November 7, 2016

TO: The Honorable John J. Cullerton, Senate President
    The Honorable Christine Radogno, Senate Republican Leader
    The Honorable Michael J. Madigan, Speaker of the House
    The Honorable Jim Durkin, House Republican Leader

FROM: Tony Smith, Ph.D.
      State Superintendent of Education

SUBJECT: The Administration of Opioid Antagonist, 2015-16

On behalf of the Illinois State Board of Education, which is required under Public Act 99-0480
[105 ILCS 5/22-30] to issue this report, I am pleased to submit “The Administration of Opioid
Antagonist, 2015-16.” This particular report summarizes the administration of an opioid
antagonist (antidote) as reported to ISBE during the 2015-16 school year.

A summary of the major findings is provided:

- Illinois public schools and nonpublic schools are allowed to maintain a supply of an
  opioid antagonist (antidote) and have trained personnel to recognize and respond to an
  overdose of an opioid-containing drug (heroin or prescription drugs). A report (Form 34-
  20A) is to be provided to ISBE within three days of the incident that required the use of
  an opioid antagonist from the undesignated supply.
- No Illinois school reported any use of an opioid antagonist during the school year 2015-
  16.

cc: The Honorable Bruce Rauner, Governor
    Tim Mapes, Clerk of the House
    Tim Anderson, Secretary of the Senate
    Legislative Research Unit
The Administration of Opioid Antagonist, 2015-16

Illinois State Board of Education
Division of Specialized Instruction, Nutrition and Wellness
and
Division of Data Analysis

October 2016

James T. Meeks, Chairman
State Board of Education

Tony Smith, Ph.D.
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 in Illinois schools by Public Act 99-0480 [105 ILCS 5/22-30], effective date Sept. 9, 2015. The Act requires a report to be provided to the Illinois State Board of Education (ISBE) by each Illinois public or 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. Inquiries regarding this report may be directed to Jessica Gerdes in the Division of Specialized Instruction, Nutrition and Wellness, Special Education Services at (312) 814-5560 or Marjurie Ribeiro, Ph.D., in the Data Analysis Division at (217) 782-3950.

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, delivered either by injection or nasal inhalation. Schools are not required to adopt such a policy nor maintain a supply of the drug, but may maintain a supply of the drug and have trained personnel to recognize and respond to an overdose of an opioid drug. By Oct. 1 each year, the Board shall submit an annual report to the General Assembly and publish the report online on the same day of its submission. This particular report summarizes the data reported to ISBE during the 2015-16 school year.

Methodology
Data collection instruments and procedures used by schools to report data on the use of an opioid antidote were developed by ISBE staff in the Special Education, Data Analysis, and Rules divisions and incorporated into rules in accordance with the formal rules process (rule 1.540, http://www.isbe.net/rules/archive/pdfs/oneark.pdf). The 2015-16 data collection was conducted using the “Undesignated Opioid Antagonist Reporting Form” (ISBE 34-20A) http://www.isbe.net/pdf/school_health/34-20A-opioid-rptg.pdf. Schools were to email the forms to opioid@isbe.net, which was an email account accessible by Data Analysis, Special Education, and Health Services staff.

Limitations
• The validity of the data reported is subject to the limitations of the first data collection round.
• The fact that no reports were received cannot establish with certainty that no administration of the antidote occurred. An administration of the antidote may have occurred, but the school or district may have failed to issue the required report to ISBE.
• Because no school or district is required to have adopted a policy and procedure for the administration of an opioid antagonist, it is not known how many districts or schools have the policy and procedure in place but did not have an incident requiring the use of drug.

School Year 2015-16 Results

During 2015-16 school year (which ended on June 30, 2016), there were no reports received indicating that an opioid antagonist was administered.