


MEMORANDUM

TO: The Honorable JB Pritzker, Governor
The Honorable Emanuel “Chris” Welch, Speaker of the House
The Honorable Tony McCombie, House Minority Leader
The Honorable Don Harmon, Senate President
The Honorable John Curran, Senate Minority Leader

FROM: Dr. Tony Sanders 
State Superintendent of Education

DATE: October 1, 2024

SUBJECT: The Administration of Opioid Antagonist, School Year 2023-24

The Illinois State Board of Education respectfully submits the “Administration of Opioid Antagonist, School Year 2023-24 Report” to the governor and General Assembly to fulfill the requirements of 105 ILCS 5/22-30.

This report is transmitted on behalf of the state superintendent of education. For additional information, please contact Dana Stoerger, executive director of Legislative Affairs, at 217-782-6510 or dstoerge@isbe.net.

cc: Secretary of the Senate
Clerk of the House
Legislative Research Unit
State Government Report Center

The Administration of Opioid Antagonist School Year 2023-24

Illinois State Board of Education
Wellness and Student Care Department

October 1, 2024

Dr. Tony Sanders
State Superintendent of Education

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Foreword

The administration of an antidote (antagonist) from a stock supply for an overdose of an opioid-containing drug to persons who may be experiencing an overdose is permitted according to Illinois School Code ([105 ILCS 5/22-30](#)). The Act requires a report to be provided to the Illinois State Board of Education (ISBE) by each Illinois public and nonpublic school that administers a dose under this Act. This report is to be provided to ISBE within three days of the incident that necessitated use of the antidote drug.

This report is a compilation of data on the frequency and circumstances of opioid antidote administration during the preceding academic year. The report is provided based on the available data and does not necessarily reflect the official position or policy of ISBE.

Background

Any Illinois school may obtain a medical order for one or more doses of a drug that is intended to reverse an overdose from an opioid-containing drug. The antidote most often is naloxone, which is delivered either by injection or nasal inhalation. Schools may maintain a supply of the drug and have trained personnel to recognize and respond to an overdose of an opioid drug. ISBE shall submit an annual report to the General Assembly by Oct. 1 every year and publish the report online on the day of its submission. This report summarizes the data reported to ISBE during the 2023-24 school year.

Methodology

ISBE staff in the Wellness and Student Care Department developed the data collection instruments and procedures used by schools to report data on the use of an opioid antidote in alignment with the applicable administrative rules ([Rule 1.540](#)).

The 2023-24 data collection was conducted using the [Undesignated Opioid Antagonist Reporting Form](#) (ISBE 34-20A).

ISBE directed schools to submit using an online submission portal. Reports are retrieved by staff from the ISBE Communications Department and provided to Wellness and Student Care Department personnel.

Limitations

The data provided in this report pertains to school year 2023-24, which ended June 30, 2024.

- The completeness of the data reported depends upon the ability of schools and districts to access the online reporting system.
- Prior to January 1, 2024, neither schools nor districts were required to maintain a supply of undesignated opioid antagonist medication and there was not a requirement for schools to notify ISBE of whether they maintained a supply. [Public Act 103-0348](#) amended the School Code to require that a school district, public school, charter school, or nonpublic school maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose.
- Incidents of administration of an opioid antagonist at a school, on school property, or during a school event from a supply maintained by emergency medical personnel, law enforcement officers, or fire department responders are not required to be reported.

School Year 2023-24 Results

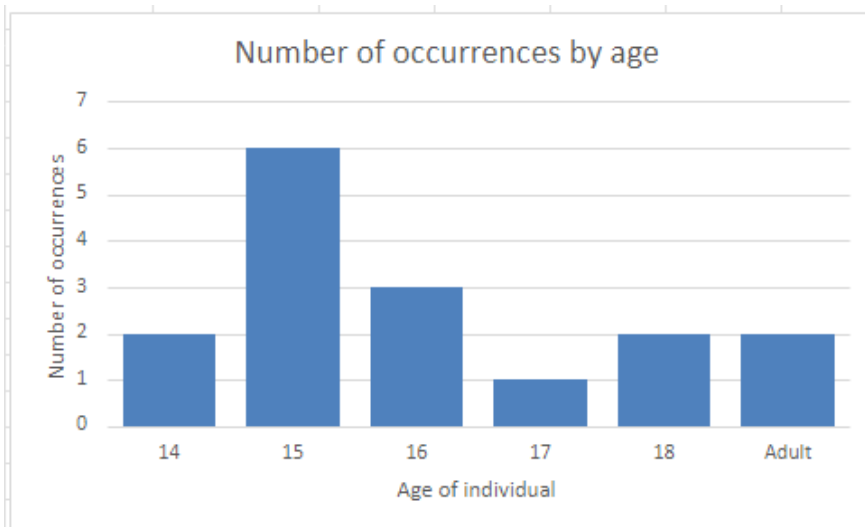
ISBE received 16 reports for uses of an opioid antagonist on an individual during the 2023-24 school year. The first reported use of an opioid antagonist occurred on September 6, 2023, and the last on May 16, 2024.

There were 10 public school districts that reported administering undesignated opioid antagonist medications. One district had two incidents at two separate high schools and one at a charter school. There were four high schools that reported two incidents each where they had to administer the medication. Three other districts each reported a single incident of administration.

Background and Age

In 14 out of 16 incidents only one dose was given, and two doses were necessary in the other two instances. An opioid antagonist was administered to a student in 14 of the incidents, to an adult visitor in one instance, and to an adult staff member in one instance. Reported use of naloxone has been negligible over the nine years since the law first made it optional for schools to maintain a supply of undesignated naloxone. There were 10 administrations of naloxone during the 2022-23 school year. Reported use of opioid antagonist medication crept up to 16 incidents this year. Implementation of Public Act 103-348 began January 1, 2024, requiring a school district, public school, charter school, or nonpublic school to maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose, unless there is a shortage of opioid antagonists.

Figure 1.



- The figure above shows age 15 had the highest total for reported dose administrations of undesignated opioid antagonist medication, with six administrations reported.
- The figure also shows age 17 had the lowest total for reported dose administrations of undesignated opioid antagonist, with one administration reported.

Location when Symptoms Developed

The location of the individual when symptoms developed was listed as within a school building in all but one of the cases.

Time of Day for Reported Cases

Most administrations of undesignated opioid antagonists occurred during regular school hours. Five (31.25 percent) were administered in the morning hours of 7:55-10:59 a.m.; seven (43.75 percent) occurred during mid-day from 11 a.m. to 12:59 p.m.; and three (18.75 percent) were administered from 1-4 p.m. A single episode (6.25 percent) occurred in the evening, at 7:00 p.m.

Person Administering the Undesignated Opioid Antagonist

Registered nurses administered the undesignated opioid antagonist in 10 (62.5 percent) of the reported administrations. Trained personnel administered the undesignated opioid antagonist in three (18.75 percent) of the reported administrations. A police officer or school resource officer administered the undesignated opioid antagonist twice (12.5 percent). An emergency medical technician administered the undesignated opioid antagonist in one instance (6.25 percent) of the reported administrations.

Figure 2

