



Opioid Overdose Management and Naloxone Education

Evidence-Based Guidelines for Maine Schools



Table of Contents

Introduction	3
Overview of Maine Opioid Epidemic	4
Adolescent Use of Substances	5
Common Substances Explained	5
Fentanyl.....	6
Xylazine	7
Naloxone: A Life-Saving Strategy	7
Legislation Related to Naloxone Administration and Health Education	8
An Act to Permit Naloxone Hydrochloride Possession, Prescription, Administration, and Distribution in Public and Private Schools	8
Naloxone Hydrochloride Administration Instruction.....	8
Good Samaritan Law	9
Maine Learning Results Health Education Standards	9
School Naloxone Program Design and Structure	10
Creating and Implementing Naloxone Policies in Schools	10
Identifying Community Partners & Naloxone Procurement.....	11
Understanding Harm Reduction	12
Harm Reduction Services in Maine.....	13
Opioid Overdose Emergency Management.....	14
Recognizing Signs of an Overdose	15
Responding to an Overdose Emergency	16
Overdose Emergency Aftercare	16
Self-Care after Responding to an Overdose Emergency	17
Supporting Youth after Responding to an Overdose Emergency	17
Best Practices in Substance Use Prevention Education	18
Strategic Communication.....	20
Program Evaluation and Monitoring.....	20
Standards for Storing, Restocking, and Reporting Naloxone.....	20
Classroom or Community Teaching Resources	21
Additional Resources	22
References.....	23

Opioid Overdose Management and Naloxone Education

Evidence-Based Guidelines for Maine Schools

Introduction

The Maine Department of Education (DOE) provides the following guidelines in accordance with Maine Revised Statute [Title 20-A section 6403-A \(5\)](#), which directs the commissioner to issue guidelines on the provision of school health services and health-related activities. Developed collaboratively with Maine Centers for Disease Control and Prevention (CDC), this resource also fulfills the requirements outlined in Maine Revised Statute [Title 20-A, Section 6307 \(8\)](#). In consultation with the Maine Department of Health and Human Services (DHHS), the department is responsible for developing and providing guidelines for managing opioid overdoses that may occur during school activities, whether on school grounds or at school-sponsored events (Maine State Legislature, 2023).

Naloxone hydrochloride is a life-saving medication used to reverse an opioid overdose. An overdose occurs when a person has a toxic level of opioids in their system, which can lead to slowed or stopped breathing. Naloxone binds to opioid receptors in the brain and blocks the effects of opioids on both the brain and the respiratory system. This action can restore normal breathing within 2-3 minutes for someone who has overdosed (Centers for Disease Control and Prevention, 2024). Naloxone is commonly known by the brand name Narcan® and is available over the counter in intranasal form.



Naloxone education in schools is vital for equipping students with emergency response skills and enhancing safety within schools and communities. Offering this education aligns with national and state health education standards and is supported by legislation in Maine. Education on the administration of naloxone hydrochloride should be aligned with the national opioid response guidelines established by organizations that provide research-based training in best practices (Maine Department of Education, 2024). This alignment ensures that individuals are prepared with the most effective and up-to-date methods for responding to opioid overdoses.

Maine Center for Disease Control and Prevention (CDC), in partnership with Maine Department of Education (DOE), has developed this toolkit to support local school administrative units (SAUs) in the effective implementation of [Rule Chapter 41: Offering Instruction Related to Life-Saving Procedures in Maine Schools](#). This collaborative effort aims to enhance the educational resources available to schools and foster a safe learning environment for all students. This toolkit is a comprehensive resource for health education professionals to effectively teach naloxone education and opioid overdose prevention in both school and community settings, guided by the latest research.

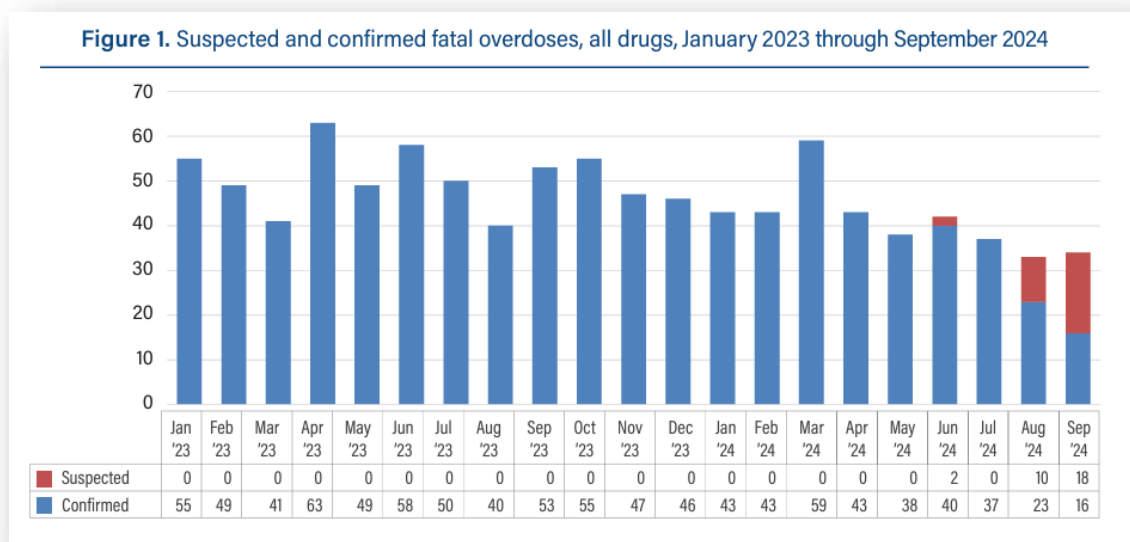
This toolkit contains various resources, including:

- A review of state legislation related to substance use prevention education and naloxone in schools
- Maine CDC School Substance Use Policy Guide
- Sample policy for naloxone in schools
- Effective primary prevention programs
- Integration of prevention science, harm reduction strategies, and best practices in education
- Naloxone education and its role in opioid overdose prevention
- Resources to support management of opioid overdose and education in Maine schools

Overview of Maine Opioid Epidemic

Youth overdose is a national problem, with opioid overdose identified as the third leading cause of death among children and adolescents in the United States (Calihan, J. B., Carney, B. L., Schmill, D. M., & Bagley, S. M., 2024). Maine has implemented significant measures to monitor and respond proactively to the opioid epidemic, establishing systems and policies aimed at minimizing harm associated with substance use. These initiatives include increased access to treatment, prevention programs, and community support services aimed at fostering a healthier environment and aiding those affected by addiction. Access more information about Maine's response: [Maine Opioid Response Strategic Action Plan](#)

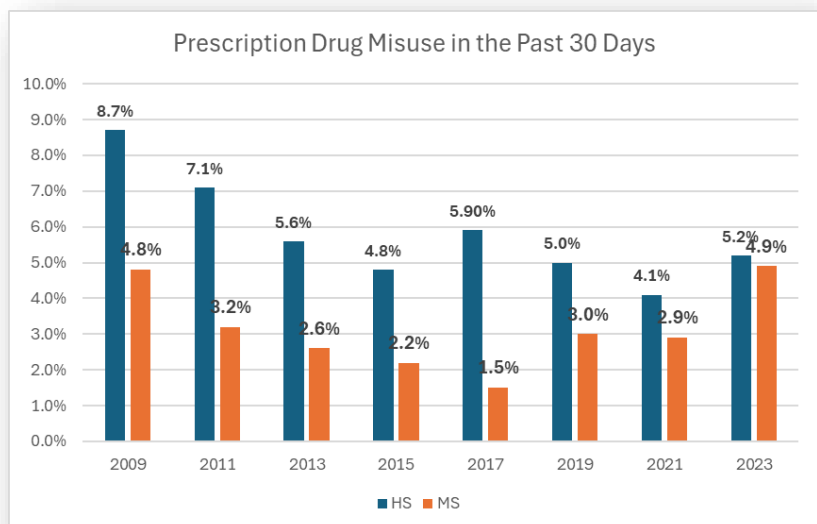
The [Maine Drug Data Hub](#) contains data dashboards, reports, maps, and metrics reporting on fatal and non-fatal overdoses, naloxone distribution, referral to services, and many other data points related to the opioid crisis in Maine. This collaboration between several state departments, the Governor's Office, and the University of Maine provides resources, data, and visualizations to inform Mainers about efforts to reduce harm caused by substance use. The data, information, and resources are updated monthly, quarterly, and annually.



Adolescent Use of Substances

Adolescence is a time for growth and transition for young people. This developmental period is marked by exploration, experimentation, risk-taking, and skill-building, all of which are vital for future success in adulthood. However, the strong desire to engage in new activities and experiences may sometimes lead adolescents to participate in behaviors that carry risks, including substance use.

Adolescents have not been excluded from the effects of the opioid epidemic. In 2024, Maine experienced 9161 reported non-fatal overdoses, 384 of those being under the age of 18 (Marcella H. Sorg, D.S., 2024). The Maine Integrated Youth Health Survey (MIYHS) is a biennial survey of adolescents in grades 5 through 12 that monitors health behaviors and attitudes regarding tobacco, alcohol, substance use, mental health, nutrition, physical activity, and protective factors (Maine Department of Health and Human Services, Maine Department of Education, 2023). According to the 2023 MIYHS, 5.2% of high school students who participated in the survey reported misusing prescription drugs in the past 30 days, while 4.9% of middle school students reported the same.



[Using Your Maine Integrated Youth Health Survey Data Effectively](#)

Common Substances Explained

Opioids are a class of drugs commonly used to manage pain, but they can be highly addictive. Opioids are naturally found in the opium poppy plant. Some prescription opioids are made from the plant directly, such as morphine and codeine, and others are made in laboratories using the same chemical structure (Centers for Disease Control and Prevention, 2024). For example, fentanyl is a synthetic opioid (made in laboratories) that is significantly stronger than morphine and is often used in medical settings for severe pain relief. Healthcare providers most often prescribe opioids to relieve pain from moderate to severe health conditions, including:

- Toothaches and dental procedures
- Injuries (e.g., sports injury)

- Surgeries
- Chronic Conditions
- Cancer

Each drug has a different duration and potency (Maine Behavioral Healthcare, n.d.). For example, codeine has a half-life of 3-4 hours and is not as potent compared to morphine. The drug class of opioids also includes illicit substances such as heroin. Illicit substances refer to drugs that are obtained or used without a valid prescription from a licensed medical professional.

Drug	Duration	Potency
Codeine	3-4 hours	*
Demerol	2-4 hours	**
Morphine	3-6 hours	***
Methadone	24-32 hours	****
Heroin	6-8 hours	*****
Oxycontin	3-6 hours	*****
Fentanyl	2-4 hours	*****

Fentanyl

Fentanyl is a synthetic opioid similar to morphine but much more powerful (National Institute on Drug Abuse, 2021). It is both a prescription drug and can also be obtained illicitly. The illicit use of fentanyl is most often associated with recent overdose deaths. Fentanyl has been found mixed with other substances, including cocaine and methamphetamines. In the past few years, fentanyl has also been found in counterfeit pills that look like prescription opioid medications. This is dangerous when individuals take medication without knowing it may contain other compounds.

Fentanyl is 50 times stronger than heroin and 100 times stronger than morphine. High doses of such potent opioids can cause breathing to drastically slow and eventually stop, potentially leading to death.

Xylazine

Xylazine is a sedative often used in veterinary medicine and is not FDA-approved for human use (Mayo Clinic, 2025). Recently, it has been found mixed with opioids, including fentanyl, in illicit drug supplies. This combination of xylazine mixed with opioids can depress the central nervous system, leading to an increased risk of respiratory failure and overdose. Xylazine has similar side effects as opioid use, such as:

- Drowsiness
- Low blood pressure
- Memory problems
- Slow breathing
- Slow heart rate

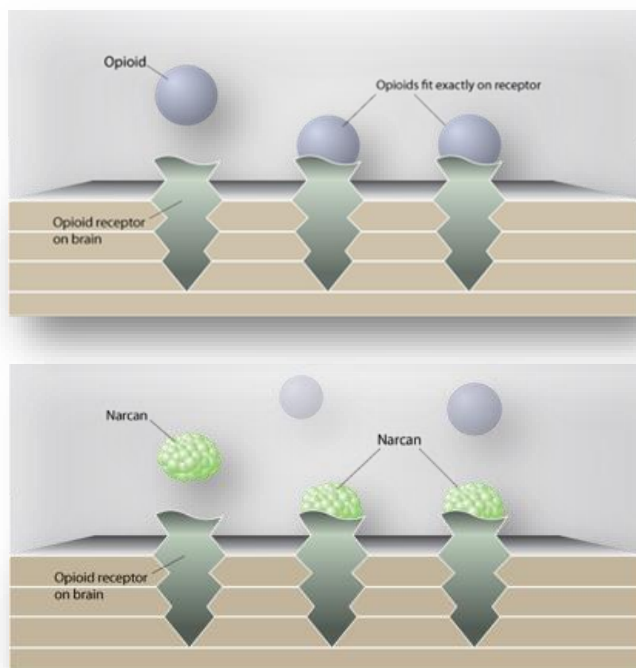
Xylazine, however, is not an opioid, so it doesn't respond to naloxone. If someone has used an opioid or other substance containing Xylazine, the person may still be sedated after administering naloxone. If an overdose is suspected, it is essential to follow the same steps for an overdose response: call 911, give naloxone, and support breathing through rescue breaths and cardiopulmonary resuscitation (CPR) if indicated.

Naloxone: A Life-Saving Strategy

Naloxone, commonly known as Narcan®, is an FDA-approved medication that can reverse an overdose caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and respiratory system to prevent death (Substance Abuse and Mental Health Services Administration, 2023). It can quickly restore normal breathing to a person undergoing respiratory distress due to an opioid overdose. Naloxone works on reversing opioid overdose because it has a stronger affinity to the opioid receptors in the brain than opioids such as heroin or fentanyl.

Naloxone takes between 2-3 minutes after administration to take effect. It can also wear off within 30-90 minutes after administration. This is generally sooner than the opioid, and frequently, more than one dose of naloxone is required.

Naloxone is only effective with opioids and will not reverse any other type of overdose (e.g., stimulants, benzodiazepines, alcohol, etc.). Naloxone has no adverse effects if used on a person with no opioids in their body (Centers for Disease Control and Prevention, 2024).



Legislation Related to Naloxone Administration and Health Education

Understanding legislation can assist schools and communities in policy development, provision of education, and establishing effective substance use prevention programs in schools. Some legislation is directly related to naloxone, such as the Act to Permit Naloxone Possession, Prescription, and Administration, while others, such as the Health Education and Physical Education Standards, are indirectly related as they outline standards for substance use prevention education in schools.

Possession, Prescription, Administration and Distribution of Naloxone Hydrochloride or Another Opioid Overdose-Reversing Medication

Maine Revised Statute ([Title 20A- §6307](#)) regulates the possession, prescription, administration, and distribution of naloxone hydrochloride or any other medication to reverse opioid overdoses in Maine schools. In addition, this statute permits SAUs and approved private schools to adopt a collaborative practice agreement enabling them to stock, possess, and administer naloxone hydrochloride or other opioid overdose-reversing medications (Maine State Legislature, 2023).

The collaborative practice agreement is a formal agreement that defines the scope of medical care provided on the school campus. Establishing a collaborative practice agreement supports nurses in educating designated unlicensed personnel who could administer naloxone (Maine State Legislature, 2023). [Sample Collaborative Practice Agreement](#)

The Maine DOE [Medication Administration in Maine Schools: Evidence-Based Guidelines for PreK and School-Aged Students](#) contains information regarding staff education on medication administration, including addressing naloxone administration in schools, and can be an additional resource for schools implementing opioid overdose management programs.

Naloxone Hydrochloride Administration Instruction

During the 131st legislative session, Maine Revised Statute ([Title 20A- §6307A](#)) was updated to include a requirement for public schools to offer training to secondary students on the administration of naloxone hydrochloride or other FDA-approved overdose prevention nasal spray (Maine State Legislature, 2023).

Chapter 41 outlines expectations regarding training on administration of naloxone hydrochloride nasal spray or other FDA-approved overdose reversal medication, including who is qualified to provide education and key components that must be included in training programs.

Naloxone training should include:

- Initiating emergency response services.
- Recognition of possible overdose.
- Actions to take to reverse overdose.

A qualified instructor for opioid-related overdose response, in accordance with this rule, should have knowledge of substance use prevention and must have knowledge of naloxone hydrochloride nasal spray or other FDA-approved overdose prevention nasal spray administration education.

- Education must be aligned to national opioid response guidelines adopted by organizations that offer research-based training in best practice.
- It is recommended that instructors be CPR and automated external defibrillator (AED) certified.

Updated rules established by Maine DOE to facilitate implementation are accessible for review through the following link: [Chapter 41: Offering Instructions Related to Life-Saving Procedures in Maine Public Schools.](#)

Good Samaritan Law

Maine's Good Samaritan Law pertaining to suspected drug-related overdose, [Title 17-A §1111-B](#), grants immunity from criminal charges, civil liability, or professional disciplinary action for any person authorized to possess, obtain, store, administer, or dispense naloxone for administering or providing to another person for the use of administration, to whom they believe in good faith is experiencing an opioid-related drug overdose (Maine State Legislature, 2023).

Maine's Good Samaritan Law protects a person who:

- In good faith, seeks medical assistance for a person experiencing a drug-related overdose.
- Is experiencing an overdose and needs medical assistance.
- Is "rendering aid" at the scene of an overdose. "Rendering aid" means performing any action that involves looking after a person who is experiencing a suspected drug-related overdose.

Maine Learning Results Health Education Standards

Naloxone education and administration training fits within the health education curriculum and aligns with Maine and national health education standards.

The [Maine Health Education Standards](#) teach students the knowledge and skills needed to:

- Comprehend health promotion and disease prevention concepts to enhance health.
- Practice health-enhancing behaviors and avoid or reduce health risks for self or others.
- Access reliable information, services, and products.
- Analyze the influence of family, peers, culture, media, technology, and other factors on health practices and behaviors.
- Use interpersonal communication and advocacy skills to enhance personal, family, and community health.
- Make decisions and set goals to enhance health.

School Naloxone Program Design and Structure

Creating and Implementing Naloxone Policies in Schools

Effective substance use prevention policies are essential to creating a healthy, safe school environment for students, staff, and communities (A Division for Advancing Prevention and Treatment, 2024). It is recommended that SAUs review and revise substance use policies at least once every two years, including establishing clear policies and procedures for naloxone access, education, and emergency response in schools. SAUs are encouraged to develop a plan with a specific timeframe, such as considering reviewing and updating policies during Substance Use Prevention Month (October) biannually. The [School Substance Use Policy: A Comprehensive Guide for School Substance Use Policy Development](#) is based on current research and best practice strategies for preventing and addressing substance use among young people. It is a tool to assist schools in partnering with students, staff, families, and community members to develop a substance use policy that meets local needs.

School boards may use a [sample naloxone policy](#) as a framework to review and enhance existing policies prior to establishing and implementing their local naloxone program. It is recommended that school health policies be crafted through a collaborative approach that engages interdisciplinary teams that include various stakeholders such as school administrators, health professionals, educators, and community partners. This collaborative effort ensures that the policies are comprehensive, effective, and tailored to the specific needs of the school community while promoting the safe administration of naloxone in suspected overdose emergencies. Schools can access additional resources to support the development of naloxone policies and procedures through the [National Association of School Nurses \(NASN\) Naloxone Education for School Nurses Toolkit](#).



Identifying Community Partners & Naloxone Procurement

Fostering strong relationships with community partners can significantly enhance the effectiveness of school opioid overdose management programs. By establishing collaborative networks, schools can access vital resources, training, and support. These partnerships can extend to families, promote awareness, collaborate on prevention strategies, and expand recovery services to benefit students and the broader population. This holistic approach can create a safer environment, reduce stigma around addiction, and encourage open dialogue, which can improve overall community resilience against the opioid epidemic. The following information provides an opportunity to explore community support available for school naloxone programs.

The Maine Naloxone Distribution Initiative (MNDI) is a tier-based naloxone distribution network that began distributing naloxone at no cost throughout Maine in 2019. The network consists of two levels: Tier 1 distributors and Tier 2 distributors.

Tier - 1	Tier - 2
Contract with the State of Maine to order and distribute to individuals or tier 2 distributors.	Have naloxone on hand for emergency use and/or distribute it to community members.
Examples of Tier 1 Distributors:	Examples of Tier 2 Distributors:
Bangor Public Health, MaineGeneral, Maine Access Points, and Portland Public Health	Businesses, schools, community organizations, public health organizations, Maine EMS, OPTIONS Liaisons, and Syringe Service Programs (SSP)

Another community resource that can assist individuals and families with services such as treatment support and access to naloxone is the [Overdose Prevention Through Intensive Outreach Naloxone and Safety \(OPTIONS\) initiative](#). This initiative is a coordinated effort by the [Maine Office of Behavioral Health](#) (OBH) and other state agencies to provide community care and improve the health of Mainers with substance use disorders. Learn more and access a liaison in your area through the following link: [OPTIONS liaisons](#).

Naloxone is also available at local pharmacies, both prescription and over the counter. Many health insurance plans cover all or most of the cost of prescription naloxone. To improve accessibility to naloxone medication, in September 2023, Maine CDC partnered with MaineCare to authorize a standing order for licensed pharmacists to create a single-use prescription for a two-dose nasal naloxone spray kit: [Over-the-Counter Naloxone Standing Order for MaineCare](#).

Maine SAUs can access free naloxone and education support through the Maine Naloxone Distribution Initiative: [Get Maine Naloxone](#).

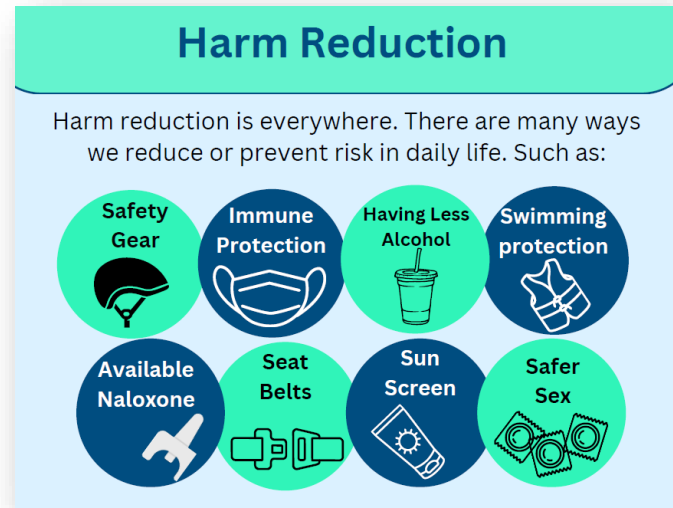
Understanding Harm Reduction

Harm reduction is a fundamental concept, implementing evidence-based interventions for safety, and an integral part of our everyday lives. We use various methods to minimize risk daily, such as applying sunscreen or wearing seatbelts (KM Leslie, 2008).

In relation to substance use, harm reduction incorporates a spectrum of strategies that include safer use, managed use, abstinence, and collaborative work with individuals who use drugs by tailoring the approach to their specific situations (National Harm Reduction Coalition, 2024). Harm reduction:

1. Refers to policies, programs, and interventions that are proven to reduce the harmful effects of substance use.
2. Accepts that substance use is part of our world and chooses to work to minimize the harmful effects rather than ignore or condemn them.
3. Understands that substance use is complex and encompasses a continuum of behaviors.
4. Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies.
5. Calls for non-judgmental services and resources.
6. Ensures that those with lived experience using substances have a real voice in the development of programs or policies designed to serve them.
7. Seeks to empower people who use drugs to share information and support each other.
8. Recognizes that social drivers of health affect both people's vulnerability and capacity for effectively reducing substance use-related harm.
9. Doesn't minimize or ignore the real harm that can be associated with substance use.

Explore substance use prevention materials available at the [Maine Prevention Store](#).



Harm Reduction Services in Maine

Maine had 21 certified [Syringe Service Program \(SSP\) sites](#) operated by ten organizations in 2024 (Maine Department of Health and Human Services, 2025). All certified SSPs must submit monthly data to Maine CDC.

2025 Maine SSPs:

Agency	Type of Site	Site Location	Certification Date
Commonspace (formerly Amistad)	Fixed	Portland	November 2020
Church of Safe Injection	Fixed	Lewiston	September 2021
Church of Safe Injection	Outreach	Rumford	September 2021
Church of Safe Injection	Outreach	Westbrook	October 2023
City of Portland	Fixed & Outreach	Portland	September 1998
MaineHealth Franklin County Syringe Exchange	Fixed	Farmington	November 2023
MaineHealth Franklin County Syringe Exchange	Outreach	Strong	November 2023
Maine Recovery Access Project	Fixed	Augusta	February 2025
Needlepoint Sanctuary	Outreach	Bangor	January 2024
Needlepoint Sanctuary	Outreach	Milo	January 2024
MaineGeneral Medical Center	Fixed	Augusta	December 2004
MaineGeneral Medical Center	Fixed	Waterville	February 2018
Maine Access Points	Fixed	Sanford	February 2020
Maine Access Points	Outreach	Calais	February 2020
Maine Access Points	Fixed	Rumford	June 2022
Maine Access Points	Fixed	Machias	March 2021
Spurwink (formerly TriCounty Mental Health Services)	Fixed	Lewiston	March 2020
Wabanaki Public Health and Wellness	Fixed	Bangor	February 2021



Services provided in 2023 through SSP programs across Maine:

- Collected 3,158,782 used syringes
- Distributed 3,676,315 new syringes
- Had 8,373 enrolled participants
- Enrolled 1,841 new participants
- Made 26,166 referrals for services, such as primary and medical care, STD clinics, HIV and hepatitis testing, substance use disorder treatment, peer support, recovery coaches, overdose aftercare, food assistance, wound care, naloxone distribution, housing, transportation, health insurance benefits, mental health services, and other social supports
- Conducted 373 total HIV tests with SSP participants
- Provided 2,574 individuals with naloxone and overdose prevention education

The top 10 most referred services for 2023 include: peer support, overdose aftercare, drug test kits and education, naloxone distribution and overdose prevention education, wound care and safe injection education, case management and patient navigator, community health education, basic needs and general assistance, hepatitis testing, and HIV testing (Maine Department of Health and Human Services, 2024). These services play a vital role in addressing health and safety issues within the community.

Opioid Overdose Emergency Management

Opioid overdose can affect individuals from every socioeconomic background, culture, race, or ethnicity, and occur in every part of the state, including rural, urban, and suburban areas. Understanding risk factors and learning to recognize signs and symptoms of overdose advances one's ability to identify and respond appropriately in an overdose emergency. It is also important to have tools to support students, staff, and families after an overdose emergency has occurred. This section will review these topics and provide insights.

Opioid Overdose Risk Factors

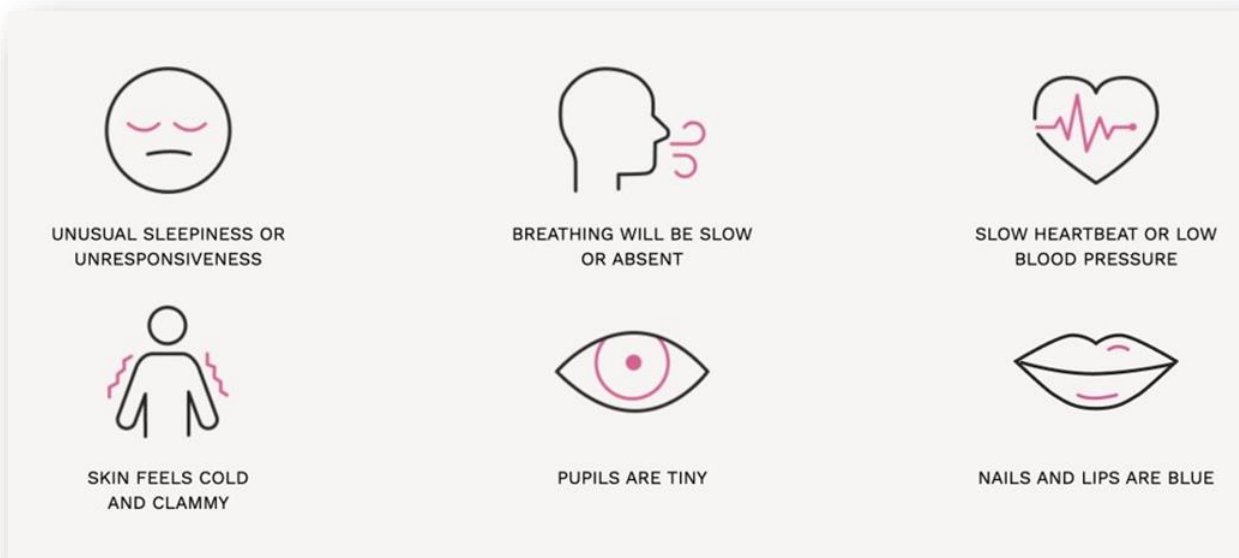
- Taking high doses of opioids daily
- Taking more opioids than prescribed
- Taking illicit opioids such as heroin
- Previous overdose
- Reduced tolerance
- Mixing opioids with other substances such as alcohol, stimulants, etc.
- Taking medications containing a sedative with an opioid
- Being at risk for respiratory distress
- Kidney disease
- Being over age 65
 - Sleep apnea
 - Asthma
 - Emphysema
- Kidney disease

(Substance Abuse and Mental Health Services Administration, 2023)

Recognizing Signs of an Overdose

Anyone who uses opioids can experience an overdose at any time (Substance Abuse and Mental Health Services Administration, 2023). Signs and symptoms of an opioid overdose include:

- Unusually pale face; lighter skin tones turn bluish-purple; darker skin tones appear grayish or ashen
- Skin feels cold and clammy
- Body is limp
- Fingernails or lips have a purple or blue color
- Cannot be awakened or unable to speak
- Breathing or heartbeat slows/stops
- Pinpoint pupils
- Vomiting or gurgling noises



Opioid overdose symptoms may resemble those of other medical emergencies, such as respiratory distress or loss of consciousness. It is important to remember that naloxone, the medication designed to counteract the effects of opioid overdoses, can be administered safely even if an overdose is not the cause (Centers for Disease Control and Prevention, 2024). Recognizing the signs of an overdose, remaining calm, administering naloxone, and calling for help are essential.

Responding to an Overdose Emergency

The aim of reversing an overdose is to reestablish normal breathing (Substance Abuse and Mental Health Services Administration, 2023). If an overdose is suspected, try first to wake the person up by calling the person's name or by shouting. If the person doesn't wake up, firmly rub under their nose (philtrum rub) or the middle of their chest (sternum rub).

- Check for breathing.
- Call 911 or ask someone nearby to call.
- Administer naloxone.
- Clear the person's mouth if there is something visible for the individual to choke on.
- Perform rescue breathing and CPR if needed.
- After 2-3 minutes recheck responsiveness and breathing.
- If the person is not responsive, give another dose of naloxone.
- Repeat this cycle every 2-3 minutes using a new naloxone nasal spray in the other nostril until the person becomes responsive or help arrives.
- Stay with the individual until help arrives and save used naloxone to give to EMS upon arrival.



Overdose Emergency Aftercare

After administering naloxone, the person may experience withdrawal symptoms and confusion; however, this intervention restores the ability to breathe (Substance Abuse and Mental Health Services Administration, 2023). Withdrawal symptoms may include nausea, irritability, agitation, headaches, vomiting, diarrhea, or other side effects.

- Calmly explain to them that they experienced an overdose emergency, you gave them naloxone, and that help is on the way.
- Encourage the person to wait until EMS arrives to receive further medical attention.
- Naloxone wears off within 30-90 minutes, so it is important to stay with the person in case they go back into an overdose emergency.

Self-Care after Responding to an Overdose Emergency

Responding to an overdose emergency can be extremely stressful, even if you don't realize it. It is important to take care of yourself after responding to an overdose emergency (National Alliance for Children's Grief, 2023).

- Take a moment to breathe. Take a few deep breaths and allow yourself to process the experience. It is important to give yourself a moment to calm your mind and body.
- Reach out for support. Whether it's a friend, family member, or counselor, sharing your thoughts and feelings with someone can help alleviate lingering stress or anxiety.
- Engage in relaxation techniques. Deep breathing, meditation, or gentle stretching exercises can help ease any tension or anxiety you may be feeling.
- Practice self-compassion. Be kind to yourself and acknowledge that you did the best you could in a challenging situation. Remind yourself that it's okay to feel overwhelmed and that you deserve compassion and support.

Supporting Youth after Responding to an Overdose Emergency

Here are some ways to be supportive and create a welcoming space for youth who are grieving a substance-use-related death or after responding to an overdose emergency (National Alliance for Children's Grief, 2023).

1. Show up and be yourself. The aftermath of a substance-use-related death or overdose emergency can create a lot of discord in youth. They need you to show up fully as yourself each time they see you.
2. Talk openly, honestly, and without judgment. Being a safe adult requires you to be a trustworthy adult. Find an opportunity to check in, acknowledge the death, and communicate that you are a safe person to talk to who will not judge them.
3. Be a good listener. Good listeners create safe environments where hard conversations can take place. They clear away distractions so they can focus on the child or teen. Listeners pay close attention to what the child or teen is saying with their words and body language. They periodically check their understanding of what is being said by asking clarifying questions, empathizing with, and validating feelings in a supportive and non-judgmental way.
 - a. What is comforting on hard days, or how do you get through hard days (i.e., coping skills)?
 - b. What are you thinking?
 - c. What is on your mind?
 - d. How are you doing today?
4. Ask for permission and respect boundaries. When someone dies from a substance-use-related death or overdose emergency, youth get asked many questions they may not be ready to answer and might feel pressure to talk about what happened. As a support

person, ask the youth what and how they would like information shared. Doing this gives the youth a choice and voice on how this news is shared. If they do not wish to have anything shared, respect that, too.

5. Focus on feelings and not details. The details are less important than the child's emotions. Allow space for the child to share how they feel instead of focusing on what happened.
6. Check in. It is important to remember that there is no timeline for grief. Consider the child's or teens' grief as they achieve new developmental competencies and significant milestones. Checking in during these times shows you understand grief is a process and you care.
7. Supportive communities and spaces are essential for youth. It is crucial to communicate expectations for how to effectively maintain supportive environments.

Best Practices in Substance Use Prevention Education

Best Practices in substance use prevention education include ensuring that the curriculum and materials are age-appropriate for the student population and engaging students in learning (A Division for Advancing Prevention and Treatment, 2024). For secondary students, [basic education on drug use prevention](#), overdose prevention, and naloxone should focus on peer support, warning signs, and seeking help. Student engagement can include incorporating role-play activities, small group discussions, and encouraging peer leaders or student groups to help disseminate naloxone education. Integrating hands-on training allows for practicing and demonstrating skills learned and reinforces learning. One example could be to include overdose response scenarios in classroom CPR training. The following information outlines best practices for effective primary prevention programs for youth.

Primary prevention aims to prevent substance use before it starts or, at a minimum, delay the age at which a person first uses substances.

Prevention is:

- Relationship building.
- Quality connections.
- Multi-sector partnerships.
- Changing social norms.
 - Messages emphasizing the benefits of NOT using substances help create positive social norms that reduce risk over time.
 - Many young people incorrectly believe that most of their peers have used substances.
- Measurable data.
- Evidence-based strategies and programs.
- Sustainable behavior and policy changes.

Prevention is NOT:

- Fear-based messaging.
 - Images and messages that are intended to shock or provoke fear tend to grab attention, but research shows that they don't result in long-term behavior change.
- Images of substances or people engaging in use.
- Overdramatization.
- One-time lectures and assemblies.
 - School-wide presentations or speakers sharing personal stories can be powerful and moving; however, research indicates that one-time events do not lead to long-term behavior change in students.
- Incorporating myths vs facts into lessons.
- Information overload.

Effective Substance Use Prevention Programs for Youth:

- Focus on building skills that empower youth to make healthier choices.
- Equip youth with essential life skills, including self-management, interpersonal skills, assertive communication, and responsible decision-making.
- Provide multiple learning opportunities to effectively influence change in substance use behaviors. Consider booster sessions to revisit material and provide opportunities to answer any new questions that may have developed.
- Enhance students' awareness of risks associated with substance use and strengthen their understanding of anti-substance use norms.

Educators are experts at bringing students together. A few ideas that could help support student engagement include:

- Encouraging questions and comments at any time. This can enhance engagement and foster a deeper understanding, as the material can be challenging.
- Developing personal and social skills such as stress management skills, skills for identifying risk situations, and resisting peer pressure.
- Incorporating interactive teaching methods to engage youth, such as role-playing, group discussions, and peer-led activities. This encourages student engagement and fosters a deeper understanding.
- Including a comprehensive approach (classroom education, family involvement, community engagement).
- Using developmentally appropriate content tailored to the age and cognitive abilities of students.

Strategic Communication

Strategic communication methods effectively inform and engage individuals, promoting acceptance and encouraging open discussions (National Institute on Drug Abuse, 2023). This enhances learning and creates a safe environment for individuals to seek help when needed. A crucial aspect of strategic communication is understanding how certain words can reinforce stigma. This stigma may prevent individuals from seeking help, foster feelings of blame or shame, create isolation, and negatively affect health and safety.

The Maine CDC “Words Matter” brochure, a valuable resource designed to promote understanding and awareness, is available through the [Maine Prevention Store](#).

Program Evaluation and Monitoring

Program evaluation is essential for enhancing education and refining programs to meet the needs of participants. Assessment and feedback should be incorporated into planning to strengthen naloxone opioid overdose management and education programs, including curriculum adjustments, identifying additional training needs, and updating policies. Program effectiveness can be monitored through formative assessments, surveys, and feedback from students, teachers, and school personnel. Tracking the number of emergency responses, naloxone administrations, and their outcomes can provide further insights to schools.

Standards for Storing, Restocking, and Reporting Naloxone

A common question when schools obtain naloxone is where and how to store it. Many schools have chosen to store naloxone in various locations, with the two most common areas being the school health office and alongside the AED, to ensure it is easily accessible in a public area while remaining secure (Maine Department of Education, 2023). Most importantly, the staff should be informed of where this medication is stored so they can access it quickly if needed. School procedures should outline designated staff responsible for storing, reporting, and stocking naloxone hydrochloride or other FDA-approved opioid reversal medication. To preserve medication effectiveness, naloxone should be stored according to the manufacturer's instructions, avoiding extreme cold, heat, and direct sunlight.

Naloxone has a shelf life of three years if produced before 2024 and four years if manufactured after January 2024 (United States Food and Drug Administration, 2024). Responsible staff should check expiration dates on naloxone routinely, aligned with the SAU's local medication policy. Additionally, accurate records should be maintained regarding the acquisition and distribution of naloxone hydrochloride. Maine DOE collects data on doses administered through the end-of-the-year [School Health Annual Report](#). SAUs should check with local naloxone distributors for any additional reporting requirements.

Classroom or Community Teaching Resources

The following comprehensive resources are available to enhance and support youth education. These materials include a variety of instructional guides designed to facilitate engaging lesson plans and foster participation. There are specialized resources tailored to diverse learning needs, ensuring that all learners have access to the support they require for individualized growth and academic success. Educators are encouraged to utilize these tools to create a dynamic and effective learning experience for their students.

Download these valuable resources from the [National Institute on Drug Abuse](#) to enhance classroom/community education.

Guide to Hosting a Naloxone Demonstration [[Word](#), 32KB] [[PDF](#), 180KB]

Slide Deck for Youth Education: Prevent Overdose: Empowering Youth to Save Lives [[PPT](#), 20MB] [[PDF](#), 3MB]

Video: [Learn How to Stop an Overdose and Save a Life](#)

[Maine CDC School Health Resources and Lessons – Maine Prevention Store](#)

Community partners to support substance use prevention, classroom, or community education: [Maine Prevention Network](#)



Additional Resources

Partner	Resource	Location
Center for Disease Control and Prevention (CDC)	CDCM PHA STEM Lesson: Uncovering the Opioid Epidemic	Uncovering the Opioid Epidemic
CDC	Helping Stop Overdose	Stop Overdose
CDC	LifeSaving Naloxone	
Readiness and Emergency Management for Schools (REMS)	Fentanyl and Opioids: Preventing Overdoses and Related Emergencies at K-12 and Higher Education Campuses	Fentanyl and Opioids
High-Intensity Drug Trafficking Area (HIDTA)	School-Based Prevention: Principles, Pillars, and Opportunities for School-Community Collaboration	School-Based Prevention
HIDTA	Preventing Opioid Use and Overdose in School-Age Youth	Preventing Opioid Use and Overdose in School-Age Youth
Maine Department of Health and Human Services, Office of Behavioral Health	Options Partner Toolkit	Options Partner Toolkit
National Harm Reduction Coalition	Overdose Prevention	Overdose Prevention
National Institute on Drug Abuse (NIDA)	Understanding an Overdose and How to Respond to One	Understanding an Overdose and How to Respond to One
Substance Abuse and Mental Health Services Administration (SAMHSA)	Overdose Prevention and Response Toolkit	Overdose Prevention and Response Toolkit
U.S. Department of Health and Human Services	Overdose Prevention Strategy	Overdose Prevention Strategy
U.S. Department of Health and Human Services	U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose	US Surgeon General's Advisory on Naloxone and Opioid Overdose

References

- A Division for Advancing Prevention and Treatment. (2024, October 3). Preventing Opioid Use & Overdose In School-Age Youth. Retrieved from https://www.hidta.org/wp-content/uploads/2024/10/FINAL-Preventing-Opioid-Use-and-Overdose-in-School-Age-Youth_r.pdf
- Calihan, J. B., Carney, B. L., Schmill, D. M., & Bagley, S. M. (2024, December). The Call for a School-Based Approach to Opioid Overdose Prevention. *American Journal of Public Health*, 114(12). doi:doi.org/10.2105/AJPH.2024.307849
- Centers for Disease Control and Prevention. (2024, April 19). Overdose Prevention- Commonly Used Terms. Retrieved from <https://www.cdc.gov/overdose-prevention/glossary/index.html>
- Centers for Disease Control and Prevention. (2024, April 2). Stop Overdose-Lifesaving Naloxone. Retrieved from <https://www.cdc.gov/stop-overdose/caring/naloxone.html>
- KM Leslie, C. P. (2008, January). Harm reduction: An approach to reducing risky health behaviours in adolescents. *Paediatrics & Child Health*, 13(1), 53–56. doi:<https://doi.org/10.1093/pch/13.1.53>
- Maine Behavioral Healthcare. (n.d.). Naloxone Training for MBH Community-Based Sites: Prevention, Recognition and Response.
- Maine Department of Education. (2023). School Health Annual Report.
- Maine Department of Education. (2024). Chapter 41: Offering Instruction Related to Life-Saving Procedures in Maine Public Schools. Retrieved from <https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/School%20Health%20Services%20-%20Chapter%2041%20-%201.9.2024.pdf>
- Maine Department of Health and Human Services. (2024, May). Syringe Service Programs in Maine- Annual Report. Retrieved from <https://legislature.maine.gov/doc/10968>
- Maine Department of Health and Human Services. (2025). Syringe Service Programs. Retrieved from <https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/syringe-service-programs.shtml>
- Maine Department of Health and Human Services, Maine Department of Education. (2023). Maine Integrated Youth Health Survey- 2023 High School Detailed Report. Retrieved from https://www.maine.gov/miyhs/sites/default/files/2023_Reports/Detailed_Reports/HS/MIYHS2023_Detailed_Reports_HS_State/Maine%20High%20School%20Detailed%20Tables.pdf
- Maine State Legislature. (2023). Title 17-A, §1111-B: Immunity from arrest, prosecution and revocation and termination proceedings when assistance has been requested for suspected drug-related overdose. Retrieved from <https://legislature.maine.gov/statutes/17-a/title17-Asec1111-B.html>
- Maine State Legislature. (2023). Title 20-A, §4723: Health and physical education. Retrieved from <https://www.mainelegislature.org/legis/statutes/20-a/title20-Asec4723.html>
- Maine State Legislature. (2023). Title 20-A, §6307: Possession, prescription, administration and distribution of naloxone hydrochloride or another opioid overdose-reversing medication. Retrieved from <https://legislature.maine.gov/statutes/20-A/title20-Asec6307.html>

Maine State Legislature. (2023). Title 20-A, §6307-A: Naloxone hydrochloride administration instruction. Retrieved from <https://legislature.maine.gov/legis/statutes/20-A/title20-Asec6307-A.html>

Maine State Legislature. (n.d.). Title 20-A, §6209. System of learning results established. Retrieved from <https://www.mainelegislature.org/legis/statutes/20-a/title20-Asec6209.html>

Marcella H. Sorg, D.S. (2024). Maine Monthly Overdose Report for October 2024. Retrieved from Maine Drug Data Hub: https://mainedrugdata.org/wp-content/uploads/2024/12/2024-10-ME_OD_Report-Final.pdf

Mayo Clinic. (2025). Xylazine. Retrieved from <https://www.mayoclinic.org/diseases-conditions/drug-addiction/in-depth/xylazine/art-20559909>

National Alliance for Children's Grief. (2023). Supporting Children Grieving a Substance-Use Related Death. Retrieved from <https://indd.adobe.com/view/c2339eb6-de38-4478-ba76-1eb8b664db95>

National Harm Reduction Coalition. (2024). Principles of Harm Reduction. Retrieved from <https://harmreduction.org/about-us/principles-of-harm-reduction/>

National Institute on Drug Abuse. (2021, June 1). Fentanyl DrugFacts. Retrieved from <https://www.hhs.gov/opioids/prevention/index.html>

National Institute on Drug Abuse. (2021). Words Matter-Terms to Use and Avoid When Talking About Addiction. Retrieved from <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

National Institute on Drug Abuse. (2023, October). Overdose Reversal Medications. Retrieved from <https://nida.nih.gov/research-topics/overdose-reversal-medications>

Substance Abuse and Mental Health Services Administration. (2023). SAMHSA Overdose Prevention and Response Toolkit. Rockville, MD. Retrieved from <https://library.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf>

United States Food and Drug Administration. (2024). FDA announces shelf-life extension for naloxone nasal spray. Retrieved from <https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-shelf-life-extension-naloxone-nasal-spray>