

Harm reduction is the primary mode of ensuring a protected and healthier community through minimizing the consequences of substance use, rather than the strict promotion of abstinence overall. Although reports show an overall decrease in opioid overdose-related deaths in the community, an area with significant room for improvement is within adolescents, specifically on college campuses. Studies report a 34% increase in opioid related deaths among young adults aged 18-22<sup>2</sup>, however, not from the use of heroin or other street drugs, but from the misuse of prescription drugs like Xanax or Adderall that have been laced with fentanyl<sup>3</sup>. The increasing prevalence of opioid overdose deaths among young adolescents can be addressed with harm reduction techniques, including education and distribution of naloxone and fentanyl test strips, along with readily accessible supplies campus-wide.

Currently, OH bill 341 only recommends having opioid emergency plans in public colleges and provides schools with the funding to build five emergency cabinets if they choose to. Some Ohio colleges, such as OSU<sup>4,5</sup>, have taken steps to make naloxone available by incorporating emergency doses of naloxone in campus buildings and providing free naloxone kits and training in campus pharmacies; however, there is currently no government policy in place requiring schools to make these resources available in campus housing. We are advocating for the creation and implementation of a policy that requires universities to implement and maintain an opioid emergency response plan in residence halls of at least 100 students that involves the placement of naloxone in campus residence halls in high traffic areas with clear signage, training for residence hall advisors, and voluntary training for residents. These recommendations are based on a careful review of policies found in other states, such as Florida and Washington, and have clear economic and public safety benefits.

In our studies of UC undergraduates through the CMI Business Lab in partnership with Hamilton County Public Health (HCPH), 88% of participants were aware of the risks associated with unprescribed substances. However, 83% of students reported not knowing where to find naloxone on campus, and only 32% of survey participants indicated comfortability with administering naloxone. Additionally, according to the CDC, for every dollar invested in naloxone distribution, an estimated \$2,742 per person was saved through the monetary value of death avoidance. Efforts to address substance use through harm reduction, education, and stigma-free care highlight the importance of making lifesaving resources, such as naloxone and fentanyl test strips, widely accessible. Normalizing harm reduction within student and community health not only reduces barriers to care, but also affirms the dignity and safety of individuals who are most at risk. By framing prevention, resource availability, and nonjudgmental support as essential elements of care, these approaches move beyond crisis response toward advancing health equity. Ultimately, integrating harm reduction into routine health practices ensures that all communities—especially those historically marginalized—have equitable access to tools and opportunities that protect health and save lives.

## Citations

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