

Put naloxone in schools so it can save lives

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Drug-overdose deaths among people 10–19 years old jumped 109% between 2019 and 2021 in the U.S. To save lives, the AMA supports widespread access to safe and affordable opioid overdose-reversal drugs.

“We are facing a national opioid crisis and it’s affecting our young people at an alarming rate. Just as students carry prescription inhalers to treat an asthma attack, we must destigmatize substance-use disorders and treat naloxone as a lifesaving tool,” said Bobby Mukkamala, MD, chair of the AMA Substance Use and Pain Care Task Force.

“Fortunately, an overdose tragedy can be reversed if quick action is taken with these safe and effective medications like naloxone,” Dr. Mukkamala said. “Allowing teachers and students to carry these medications is a commonsense decision and will no doubt result in young lives saved.”

Delegates extended this further by adopting policies to encourage states, communities and educational settings to:

- Adopt legislative and regulatory policies that allow safe and effective overdose-reversal medications to be readily accessible to staff and teachers to prevent opioid-overdose deaths in educational settings.
- Remove barriers to students carrying safe and effective overdose-reversal medications.

Destigmatize substance-use disorders

In other action, delegates also discussed improving access to opioid antagonists for vulnerable and underserved populations as well as decriminalizing and destigmatizing perinatal substance use treatment.

“Pregnant people in pain or struggling with substance use need comprehensive support and treatment, not judgment,” Dr. Mukkamala said. “But judgment is often what they unfairly receive from some laws and statutes that imply any indication of substance use by a pregnant individual is automatically representative of child abuse. Research has found that nonpunitive public health approaches to treatment result in better outcomes for both pregnant individuals and babies.”

To that end, delegates modified existing policy on substance-use disorders during pregnancy to:

- Support brief interventions (such as engaging a patient in a short conversation, providing feedback and advice) and referral for early comprehensive treatment of pregnant individuals with opioid use and opioid use disorder (including naloxone or other overdose reversal medication education and distribution) using a coordinated multidisciplinary approach without criminal sanctions.
- Oppose any efforts to imply that a positive verbal substance use screen, a positive toxicology test or the diagnosis of substance use disorder during pregnancy automatically represents child abuse.
- Support legislative and other appropriate efforts for the expansion and improved access to evidence-based treatment for substance use disorders during pregnancy.
- Oppose the filing of a child protective services report or the removal of infants from their mothers solely based on a single positive drug screen without appropriate evaluation.
- Advocate for appropriate medical evaluation prior to the removal of a child, which takes into account the desire to preserve the individual’s family structure, the patient’s treatment status and current impairment status when substance use is suspected.
- Advocate that state and federal child protection laws be amended so that pregnant people with substance use and substance use disorders are only reported to child welfare agencies when protective concerns are identified by the clinical team, rather than through automatic or mandated reporting of all pregnant people with a positive toxicology test, positive verbal substance use screen or diagnosis of a substance use disorder.

Additionally, delegates modified existing policy on increasing availability of naloxone, calling on the AMA to “support efforts to increase the availability, delivery, possession and use of mail-order overdose reversal medications, including naloxone, to help prevent opioid-related overdose, especially in vulnerable populations, including but not limited to underserved communities and American Indian reservation populations.”

Previous AMA policy regarding access to naloxone was additionally expanded so that these provisions now also apply to new drugs or formulations that assist in overdose rescue.

Delegates also modified existing policy on prevention of drug-related overdose to include “other safe and effective overdose reversal medications” and call on the AMA to “support the development of adjuncts and alternatives to naloxone to combat synthetic opioid-induced respiratory depression and



overdose.”

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