Title Page

**A Policy Analysis of the University of Pittsburgh Opioid Campus Policy**

by

**Yei Florence Gbaintor**

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This essay is submitted

by

**Yei Florence Gbaintor**

on

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and approved by

**Essay Advisor:** Gerald Barron, MPH, Associate Professor, Department of Health Policy and Management, Graduate School of Public Health, University of Pittsburgh

**Essay Reader**: James E Egan, MPH, PhD, Assistant Professor, Department of Behavioral and Community Health Sciences, Graduate School of Public Health, University of Pittsburgh

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Abstract

Gerald Barron, MPH

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**Abstract**

Opioid addiction and overdose is a relevant public health issue. It has had significant impact on the United States. The number of people affected by opioids are continuing to increase each year. This policy analysis discusses the opioid epidemic in Pennsylvania, explores the University of Pittsburgh drug campus policies, and provides recommendations on how to strengthen campus policies in order to create awareness, educate students, and ultimately reduce the prevalence of addiction and overdose. The University of Pittsburgh drug policy and school code was analyzed in detail as it pertains to opioid overdose prevention. Then a literature review on other relevant federal, state, and campus polices was conducted. The university policy was then compared to findings of the literature review and discussed with respect to 4 main areas: naloxone accessibility and training, medical amnesty policy, opioid education, and recovery. This analysis concludes by making four recommendations to improve the University of Pittsburgh drug policies and program.

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# Introduction

Over 700,000 people have died between 1999 and 2017 from opioid overdose (Opioid Overdose). According to the state government, “the opioid overdose epidemic is the worst public health crisis in Pennsylvania, and the nation, in almost a generation” (Opioid Epidemic). In October 2017, President Trump declared the opioid crisis a national Public Health Emergency under the federal law (The Opioid Crisis). The National Institute on Drug Abuse reports, “every day, more than 130 people in the United States dies of opioid overdose” (National Institute on Drug).

Pennsylvania specifically has been hit hard by the opioid epidemic. The NIH reports a total of 2,335 opioid related deaths in 2016 in the state (National Institute on Drug Abuse, February 2018). The state’s overdose death rate per 100,000 people of 18.5 is higher than the national rate of 13.3. Deaths from opioid have increased over time, for instance, deaths related to heroin went up from 131 to 926, deaths related to synthetic opioid went up from 98 to 1309, and deaths related to prescription opioid increased from 411 to 729 (National Institute on Drug Abuse, February 2018).

 Opioids are a class of drugs found in opium poppies or can be made by a drug company synthetically (What is an Opioid). Opioids, also called opiates, can be defined as one of the two categories; prescription or illegal. Opioids affect the brain by slowing down the central nervous system. They attach to particular opioid receptors, these proteins are found in the gut, spinal cord and brain. This attachment causes the body to stop sending pain signals to the brain (What is an Opioid). Opioids are depressants which decreases stress and discomfort. Some opioids include Buprenorphine, Codeine, Fentanyl, Heroin, Methadone, OxyContin, Percocet, and Vicodin. Some opioids prescribed to treat pain include: Codeine, Hydrocodone, and Oxycodone, Percocet, and Vicodin (Allison, January 2019). An addiction to opioids can affect an individual in many ways. Opioid addiction can increase the risk of cardiovascular disease, stroke, cancer, HIV/AIDS, hepatitis B and C, lung disease, mental health disorders and death (National Institute on Drug Abuse).

Table 1 Pennsylvania Opioid Overdose Deaths by Race

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Years** | **White,** **Non-Hispanic** | **Black,** **Non- Hispanic** | **Hispanic** | **Total** |
| 1999 | 2.7 | 2.9 | ID | 2.7 |
| 2000 | 2.7 | 2.6 | ID | 2.7 |
| 2001 | 2.2 | 2.1 | ID | 2.1 |
| 2002 | 3.1 | 2.2 | ID | 2.9 |
| 2003 | 4.3 | 2.7 | ID | 3.9 |
| 2004 | 4.4 | 2.1 | ID | 4.2 |
| 2005 | 4.6 | 2.7 | ID | 4.2 |
| 2006 | 4.0 | 2.0 | ID | 3.5 |
| 2007 | 4.6 | 2.1 | ID | 4.0 |
| 2008 | 5.5 | 3.4 | ID | 4.9 |
| 2009 | 6.2 | 2.4 | ID | 5.2 |
| 2010 | 6.0 | 2.9 | ID | 5.1 |
| 2011 | 7.2 | 3.4 | ID | 6.2 |
| 2012 | 7.8 | 2.9 | 3.4 | 6.8 |
| 2013 | 9.2 | 3.4 | 3.9 | 7.8 |
| 2014 | 10.6 | 4.2 | 4.9 | 9.0 |
| 2015 | 13.3 | 6.3 | 5.0 | 11.2 |
| 2016  | 21.9 | 10.8 | 7.3 | 18.5 |
| 2017 | 25.0 | 13.0 | 12.2 | 21.2 |

The table below shows the rate per 100,000 people in Pennsylvania opioid overdose deaths by race/ethnicity from 1999 to 2017. ID – Insufficient Data (Opioid Overdose Deaths by Race/Ethnicity, January 2019).

The United States Census Bureau 2018 data reports that the state has 12,807,060 inhabitants. Of the population 82.1 % are white, 11.9% are African American, and 7.3 % Hispanic or Latino (U.S. Census Bureau QuickFacts, n.d). The data shows that more white people have been affected by the opioid crisis than African Americans in Pennsylvania from 1999 to 2017.

## Essay Objectives

This essay will research and analyze the University of Pittsburgh opioid campus drug policy. The policy analysis will focus on the University of Pittsburgh drug policies. Findings from the literature review will be used to discuss and analyze relevant opioid campus policies across the United States. Results from this policy analysis and literature review on relevant opioid campus policies will be used to make recommendations to improve the University of Pittsburgh opioid prevention policies.

## History

The use of opioids began in the 1860’s when it was used to treat soldiers in the Civil War (History of the Opioid Epidemic). Many of the 400,000 soldiers that were treated with morphine became addicted to the drug. The use of opioids grew throughout the century. In an attempt to decrease the use of opioids in 1914, the Harrison Narcotics Act was enacted to limit recreational use by restricting opioid’s availability to prescription only. The act imposed a special tax on people who “… produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations, and for other purposes” (History of the Opioid Epidemic). Between 1920 and 1950, opioids were only prescribed to people who were dying as a way to avoid addiction among users. Between 1970 to 1990 the stigma and fear associated with opioid addiction influenced many doctors to seek other ways to relieve pain such as surgeries. Likewise, the American Pain Society supported more non-addictive treatment options for cancer related pain (History of the Opioid Epidemic).

The Centers for Disease Control and Prevention (CDC) describes the rise of opioid addiction and overdose deaths from 1999-2017 in three waves (Opioid Overdose). The first wave occurred in the 1990’s with the increase in opioid prescriptions and opioids related overdose. The National Capital Poison Center reports this wave begin when, “…pharmaceutical companies began to promote the use of opioids in patients with non-cancer related pain even though there was a lack of data regarding the risks and benefits in these patients” (poison.org). The second wave began in 2010, it included the rise of overdose deaths that involved heroin. The efforts to decrease the high rate of opioid prescribing shifted its popularity to heroin (poison.org). This was evident in the numbers, “deaths due to heroin-related overdose increased by 286% from 2002 to 2013…” (poison.org). The third wave of the opioid epidemic began in 2013. It involved the increase in overdose deaths involving synthetic opioids, specifically fentanyl. In 2016, there was an increase of 20,000 deaths from fentanyl and related drugs overdose creating the sharpest rise in drug-related deaths.

# Methods

This paper reviewed the University of Pittsburgh opioid policies and compared it to relevant opioid campus policies in the United States. First, the University and its regional campuses at Braford, Greensburg, Johnstown, and Titusville were reviewed. The University of Pittsburgh and its regional campuses share the same drug policies. Therefore, these drug policies and programs will be discussed as a whole, regardless of campus location. Secondly, a literature review was done on available opioid campus policies outside of the University of Pittsburgh and within the United States. The databases used to complete this literature review included: ERIC, Nexis Uni, PubMed, Medline (EBSCO), Medline (ISI), CINAHL, Health Source: Nursing/Academic edition, MICROMEDEX, and Index Catalogue. Finally, the findings from the literature review were then compared to the University’s policies and programs and analyzed. To conclude, four recommendations were made to make improvements to the campus policies.

## University of Pittsburgh Overview

The University of Pittsburgh is a public state-related research university located in Pennsylvania. The University of Pittsburgh which was originally called the Pittsburgh Academy was founded in 1787 (About, n.d.). The University is a four-year public institution that offers undergraduate, graduate, and doctoral degrees with nearly 36,000 full and part time students enrolled. The University of Pittsburgh 2018 data shows that there is a total of 28,673 students enrolled; 25,901 full time and 2,772 part-time students (Fast Facts - University of Pittsburgh). Of the total amount students 13,264 males and 15,409 females. There are 17,417 students who are Pennsylvania residents and 11,256 students who are non-Pennsylvania residents. (Fast Facts - University of Pittsburgh). The Braford regional campus had a total of 1,314 students in fall semester of 2018. Of that student population, 66% of the students were White, 17% Black, 5% Asian, 4% Hispanic, 2% American Indian, and 6% unknown or not specified (2018 Top Things to know). The Greenburg regional campus has a total of 1508 full-time and part-time students (About Pitt-Greensburg. (n.d.)). Of the total amount of students, 1426 are full-time students and 82 part-time students (Quick Facts about Pitt-Greensburg). 600 students live on campus and about 900 students commute to campus. The Johnstown regional campus has about 3,000 full and part time students enrolled. Student demographic data on the Titusville regional campus was not available at this time.

## Accomplishments

The university was ranked among the top-five public universities in the Northeastern United States by Wall Street Journal and Times Higher Education College Rankings (Achievements & Honors.). It was ranked number 37 on Thomson Reuters list of the 100 most innovative universities. The university highly funded, the National Science Foundation, ranks the University of Pittsburgh as the 9th nationally in science and engineering funding (Achievements & Honors).

# University of Pittsburgh Student Code of Conduct Policy

The University of Pittsburgh 2018 Student Code of Conduct, “provides information on behavioral expectations and outlines the process used to address Violations of these expectations” (University of Pittsburgh Student Code of Conduct, 2019). All of the regional campuses are covered by this Student Code of Conduct. The university expects every student to inform themselves with guidelines specified in the code of conduct and abide by its provisions. The student code of conduct is not a contract and it is subject to yearly changes by the University (University of Pittsburgh Student Code of Conduct, 2019). Disciplinary action will be taken by the University against students who violate this code on University property or during a University-sponsored or University-supervised activity (University of Pittsburgh Student Code of Conduct, 2019). The University can also take disciplinary action for off- campus conduct that connects to any of the three reasons listed below (University of Pittsburgh Student Code of Conduct, 2019):

* “Threatens the health, welfare, safety, or educational environment of the University community or any individual member thereof;
* is considered by the University to be a serious offense that would negatively reflect upon the Student’s character and fitness as a member of the student body; and/or
* is an incident occurring within the University of Pittsburgh Police jurisdiction”

The Student Conduct Record Retention policy allows the Office of Student Conduct to keep conduct records for seven years beginning from the date of the incident. The office permanently maintains conduct records for pending incidents and incidents that result in on-campus housing dismissals (University of Pittsburgh Student Code of Conduct, 2018). The Student Code of Conduct has 40 violations, of these four of these violations relates directly to opioid prevention and overdose. The 9th, 15th, 16th, and 17th violations are related to drug abuse and sales (University of Pittsburgh Student Code of Conduct, 2019).

* 9th violation of the School Code of Conduct: “Violating or assisting in the Violation of any University policy, procedure or guideline including, but not limited to the following: University of Pittsburgh William Pitt Union Student Alcohol Policy and University of Pittsburgh Drug Free Workplace/ Drug Free Schools Policy.
* 15th violation of the School Code of Conduct: “Uses, misuses, possesses, distributes, manufactures, sells, or is under the influence of narcotics, hallucinogens, dangerous drugs, controlled or illicit substances except as permitted by law, or possesses paraphernalia which can be demonstrated to be linked to drug activity, such as pipes with drug residue. The use or possession of medical marijuana in the workplace and on campus is restricted by federal laws, such as the federal Safe and Drug Free Schools and Communities Act and the Drug-Free Workplace Act. Accordingly, the University of Pittsburgh prohibits the use or possession of marijuana on campus”
* 16th violation of the School Code of Conduct: “Is knowingly present during the commission of Violation(s) of ‘uses, misuses, possesses, distributes, manufactures, sells, or is under the influence of narcotics, hallucinogens, dangerous drugs, controlled or illicit substances except as permitted by law, or possesses paraphernalia which can be demonstrated to be linked to drug activity, such as pipes with drug residue”
* 17th violation of the School Code of Conduct: “Operates a motor vehicle while impaired by or under the influence of drugs or alcohol” (University of Pittsburgh Student Code of Conduct, 2019).

## Process and Procedures of handling a violation of the Student Code of Conduct

The University of Pittsburgh follows the Federal Family Education Rights and Privacy Act of 1974 (FERPA). FERPA, “…is a Federal law that protects the privacy of student education records” (Family Educational Rights and Privacy Act, 2019). This law affects schools that are funded by an applicable program of the U.S. Department of Education. The FERPA pertains to students 18 or older. FERPA allows schools to contact parents without the consent of the students under the following circumstances (Family Educational Rights and Privacy Act, 2018);

* “School officials with legitimate educational interest;
* Other schools to which a student is transferring;
* Specified officials for audit or evaluation purposes;
* Appropriate parties in connection with financial aid to a student;
* Organizations conducting certain studies for or on behalf of the school;
* Accrediting organizations;
* To comply with a judicial order or lawfully issued subpoena;
* Appropriate officials in cases of health and safety emergencies
* State and local authorities, within a juvenile justice system, pursuant to specific State law”.

Under FERPA, the University of Pittsburgh can call parents or guardians when “…a Student who is under the age of twenty-one (21) is found responsible for or admits to an alcohol or drug Violation” (Family Educational Rights and Privacy Act, 2018). Parents or guardians are given written notification when a student is held with an alcohol or drugs violation (Family Educational Rights and Privacy Act, 2019).

# University’s Medical Amnesty Policy

The University of Pittsburgh Medical Amnesty policy aims to provide a safety net for students. According to the policy, students are expected, “…to seek immediate assistance for themselves or others in situations where someone is experiencing an emergency due to alcohol or other drug use” (University of Pittsburgh Student Code of Conduct, 2019). All of the University’s regional campuses are covered by the Medical Amnesty Policy. The scope of the University’s Medical Amnesty is listed below (University of Pittsburgh Student Code of Conduct, 2019):

* “Medical Amnesty applies when the allegations under the Code of Conduct involve consumption or possession of alcohol or other drugs or knowingly present violations related to consumption or possession of alcohol or other drugs.
* Medical Amnesty eliminates responsibility for Code violations outlined above for the caller and the individual experiencing the medical emergency.
* Medical Amnesty mitigates University conduct consequences for student organizations that call for emergency assistance”.

For the Medical Amnesty policy to apply, all of its requirements need to be fulfilled. This process requires the caller to first call the appropriate university emergency officials, identify themselves and the report the incident (University of Pittsburgh Student Code of Conduct, 2019). Then the caller is required to wait with the affected individual(s) until the emergency officials arrive. Finally, the caller has to cooperate with University and emergency as needed. After the incident, the caller and person who experience the medical emergency has to complete assigned interventions or program in the time period allocated by the Office of Student Conduct (University of Pittsburgh Student Code of Conduct, 2019). It is not until after all the steps are taken and the office is notified that the Medical Amnesty is fully applied.

Even after the application of the Medical Amnesty, the University and student may still have to report information related to the incident and application of the Medical Amnesty. This information may need to be shared with potential employers, professional governing bodies, study aboard programs, during the admission process with another educational institution, and more. “The application of the Medical Amnesty does not prevent criminal actions by the police or civil actions by third party” against the caller and the person that needed medical assistance (University of Pittsburgh Student Code of Conduct, 2019).

## The State of Pennsylvania Good Samaritan States

**“**Any person who renders emergency care, first aid or rescue at the scene of an emergency, or moves the person receiving such care, first aid and rescue to a hospital or other place of medical care, shall not be liable to such person for any civil damages as a result of any acts or omissions in rendering the emergency care, first aid or rescue, or moving the person receiving the same to a hospital or other place of medical care, except any acts or omissions intentionally designed to harm or any grossly negligent acts or omissions which result in harm to the person receiving the emergency care, first aid or rescue or being moved to a hospital or other place of medical care” (The Good Samaritan And Related Acts, n.d).

Sanctions that affect faculty and staff members that violate the University’s Drug-Free Workplace Policy can include “…written reprimands, suspension, dismissal and/or mandatory participation in and successful completion of a drug abuse assistance or rehabilitation program.

University Drug Prevention and Education Program” (University of Pittsburgh Drug-Free Schools Annual Notification, n.d). Faculty and staff members can also face prosecution for violation of related city ordinances and state and federal law. It possible for faculty or staff members to be faced with violations from both the University and other county, state or federal violations (University of Pittsburgh Drug-Free Schools Annual Notification, n.d).

# University of Pittsburgh Prevention Program

The University disburses information to employees on the dangers of drug abuse and on assistance services and programs focusing on counseling and rehabilitation. The University campus drug prevention programs are implemented through three levels: primary, secondary, and tertiary prevention assistance (University of Pittsburgh Student Code of Conduct, 2019). The primary prevention programs focus on the campus as a whole. These programs use “…materials on responsible decision-making and lifestyle choices” assistance (University of Pittsburgh Student Code of Conduct, 2019). The aim of the primary prevention program is to create a campus environment that supports and influences the prevention of the misuse and abuse of substances. The secondary prevention programs are tailored to, “…identify and assist individuals who exhibit possible problematic substance use and who are suitable for brief intervention strategies” assistance (University of Pittsburgh Student Code of Conduct, 2019). Tertiary prevention is aimed at supporting, “…who may have a substance abuse issue and includes aiding these individuals in their treatment, relapse prevention, recovery, and maintenance of their recovery” assistance (University of Pittsburgh Student Code of Conduct, 2019).

The University of Pittsburgh offers a few drug education programs to incoming students. These programs include Campus Clarity’s “Think About it”, Tipping Point and Bystander Education Training (Beeson, 2018). The Campus Clarity’s “Think About it” is an online interactive that provides a basic focus on drugs in relationships and the dangers of mixing in addition to a deeper focus on education on alcohol, bystanders and healthy relationships (Beeson, 2018). The Tipping Point is a presentation on substance abuse, sexual assault, policies, campus safety and mental health and campus safety. The presentation also includes a section on prescription drug misuse (Beeson, 2018). The Bystander Education Training teaches students how to recognize and get involve in risky situation where someone’s health is affected (Beeson, 2018).

The University of Pittsburgh offers a collegiate recovery program called Panthers for Recovery. Panthers for Recovery, “…provides a safe, nurturing, and affirming environment where students in recovery from substance use can receive the assistance and support they need to achieve academic success and personal goals while in college” (Collegiate Recovery Program, n.d). The program aims to create a stigma-free environment for students in recovery by concentrating on individual, academic, social, and recovery supports. Panthers for Recovery is a confidential program that is available to undergraduate and graduate students who needs support in recovery and living a sober life (Collegiate Recovery Program, N.D). The program meets three different times a week. It offers services and amenities such as peer connection and social networking, student-led support groups, recovery resources on and off campus, academic and financial aid resources, substance-free social events, and Lounge space (Collegiate Recovery Program, N.D).

## The University’s Opioid Abuse Treatment

The University of Pittsburgh police department policy for Police Procedures for Unresponsive Persons focuses on the use of Naloxone to prevent death from opioid overdose. Naloxone is defined as, “…an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, namely slowed or stopped breathing” (Surgeon General's Advisory on Naloxone, n.d). The members of the University’s Police Department are required to be trained in the administration of Naloxone (Narcan), the use of an Automated External Defibrillator (AED) and cardiopulmonary resuscitation (CPR) (Loftus, 2015). A professor from the school of Pharmacy provides technical assistance for the Police Department. Assistance is provided on “… development of policies and procedures for acquisition and replacement of Narcan in coordination with University Pharmacy, review of stock of Narcan kits, and review of the usage of Narcan” (Loftus, 2015). Narcan is taken to every medical emergency call responded to by the University of Pittsburgh Police Department. The event or incident is documented every time Narcan is used. The University’s Police Department Narcan administration procedure are as follows:

• “Each AED maintained by the Police Department shall have a Narcan administration kit within the AED case.

• The AED/Narcan unit shall be taken to every medical emergency call dispatched through the University of Pittsburgh Police Department.

• The Police Department currently maintains eight AED/Narcan units as follows:

One is located in each of the five patrol vehicles on each shift. The AEDs shall be properly marked with vehicle unit numbers. A sixth AED/Narcan unit shall be maintained by the supervisor and shall be maintained within his/her vehicle. The seventh and eighth AED/Narcan units are assigned to two canine vehicles. A Narcan (spare) shall be maintained in the shift supervisor’s office at the Police Department.

• The AED/Narcan unit shall be signed out and in by the vehicle patrol officer.

• The officer shall note that the function-indicator light is green, there are two sets of AED pads (one set attached and one spare set in the pocket of AED carry case), and the Narcan administration kit is present.

• Malfunctioning AEDs shall be brought to the attention of the shift supervisor and will be replaced as soon as possible. The officer will then be issued the shift supervisor AED, until their AED returns to service. A records management Computer Aided Dispatch (CAD) entry shall be made by Communication Room personnel indicating the AED malfunction and any actions taken. An email shall be sent to “Police-Equipment,” indicating the mal-functioning AED and any action taken” (Loftus, 2015).

# Literature Review

A literature review was conducted to determine if there was a model opioid campus policy available. First, a search was done using the Academic Search Premier and ERIC databases. The Academic Search Premier is a scholarly collection that provides coverage for areas of study which includes economics, medical studies, and communications. ERIC is the national bibliographic database of education literature (Databases A-Z, N.D). ERIC is sponsored by the US Department of Education. Another search was done using medicine & nursing databases such as; PubMed, Medline (EBSCO), Medline (ISI), CINAHL, Health Source: Nursing/Academic edition, MICROMEDEX, and Index Catalogue. These databases did not provide relevant information on opioid campus policies. However, they did provide information on the history, statistics and impact of the current state of the opioid crisis. Then, the Nexis Uni data was used. The Nexis Uni database, “… provides full text and citation access to information in the reference, business, medical, and legal disciplines” (Databases A-Z, n.d.). The Nexis Uni database articles on opioid campus policy were used as a reference and connecting point for relevant federal and state policies. The literature review provided information on opioid campus policy at the federal, state, university and or college level.

## Federal Level Policies

The Campus Prevention and Recovery Services Act of 2018 is a federal bill that was introduced to the House of Representatives in July 2018 (H.R. 6535 (115th), 2018). This bill has not been enacted in to law. It was referred to the House Committee on Education and the Workforce in July of 2018 and no further actions as been taken pertaining to this bill (H.R. 6535 (115th), 2018). It is targeted at amending the Higher Education Act of 1965 (HEA) which focuses on the prevention of certain alcohol and substance (H.R. 6535 (115th), 2018). The HEA was originally created in 1965 and has been rewritten seven times; 1968, 1972, 1976, 1980, 1986, 1992 and 1998 (McCants, 2003). The Act was created to, “…strengthen the educational resources of our colleges and universities and to provide financial assistance for students in postsecondary and higher education” (McCants, 2003). The HEA provides, “…higher education opportunities for lower and middle-income families, program assistance for small and less developed colleges, and utilization of college and university resources to help deal with national problems” (McCants, 2003). The Campus Prevention and Recovery Services Act of 2018 aims to take a more public health-based perspective by amending the prevention and treatment of alcohol and drug addiction and overdose section of the Higher Education Act (McCants, 2003). If enacted, the Campus Prevention and Recovery Services Act of 2018 plans to make several changes to the Higher Education Act. The Campus Prevention and Recovery Services Act of 2018 will change the language used around drug and alcohol addiction to focus more on its misuse rather than abuse (Shea-Porter and Carol, 2018). It will support evidence- based programs that prevents the misuse of alcohol and substances by the students and employees of higher educations. The bill requires that higher education institutions create policies that concentrate on counseling, treatment, rehabilitation, and recovery support programs (Shea-Porter and Carol, 2018). The bill will create an interagency agreement that involves the department of health and human services tailor the implementation and coordination of the evidence-based programs under this Act (Shea-Porter and Carol, 2018).

## State Level Policies

The Heroin and Opioid Education and Community Action of 2017 commonly known as the Start Talking Maryland Act is state law that requires all public schools in Maryland to develop and implement an addiction and prevention program that focuses on heroin and opioid abuse (Bromwell, 2017). This Act has been passed and is currently being implemented in the state. The Act includes but is not limited to these requirements for public schools:

* Train school nurses on how to recognize the symptoms of a narcotic overdose.
* Develop procedures for the administrations of naloxone or other overdose-reversing medications.
* Develop adequate emergency procedures follow-up.
* Obtain and store naloxone or other overdose reversing medication used in an emergency situation.
* Develop and implement a method for notifying the parents or guardians of students of the school’s policy under this section at the beginning of each school year (Bromwell, 2017).

The Heroin and Opioid Education and Community Action of 2017 has had an impact on the public colleges and campuses in Maryland. An example of this is shown at Notre Dame of Maryland University and the Goucher College. The Notre Dame of Maryland University recently created a Heroin and Opioid Addiction and Prevention Policy program (Heroin and Opioid Addiction and Prevention, N.D). This program requires incoming full-time students to part-take in a face to face heroin and opioid addiction and prevention awareness training and part time students will have access to educational online materials. In addition to Maryland University’s drug policy, an accessible supply of overdose-reversing medication such as naloxone will be provided for use in emergency situations (Heroin and Opioid Addiction and Prevention, n.d). Staff such as “Public Safety Officers and other designated personnel will be trained to: recognize the symptoms of opioid overdose; in the procedures for the administration of overdose-reversing medication; and in the proper follow up emergency procedures related to opioid overdose” (Heroin and Opioid Addiction and Prevention, N.D). Information and records from this program will be reviewed each year by the Maryland Higher Education Commission and the Substance Abuse Review Committee. The Goucher College located in Maryland also created a heroin and opioid addiction prevention policy as a result of the Heroin and Opioid Education and Community Action of 2017 (Goucher College Heroin and Opioid, 2018). Similar to the Notre Dame of Maryland University, Goucher College provides in addition to its medical amnesty policy, face to face heroin and opioid addiction and prevention awareness training and educational materials, access to overdose-reversing medication (Goucher College Heroin and Opioid, 2018).

The Jasey bill is another state-based campus policy bill. It was introduced on January 15, 2019 by Assemblywoman Mila M. Jasey. This bill has not been enacted by the Senate and General Assembly of the State of New Jersey. The bill concerns the emergency administration of opioid overdose reversal drug at institutions of higher education in New Jersey (Jasey, 2019). The Jasey bill focused on two major requirements for higher institutions of education includes (Jasey, 2019):

* The obtainment and maintenance of an accessible supply of opioid antidotes in order to respond to an opioid overdose emergency.
* The development of a policy with the following guidelines:

“A designated licensed campus medical professional to oversee the institution’s program for the maintenance and emergency administration of opioid antidotes; permit a licensed campus medical professional and trained employees. A licensed campus medical professional shall have the primary responsibility for the emergency administration of an opioid antidote in accordance with a policy developed under this section. The governing board of an institution of higher education shall designate additional employees of the institution who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when a licensed campus medical professional is not physically present at the scene. (Jasey, 2019).

### Other College and University Policies

Some colleges and universities that provide exemplary drug policies include Rutgers University and the College of New Jersey. Rutgers University’s drug and alcohol prevention and counseling program offers recovery housing. Rutgers was the first university in the country to create and provide recovery housing for students. Its recovery housing has been running since 1988 (Recovery Housing, n.d).The Rutgers Recovery House offers on campus housing to students recovering from alcohol or drug dependence. The housing program consists of, “…12-month, on-campus housing option, offers students the opportunity to have a fulfilling residential college experience living within a supportive community with other students in recovery” (Recovery Housing, N.D). The Recovery House protects the identity of its residents. The program offers recovery support counseling through the University’s Alcohol and Other Assistance program, academic and career to support to residents (Recovery Housing, N.D). The Recovery House can be described as “… on-campus residence hall with common living, kitchen, and dining areas and a laundry room with washers and dryers for residents” (Recovery Housing, N.D). The staff consist of two live-in resident assistants. The house offers sober activities, trip and supportive community events to the residents (Recovery Housing, N.D).

Another example of a drug recovery program is The College of New Jersey (TCNJ) Collegiate Recovery program (Alcohol & Drug Education Program, N.D). The TCNJ offers recovery support to students in recovery from alcohol and drugs through three programs; RECreate Your Night, Lion’s House, and counseling services (Alcohol & Drug Education Program, N.D). The Lion’s House is a “… living and learning space for students in recovery who are working towards growth, sobriety, and academic excellence” (Alcohol & Drug Education Program, N.D). It provides safe and comfortable environment students seeking help. RECreate Your Night gives students of the university alternative options for having fun that are healthy and supportive of the reduction of substance abuse and recovery (Alcohol & Drug Education Program, N.D). The University offers counseling services in addition to those services.

### Distribution of Naloxone Policies

An example of advanced campus Naloxone distribution programs is shown at the University of Texas at Austin and the Bridgewater State University. The University of Texas offers students access to Naloxone 24 hours a day at their residence hall front desks (Naloxone /Narcan, N.D). The Naloxone kept in a secured box and is handled by a staff of the University. There is no pressure placed on students to provide their name or other personal information to access the medication (Naloxone /Narcan, N.D). However, information is collected from students during a medical emergency where Narcan is used (Naloxone /Narcan, N.D). Bridgewater State University was the first school in 2017 to implement a public-access Narcan program. This program distributes Narcan to 50 different locations around the campus. By making Narcan free and widely accessible the Bridgewater State University increase awareness and prevention of opioid addiction and overdose (University Breaks Ground in Opioid Battle, N.D).

#  Discussion

The University of Pittsburgh offers protection to students for violations of the School Code of Conduct relating to the consumption and possession of drugs and alcohol during a medical emergency (University of Pittsburgh Student Code of Conduct, 2019). The University’s Medical Amnesty Policy protects any person who seeks help (the caller) and the person experiencing the medical emergency. This encourages students to reach out to the authorities and medical resources for help during an opioid overdose in a timely manner without the feeling of being penalized by the University. The policy also requires the caller to wait with the person experiencing the medical emergency until authorities arrive. By reaching out in a timely manner and waiting with the person, the caller reduces the risk of the person experiencing an overdose of lasting health effects or death. The University also requires both the caller and the person that experienced the medical emergency to participate and complete an educational intervention program.

However, the University’s Medical Amnesty Policy, is lacking in a few areas. The policy does not fully protect the caller and student experiencing the medical experience during an overdose. Likewise, the policy does not protect students from charges filed by the local, state, and federal police or actions by third party. These students could possibly face time in jail or prison based on charges filed. This approach criminalizes addiction and takes the emphasis off treatment and recovery. Students involved may still have to share record of the event with potential employers, professional governing bodies, study aboard programs, during the admission process with another educational institution, and more. This could have a significant impact the students future because it could negatively affect the chances of receiving admittance to an academic program and getting hired during their time at the university or even after.

With respect to Naloxone, the University of Pittsburgh police department has a detailed and organized policy and procedures for unresponsive persons. This involves training of all officers in the administration of Naloxone. Every police car is equipped with a Narcan kit. This allows officers to properly response to an overdose emergency. The risk of drastic health effects and death is lowered with the police department accessibility and use of Narcan. It is not enough for only the campus police department to have access to Narcan. In order to increase the prevention, awareness, and treatment of opioid overdose the access of Narcan on campus should be expanded. The University of Texas at Austin Narcan distribution program is good example of how this can be done. The University of Texas at Austin provides its students 24-hour access to Narcan by keeping it in a secured box on campus residence halls. Another example is shown the Bridgewater State University where Narcan access is expanded to 50 different locations on campus. This has the potential to decrease the risk of overdose and death.

The University of Pittsburgh offers Panthers for Recovery which is a Collegiate Recovery Program. This program allows the University to offer a treatment and recovery approach for its students. Panthers for Recovery focuses on creating a stigma-free environment for the students in recovery by offering individual, academic, social, and other recovery supports. This added support can increase a student in recovery chances of staying drug free and living a sober lifestyle. Panthers for Recovery provides services such as peer connection and social networking, student-led support groups, recovery resources on and off campus, academic and financial aid resources, substance-free social events, and Lounge space. The University’s Collegiate Recovery program plays an important role in the recovery process for students participating. However, the program only meets 3 times a week. Access to the amnesties and support services can be increased. If the University offered recovery housing, students seeking these recovery services will have additional services. An example of successful recovery housing programs is shown at Rutgers University and the College of New Jersey. Rutgers University offers its students recovery housing through a 12-month program that includes on-campus housing that provides the opportunity to live in a supportive environment with a community of students who are also in recovery. The College of New Jersey offers a similar program and other programs like its RECreate Your Night and Lion’s House programs.

# Recommendation

The process of enacting and implementing state and federal laws focused on increasing opioid prevention and treatment is a long one. It is important to note that the University of Pittsburgh does not have an opioid focused prevention and education program. Despite this, the University of Pittsburgh can take additional actions to improve its drug policies and program. This paper offers four recommendations the University of Pittsburgh can use to make improvements on its drug policies and programs. The University of Pittsburgh can increase awareness, prevention, recovery of opioid addiction and overdose using these recommendations:

1. The University should add emphasis on the education of opioid addiction and overdose in the programs offered to incoming students and in the three levels of prevention drug programs offered to all students. This education should be offered to students all year-round. More attention should be given to opioid addiction and overdose specifically focusing on in the Campus Clarity’s “Think About it”, Tipping Point and Bystander Education Training.

2. The University of Pittsburg medical amnesty policy should be expanded to be more forgiving to students. The medical amnesty policy should offer additional protection to students by sealing the records of students involved in a medical drug emergency so that it does not negatively affect their future. This puts the focus on treatment and education rather than penalties.

3. Narcan should be made more available and accessible on the University campuses. Narcan should be placed in residence halls and other popular spots on campus. School staff such as the residence hall advisors should be educated and trained to administer Narcan and provide basic information to students.

4. The University Collegiate Recovery program, Panthers Recovery should be expanded to offer 12-month recovery housing program for students in the process of recovering from a drug overdose. This recovery housing will provide a long period of support to students seeking help and will provide a living environment that supports a healthy lifestyle.

# Conclusion

The Literature Review showed the potential significance of federal and state policies on campus opioid policies. It also showed that lawmakers are starting to focus on creating and enacting opioid campus policies. Three specific opioid federal and state policies were highlighted; one federal bill, one state bill and one state law. The policies that were reviewed showed that there is progress currently being made as it relates to campuses and universities opioid policies. The federal bill which has not been enacted into law, the Campus Prevention and Recovery Services Act of 2018, aims to make changes to the Higher Education Act. The Act focused on more supportive language relating to drug misuse and increasing evidence-based drug misuse programs in higher education. The state bill, known as the Jasey bill, focuses on the emergency administration of opioid overdose reversal drugs at higher education institutions in New Jersey. The State law which was enacted in 2017, the Heroin and Opioid Education and Community Action law requires all public schools in the state Maryland to develop and implement an addiction and prevention program that focuses on heroin and opioid. This is a good example of the positive effects of tailored opioid campus policies and programs. As a result of the Heroin an Opioid Education and Community Action of 2017, Notre Dame of Maryland University and the Goucher College were influenced to create opioid centered campus policies and programs. State laws such as this law can speed up the creation, adherence, and participation of opioid centered campus policies and in part increase awareness and prevention of opioid addiction and overdose.

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