

## Substance Use and Recovery Services Plan Recommendation

**Recommendation** – Provide education related to naloxone administration and overdose identification in Washington State public schools (grade 6<sup>th</sup> – 12<sup>th</sup>) to reduce stigma and save lives. Intended audience for this recommendation includes students, administrators, teachers, and other educational professionals.

**Bill Requirement(s)** – ESB 5476 section 1.3 (a)

### **Consideration of youth, rural areas, and tribes:**

**Youth:** Youth in 5<sup>th</sup> grade and older would receive this stigma-reducing outreach and education

**Rural Areas:** Schools across the state, including rural areas, would receive this stigma-reducing outreach and education

**Tribes:** Support existing stigma-reducing campaigns among tribes

### **Background & Supporting Data**

Youth and Young Adults are overrepresented in substance use related mortality. Surveillance from the Washington State Department of Health highlighted between 2019 to 2020, there was a 59% increase in the number of drug overdose deaths among persons aged 24 and under, compared to the overall population (all ages) an increase of 37.5%. The increase between 2020 to 2021 for the 24 and under was 9.8%.

With the dramatic increase in substance use mortality, it is imperative to reduce stigma among drug use with youth and young adults. This may be achieved through practical strategies including, but not limited to naloxone distribution within school settings, overdose education, evidenced-based drug safety curriculum starting at the 6<sup>th</sup> grade, and partnerships with other community organizations that advance the health and well-being of young people.

Learning curriculums for young people that are evidenced based include [Safety First](#).

Additionally, strong partnerships must be developed within the educational system ranging from employers, tribal school boards, local districts, students, and the state to maximum practice and procedure.

[RCW 69.50.412: Prohibited acts: E—Penalties. \(wa.gov\)](#) prohibits the distribution of a hypodermic syringes to persons under the age of 18. This RCW prohibits entities and/or individuals from distributing intramuscular syringes needed for naloxone administration. Intramuscular naloxone is currently substantially cheaper than nasal formulations – being limited by cost and access of naloxone due to RCWs may exacerbate any disparities of substance use mortality among persons under the age of 18. This law will need a technical amendment to remove barriers to life saving medication.

Stocking a “standing order” (as defined in [RCW 69.41.095](#)) of “opioid overdose reversal medication” (e.g., Naloxone) is required via [RCW 28a.210.390](#) to be stocked in high schools (grades 9-12) already for school districts with more than 2,000 students. These medications can be administered by a school nurse, a health care professional, or trained staff person located at a health care clinic on public school property under contract with the school district, or designed trained school personnel. The opioid overdose reversal medication may be used on school property, including the school building, playground, or school bus, as well as during field trips or sanctioned excursions away from school property.

Funding would need to be provided to increase naloxone and overdose education among school aged young people (6<sup>th</sup> grade – 12<sup>th</sup> grade), which includes funds related to outreach and communication. Concerns are related to state authority to standardize this work. While the state does play a role, the decision to implement these activities will belong to the local school districts.

This recommendation shall allow the stocking of naloxone at schools to be used in the event of an overdose and allow school health staff to provide naloxone to students upon request in a confidential manner.

#### Concerns & Considerations –

- If schools begin distributing Naloxone for use outside of schools, principals and superintendents may come under fire/receive pushback from community. They would likely advise to find another way to get naloxone to kids outside of schools, such as non-school clubs or athletics. Another option would be to allow option for parents to opt in/opt out for their child's participation in such a distribution program
- Schools are inundated with extra/additional curriculum requests, and they are already behind on executing the required curriculum from RCW (to create time to administer a new curriculum longer than 30 minutes, would need to extend the school day). For this reason, finding ways to weave *essential, actionable* information into existing curriculum could be more realistic. For example, the topic of drug use and a short naloxone administration demonstration could be integrated into existing social-emotional curriculum, as drug use is commonly a form of emotional self-regulation/self-soothing.
- Alternate ways of promoting educational/informational messages should be explored that do not require the schools to add to their curriculum (e.g., social media, paid media, etc.)
- Stakeholder opportunities with parents and custodians would be needed for the implementation of this recommendation.

#### Collaboration with Existing Resources: *Potential collaborating partners and stakeholders include:*

- ❖ *School Districts/ School boards*
- ❖ *Washington Office of Superintendent of Public Instruction (OSPI)*
- ❖ *WA State Dept of Health Overdose Education/Naloxone Distribution Program*
- ❖ *WA State Health Care Authority Overdose Reversal Medication Program (SB 5195)*
- ❖ *Stigma-reducing campaigns for tribes, such as [ONE](#)*
- ❖ *Local tribal districts*
- ❖ *UW ADAI*

#### **Approximate Financial Support & Staffing Needed:**

There are approximately 500,000 students in Washington in grades 6-12. Stocking enough naloxone in each school for approximately 10% of students at a time (50,000) – with a clear process for ordering more as needed -- would cost about \$2.75 million dollars.

Funding related to outreach/communication strategies must be allocated in the amount of \$5 million. Funds will be evenly distributed to each local school district.

Additionally, funding for FTE at the department will be allocated in the amount of \$200,000 – funds will cover administrative and data components of naloxone distribution, utilization, and technical assistance.

#### SURSA Committee Feedback: