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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

14	Short Title:	Introducing Naloxone training and pre-staged Naloxone kits
15	Place Usage:	Mountainlair, Health Sciences Campus, Residence Halls
16	Primary Sponsor:	Sarah Zanabli, Senator
17	Secondary Sponsor(s):	Travis Rawson, Pro Tempore Noor Dahshan, Senator Sarah Ihlenfeld, Senator Quinn Hopen, College Senator Andrew Matus, College Senator Tucker Nadeau, Athletic Senator
23	First Reading Date	01-22-2020
24	Second Reading Date	02-12-2020

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Whereas, national trends show that more Americans die each year of a drug overdose than those who died in the Vietnam War, the Korean War, or any armed conflict since World War II combined.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., though the heaviest burden lies 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.³

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Whereas, the crack epidemic of the 70's 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. In recognizing the disparate treatment of crack and opiates, we

44 can hold ourselves accountable towards drafting solutions that treats all addiction crises as the diseases
45 they are regardless of race, religion, sex, age, or socioeconomic status.⁴

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

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53 **Whereas**, opioids are working their way into college campuses due in part to the availability of
54 heroin and fentanyl, which is a synthetic opioid 50 times stronger than heroin, and responsible for nearly
55 2/3 of all opioid deaths.⁶ In just a four hour period in Huntington, WV 26 victims accidentally overdosed
56 from a batch of fentanyl laced heroin.⁷

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

61
62 **Whereas**, nonmedical use of prescription opiates is the second most common drug among
63 college students in the U.S. It is associated with lower school performance and increased risky
64 behavior.⁹ Additionally, the use of opiates by college students is dramatically rising (343% increase of
65 prescription opioid use from 1993 to 2005); the result is a spike of accidental overdoses. Furthermore,
66 there is growing concern of lacing with common drugs that college students already abuse.¹⁰

67
68 **Whereas**, the university’s prevention efforts can drive change in the surrounding community,
69 conversely, the geography impacts the availability of opioids and the rate of abuse in and around
70 campus¹¹. In 2016 alone, there were 820 drug overdose deaths in West Virginia.¹²

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72 **Whereas**, at the University of Texas, students, staff, and bystanders who were trained with
73 Naloxone and had it on hand because the university gave it to them were more likely to save lives. In
74 2016, five overdoses were reversed.¹¹

75
76 **Whereas**, Naloxone is a cost-effective drug that quickly and safely reverses the effects of a
77 potentially fatal opioid overdose, and that carries no risk of dependence or abuse and does not affect
78 individuals who do not use opioids. In rural areas where EMS response times are longer, Naloxone can
79 reduce the delay between an opioid overdose and life-saving care from hours to seconds.¹³

80
81 **Whereas**, Naloxone does not require a prescription in the state of West Virginia. Additionally,
82 those at risk of experiencing an opioid-related overdose or are able to assist a person at risk can obtain,
83 provide, and administer Naloxone without any legal ramifications.¹⁴

84
85 **Whereas**, stigma prevents those who need treatment from entering and sustaining recovery. It is
86 crucial that WVU educate its students and staff, work to proactively build an atmosphere of growth and
87 rehabilitation, and empower individuals to become a part of the solution.

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90 ***Therefore, be it resolved by the Student Assembly of West Virginia University:***
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92 Section 1: Work with the Monongalia County Health Department to provide Naloxone training to
93 WVU students and staff in the Shenandoah room of the Mountainair on February 17th and 27th from
94 12:00-3:00 pm. Threat Preparedness Specialist, Joe Klass, will organize and lead multiple trainings
95 given throughout the day, lasting around 30-45 minutes, where a PowerPoint is shown and students are
96 allowed to practice with different types of Naloxone (nasal spray or injection) in an effort to empower and
97 educate students and staff.
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99 Section 2: Collaborate with Alcohol and Other Drug Coalition (AOD), WellWVU, the Department
100 of Student Life, and others to provide pre-staged Naloxone kits in the Mountainlair, Health Sciences
101 building, and residence halls near Automated External Defibrillators (AED's) or fire extinguishers.
102 Naloxone kits will contain nasal sprays and will have instructions of use in the case of an emergency.
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104 Section 3: Upon its passage and approval, this legislation shall be forwarded to:
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106 G. Corey Farris, Dean of Students
107 Sabrina Cave, Executive Director, Student Enrichment
108 Dr. Thanh Le, Director, Student Engagement and Leadership (Advisor)
109 Daily Athenaeum
110 Kate Dye, Student Body President
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112 **References**
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