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West Virginia University
The Student Assembly - Student Government Association
Assembly Resolution: AR-2020-01

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Title: A RESOLUTION TO INTRODUCE NALOXONE TRAINING AT THE MOUNTAINLAIR AND PRE-STAGED NALOXONE KITS AT THE MOUNTAINLAIR, HEALTH SCIENCES CENTER, AND RESIDENCE HALLS

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Short Title:	Introducing Naloxone training and pre-staged Naloxone kits
Place Usage:	Mountainlair, Health Sciences Center, Residence Halls
Primary Sponsor:	Sarah Zanabli, Senator
Secondary Sponsor(s):	Noor Dahshan, Senator Quinn Hopen, Senator Andrew Matus, Senator Travis Rawson, President Pro Tempore
First Reading Date	01-22-2020
Second Reading Date	01-29-2020

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Whereas, national trends show that each year, more Americans die of drug overdoses than the total number of Americans who died in the Vietnam War, the Korean War, or any armed conflict since World War II.¹

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Whereas, the vast majority of drug overdoses today involve opioids (68% of 70,237 drug overdose deaths in 2017).² Furthermore, the opioid epidemic is felt across the entirety of the U.S., however the heaviest of burdens lie on economically depressed areas of the country such as West Virginia.¹

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Whereas, every day, 130 Americans die from an opioid overdose.³

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Whereas, in 2017, the U.S. Department of Health and Human Services declared a public health emergency and announced a 5-point strategy that includes promoting the use of overdose-reversing drugs like naloxone, among other points*.³

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Whereas, the 1980s crack epidemic prompted the War on Drugs and mass incarceration that predominantly targeted black Americans, it is important to acknowledge that today's opioid epidemic exists mostly among white Americans, and in recognizing the disparate treatment of crack and opiates, we can hold ourselves accountable towards drafting solutions that treats all addiction crises as the diseases they are regardless of race, religion, sex, age, or socioeconomic status.⁴

45 **Whereas**, West Virginia leads the country in the number of drug overdose deaths involving
46 opioids; our rate of death is three times higher than the national average (50 deaths/100,000 persons vs
47 15 deaths/100,000 persons). West Virginia also ranks number one in the country for the highest number
48 of opioid prescriptions (81.3 opioid prescriptions/100 persons) and the highest death rate from synthetic
49 and prescription opioids, and second highest death rate from heroin.⁵

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51 **Whereas**, Opioids are working their way to college campuses due in part to the availability of
52 different forms of heroin as well as from fentanyl, a synthetic opioid 50 times stronger than heroin that is
53 responsible for nearly 2/3 of all opioid deaths.⁶ In just a four hour period in Huntington, 26 people
54 overdosed from a batch of fentanyl laced heroin.⁷

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56 **Whereas**, by sophomore year, 50% of college students are offered a prescription drug for
57 nonmedical use, in part due to the misconception that prescription drugs are “safer” than illegal or
58 “street” drugs, leading to stigma and an explosion of deaths from prescription drugs.⁸

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60 **Whereas**, nonmedical use of prescription opiates is the second most common drug among
61 college students in the U.S; it’s associated with lower school performance and increased risky behavior.⁹

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63 **Whereas**, the use of opiates by college students is dramatically rising (343% increase of
64 prescription opioid use from 1993 to 2005), the result is a spike of accidental overdoses. Furthermore,
65 there is growing concern of cross-contaminated with common drugs that college students abuse.¹⁰

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67 **Whereas**, the university’s prevention efforts can drive change in the surrounding community,
68 conversely, the geography in turn can impact the availability of opioids and the rate of abuse in and
69 around campus.¹¹ Furthermore, at the University of Texas, students, staff, and bystanders who were
70 trained with Naloxone and had it on hand because the university gave it to them were more likely to save
71 lives; in 2016, five overdoses were reversed.¹¹

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73 **Whereas**, Naloxone is a cost-effective drug that quickly and safely reverses the effects of a
74 potentially fatal opioid overdose that carries no risk of dependence or abuse and does not affect
75 individuals who do not use opioids. In rural areas where EMS response times are longer, Naloxone can
76 reduce the delay between an opioid overdose and life-saving care from hours to seconds.¹²

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78 **Whereas**, stigma prevents those who need treatment from entering and sustaining recovery, it is
79 crucial that WVU educate its students and staff and works proactively to build an atmosphere of growth
80 and rehabilitation, as well as inspires and empowers individuals to become a part of the solution.

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82 ***Therefore, be it resolved by the Student Assembly of West Virginia University:***

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84 Section 1: Collaborate with the Monongalia County Health Department to provide Naloxone
85 training to WVU students and staff in the Vandalia Lounge of the Mountainlair. Threat Preparedness
86 Specialist, Joe Klass, will organize and lead multiple trainings given throughout the day, lasting around
87 30-45 minutes, where a PowerPoint is shown, and students are allowed to practice with different types of
88 Naloxone (nasal spray or injection) in an effort to empower and educate students and staff.

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90 Section 2: Provide pre-staged Naloxone kits in the Mountainlair, Health Sciences building, and
91 residence halls near Automated External Defibrillators (AED's) or fire extinguishers in the case of an
92 emergency.

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94 Section 3: Upon its passage and approval, this legislation shall be forwarded to:

95
96 G. Corey Farris, Dean of Students
97 Sabrina Cave, Executive Director, Student Enrichment
98 Dr. Thanh Le, Director, Student Engagement and Leadership (Advisor)
99 Daily Athenaeum
100 Kate Dye, Student Body President

101 102 **References**

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113 [critical-partnerships-betweenacademe-and-community-experts.php?aid=9645](http://drugabuse.imedpub.com/opioid-overdose-prevention-initiatives-on-thecollege-campus-critical-partnerships-betweenacademe-and-community-experts.php?aid=9645)
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118 [opioid-epidemic](https://www.insidehighered.com/news/2019/11/15/colleges-determine-how-protect-students-opioid-epidemic)
- 119 12. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

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122 *HHS's 5 Priorities:

- 123 1. Improving access to treatment and recovery services;
 - 124 2. Promoting use of overdose-reversing drugs;
 - 125 3. Strengthening our understanding of the epidemic through better public health surveillance;
 - 126 4. Providing support for cutting edge research on pain and addiction; and
 - 127 5. Advancing better practices for pain management.³
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