



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF S.1422
AN ACT RELATIVE TO NARCAN AVAILABILITY IN SCHOOLS
BEFORE THE JOINT COMMITTEE ON MENTAL HEALTH, SUBSTANCE USE AND
RECOVERY
June 30, 2025**

The Massachusetts Medical Society (MMS) wishes to be recorded in support of S.1422, *An Act relative to narcan availability in schools*.

The MMS is a professional association of over 24,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. The MMS supports requiring access to and training on use of emergency stock naloxone by clinical and nonclinical staff in all Massachusetts K–12 settings. Accordingly, we believe this legislation takes a critical step toward preventing opioid overdose deaths among youth and others on school grounds by establishing a naloxone overdose prevention program in every school district, requiring all schools to stock naloxone, and ensuring that school nurses receive proper training on its administration.

The opioid crisis continues to devastate communities across Massachusetts. While public attention often focuses on adults, adolescents are increasingly impacted by opioid-related overdoses, largely due to the growing prevalence of synthetic opioids like fentanyl. Nationally, between 2019 and 2020, overdose deaths among adolescents aged 14–18 increased by a staggering 94%, followed by an additional 20% increase from 2020 to 2021.¹ This surge in fatalities occurred despite an overall decline in illicit drug use reported among middle and high school students during the same period.² The alarming rise in adolescent overdose deaths is largely attributed to the widespread availability of illicitly manufactured fentanyl (IMF), the proliferation of counterfeit pills that resemble legitimate prescription medications but contain dangerous substances like IMF or other illicit drugs, and the increasing ease with which teens can

¹ Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:1576–1582.

DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>.

² Ibid.

access these pills through social media platforms.³ These factors have significantly heightened the risk of fatal overdose among youth, even among those experimenting with drugs only occasionally.

Schools must be equipped to address this crisis. Youth spend the majority of their waking hours in school buildings. Yet, most schools in Massachusetts are not adequately prepared to respond to an opioid overdose. Currently, there is no requirement that schools stock naloxone or that school personnel receive training in recognizing and responding to opioid overdoses. By contrast, northeastern states such as Rhode Island and New Jersey have implemented policies mandating naloxone availability in schools and training for health staff and other personnel. New Jersey's law requires schools to maintain and administer naloxone during school hours and activities.⁴ Rhode Island mandates all public and private schools stock opioid antagonists and protects staff from liability when administering these medications in good faith.⁵ Massachusetts lags in this area.

Research demonstrates the effectiveness of overdose education and naloxone distribution (OEND) programs. In Massachusetts, OEND programs in 19 communities led to significant reductions in both overdose fatalities and acute care utilization.⁶ Nationally, systematic reviews confirm that bystander naloxone use dramatically improves survival and increases preparedness in nonclinical settings.⁷

We are particularly encouraged that S.1422 includes a requirement for school nurses to receive training in naloxone administration. However, we also note that broader training for nonclinical school personnel, such as teachers, administrators, and support staff, is essential and should be considered. Many opioid overdoses occur outside the nurse's office or after school hours, and a timely response can mean the difference between life and death.

Furthermore, the MMS has long recognized the disproportionate impact of the opioid crisis on communities of color, economically disadvantaged populations, and those facing barriers to care. Ensuring consistent naloxone access across all schools, regardless of location or resources, will help address health disparities and promote student and staff safety statewide.

³ Ibid.

⁴ Guidelines for the Emergency Administration of an Opioid Antidote in Schools. New Jersey Department of Education, 2019.

<https://www.nj.gov/education/safety/health/profs/docs/GuidelinesForAdministrationOfAnOpioidAntidote.pdf>

⁵ General Laws of the State of Rhode Island: Title 16-Education Chapter 16-21 Health and Safety of Pupils. Section 16-21-35 Opioid-related drug overdose — Use of opioid antagonists — Immunity for those administering.

<https://law.justia.com/codes/rhode-island/2019/title-16/chapter-16-21/section-16-21-35/>

⁶ Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*. 2013;346:f174. doi:10.1136/bmj.f174

⁷ Giglio RE, Li G, DiMaggio CJ. Effectiveness of bystander naloxone administration and overdose education programs: a meta-analysis. *Inj Epidemiol*. 2015 Dec;2(1):10. doi: 10.1186/s40621-015-0041-8. Epub 2015 May 22. PMID: 27747742; PMCID: PMC5005759.

S.1422 is a commonsense, evidence-based intervention that can save lives and increase preparedness for opioid-related emergencies in our schools. For these reasons, the MMS urges a favorable report on this legislation. Thank you for your consideration of our comments.