The University of Texas at Austin
PhARM Program

TXOTI Podcast Packet

Podcast Episode

Operation Naloxone: A Decade of Student-Led Overdose Prevention

Host / Moderator

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Financial Disclosures

Dr. Hill has disclosed that he has been paid to serve as an expert witness on behalf of Kroger, Albertsons, Publix, and Meijer in civil litigation related to opioid dispensing.

Learning Objectives

- Describe key components of a student-led naloxone education and distribution program.
- Explain key implementation strategies for integrating opioid overdose education and naloxone distribution in academic and community settings.
- Identify common barriers and facilitators to sustaining student-driven substance use initiatives within academic institutions.
- Apply lessons from Operation Naloxone to design or enhance overdose prevention and interprofessional training efforts in their own settings.

The Big Three questions this episode will address for the listener

1. What problem was Operation Naloxone created to solve, and how did you translate that need into a working program?
2. What are the essential components that make Operation Naloxone work – and what would someone need to replicate it?
3. What does it take to sustain and implement a program like this in a real-world academic institution?

Moderator Questions

Panelist Answer Key

(LH) Lucas G. Hill, PharmD, FCCP
(KL) Kate J. Lower, LCPC, BC-DMT
(DR) Delandra M. Robinson, PharmD, MPH

ON: Operation Naloxone

Brief foundation story of Operation Naloxone (ON)

Describe the gap Operation Naloxone aimed to address. (Lucas only)

- (LH) By 2015, opioid overdose had become the leading cause of accidental death in the U.S., surpassing car crashes and shootings. In Texas, the problem was underrecognized because overdoses were not reliably identified and reported. When Texas passed legislation in 2015 allowing for legal distribution of naloxone without a prescription, it created an opening for UT Austin leaders to act. I arrived at UT Austin that same year and connected with Mark Kinzly and Lori Holleran Steiker, who had been building momentum for overdose prevention on campus. Mark was nationally recognized for building local infrastructure for advocacy and services. Lori was a renowned professor who had created a recovery high school and was connecting substance use experts across campus and in the community. The gap we needed to address was clear: students, faculty, and staff didn't know about naloxone, couldn't easily obtain it even if they did, and certainly weren't prepared to identify and respond to suspected overdoses. That was the problem Operation Naloxone (ON) was built to solve.

Building the model

What is Operation Naloxone, and what does it do?

- (LH) Operation Naloxone (ON) is a student-led opioid overdose education and naloxone distribution (OEND) program launched at UT Austin in 2016. To our knowledge, it was the first robust campus overdose prevention program in the U.S. ON trains students, staff, and community members to recognize opioid overdose and respond effectively – which includes administering naloxone (AKA Narcan). When a person is experiencing an opioid overdose, the excessive amount of opioid in their brain is shutting down their intrinsic drive to breathe. Essentially, their lung function slows, the oxygen in their blood is depleted, and their heart and brain eventually stop working. Naloxone is an opioid antagonist ("blocker") that can rapidly reverse the effects of opioids and restore normal breathing. In addition to providing training, ON places naloxone at open-access distribution sites across campus so anyone can obtain it for free without a prescription.
- (LH) ON started in the College of Pharmacy and Steve Hicks School of Social Work, later merging with SHIFT (UT's substance use culture change initiative) to expand reach.
- (LH) By 2024, the program had trained more than 3,000 students and staff and received national recognition an institutional exemplar from the Biden-Harris administration.
- (DR) Operation Naloxone is a student-driven initiative at the University of Texas at Austin that was created through collaboration between the College of Pharmacy and the Steve Hicks School of Social Work.
- (DR) The program focuses on opioid overdose prevention by providing education and training on how to recognize and respond to an opioid overdose. It also increases access to naloxone, a medication used to reverse opioid overdoses, by distributing it to students, staff, faculty, and members of the surrounding community.
- (DR) Operation Naloxone's goal is to make overdose response education more accessible and empower people to feel prepared to act in an emergency.

What does the training process look like for attendees at an Operation Naloxone training event?

- (DR) Operation Naloxone trainings are typically around an hour long, and are designed to be interactive, accessible, and practical for attendees of varying levels of prior knowledge.
- (DR) Trainings are a nonjudgmental, inclusive spaces where participants are encouraged to ask questions and keep an open mind.
- (DR) Attendees learn about the history and impact of the opioid crisis, some basic opioid pharmacology (what they are, the physiology behind overdose (respiratory depression)), and how to recognize

(unresponsiveness, slow/absent breathing, and pinpoint pupils) and respond to (call 911, administer naloxone, rescue breathing, recovery position) a possible opioid overdose
- (DR) Attendees also receive local risk-reduction resources and naloxone to carry with them.

How are naloxone distribution and overdose education programs typically operationalized?

(both LH & DR)

- Programs are typically operationalized through a few different models depending on the setting and intended reach.
- Pharmacy-based distribution, where naloxone is dispensed under a standing order by a pharmacist, without needing an individual prescription.
- Community-based distribution through community organizations and public health departments
- Online-ordering (e.g., Naloxone Texas, NEXT Distro) which provide mail-based access
- Institution-based programs like ON, which exist at universities, health centers and other workplaces and combine distribution with education
- ONED (Opioid Overdose Education and Naloxone Distribution) initiatives that pair distribution with overdose education are supported by multiple the CDC and SAMHSA as strategies to improve overdose recognition, response, and access to opioid overdose reversal medications[1-3].

If someone wanted to replicate this model, what are the 3-4 must-have elements?

- (KL) Key strategic partners that have a deep content knowledge and level of influence.
  - The interdisciplinary partnership between clinical faculty, social work faculty, and public health/prevention professionals has solidified ON as an exemplar of best practice.
  - For us, it was a huge benefit to have this initiated and led by faculty who operate more independently and can really advocate at a higher level than some other departmental projects.
  - Rooting in an institutional department/CSU allows sustainability and grounding to allow students the support and leverage needed to expand initiatives.
  - Really passionate and knowledgeable students! Keep it alive, growing, and relevant, while also allowing us to more directly reach a student/peer audience.
  - Leaning into unexpected partnerships, like facilities managers.
- (KL) Process to obtain and distribute naloxone (Narcan).
- (KL) Adaptability and agility when working with and around systemic barriers
  - Acknowledging different perspectives and barriers to different sites while navigating stigma—we aren't always aware of the physical or logistical challenges our stakeholders have to balance, and we can collaborate on solutions to ensure access.
  - Celebrate small wins as part of a shifting cultural norm.
  - Example: Greg gym/WCP hesitation and solutions.
- (DR) Passionate student leadership: Students play an active role in coordinating events, leading trainings, and fostering continued student involvement. Students are often more easily able to engage their peers.
- (DR) Reliable access to naloxone for distribution efforts
- (DR) Access to the community: An initial target audience, infrastructure to host trainings, sites where naloxone can be distributed

Sustainability and real-world application

Describe how the student leadership transition process supports skill development for student leaders involved in Operation Naloxone.

- (DR) ON is structured so that student leaders cycle through increasingly responsible roles — from training attendee, to peer trainer, to program coordinator, to director. Each transition requires mastering the prior role's competencies.
- (DR) The pipeline is important because it helps preserve the continuity of the program, allows the junior chair to learn and build confidence, and gives the student director the opportunity to transition into a mentor role.
- (DR) These roles support the development of strong communication, organization, project management, and public speaking skills. Students are also better equipped to be advocates, promote safe practices, and compassionately engage with their communities.
- (LH) This mirrors real-world program management and builds skills in public health communication, community engagement, and organizational leadership. Lindsey Loera, now a faculty colleague and one of this podcast's moderators, was a pharmacy student when ON launched and grew into a faculty advocate for the program — that trajectory is exactly what sustainable student leadership development looks like.

How much of Operation Naloxone is supported by the university, and how much has been built and sustained by students?

- (KL) It's really evolved to be a strong, reciprocal relationship between the university and the students that has allowed us to create a more sustainable model. When SHIFT was able to take on more of a leadership role in 2023, we had a more direct line of communication to some of the networks we had worked with—directly and indirectly—to inform colleagues of our work in a broader context. For example, because our student center had long been a site for flu clinics, and during the pandemic had created the infrastructure to provide access to Covid-tests, we were able to help them see how naloxone access was a similar public health intervention and it felt like less of a barrier. We were able to expand our sites and our education efforts that helped us broaden not only our access points, but also to grow our colleagues into allies of this initiative. However, if we did not have students driving it—in passion, in demand, in curiosity—we'd lose the sustainability. If students aren't at the heart of the work we do, it becomes less urgent and obsolete. What student leaders provide is not only direct access to their peers, but also deep insight into the student experience of the how and why this is important. I also think the students from pharmacy are incredible examples of student-driven culture change, but they also get to embody their expertise—they get the opportunity to lead not only to their peers, but they influence up and out as well.
- (DR) Early on, the program was largely housed within the College of Pharmacy and driven by faculty and student leaders. Pharmacy students helped respond to training requests, lead trainings across campus and in the community, and support naloxone distribution.
- (DR) Since integrating with SHIFT, ON's scope has grown significantly. There are now more people to help lead trainings, allowing for more large-scale open-house trainings. The institutional support also allows for more widespread naloxone distribution and increased awareness via social media.
- (DR) Students still remain central to the program and continue to help lead trainings, develop events, and promote the mission of Operation Naloxone.

What barriers or challenges has Operation Naloxone encountered?

There are several:

- (KL) Stigma: Certainly plays into our work both in people's reaction when they hear the words 'drugs,' or 'opioids,' or 'overdose.' For some, they get excited by our work, understanding the importance and relevance, while others can easily dismiss it outright, thinking that doesn't affect me or anyone they might know. This mission relies so heavily on active bystander intervention and we know the bystander effect makes it more likely that folks won't intervene, which is essentially trying to shift another cultural norm.

- (KL) We also experience stigma systemically with different facilities sharing different concerns, much of which stem from misunderstandings and confusion they've heard here and there, including questions related to expectations for their staff in an emergency, or liability, or even what visitors might infer if we have signs promoting access to Narcan. Clear and concise messaging is another one of those challenges that can act as a barrier to quickly and effectively informing a broad public audience.
    - Policy and Messaging Confusion: there can be confusion for folks about what the policies really are, institutional concern about interpretation of messaging—these things can also change and evolve and it can be hard to keep up. Fortunately, how to use Narcan is easy, so the real challenge is to help folks understand the impact they can have by being informed and increasing access to this life saving drug.
    - Keeping up with emerging trends: since opioids can be found in counterfeit drugs, which can be prevalent around college campuses, it is essential to be aware of emerging trends and then quickly informing our community about risks, safety, and resources.
    - Capturing data: I often get asked how many times Narcan we've distributed has been used and there's no way I can answer that with any certainty. What I can say is that several students, and several faculty and staff members have come up to me over the years to share stories about how Narcan saved someone they love—and that they got it on campus. If I hear that once, that is impactful enough for me. I've heard it multiple times.
- (KL) We don't attempt to capture that because our focus is on equipping our community with the resources to respond. It is free and anonymous. The most important thing for us is access. And we can say we've distributed over 10,000 doses, which is a huge success indicator, in my opinion, yet folks still want to know about reversals, which I can understand, but can be a barrier to folks buying in.
- (KL) Programmatically, student turnover is a natural challenge as students matriculate. Establishing consistent training and support for our student leaders has been essential in maintaining the integrity of the work
- (DR) Prior to partnering with SHIFT, trainings and distribution were mainly managed by the two student chairs. Managing pharmacy school while also ensuring one of us could be available to provide trainings required intentional organization and planning, but even still the reach was somewhat limited due to bandwidth.

What has allowed Operation Naloxone to continue for 10 years?

- (KL) There is continued need and continued impact. In the early days of ON, there were several informal reports of lives saved that helped increase buy-in and support to continue investing in this work. The fierce advocacy and research from Lucas and other faculty gave ON a lot of credibility early on and allowed the work to expand. With SHIFT becoming more established on campus and in a position to offer a permanent home in a public health structure, we were able to further embed ON beyond the 40 acres. We have been able to increase locations across campus here in Austin, but through our broadened training efforts we've also been able to expand access all the way to Midland, Winedale, even for students studying abroad. In this way, it is less about SHIFT and Pharmacy holding all the strings, and more about involving and empowering the community to be agents of change. That helps with sustainability.
- (KL) Students continue to drive the work of ON forward—they have ideas and passion and the ability to reach a wider student audience. It's also incredible professional development for students to learn and grow and leave a legacy that lasts beyond their tenure as a student, while also inspiring the students that follow.
- (KL) Our interdisciplinary collaborations have provided a strong and resilient foundation for this work to last. It's not only one person or even one department. When changes have come, or ebbs and flow- ebb and flow, the outreach and impact don't disintegrate.

- (KL) In 2024 ON was recognized by the Biden administration which validated the model and elevated the program's profile in ways that support ongoing advocacy for resources.
- (DR) Operation Naloxone has been able to continue for 10 years because of its strong student leadership, consistent faculty support, interdisciplinary collaboration, and ongoing need for opioid overdose education and naloxone access.
- (DR) Interdisciplinary collaboration and integration with SHIFT have also strengthened the program by helping to expand its reach across campus.

Quick takeaways and call to action

What is one thing educators can take from this story?

- (DR) Students are passionate, capable, and eager to make meaningful change in their communities. When educators provide guidance, structure, and support while still allowing students the independence to lead, students can sustain amazing and impactful efforts.
- (DR) Operation Naloxone shows that student leadership is not just helpful to the program, it is also beneficial to the students themselves. They have the opportunity to develop practical skills, engage with the community, and carry community safety principles into their future careers.

What is one mistake to avoid in a project like this?

- (LH) Designing a program around a single champion. When I left UT Austin in 2024, Operation Naloxone continued — because it had been deliberately built to outlast any one person. Programs that depend on a single member of the faculty, staff, or student population are one departure away from collapse. Build distributed ownership from day one: multiple faculty advisors, layered student leadership, documented protocols, and institutional line-item funding. Sustainability isn't an afterthought — it's a design principle.
- (DR) One mistake to avoid is neglecting to prioritize continuity and sustainability. Student-led programs naturally face turnover as students graduate and new leaders step into their roles. Because of that, it is important to stay organized, document key processes, create clear handoffs so that the next student director is prepared to continue the work.
- (DR) I am incredibly grateful for Dr. Sofia Garcia, who served as the student director before me. She did an excellent job explaining the role, walking me through responsibilities, and making sure I felt comfortable before we transitioned. I tried to do the same with my junior chair, and I think that kind of intentional transition helps prevent important details from falling through the cracks.

Where is Operation Naloxone going next?

- (KL) We will continue to serve our UT Austin community—faculty, staff, students, and even our community members by providing access and education to opioid overdose prevention resources. We are also working toward what we can offer beyond the Forty Acres—to other system schools, certainly, but to other institutions that want to embed similar efforts to shift their cultures as well. I also think that the infrastructure and networks we've developed as part of ON set us up well to be able to respond to the next crisis that emerges. We are well-established to be responsive and agile which will help us continue to not only reduce deaths related to opioid overdose, but to attend to other needs that emerge for our community, truly shaping a more caring and supportive culture.
- (DR) I believe the future of Operation Naloxone is bright, and I hope to see it continuing to expand its reach beyond UT Austin and further into the surrounding community (e.g., students living in off-campus housing, Greek life, schools, local businesses).

- (DR) ON already has a strong foundation for community engagement. Pharmacy students represent ON at the annual Austin Recovery in the Park event, where they are able to connect with community members, provide education and resources, and distribute naloxone.

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