

Opioid Overdose Prevention Initiatives on the College Campus: Critical Partnerships between Academe and Community Experts

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Attention has recently turned to the epidemic Opioid Overdose deaths in our country. From the President and political platforms to community groups to legislators, the crisis is being illuminated and changes are being effected. Presently, all but five states (AZ, KS, MO, MT, WY) have passed legislation designed to improve layperson naloxone access [1]. Naloxone hydrochloride is a generic, non-narcotic opioid antagonist that blocks the brain cell receptors activated by opioids. It is a fast-acting drug that, when administered during an overdose blocks the effects of opioids on the brain and restores breathing within two to three minutes of administration. It is not psychoactive, has no potential for abuse, and side effects are rare [2]. Naloxone makes opioid overdose prevention effective with the injectable or inhalable response [3].

On college campuses, overdose is no longer “someone else’s problem.” A 19 y/o University of Texas Freshman with a 4.0 GPA died of opiate overdose during break. Soon after, overdose took the life of a male student in an off-campus dorm. The numbers are growing and impacting this population profoundly. The lack of knowledge, stigma, and resistance on the part of physicians, pharmacists and administrators are slowing the necessary progress of solutions and this commentary serves as a call to action, an evidence-base, and encouragement to the relevant professions to embrace the new policies, resources, and life-saving medical advances such as Naloxone.

This prescription drug epidemic has been *widespread on college campuses*. Between 1993 and 2005, the proportion of college students using prescription drugs went up dramatically: use of opioids such as Vicodin, Oxycontin, and Percocet increased by 343% [4]. In addition, 50% of college students are offered a prescription drug for nonmedical purposes by their sophomore year. Opioids are becoming the college drug of choice. Studies suggest that the problem is most prevalent among highly selective urban colleges. Since 1991, fatal overdoses from prescription painkillers have more than tripled [5]. Students embrace the misconception that prescription drugs are “safer” than illegal narcotics; the staggering increase in such deaths illuminates this faulty logic. Intervention has been slow due to denial, lack of awareness/resources and stigma. Also, there are misconceptions that heroin and fentanyl are not present on college campuses. However, they are becoming more and more available and pervasive, especially with availability of heroin in

powder form, black tar heroin, and synthetic fentanyl, 50-100 times more powerful than morphine.

Some campuses are making progress around Opioid Overdose Prevention efforts. Due to the epidemic and rash of overdose deaths, campuses are challenged to educate students, faculty and staff about overdose and prevention. Some are starting with campus police departments. Others are working through university health services and Resident Assistants in dorms. University of Washington is placing Naloxone kits next to fire extinguishers in case of emergencies. Others are distributing information through the Internet, e.g. GetNaloxoneNow.org training for college students.

Some states and municipalities, including parts of New York City, Boston and have already launched programs to equip law enforcement with naloxone. Twenty colleges/university systems have their Police Departments trained and carrying Naloxone. We can and should continue to rely in EMS to respond to overdoses—but not to the exclusion of others who may be the first on the scene, often law enforcement personnel.

Student, staff and faculty trainings can be very basic, and should provide the following learning goals:

- Participants will be able to recognize signs of an Opioid Overdose
- Participants will know effective response to an Overdose (911 and rescue breathing or chest compression) and how to evaluate the situation.

- All participants should have knowledge of naloxone and the recent related legislation in their state.
- Participants will observe and be able to do rescue breathing.

Ideally, participants should be evaluated for efficacy. Some training requires the certification provided on the GetNaloxoneNow.org website prior to receiving their Naloxone (which may be available with standing orders in local pharmacies or available from local harm reduction coalitions, depending on the area). There are trainers and templates available and programs can be tailored to the culture and needs of each campus and community.

A 2013 cost-benefit analysis published in the *Annals of Internal Medicine* concludes, Naloxone distribution “is likely to reduce overdose deaths and is cost-effective, even under markedly conservative assumptions” [6]. Specifically, the study found that an average of one life would be saved for every 164 Naloxone kits that are distributed. Before the epidemic, Naloxone was fairly inexpensive, but now that there is a demand for the drug, the prices are rising. Foundations, such as the Clinton Foundation, are working to be sure that it is available and accessible. However, universities may have to be creative about submitting grants for overdose prevention and Naloxone.

Every second counts in the medical emergency of an overdose. With appropriate training, administering naloxone is safe and simple. Professionals, students, resident assistants, and campus employees should have the training and the necessary tool, naloxone, to make a difference when it matters most. Many law enforcement officers and first responders are already trained in using AEDs (automated external defibrillators) or in administering CPR (cardiopulmonary resuscitation). Adding naloxone to their set of tools will undoubtedly help save lives.

At the University of Texas, Austin, our multidisciplinary team’s grass roots discussions with campus administrators allowed for a mandatory training of all Resident Advisors on campus and a training of off-campus dorm RAs. The administrators were not initially open to Naloxone training but due to the prompt response time of UTPD and Austin Police, we proceeded to train

on recognition of overdose signs, calling for help, and rescue breathing. The UT Mental Health Center agreed to have the training next. Meanwhile, in an undergraduate course, “Young People and Drugs,” UT students worked with community experts to gather data and further community and campus peer education about overdose prevention. The UT Police Department is training and they have expressed a desire to train System-wide.

The Associate Vice President for Student Affairs called a team together: Social Work, Texas Opioid Naloxone Initiative, Pharmacy, Greek Life, Wellness Network, Center for Students in Recovery, the Students for Sensible Drug Policy, Housing, Police, Med School, and others. This Official Task Force on Opioid Overdose is convening, planning and taking action. Since its inception, there has been forward movement: The UT Student Government unanimously passed a Naloxone Bill for a standing order to be written for 40 acres Pharmacy on Campus and standing orders have been written for local pharmacies. The Committee for Opioid Safety and Overdose Prevention (COSOP) formed drawing in more stakeholders and developing the following mission: By emphasizing compassionate care, open dialogues, and evidence-based research, The University of Texas at Austin hopes to combat the opioid overdose epidemic, promote safe opioid use, and reduce stigma and discrimination against opioid users. Our primary areas of focus include harm reduction education, naloxone training and distribution, and connection to health care and recovery services.

College campuses have an obligation to provide education and resources to make young adults and campus employees aware of the dangers of misusing opioids and how to intervene when an overdose occurs. Teams must find ways to collaborate and achieve effective communication and networking between community experts, academic specialists, researchers, students, faculty, staff and university administrators. Overdose Prevention trainings exist and can be tailored for university groups. The greatest challenge is weaving policy, practice, and research for further impact on college campuses. We need to act quickly. There are lives to be saved.

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