


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: September 10, 2025

SUBJECT: The Administration of Opioid Antagonist, School Year 2024-25

The Illinois State Board of Education respectfully submits the “Administration of Opioid Antagonist, School Year 2024-25 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 the Legislative Affairs Department at 217-782- 6510.

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

The Administration of Opioid Antagonist, School Year 2024-25

Wellness & Student Care Department

October 1, 2025

Dr. Tony Sanders
State Superintendent of Schools

Table of Contents

Foreword	3
Background	3
Methodology	3
Limitations	4
School Year 2024-25 Results	4
Background and Age	4
Location When Symptoms Developed	5
Time of Day for Reported Cases	5
Number of Undesignated Opioid Antagonist Doses Administered per Report	5
Person Administering the Undesignated Opioid Antagonist	5
Figures	
Figure 1	5
Figure 2	6

Foreword

Section 22-30 of the Illinois School Code (105 ILCS 5/22-30) permits a school nurse or trained personnel to administer an antidote (antagonist) from a stock supply to any person whom the school nurse or trained personnel in good faith believes to be having an opioid overdose (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities. Each Illinois public and nonpublic school that administers a dose pursuant to this section is required to file an incident report with the Illinois State Board of Education (ISBE). Each report is to be provided to ISBE within three days of the incident that necessitated use of the antidote drug.

ISBE is required to compile this data into an annual report submitted to the General Assembly by Oct. 1 of every year identifying the frequency and circumstances of opioid antagonist administration during the preceding academic year. The report must also be published on ISBE's website on the same day it is transmitted.

This report summarizes the data reported to ISBE during the 2024-25 school year. It is based on independent reports by schools and districts and does not necessarily reflect the official position or policy of ISBE. Inquiries regarding this report may be directed to Michelle Wilcoxson, principal consultant in the Wellness and Student Care Department, at 217-782-5270.

Background

Public Act 103-0348, effective Jan. 1, 2024, requires every school district, public school (including charter schools), and nonpublic school in the state 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, in which case the school or district shall make a reasonable effort to maintain a supply. Healthcare professionals who have been delegated prescriptive authority for opioid antagonists under the Substance Use Disorder Act are to prescribe the medication in the name of the school or district to be maintained for use when necessary. Schools must have personnel trained to recognize and respond to an overdose of an opioid-containing drug.

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 (23 Ill. Admin. Code 1.540).

The 2024-25 data collection was conducted using the [Undesignated Opioid Antagonist Reporting Form](#) (ISBE 34-20A).

Schools were instructed to submit reports 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 2024-25, which ended June 30, 2025.

- The completeness of the data reported depends upon the ability of schools and districts to access the online reporting system. Validity depends on the accuracy of the information submitted.
- School year 2024-25 was the first full school year in which the law required schools and districts to maintain a supply of an opioid antagonist. See Public Act 103-0348.
- 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 2024-25 Results

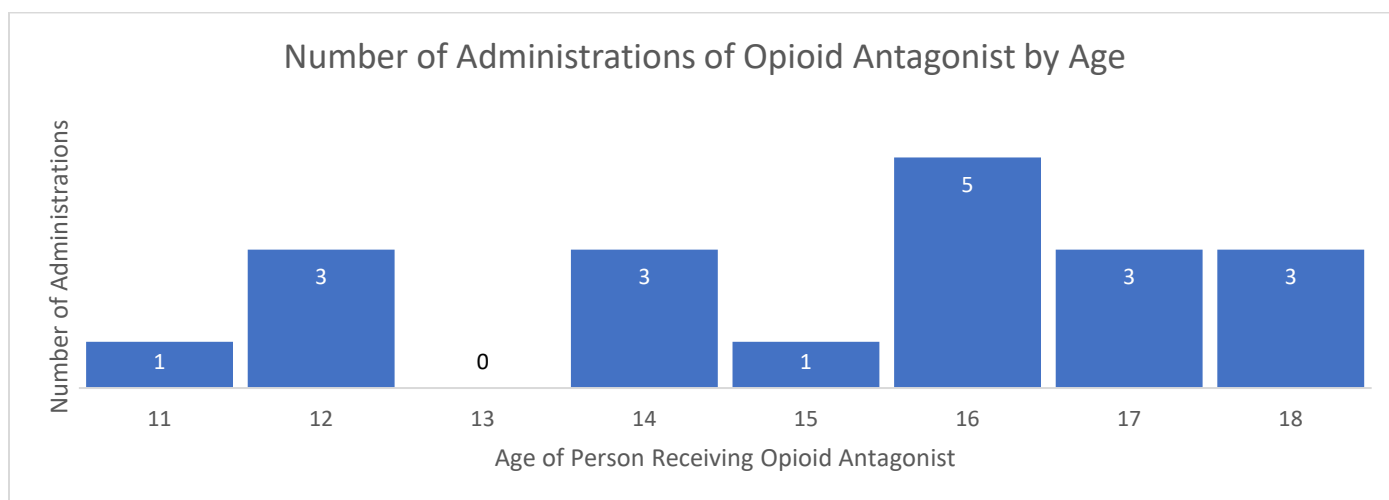
ISBE received 13 reports from schools or districts for uses of an opioid antagonist on an individual during the 2024-25 school year. The first reported use of an opioid antagonist occurred on Sept. 26, 2024, and the last on May 19, 2025.

There were six public school districts and one therapeutic day school that reported administering an undesignated opioid antagonist. One district had two incidents, each occurring at a different school. Another district administered the antagonist at three separate schools. One district had two separate incidents at the same school and one at another school building. There were also two separate incidents at a single high school within one district.

Background and Age

In all 13 cases, the opioid antagonist was administered to a student. These 13 cases collectively involved the administration of 19 doses total. This is the third consecutive year that more than 10 doses of an opioid antagonist were used. In the prior eight years, schools' reported use was negligible. This uptick is not surprising given that Public Act 103-0348 went into effect Jan. 1, 2024, which made formerly permissive language in School Code allowing schools to maintain a supply of an opioid antagonist now mandatory.

Figure 1.



- There was a total of 13 incidents of administration of an opioid antagonist medication by school personnel during the 2024-25 school year. Collectively, these 13 incidents involved 19 total dosages. The figure above shows age ranges from 11-18 and the number of dosages that were administered to each age.
- There were no reports of administering to students aged 13.
- Students aged 16 received the largest number of dosages of the reports received by ISBE.

Location When Symptoms Developed

The location of the individual when symptoms developed was listed as within a school building (12) in all but one of the cases. With that one case, symptom onset reportedly occurred at the student's home.

Time of Day for Reported Cases

Most administrations of undesignated opioid antagonists occurred during regular school hours. Three (23%) were administered in the morning hours of 8:25 – 10:59 a.m.; five (38.5%) occurred during the mid-day hours of 11 a.m. to 12:59 p.m.; and five (38.5%) were administered in the afternoon hours of 1-4 p.m.

Number of Undesignated Opioid Antagonist Doses Administered per Report

Out of 13 incidents, there were seven times a single dose was given, and six times that two doses were administered.

Person Administering the Undesignated Opioid Antagonist

Registered nurses administered the undesignated opioid antagonist in 18 (95%) of the reported administrations. Trained personnel administered the undesignated opioid antagonist in one (5%) of the reported administrations.

Figure 2.

