

Date of Hearing: April 12, 2023

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 889 (Joe Patterson) – As Introduced February 14, 2023

SUBJECT: Pupil safety: parental notification: synthetic drugs

SUMMARY: Requires local educational agencies (LEAs) to annually inform the parents or guardians of each enrolled pupil of the dangers associated with synthetic drugs that are not prescribed by a physician, such as fentanyl. Specifically, **this bill**:

- 1) Requires LEAs to inform the parents or guardians of each enrolled pupil of the dangers associated with synthetic drugs that are not prescribed by a physician, such as fentanyl, and that there is a possibility that dangerous synthetic drugs can be found in counterfeit pills.
- 2) Requires the notification to be provided annually at the beginning of the first semester or quarter of the regular school term.
- 3) Authorizes the notification to be provided as part of the annual notifications required under current law.
- 4) Requires the LEA to post the information on their website as well as the website of each individual school within the LEA, if they have a website.
- 5) Defines LEA to include a school district, county office of education (COE), or charter school.

EXISTING LAW:

- 1) Requires governing boards of school districts to notify parents and guardians of minor pupils of specified items at the beginning of the first semester or quarter of the regular school term. (Education Code (EC) 48980)
- 2) Authorizes school districts, COEs and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained volunteer personnel for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (EC 49414.3)
- 3) Authorizes public and private elementary and secondary schools to voluntarily determine whether or not to make emergency naloxone or another opioid antagonist and trained personnel available at its school. Requires a school to evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to naloxone or another opioid antagonist and trained personnel. Prohibits a private elementary or secondary school choosing to exercise the authority provided by this bill from receiving state funds for this purpose.
- 4) Requires the Superintendent of Public Instruction (SPI) to establish, and revise every five years or sooner, minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist as specified. Requires the California Department

of Education (CDE) to maintain a clearinghouse for best practices in training nonmedical personnel to administer naloxone hydrochloride or another opioid antagonist to pupils. (EC 49414.3)

- 5) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email. (EC 49476)

FISCAL EFFECT: The Office of Legislative Counsel has keyed this as a possible state-mandated local program.

COMMENTS:

Need for the bill. According to the author, “When I was growing up in the ‘80s and ‘90s, parents largely worried about their children using marijuana and drinking alcohol. Until recently, it never crossed my mind that a child could lose his or her life by making a single mistake experimenting with counterfeit prescription drug. This is why I wrote AB 889 so schools can educate both parents and children on the dangers of using synthetic drugs. I don't want other parents to have to wait for tragedy to strike for them to become aware of the dangers. AB 889 is a proactive approach and will save lives.”

Dangers associated with Fentanyl. Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration (FDA) for use as an analgesic and anesthetic. It is approximately 50 times stronger than heroin and 100 times stronger than morphine. First developed in 1959, it was introduced in the 1960's as an intravenous anesthetic. Fentanyl is legally manufactured and distributed in the United States; however, there are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. Most recently, cases of fentanyl-related overdoses are linked to illicitly manufactured fentanyl that is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

Addressing Fentanyl Among California Youth. According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased 625% among ages 10-19 from 2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15–19 years old in California.

Current law requires the SPI to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

The CDE, in conjunction with the CDPH, provide LEAs with resources and information that they can readily share with parents and students to help keep them safe. The Fentanyl Awareness and Prevention toolkit page offer information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH's Substance and Addiction Prevention branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

Reversing opioid overdoses. Naloxone is the generic name for an opioid antagonist that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. Naloxone comes in two FDA-approved forms: injectable and prepackaged nasal spray.

On March 29, 2023, the FDA approved Narcan, naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription use. This is the first naloxone product approved for use without a prescription. This will allow this medication to be sold directly to consumers in drug stores, grocery stores, as well as online. According to an FDA Commissioner, "Today's approval of OTC naloxone nasal spray will help improve access to naloxone, increase the number of locations where it's available and help reduce opioid overdose deaths throughout the country. We encourage the manufacturer to make accessibility to the product a priority by making it available as soon as possible and at an affordable price."

Narcan nasal spray was first approved by the FDA in 2015 as a prescription drug. According to the FDA, in accordance with a process to change the status of a drug from prescription to nonprescription, the manufacturer provided data demonstrating that the drug is safe and effective for use as directed in its proposed labeling. The manufacturer also showed that consumers can understand how to use the drug safely and effectively without the supervision of a healthcare professional. The application to approve Narcan nasal spray for OTC use was granted priority review status and was the subject of an advisory committee meeting in February 2023, where committee members voted unanimously to recommend it be approved for marketing without a prescription.

CDPH Statewide Standing Order for Naloxone. Naloxone can help reduce opioid overdose deaths in California, but many organizations find it difficult to obtain the required standing order to obtain naloxone from health care providers. According to CDPH, of the 6,843 opioid-related overdose deaths in 2021, 5,722 were related to fentanyl. CDPH issued the standing order, in 2017, to address this need and support equitable naloxone access.

Among the organizations and entities that can distribute naloxone under the order are colleges and universities. An individual at risk of experiencing an overdose or someone who can assist an individual at risk is allowed to do so. Under the statewide standing order, staff of community organizations and other entities distributing naloxone must be trained. They are also required to provide training to individuals who receive naloxone from them. Colleges and other organizations may apply to use the statewide standing order if they meet certain conditions.

A separate distribution program administered through The Department of Health Care Services (DHCS) allows schools, universities and colleges to apply for and obtain naloxone at no cost to the institution. According to the CDPH website, since October 2018, their Naloxone Distribution

Project (NDP) has distributed over 1 million units of naloxone, and recorded over 57,000 overdose reversals.

Related legislation. AB 19 (Joe Patterson) of the 2023-24 Session would require public schools to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose.

SB 10 (Cortese) of the 2023-24 Session would require LEAs and COEs to include strategies for the prevention and treatment of an opioid overdose in their school safety plans, and require the CDE to develop training materials on the use of emergency opioid antagonists for school personnel, and safety materials for parents, guardians, and pupils in conjunction with the California Health and Human Services Agency (CalHHS).

SB 472 (Hurtado) of the 2023-24 Session would require each campus of a public school operated by an LEA, COE, or charter school to maintain at least two doses on its campus, and distribute, naloxone hydrochloride or another opioid antagonist pursuant to the standing order for naloxone and requires LEAs, COEs, and charter school to report to DHCS for failure to distribute naloxone.

SB 234 (Portantino) of the 2023-24 Session would require schools kindergarten to 12th grade, institutions of higher education, stadiums, concert venues, and amusement parks, at all times, to maintain unexpired doses of naloxone hydrochloride or any other opioid antagonist on its premise, ensure that at least two employees are aware of the location of the naloxone hydrochloride or other opioid antagonist, and expand community colleges ability to administer naloxone. SB 234 would also provide civil protections to a person who administers naloxone hydrochloride or another opioid antagonist on a college campus stadium, concert venue, or amusement park to a person who appears to be experiencing an opioid overdose.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone hydrochloride (naloxone) or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

Analysis Prepared by: Debbie Look / ED. / (916) 319-2087