

**2023-2024**

# **Administered Opioid Antagonist Medication in Schools Report**



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

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# Executive Summary

[Texas Education Code, Section 38.222](#) requires school district campuses that serve students in grades six through 12 to adopt a policy regarding the maintenance, administration, and disposal of opioid antagonists. School district campuses that serve students in grade levels below six, open-enrollment charter schools, and private schools may choose to adopt a policy.

[Texas Education Code, Section 38.223](#) and the [25 Texas Administrative Code, Part 1, Chapter 40, Section 40.87](#) require schools that adopt a policy in accordance with [Texas Education Code, Section 38.222](#) to report the use of an opioid antagonist. Schools submitted the data through the web form, *Opioid Antagonist – Required Reporting of Administered Opioid Antagonist Medication to DSHS* ([Appendix A](#)), during the 2023-2024 school year. The DSHS School Health Program and the DSHS Chronic Disease Epidemiology Branch (CDE) analyzed the reported data.

During the 2023-2024 school year (August 1, 2023 – July 31, 2024), a total of 87 uses of an opioid antagonist medication in a school setting were reported to DSHS. All doses were administered intranasally. The majority of reported opioid antagonist uses were with students (98.9%). Most individuals received one dose of opioid antagonist (66.7%). In most cases, the school's unassigned opioid antagonist was used (97.7%) and local emergency medical services were notified (98.9%). The most reported symptoms exhibited by opioid antagonist recipients were:

- Could not be awakened or was unable to speak (71.3%),
- Body was limp (66.7%),
- Breathing or heartbeat slowed or stopped (58.6%),
- Face was extremely pale and/or felt clammy to the touch (55.2%),  
and
- Fell asleep or lost consciousness (54.0%).

# Introduction

The purpose of this report is to understand the use of opioid antagonist medications in K-12 schools across Texas. This information will be used by DSHS to inform future program activities and areas of focus.

[Texas Health and Safety Code, Section 483.101](#) defines an opioid antagonist as any drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids acting on those receptors.

[Texas Education Code, Section 38.222](#) requires school districts serving students in grades six through 12 to adopt a policy regarding the maintenance, administration, and disposal of opioid antagonists. School district campuses that serve students in grade level below six, open-enrollment charter schools, and private schools may choose to adopt a policy.

[Texas Education Code, Section 38.223](#) and the [25 Texas Administrative Code, Part 1, Chapter 40, Section 40.87](#) requires schools that adopt a policy in accordance with [Texas Education Code, Section 38.222](#) to report the use of an opioid antagonist. The school must submit a report within 10 business days to:

- School district,
- Charter holder if the school is an open-enrollment charter school,
- Governing body of the school if the school is a private school,
- Physician or other person who prescribed the opioid antagonist, and
- Commissioner of the Texas Department of State Health Services (DSHS).

Schools submitted the data through the web form, *Opioid Antagonist – Required Reporting of Administered Opioid Antagonist Medication to DSHS* ([Appendix A](#)) during the 2023-2024 school year. The DSHS School Health Program collaborated with the DSHS Chronic Disease Epidemiology Branch (CDE) to analyze the reported data.

## Methods

The method used to report use of an opioid antagonist in a school is the *Opioid Antagonist – Required Reporting of Administered Opioid Antagonist Medication to DSHS* web form. This action is required within ten days of the use of an opioid antagonist in a school ([Appendix A](#)).

The web form consists of 16 questions, including seven open-ended, seven single-answer, and two multi-select questions. The web form can be found on the [DSHS website](#).

The School Health Program staff collected the data from the web form to prepare the database for CDE to analyze. In August 2024, a CDE program evaluator analyzed the K-12 School records submitted between August 1, 2023 through July 31, 2024 using Microsoft Excel.

# Results

A total of 87 records were submitted during this period. DSHS received records from 47 independent school districts (ISDs) and one charter school. The age range of people (student or visitor) who received an opioid antagonist in the school setting was 9 to 45 years old. The average age of recipient was 16 years old. All individuals received intranasal opioid antagonist medication.

**Table 1: Frequency and Percent of Opioid Antagonist Use in Texas Schools by ESC Region (N=87)**

Education Service Center (ESC) Region	Frequency (n)	Percent (%)
Region 1	2	2.3
Region 4	27	31.0
Region 6	1	1.1
Region 7	1	1.1
Region 8	1	1.1
Region 9	1	1.1
Region 10	23	26.4
Region 11	8	9.2
Region 12	2	2.3
Region 13	5	5.7
Region 14	1	1.1
Region 16	4	4.6
Region 18	3	3.4
Region 19	4	4.6
Region 20	4	4.6
<b>Total</b>	<b>87</b>	<b>100.0</b>

**Note:** Percent by ESC Region may not total 100.0 due to rounding.

## Table 1 Interpretation

Fifteen Education Service Centers (ESC) regions submitted 87 records in total. The most records were submitted by ESC Region 4 (31.0%) and ESC Region 10 (26.4%) ([Appendix B](#)).

**Table 2: Frequency and Percent of Opioid Antagonist Use in Texas Schools by Recipient (N=87)**

Administered to	Frequency (n)	Percent (%)
Students	86	98.9
School Personnel/Volunteer	0	0.0
Visitor	1	1.1
<b>Total</b>	<b>87</b>	<b>100.0</b>

**Table 2 Interpretation:**

Schools reported that the majority of opioid antagonists were administered to students (98.9%). Visitors received 1.1% of opioid antagonists.

**Table 3: Frequency and Percent of Opioid Antagonist Use in Texas Schools by Location Administered (N=87)**

Location Administered	Frequency (n)	Percent (%)
Clinic/Nurse's Office	34	39.1
Classroom	22	25.3
Hallway	14	16.1
Restroom/Bathroom	8	9.2
Other	8	9.2
Two Locations	1	1.1
<b>Total</b>	<b>87</b>	<b>100.0</b>

*Note: Clinic/Nurse's Office includes health office, school clinic, nurse clinic, school health clinic. Hallway includes outside of health office. Other includes a school office, flex area, gymnasium, in-school suspension room, backseat of vehicle, or outside. One respondent indicated two locations: cafeteria and nurse's office.*

**Table 3 Interpretation:**

Most respondents reported that the opioid antagonist was administered in a clinic/nurse's office (39.1%) or a classroom (25.3%). Some respondents reported that the medication was administered in a hallway (16.1%), restroom/bathroom (9.2%), or other locations including a school office, flex area, gymnasium, in-school suspension room, backseat of vehicle, or outside (9.2%). One respondent (1.1%) administered the medication in two locations, with one dose administered in the cafeteria and one dose in the nurse's office.

**Table 4: Frequency and Percent of Opioid Antagonist Use in Texas Schools by Number of Doses (N=87)**

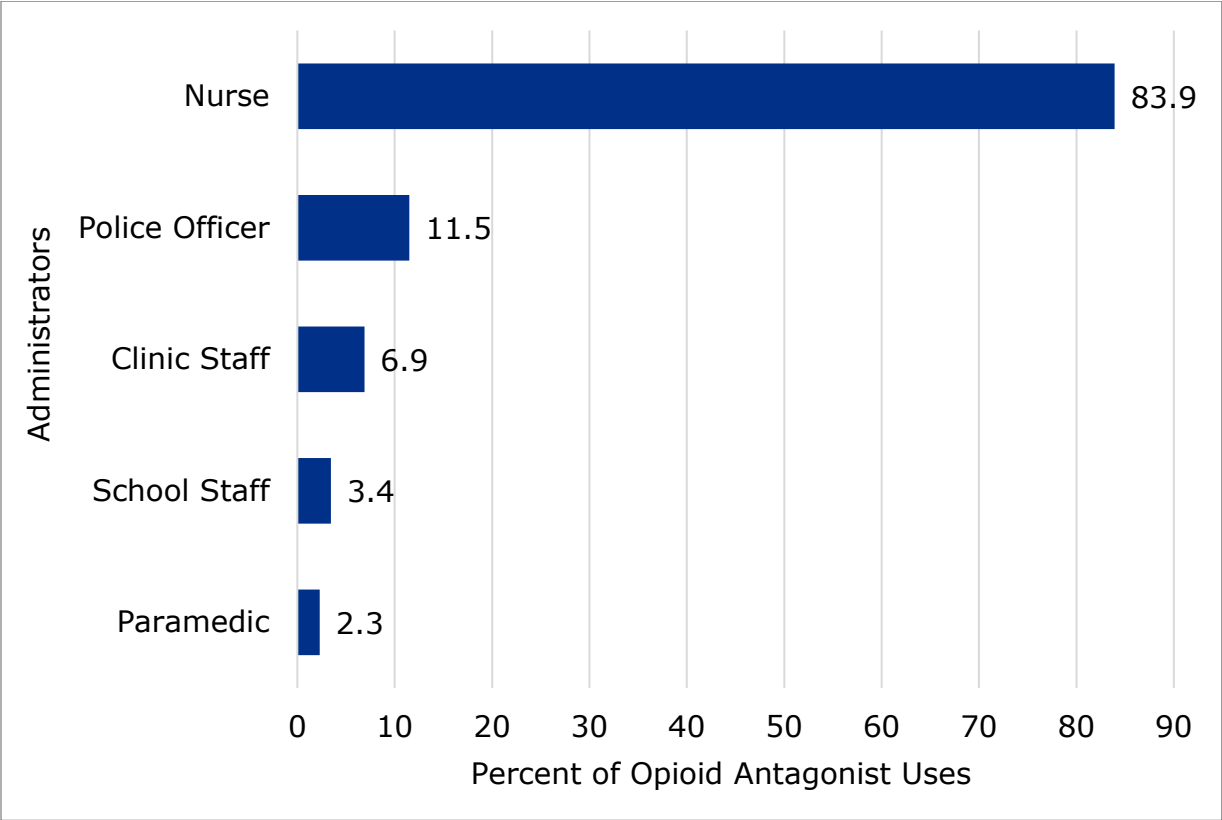
Number of Doses	Frequency (n)	Percent (%)
One	58	66.7
Two	23	26.4
Three	5	5.7
Four	1	1.1
<b>Total</b>	<b>87</b>	<b>100.0</b>

**Note:** Percent by number of doses may not total 100.0 due to rounding.

**Table 4 Interpretation:**

Most individuals received one dose of the opioid antagonist (66.7%). About one-quarter received two doses (26.4%). A small number of individuals received three (5.7%) or four (1.1%) doses of the opioid antagonist.

**Figure 1: Percent of Opioid Antagonist Uses in Texas Schools by Administrator (N=87)**



**Note:** Percent was calculated by using the total number of recipients (87) as the denominator for each administrator. Some respondents listed more than one administrator. Therefore, the total percent will not equal to 100.0. Nurse includes RN, LVN, Campus Nurse, or School Nurse. Police Officer includes School Resource Officer, Campus Officer, and School



*Police Officer. Clinic Staff includes medical assistant, clinic assistant, health services coordinator, and nurse substitute. School Staff includes principal and teacher.*

**Figure 1 Interpretation:**

Opioid antagonist medication was most frequently administered by a nurse (83.9%), followed by a police officer (11.5%), clinic staff (6.9%), school staff (3.4%), or a paramedic (2.3%).

**Table 5: Frequency and Percent of Opioid Antagonist Use in Texas Schools by Utilization of Unassigned Opioid Antagonist (N=87)**

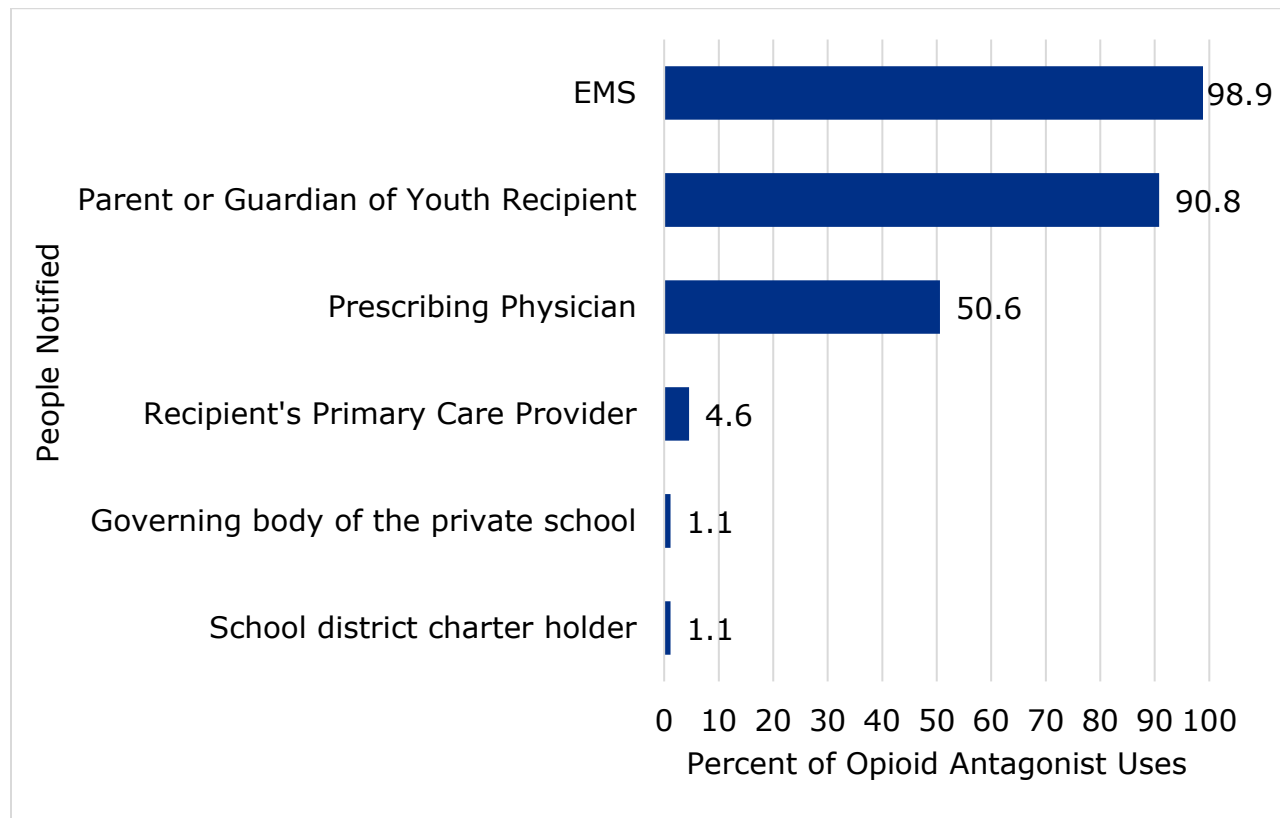
<b>Unassigned Opioid Antagonist Utilized</b>	<b>Frequency (n)</b>	<b>Percent (%)</b>
Yes	85	97.7
No	2	2.3
<b>Total</b>	<b>87</b>	<b>100.0</b>

**Note:** *The opioid antagonists is assigned to the school and not to a specific student. Texas Education Code, Section 38.223 relates to the reporting requirements for unassigned opioid antagonists.*

**Table 5 Interpretation:**

The unassigned opioid antagonist is assigned to the school and not to a specific student. In most cases (97.7%), the school’s unassigned opioid antagonist was used. In two cases (2.3%), the respondents indicated that the school’s unassigned opioid antagonist was not used, but did not say where they obtained the administered medication. Both respondents indicated that a campus nurse administered the opioid antagonist, and that the recipient was taken by EMS to the Emergency Room.

**Figure 2: Percent of Opioid Antagonist Uses in Texas Schools by People Notified of Medication Administration (N=87)**



**Note:** Percent was calculated by using the total number of participants (87) as the denominator for each notification. Respondents could select all notifications that apply. Therefore, the total percent will not equal to 100.0. [Texas Education Code, Section 38.223](#) and [25 Texas Administrative Code, Part 1, Chapter 40, Section 40.87](#) require schools to notify the school district, governing body of the school if the school is a private school, the charter holder if the school is an open-enrollment charter school, the physician or other person who prescribed the opioid antagonist, and the commissioner of the Department of State Health Services.

**Figure 2 Interpretation:**

Figure 2 shows the percentage of opioid antagonist uses that reported notifying different people that the medication was administered. Respondents could select multiple people. Local emergency medical services were notified for almost all individuals who received the opioid antagonist (98.9%). A parent or guardian of a youth recipient was notified for most individuals who received the opioid antagonist (90.8%). A prescribing

physician was notified for approximately half of individuals who received the opioid antagonist (50.6%). Only 4.6% of recipients had a primary care provider notified. Notification of medication administration was submitted to the governing body of the private school or to the school district charter holder for 1.1% of recipients. No respondents indicated that they were unsure who was notified.

**Table 6: Frequency and Percent of Opioid Antagonist Use in Texas Schools by Status After Receiving Medication (N=87)**

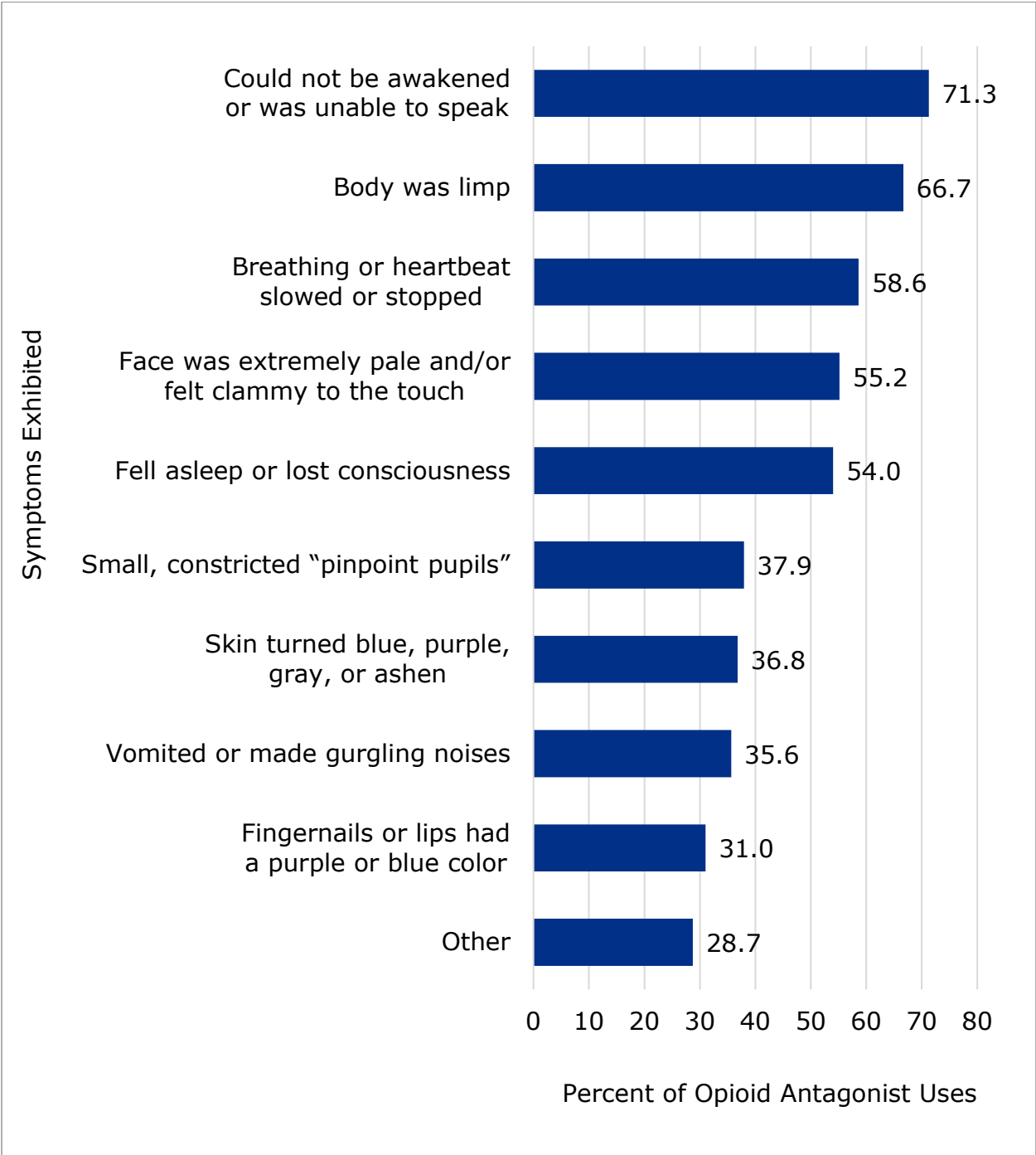
Status After Receiving Medication	Frequency (n)	Percent (%)
Was taken by EMS to the Emergency Room	79	90.8
Was picked up by a parent or guardian and taken to the Emergency Room	3	3.4
Other	2	2.3
Was picked up by a parent or guardian, but unknown if medical care was obtained	1	1.1
Was picked up by a parent or guardian and taken home	1	1.1
Was picked up by a parent or guardian and taken to their primary healthcare provider	1	1.1
<b>Total</b>	<b>87</b>	<b>100.0</b>

**Note:** Other includes taken home by police and EMS released to parents to monitor overnight.

**Table 6 Interpretation**

Most individuals (90.8%) were taken by EMS to the Emergency Room after the opioid antagonist was administered. Several individuals (3.4%) were picked up by a parent or guardian and taken to the Emergency Room after the opioid antagonist was administered. The 2.3% of respondents who selected “other” were asked to provide text responses, which included taken home by police and EMS released to parents to monitor overnight.

**Figure 3: Percent of Opioid Antagonist Uses in Texas Schools by Symptoms Exhibited (N=87)**



**Note:** Percent was calculated by using the total number of participants (87) as the denominator for each symptom. Respondents could select all symptoms that apply. Therefore, the total percent will not equal to 100.0.

**Figure 3 Interpretation**

Figure 3 shows the percentage of opioid antagonist medication recipients who exhibited different symptoms of opioid overdose. Respondents could select multiple symptoms. Most individuals could not be awakened or were unable to speak (71.3%), had a limp body (66.7%), had breathing or heartbeat that slowed or stopped (58.6%), had a face that was extremely pale and/or felt clammy to the touch (55.2%), or fell asleep or lost consciousness (54.0%). Many individuals had small, constricted "pinpoint pupils" (37.9%); had skin that turned blue, purple, gray, or ashen (36.8%); vomited or made gurgling noises (35.6%); or had fingernails or lips with a purple or blue color (31.0%).

Respondents were also asked to provide text responses for signs or symptoms that were not already listed in the form. Twenty-six respondents provided text responses. Some symptoms mentioned included eyes rolled back, elevated heart rate, low heart rate, unconsciousness, seizure, shallow breathing, stiff body, weak pulse, drowsiness, confusion, slurred speech, low oxygen, and unresponsiveness to stimuli.

# Analysis and Discussion

The main purpose of this analysis was to understand the use of opioid antagonist medications in K-12 schools throughout Texas.

During the 2023-2024 school year, 87 uses of an opioid antagonist in a school setting were reported to DSHS. All doses were administered intranasally, mostly to students. Most individuals received one dose of opioid antagonist. In the majority of cases, the school's unassigned opioid antagonist was used and local emergency medical services were notified.

The most reported symptoms exhibited by opioid antagonist recipients were:

- Could not be awakened or was unable to speak;
- Body was limp;
- Breathing or heartbeat slowed or stopped;
- Face was extremely pale and/or felt clammy to the touch, and
- Fell asleep or lost consciousness.

## Conclusion

This report sought to understand the use of opioid antagonist medications in K-12 schools across Texas during the 2023-2024 school year. Most intranasal opioid antagonists were given to students in one dose. The most common symptoms reported were: could not be awakened or was unable to speak, body was limp, breathing or heartbeat slowed or stopped, face was extremely pale and/or felt clammy to the touch, and fell asleep or lost consciousness.

The DSHS School Health Program plans to use the data provided in this report to monitor and guide future reporting and projects for opioid overdose prevention in the school setting. The School Health Program will examine trends in opioid antagonist reporting over time to guide future reporting and projects. These projects may include greater outreach, revisions to the reporting forms for additional information, and/or collaboration with other stakeholders interested in opioid antagonist use and opioid overdose prevention in schools in Texas.

# List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
DSHS	Texas Department of State Health Services
CDE	Chronic Disease Epidemiology
ISD	Independent School District
ESC	Education Service Center
EMS	Emergency Medical Services



# General Information

## Contact Information

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Prepared by Chronic Disease Epidemiology, Health Promotion and Chronic  
Disease Prevention Section, Texas Department of State Health Services.

# Appendix A. Opioid Antagonist – Required Reporting of Administered Opioid Antagonist Medication to DSHS Form

## Opioid Antagonist – Required Reporting of Administered Opioid Antagonist Medication to DSHS

[Texas Health and Safety Code, Section 483.101](#), defines an opioid antagonist as any drug that binds to opioid receptors and blocks or otherwise inhibits the effects of opioids acting on those receptors.

In accordance with the [Texas Education Code, Section 38.223](#), opioid antagonist medication administration that occurs on a school campus must be reported.


[Education Code, Section 38.222](#), requires school districts serving students in grades 6 through 12 to adopt a policy regarding the maintenance, administration, and disposal of opioid antagonists. An open-enrollment charter school or private school may choose to adopt a policy.

In accordance with [25 Texas Administrative Code, Section 40.87](#), your campus must report when a school personnel member or school volunteer administers an opioid antagonist. Reporting must be submitted no later than the 10th business day from the date of administration.

The school report must be sent to the:

- School District
- Charter holder if the school is an open-enrollment charter school
- Governing body of the school if the school is a private school
- Physician or other person who prescribed the opioid antagonist
- Commissioner of the Department of State Health Services (DSHS)

Submission of this electronic form meets the reporting requirement for DSHS. Be sure to report complete and accurate information.

Please fill out the entire electronic form and provide detailed information. For assistance completing the reporting form, please see the [Guidelines for Schools Reporting Opioid Antagonists](#) .

***All fields with an asterisk (\*) must be completed.***

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## School Information

Name of the school district, open-enrollment charter school or private school \*

Name of person completing this form \*

Email address of person completing this form \*

Confirm email address of person completing this form \*

Education Service Center region for your school district, open-enrollment charter school or private school \*

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## Recipient Information

Person who received the opioid antagonist \*

- Student
- School Personnel or School Volunteer
- Visitor

Age of person (In years) who received the opioid antagonist \*

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## Location and Dosage Information

Physical location where the opioid antagonist was administered \*

*(Examples: cafeteria, classroom, school bus, hallway, sports fields, gyms, outdoor gathering areas, other (please specify), etc. You do not need to include mailing address.)*

Number of doses administered \*

*(Intranasal Route: 1 dose = 1 spray into 1 nostril) (Injectable Route: 1 dose = 1 injection)*

*The strength of the medication may vary by manufacturer or route, please follow dosing instructions on the label.*

Type of dose administered \*

- Intranasal
- Injectable

## Other Information

Date administered \*

Title of the person who administered the opioid antagonist \*

*(Examples: 6th grade teacher, school librarian, basketball coach, school volunteer, etc.)*

Was the school's unassigned opioid antagonist utilized? \*

- Yes
- No

[Education Code, Section 38.224 \(b\)\(1\)\(C\)](#), requires schools to train personnel and volunteers on implementing emergency procedures, if necessary, after administering an opioid antagonist. For a training guide example on responding to an opioid overdose, please read [Harm Reduction Responding to Opioid Overdose](#).

Notification of medication administration was submitted to the following \*

Please mark all that apply.

*(Examples: 9-1-1 was called, emailed prescribing physician that unassigned medication was used, etc.)*

- EMS
- Prescribing physician
- Recipient's primary care provider
- Parent or guardian of youth recipient
- School district charter holder if the school is an open-enrollment charter school
- Governing body of the school if the school is a private school
- Unsure

After the medication was administered, the recipient \*

- Was picked up by a parent or guardian and taken home
- Was picked up by a parent or guardian and taken to their primary healthcare provider
- Was picked up by a parent or guardian and taken to the Emergency Room
- Was picked up by a parent or guardian, but unknown if medical care was obtained
- Was taken by EMS to the Emergency Room
- Other

If you selected "Other" for the question above, please explain:

## Symptom Information

Opioids affect the part of the brain that controls breathing. If someone takes too much, it can slow or stop their breathing and heartbeat and cause death.

Please select the signs that the individual who received the unassigned opioid antagonist was exhibiting. \*

- Small, constricted "pinpoint pupils"
- Face was extremely pale and/or felt clammy to the touch
- Body was limp
- Fingernails or lips had a purple or blue color
- Vomited or made gurgling noises
- Could not be awakened or was unable to speak
- Breathing or heartbeat slowed or stopped
- Skin turned blue, purple, gray, or ashen
- Fell asleep or lost consciousness
- N/A
- Other

If you selected "Other" for the question above, please explain

Please mark all that apply.

If no symptoms for a particular group occurred, choose "N/A."

CAPTCHA \*

Math question \*

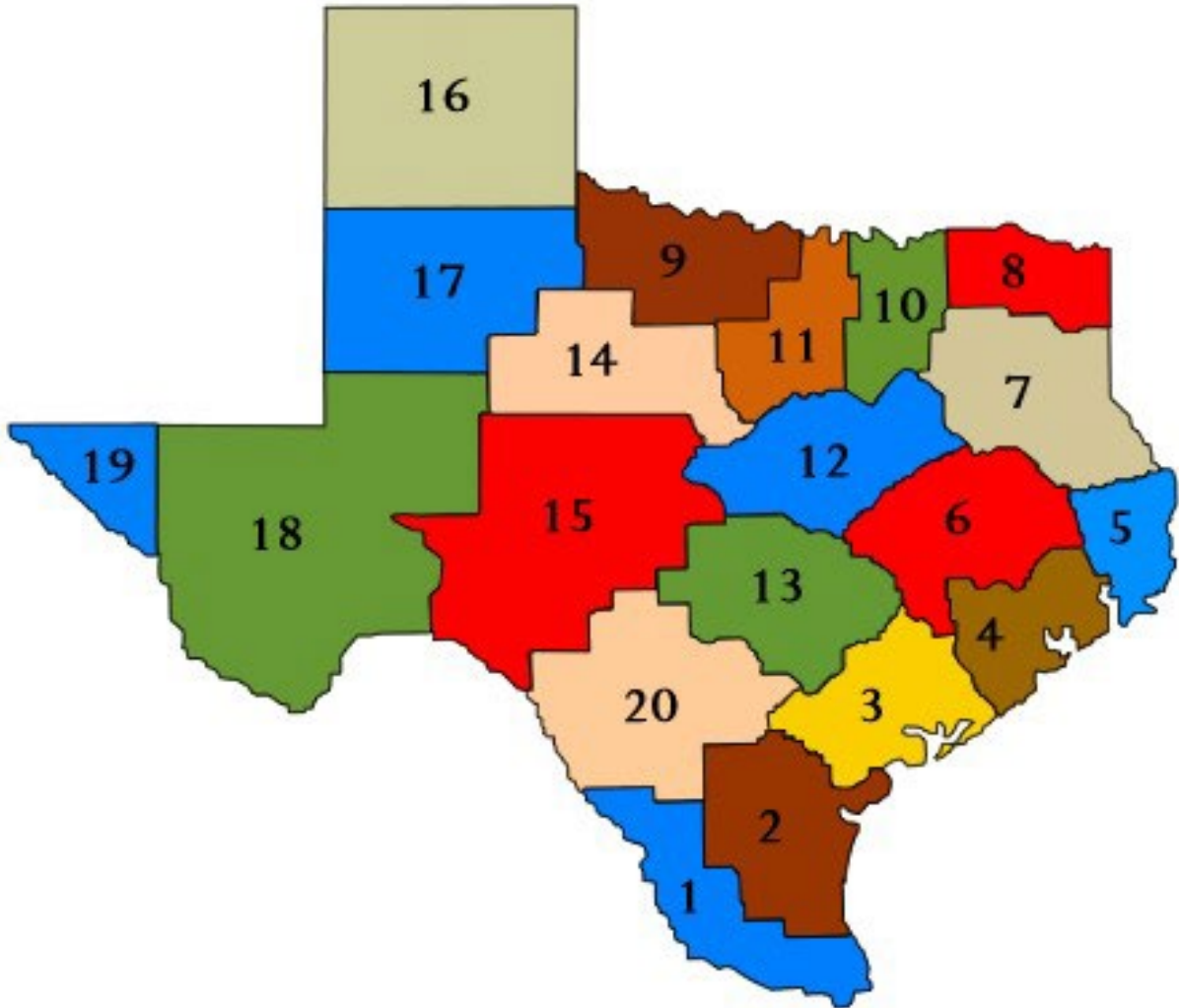
2 + 0 =

Solve this simple math problem and enter the result. E.g. for 1+3, enter 4.

This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.

Submit

# Appendix B: Regional Education Service Center Map



School Health Program

**[dshs.texas.gov/schoolhealth](https://dshs.texas.gov/schoolhealth)**