloxone
access laws and pharmacy naloxone distribution were more consistently associated with decreases
rather than increases in lifetime heroin and [injection drug use] among adolescents.”\footnote{29} The study
authors make clear that “Our findings therefore do not support concerns that naloxone access
promotes high-risk adolescent substance use behaviors.” A smaller study of heroin users found “no
evidence of compensatory drug use following naloxone/overdose training.”\footnote{30} And a report from
2010 looking at multiple myths cited multiple studies disproving the link between naloxone
availability and increased drug use.\footnote{31} The Board of Trustees further emphasizes that while the
Board does not support illicit drug use, it unequivocally supports efforts to save lives from
unintentional drug-related overdose, including dispelling myths and supporting widespread
availability of naloxone and other opioid overdose reversal agents. The limitations of naloxone,
however, should be recognized. NIDA advises that “People with physical dependence on opioids
may have withdrawal symptoms within minutes after they are given naloxone. Withdrawal
symptoms might include headaches, changes in blood pressure, rapid heart rate, sweating, nausea, vomiting, and tremors.” NIDA aptly points out, however, that “The risk of death for someone overdosing on opioids is worse than the risk of having a bad reaction to naloxone.” The Board of Trustees agrees that death is a greater harm than withdrawal symptoms.

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

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

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

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

AMA POLICY

The two most relevant AMA policies covering the areas of this report are (1) “Increasing Availability of Naloxone and Other Safe and Effective Overdose Reversal Medications” (Policy H-95.932); and (2) “Prevention of Drug-Related Overdose” (Policy D-95.987). Adoption of H-95.932 has helped the AMA to support a broad array of naloxone access initiatives for nearly a decade. As identified in H-95.932, these initiatives include:
...legislative, regulatory, and national advocacy efforts to increase access to affordable naloxone and other safe and effective overdose reversal medications, including but not limited to collaborative practice agreements with pharmacists and standing orders for pharmacies and, where permitted by law, community-based organizations, law enforcement agencies, correctional settings, schools, and other locations that do not restrict the route of administration for naloxone and other safe and effective overdose reversal medications delivery.

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

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

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

RECOMMENDATIONS

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

1. Existing American Medical Association (AMA) policy entitled, “Increasing Availability of Naloxone and Other Safe and Effective Overdose Reversal Medications” (Policy H-95.932), be reaffirmed, and (Reaffirm HOD Policy)

2. The third resolve of Policy H-95.908, “Increase Access to Safe and Effective Overdose Reversal Medications in Educational Settings” be rescinded and that the policy be updated as noted. (Modify Current HOD Policy)

1. Our AMA will encourage states, communities, and educational settings to adopt legislative and regulatory policies that allow schools to make safe and effective overdose reversal medications readily accessible to staff and teachers to prevent opioid overdose deaths in educational settings.
2. Our AMA will encourage states, communities, and educational settings to remove barriers to students carrying safe and effective overdose reversal medications.

3. Our AMA will study and report back on issues regarding student access to safe and effective overdose reversal medications.

Fiscal Note: Less than $500.
REFERENCES


6 The history of naloxone access in the United States. Remedy Alliance for the People. https://remedyallianceftp.org/pages/history


12 The first set of recommendations were issued in 2015 and revised at several intervals. See, for example, the 2017 update here: https://end-overdose-epidemic.org/wp-content/uploads/2020/06/AMA-Task-Force-to-Reduce-Opioid-Abuse-Overview-updated-June-2017.pdf

13 The AMA Board of Trustees first approved model state legislation recommend by the AMA Council on Legislation in 2013. The model bill has been amended multiple times since then to strengthen access to naloxone and other forms of opioid-overdose reversal agents. In addition to the protections for school personnel, the model bill provides for liability protections to health care professionals prescribing naloxone as well as authorizing third-party prescriptions and standing orders to allow persons without a prescription to obtain naloxone from a pharmacy. It also includes broad Good Samaritan protections that provide extensive protections for civil and criminal penalties, including parole violations. Medical societies interested in broadening their state laws should contact the AMA Advocacy Resource Center.


19 “Narcan bootcamp, then the white coat.” University of Penn Medicine News. December 8, 2023. 


https://news.vanderbilt.edu/2023/10/11/vanderbilt-recovery-support-provides-resources-for-campus-community/


