Residence Hall Naloxone Access in Ohio Public Universities

LC8

Introduction

Community Impact: Why it Matters?

Overdose stats

- 130 Overdose ED visits per month
- 308 unintentional overdose deaths.
- Fentanyl was detected in 64% of overdose cases in Hamilton County

What the community is doing now?

 Hamilton County Public Health has distributed over 22,000 doses of naloxone to the community in 2024

Why colleges residence halls?

- Studies report 34% increase in opioid related deaths in young adults aged 18 -22
- Misuse of prescription drugs like Xanax or Adderall that have been laced with fentanyl.
- Students do not have access to Naloxone in college dorms

Methods

Table 1. Survey Questions

Section 1: Yes/No/Unsure Questions

Question #	Survey Question
1	Have you ever witnessed an opioid overdose emergency?
2	Have you or someone you know used non-prescription drugs in the last year
	other than marijuana or alcohol?
3	Are you interested in learning more about Narcan/naloxone?
4	Do you know where to find Narcan/naloxone on campus currently?
5	Would having access to Narcan/naloxone increase your likelihood to participate
	in drug use?

Section 2: Likert-Scale Questions¹

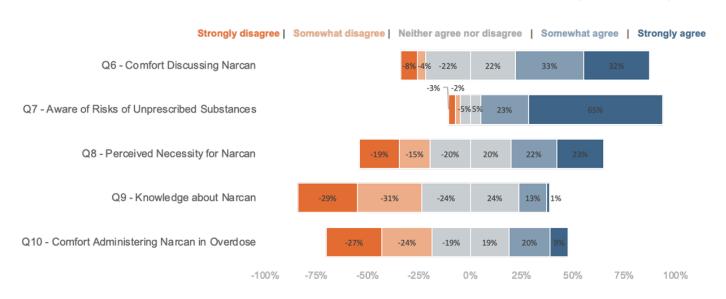
Question #	Survey Question
6	I feel comfortable discussing the topic of Narcan/naloxone with my peers.
7	I am aware of the risk of unprescribed substances (Adderall, Xanax, cocaine,
	sedatives, etc.) being laced with opioids.
8	I do not feel the need to have access to Narcan/naloxone if I do not use
	opioids.
9	I know a significant amount about Narcan/naloxone.
10	I am comfortable administering Narcan/naloxone nasal spray in the case of an
	overdose emergency.

¹Likert Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree Nor Disagree, 4 = Agree 5 = Strongly Agree

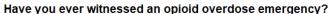
Data Analysis & Student Perspectives

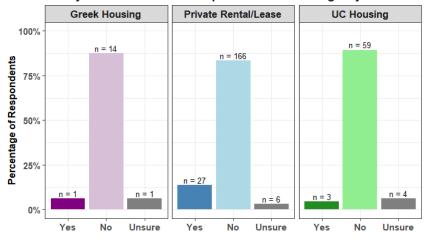
Spring 2024 University of Cincinnati Survey Results

UC Students' Attitudes Toward Narcan (naloxone)

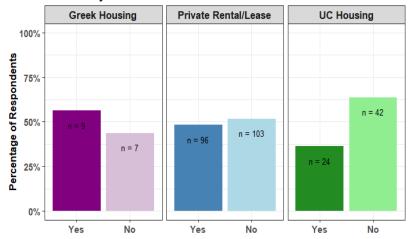


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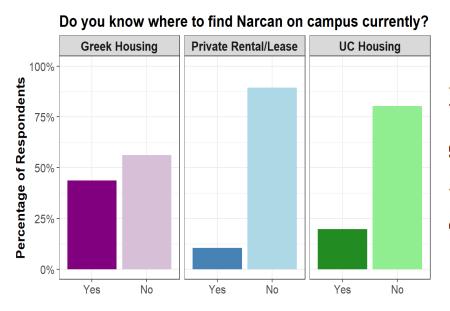


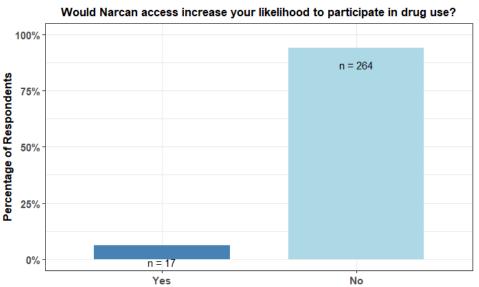


Have you or someone you know used non-prescription drugs in the last year?



Spring 2024 University of Cincinnati Survey Results





Policy Analysis & Recommendations

Ohio's Current Policy

House Bill 341: "Employee, volunteer, or contractor of a school can be authorized by a physician to administer naloxone to an individual who is apparently experiencing an opioid-related overdose."

Other State Policy to Model After

Washington State's Current Policy:

- School districts with 2,000 or more students must obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools.
- School nurses, healthcare professionals, and designated trained personnel may administer Naloxone.
- Public institutions of higher education with a residence hall housing at least 100 students must develop a plan for: (1) the maintenance and administration of opioid overdose reversal medication in and around the residence hall; and (2) the training of designated personnel to administer opioid overdose reversal medication.

Our Policy Recommendation for Ohio

As of now, there is no policy in Ohio requiring that institutions of higher education have naloxone or plans for opioid education be available in campus residence halls. OH bill 341 only makes recommendations.

We are proposing the adoption 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 based on the policies present in other states (Washington, Florida, etc).

Proposed Advocacy Strategy

Public Safety

- Implementation of an **Opioid Emergency Response Plan** in residence halls of >100 students
 - Placement of Naloxone in high traffic areas with clear signage
 - Training for Residence Hall Advisors and Assistants
 - Voluntary training for student residents

Economic Impact

- Easy naloxone access and administration can quickly reduce associated costs
 - Studies show communities save >\$2500 by preventing opioid OD-related deaths per dollar spent on Naloxone distribution
 - Each EMS response to an opioid OD emergency is ~\$1500-\$3000

Equity

- Harm reduction programs like this help us go beyond reactive crisis management and advance towards health equity by:
 - Implementing preventative efforts
 - Increasing access to lifesaving resources
 - Reducing stigma surrounding naloxone

Conclusion & Request for Support

Integrating harm reduction into routine health practices and policy not only *decreases* the financial burden on the healthcare system, but also ensures that all communities have *equitable access to resources* that protect health and save lives.

We need your help in expanding harm reduction policies by urging Ohio universities to adopt our proposal for increasing Naloxone access for their residents' overall well-being.