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Opioid Overdose Bystander Assistance and Harm Reduction in Pennsylvania

Walkirya Peralta
Walden University

Walden University

College of Psychology and Community Services

This is to certify that the doctoral study by

Walkirya Peralta

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Review Committee
Dr. Virginia Smith, Committee Chairperson, Human Services Faculty
Dr. Dorothy Seabrook, Committee Member, Human Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2025

Abstract

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MA, Lincoln University, 2022

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Bystanders play a vital role in reducing opioid overdose deaths by administering naloxone, a medication that can reverse the effects of opioids when used promptly. With opioid-related fatalities considered a public health emergency in the United States, increasing public access to naloxone and education on overdose prevention has become a key strategy in harm reduction. Research shows that these efforts effectively lower overdose deaths in affected communities. As part of this public health approach, many states allow individuals to obtain naloxone without a prescription through standing orders at pharmacies and community programs. Additionally, legal protections such as Good Samaritan laws shield both healthcare providers and bystanders from liability when prescribing, dispensing, or using naloxone during an overdose emergency. These measures collectively support the broader goal of preventing opioid-related fatalities. This qualitative study explored barriers to naloxone access in the state of Pennsylvania and identified strategies human service organizations can implement to improve overdose intervention. Through semi-structured interviews with 10 human services professionals, five key themes emerged describing barriers to naloxone access: structural/systemic barriers, stigma and fear, Narcan awareness and information gaps, human service organization gaps, and the need for community-based solutions. Despite existing standing orders and Good Samaritan protections, many individuals remain unaware that they have access to naloxone. The study recommends expanding Narcan training beyond clinical staff, increasing multilingual outreach, and building stronger community partnerships to enhance access, reduce stigma, and ultimately save lives.

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Dedication

I want to dedicate this project first to God because He deserves the glory and honor. To my children, Aaron, Adonis, Elena & Emma, If I can do it, you can too! Know that we can do all things through Christ. And I would also like to dedicate this project to all those who have lost a loved one to an opioid overdose. May this project continue to shed light on the alarming effects of opioids and demonstrate the urgent need for additional efforts to help prevent an opioid overdose.

Acknowledgments

First and foremost, I want to thank God, who has provided me with the time, courage, strength, and ability to complete this project. To my amazing husband Francisco, awesome children Aaron, Adonis, Elena & Emma, my parents Carmen & Gabriel, siblings, extended family and closest friends. I am eternally thankful for your unwavering support, and encouragement. Dr. Virginia Smith and Dr. Dorothy Seabrook, I am more than thankful for the time and effort you dedicated to guiding me through each stage of this process. I am extremely thankful for the high standards you maintained, which pushed me to perform my best. Your dedication to academic excellence and student success has been both instrumental in assisting me in reaching this significant milestone. Thank you to all of the faculty members and peers throughout my academic journey, especially my LU family who saw beyond my undergraduate accomplishments and knew before I did that I could accomplish much more. Thank you to Reinaldo Rivera, someone God permitted to enter my life with a special purpose. Since 2018, we have been on this academic journey together, supporting and holding each other accountable. Through the ups and downs, the laughter and pain, I would not have wanted to have shared this experience with anyone else. I am eternally grateful that you were present with me, from moments of certainty when we were confident that everything would work out, to the emergency prayers before presenting our projects. Your friendship and this experience mean more than you will ever know. Thank you to all that kept me in their prayers and wished me well, lastly a special thank you to everyone that rooted for my failure, because it only motivated me to work harder.

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Section 1: Introduction to the Problem

Background of the Human Services Problem

Opioids are a class of medications that have the potential to cause addiction. They can be obtained rightfully with a prescription for pain relief, or illegally as substances like heroin (Pendergrass-Boomer et al., 2023). The opioid crisis originated in the 1990s, marked by an initial surge in deaths caused by an increase in overdoses related to prescription opioids, encompassing both natural and semisynthetic opioids as well as methadone. Despite an initial fall in the number of prescriptions, there was a subsequent surge even as opioid prescriptions started to stabilize and decline. Between 2010 and 2013, there was a notable rise in mortality associated with heroin, indicating the emergence of the second wave. The most recent wave, which commenced in 2013, is characterized by an abrupt rise in deaths caused by synthetic opioids, excluding methadone. This includes substances such as fentanyl, fentanyl analogs, and tramadol. From 2019 to 2020, there was a 56% rise in deaths caused by synthetic opioids, which currently make up around 82% of all deaths related to opioid use (Federal Communications Commission, n.d.). Tawil (2019) claimed the substantial increase in fatal unintentional overdoses during the third wave can be attributed to individuals who were not accustomed to potent opioids being exposed to these stronger drugs, as well as a combination that masked a potentially lethal substance.

Due to the escalation of the opioid crisis to a national public health emergency, the act of prescription opioids has become a matter of significant concern. Premature mortality attributed to causes related to opioids presents a substantial public health issue

for the United States. The increase in mortality rates linked to opioid use among individuals between the ages of 15 to 34 and 55 to 64 is an ongoing issue that warrants considerable attention. Addiction to opioids can happen to anyone. The opioid crisis has had a substantial effect on individuals of every age, socioeconomic status, and walks of life. An estimated 6.1 million individuals aged 12 and older reported having a mental health and or substance use disorder in 2022 (Centers for Disease Control and Prevention, 2024). This emphasizes the critical nature of implementing focused initiatives and policies that give priority to harm reduction strategies and improved addiction treatment for this specific vulnerable group (Gomez et al., 2018). The opioid overdose crisis has provided bystanders with a distinct chance to actively participate in harm reduction methods by reversing an opioid-related overdose. Therefore, it is crucial to comprehend the elements that promote bystanders' readiness to carry and deliver naloxone (Marks et al., 2023).

Social Problem

Every day, an average of 14 people in Pennsylvania die as a result of an overdose, and according to the data that is currently available, the number of fatalities is only going to continue to rise (Pennsylvania Office of Attorney General, n.d.). Community-based naloxone distribution to reverse opioid overdoses has the potential to substantially reduce the number of fatalities. The accessibility of naloxone (Narcan) is essential as it provides bystanders with the requisite tools to intervene and avert fatalities due to drug overdose. The inaccessibility of harm reduction medication to bystanders has transformed the opioid crisis into a social problem impacting individuals across all ages, genders,

and socioeconomic statuses, who face adverse effects from the potential consequences of opioid overdose resulting from a single accidental ingestion or opioid dependence.

Local Problem

Despite the existence of standing orders in most states for the issuance of naloxone, which effectively grants the public a continuous prescription to get harm reduction medication, significant gaps in access persist. A contributing factor is the inadequate implementation of standing orders across several states and counties (Holmes et al., 2022). A further difficulty is the insufficient awareness among individuals and pharmacists regarding standing order policies and the corresponding liability protections that these policies entail. Pennsylvania has a statewide standing order established in 2015 and revised in 2022; however, the wording of the order complicates the identification of its applicability. While it permits any individual to acquire a naloxone prescription, it limits the types of harm reduction medications accessible and shifts the decision to stock naloxone to pharmacies (Holmes et al., 2022). This raises the question of how local community-based organizations may facilitate access for persons who either misunderstand or are uninformed of the standing order or unable to purchase harm reduction medicine at a pharmacy.

Purpose of the Study

The purpose of this qualitative study was to explore strategies that can increase accessibility of Narcan, an evidence-based harm reduction strategy, and its use by bystanders in Pennsylvania to address the negative outcomes linked to drug overdose, whether intentional or unintentional. Additionally, this study explored the

implementation of several strategies for effectively integrating this concept into human services organizations.

Research Questions

What barriers still exist that prevent access to Naloxone/Narcan in the state of PA?

How can human service organizations help increase access to opioid overdose reversal medication and training in PA?

Theoretical or Conceptual Framework

The Food and Drug Administration (FDA) declared on August 30, 2022, that, in addition to a thorough evaluation of opioid regulations, the agency was introducing a framework geared toward preventing overdose-related deaths. This decision was a result of the FDA's repeated criticism for its approval of OxyContin in 1995 and numerous other habit-forming opioid drugs without implementing more comprehensive warning labels and other safeguards that could have mitigated misuse and overprescribing (Hawana, 2022).

The FDA's Overdose Prevention Framework includes four priority areas: supporting primary prevention, encouraging harm reduction, advancing the development of evidence-based treatment, and protecting the public from unapproved, diverted, or counterfeit drugs. It encourages harm reduction by means of innovation and education. It is also promoting the advancement of evidence-based treatments for substance use disorders and it protects the public against unauthorized, diverted, or imitation drugs that pose overdose dangers (U.S. Food and Drug Administration, 2024a).

This framework informed the questions for the semistructured interviews conducted during data collection. It also served as a context for examining the results of the study, considering any recommendations for intervention. Since I found no studies examining or testing this model, this study may shed light on professional responses to the framework.

Nature of the Study

For addressing the questions of this qualitative study, action research was implemented. This approach is based on the work of Ernest Stringer (2021). Studying the problem of the action research project is the first component, which in this study characterized the current status of community naloxone dispensation in the state of Pennsylvania. The desired result of the data analysis was to obtain insight from human services key informants regarding the current state of the use of harm reduction medication distribution in the community by human services organizations as well as suggested strategies for increasing access to Narcan and the implementation of any strategies, including education and training for potential bystanders

Defined Terms

Act 139: Act 139 is a law that enables first responders to administer naloxone to individuals who are experiencing an overdose when directed by a health care professional who is authorized to prescribe the medication. The law also grants immunity from prosecution to individuals who respond to and report overdoses. Furthermore, prescriptions for naloxone may be issued to individuals who are in a position to provide assistance to an individual who may be at risk of experiencing an opioid-related

overdose, such as friends or family members (Commonwealth of Pennsylvania, n.d.).

Good Samaritan Law: The term "Good Samaritan" is derived from a biblical parable and is frequently utilized to describe an individual who provides assistance to others, particularly in emergency situations (West, 2022).

Harm reduction: Through enhanced policies, programs, and practices, harm reduction addresses more extensive health and social concerns. Organizations that utilize harm reduction strategies implement a variety of approaches that accommodate individuals' individual circumstances and may function as a gateway to supplementary health and social services, such as prevention, treatment, and recovery services (Substance Abuse and Mental Health Services Administration, 2023).

Naloxone: Naloxone is a medication that quickly counteracts an opioid overdose. This medicine binds to opioid receptors, reversing and inhibiting the actions of other opioids. Naloxone can reinstate normal respiration in an individual whose breathing has diminished or ceased due to an opioid overdose (National Institute of Drug Abuse, 2022).

Opioid: Opioids are a category of substances that include synthetic opioids like fentanyl; legally prescribed analgesics such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, and morphine; the illegal narcotic heroin; among others. The use of opioids, whether alone or in conjunction with other substances, significantly contributes to the drug overdose crisis in the United States (National Institute of Drug Abuse, 2024).

Overdose: An overdose can be defined by the ingestion of an excessive quantity of drugs or a combination thereof, resulting in the individual's unresponsiveness to stimuli and/or insufficient respiration (National Harm Reduction Coalition, 2020).

Significance of the Study

Significance of the Study for Community

Social determinants of health (SDOH) significantly impact the quality of life, well-being, and health of individuals. In addition, SDOH contribute to widespread health disparities and inequities (Office of Disease Prevention and Health Promotion, n.d.). The findings of this study have the potential to improve the efforts of local organizations and the community to address the opioid overdose crisis, thereby resulting in saving of lives and fostering of a more educated and empathetic community response to the opioid epidemic.

Naloxone is a pharmaceutical agent capable of reversing a potentially fatal overdose caused by opioid substances, including prescription painkillers, heroin, or fentanyl. Naloxone, when given during an overdose, counteracts the effects of opioids in the brain and restores breathing within 2 to 3 minutes (Commonwealth of Pennsylvania, n.d.). For more than 40 years, medical professionals used naloxone to effectively prevent fatalities resulting from an opioid overdose. Currently, Pennsylvania has a law (Act 139 of 2014) that allows bystanders to obtain naloxone. Act 139 has been in effect for approximately a decade; however, not many Pennsylvanians are aware of it or have easy access to naloxone (PAStop, 2022).

Significance of the Study for Human Services

This study has significance as the accessibility and dispensation of Narcan/Naloxone is a crucial component of the public health response to the ongoing opioid crisis occurring in Pennsylvania. The distribution and education of naloxone have

a positive impact on society by reducing the number of fatal overdoses. With a focus on educating and saving lives, non-profit agencies, religious organizations such as churches, social networking platforms, law enforcement, public health, and medical providers can be informed about the initiative. It is important that the first person who encounters someone experiencing an overdose understands the appropriate actions to take. Typically, this occurs among the individual's friends, acquaintances, family members, or a drug user; therefore, it is necessary to educate and provide them with an overdose reversal medication. This study has implications for human services practice in Pennsylvania, as it proposes strategies for professional engagement that can enhance the safe implementation of this intervention. This study has the potential to facilitate societal transformation, enhancing the likelihood of survival for those experiencing drug overdose.

Literature Review

Literature Search Strategy

Search strategies used to find literature related to the subject matter of inquiry entail utilizing databases accessible through Walden University Library, Google Scholar, Centers for Disease Control and Prevention, Lancaster County Drug & Alcohol Commission, and Pennsylvania Department of Health. The following key terms were used: *Community based organizations (CBO), opioid, overdose, death, Narcan, Naloxone, children, elderly harm reduction, Act 139,* and *Good Samaritan Law.*

Theoretical or Conceptual Framework

This study's conceptual framework was used to explore the significance of implementing a pragmatic, evidence-based approach to minimizing risk, removing

barriers to effective interventions, and saving lives as the overdose crisis continues to evolve. In order to address the opioid crisis and ensure long-term recovery outcomes, the FDA has established specific overdose prevention priorities that serve as a framework and focus for its actions. The FDA's priorities are based on present initiatives and incorporate a more intense emphasis on the crisis as it continues to evolve. The FDA's overdose prevention framework priorities are protecting the public, advancing the development of evidence-based treatments, encouraging harm reduction, and supporting primary prevention (U.S. Food and Drug Administration, 2024a).

The primary goal of the framework's initial component is to eliminate the unnecessary initial exposure and improper prescribing of drugs with misuse potential. The second component of the framework is intended to alleviate the effects of overdoses on morbidity as well as mortality. And lastly, the third component of the framework serves to increase the availability and accessibility of treatments for individuals dealing with substance use disorders. Enhancing the security of the United States drug supply chain is the goal of the fourth component of the Framework (Hawana, 2022).

Supporting Primary Prevention

To eliminate the unnecessary initial exposure and the improper lengthy prescribing of substances with abuse potential, the U.S. Food and Drug Administration promotes the proper prescribing of medications with misuse potential, such as analgesics (opioids), stimulants, and benzodiazepines; is exploring the necessity of prospective new authorities to develop opioid approving standards; and is helping to advance the development of nonaddictive, alternative treatments and technologies. Additionally, the

FDA is assessing innovative packaging and disposal solutions for drugs with potential for misuse.

Encouraging Harm Reduction

Staff of the U.S. Food and Drug Administration (2024a) asserted that the FDA is promoting the accelerated evaluation of products and the exploration of over-the-counter access in order to reduce morbidity and deaths associated with overdoses. This includes the expansion of accessibility and availability to overdose reversal products, such as naloxone. The FDA is also helping to advance the development of innovative overdose reversal products. Further, they provide assistance in developing and authorization of fentanyl test strips for the purpose of testing human specimens at the point of care.

Advancing Evidence-Based Treatments

The FDA is expanding the availability and accessibility of evidence-based treatments for substance use disorders to broaden therapeutic alternatives. The FDA is promoting the development of therapies for substance use disorders, including stimulant use disorder, and is enhancing possibilities for stakeholder participation in treatment development (U.S. Food and Drug Administration, 2024a).

Protecting the Public from Unapproved, Diverted, or Counterfeit Drugs presenting Overdose Risks

The FDA is enhancing the safety of the U.S. drug supply chain by preventing and decreasing imitation and unlawful online sales, implementing advanced targeting and screening methods at shipping facilities which include postal and express couriers, ports of entry, and enforcing adherence against unauthorized, rerouted, or imitation drug

products.

Themes and Subthemes of Literature Related to Human Services Problem

Naloxone is a medication that bears no risk of abuse and has no effect in the absence of opioids (Carroll et al., 2018). It does not result in physical dependance. It has no neurological, psychological, or euphoric effects. In addition, its misuse poses no danger of injury (Carroll et al., 2018). The individuals who most frequently witness and respond to an overdose are individuals who use drugs. By supplying these individuals with naloxone and educating them to recognize and respond to an opioid overdose, the potential delay between the start of an opioid overdose and the delivery of life-saving treatment can be minimized from several hours to just a few seconds. This is particularly true in rural regions, where EMS response times may be lengthier. With the emergence of potent opioids such as fentanyl and fentanyl analogs in the U.S. drug supply, higher doses of naloxone may be required. Therefore, the availability of naloxone to laypeople and first responders is crucial for saving lives.

In March 2023, the FDA authorized the first over-the-counter naloxone nasal spray to assist in the reduction of drug overdose fatalities. In May 2023, the FDA also approved the first nalmefene hydrochloride nasal spray to treat opioid overdose. Nalmefene is an opioid receptor antagonist that serves to mitigate opioid toxicity. The recently authorized product is meant for use in health care and community settings and is accessible by prescription. The FDA recognizes the significance of making these overdose reversal medications accessible to the community, and the agency will persist in its efforts to promote and facilitate harm reduction to aid in the fight against the ongoing

opioid crisis (U.S. FDA, 2024b).

Opioids and Children & Teens

A critical need exists to prevent addiction and to expand methods to assist individuals who use drugs, such as harm reduction medication, treatment, and recovery services for parents, young families, and individuals of childbearing age. Between 2011 and 2021 Alltucker (2024) reports that more than 321,000 children lost a parent to a drug overdose. The average rose from around 27 to 63 children per 100,000; the percentage of children who lost a parent more than doubled throughout the decade. The nation's overdose deaths experienced a significant spike last decade due to fatal episodes with opioids, then subsequently heroin. With inexpensive, illegal fentanyl, which is sometimes mixed with other drugs, overdose deaths have surged even more recently. According to Alltucker (2024) the data that was collected to complete the study was completed by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention using data from the National Surveys on Drug Use and Health. This study evaluated 649,599 adults, aged from 18 to 64, who died of an overdose between the years 2011 and 2021. Researchers projected that 321,566 children experienced the loss of a parent due to a drug overdose.

According to Tanz et al. (2022), there was a 30% rise in drug overdose fatalities in the United States from 2019 to 2020, and a further 15% increase in 2021. This resulted in an anticipated total of 108,000 deaths in 2021. The number of overdose fatalities among individuals aged 14-18 years increased by 94% from 2019 to 2020 and by 20% from 2020 to 2021. However, total illicit drug usage among middle and high school

students surveyed between 2019-2020 dropped. The widespread presence of illegally produced fentanyl, the rapid distribution of fake pills that resemble prescription medications or other illegal substances, and the convenience of acquiring these pills through social media platforms have significantly heightened the danger of fatal overdoses among children and teens.

Matson et al. (2019) asserts the ongoing opioid epidemic in the United States gives rise to apprehensions concerning the utilization of opioids by children. Among teenagers, lifetime and past-year rates of opioid misuse in 2015 were 3.9% and 7.8%, respectively. However, among those aged 18 to 29, this prevalence was considerably higher at 20.1%. During the previous month, a total of 276,000 adolescents disclosed instances of opioid misuse. Similarly, 17.2% of adolescents who utilized prescription medications for medical or non-medical purposes reported opioid misuse in the preceding year. Non-medical opioid use is accompanied by additional hazards, one of which is a strong correlation with the initiation of heroin use. According to CDC data, the death toll from heroin use among adolescents aged 15 to 19 increased threefold between 1999 and 2015, from 0.3 per 100,000 in 1999 to 1.0 per 100,000 in 2015. (0.3 per 100,000). Pharmaceutical interventions, both at home and in a clinical environment, are essential for addressing these tendencies.

Decreasing the frequency of prescribing opioids to teenagers helps to lessen the likelihood of misusing prescription opioids and the resulting health problems. This is because teenagers who report misusing opioids commonly mention that they have previously used opioids for medical purposes. Adolescence is a critical period when 40%

of prescription opioid usage and 68% of heroin misuse starts. This age group is particularly vulnerable to developing Opioid Use Disorder and other substance use disorders. According to Pendergrass-Boomer et al. (2023), a study conducted in 2019 had 13,872 participants from 136 different schools in the US. The study found that 14% of high school students reported having misused opioids at some point in their lives, and half of those students reported actively abusing opioids. The misuse of prescription opioids among teenagers is linked to several negative health outcomes and risky behaviors, such as alcohol and drug use, juvenile aggression, heightened vulnerability to HIV and other sexually transmitted illnesses, and an elevated risk of overdose. Drug overdose has emerged as the primary cause of mortality among those below the age of 50, with opioid-related incidents accounting for 75% of the 92,000 fatalities recorded in 2020. Research has also shown that there is a strong correlation between the abuse or unauthorized use of opioids and mental health problems. An analysis of the connection between mental health and opioid misuse is necessary to implement proactive measures. Mental health problems in young individuals can serve as a precursor to various issues, like delinquency, suicide, mood and anxiety disorders, opioid misuse, Opioid Use Disorder, and other substance use disorders.

The youth population across all socioeconomic statuses, races, genders, and geographic locations are being impacted by the opioid crisis in the United States (Family and Youth Services Bureau, 2023). Based on a study reported by Family and Youth Services Bureau (2023), it was also found that teenagers between the ages of 12 and 17 who engaged in nonmedical use of opioids acquired them either for free (46%) or bought

them (20%) from a friend/family member. Additional sources of opioids include legitimate prescriptions, individuals engaged in drug trafficking, and internet platforms. Adolescents may resort to heroin due to its availability within their own community at a far lower price compared to prescription opioids, particularly when they develop a dependency to prescription opioids and are no longer able to acquire a prescription from their doctor.

Particularly for adolescents, prevention and treatment services for opioid use disorder are inadequate. Treatment facilities for opioid use disorder are insufficient in number, and those that exist are operating at a critical level of strain. In 2021, 7.1% of adults aged 26 or older with an illegal drug or alcohol use disorder received medical treatment, in comparison to 3.5% of adolescents aged 12 to 17, according to recent data (Family and Youth Services Bureau, 2023). With the help of naloxone, an overdose can be reversed. This medication is available in prefilled nasal spray and injection forms. Nearly four out of every ten overdose incidents reported to the CDC in the past year involved another individual in close proximity of the victim states Family and Youth Services Bureau (2023). This provides substantial evidence in favor of the idea that the availability of harm reduction medication is a critical life-saving aid. Furthermore, recent studies indicate that policies endorsing the accessibility and distribution of naloxone do not contribute to an increase in adolescent illicit drug use.

Opioids and the Elderly

Opioids are still considered to be among the most powerful analgesics currently available. Prescription pain relievers, especially opioids, can effectively alleviate pain

when used correctly, such as for post-surgical or injury-related discomfort (Centers for Medicare & Medicaid Services, 2020). However, they can also pose significant dangers when overused or taken improperly, increasing the risk of addiction, overdose, or even death. The potential dangers can be heightened when obtaining pain pills from different doctors or pharmacies, and while concurrently taking other medications that can potentially interact with opioids, such as Benzodiazepine. Due to the opioid crisis, the present state of opioid prescribing in the United States is causing many healthcare practitioners to either greatly reduce the number of opioids they prescribe or completely stop prescribing them according to Gazelka et al. (2020).

Substance use, including the use of opioids, is frequently observed in the elderly population, however it is typically disregarded and not adequately addressed. Although the prevalence of diagnosed opioid use disorder is low in this group, it is not uncommon for individuals over the age of 50 to be prescribed opioids (Dufort, 2021). While instances of abuse and misuse among elderly people are still lower compared to younger adults, it is still a concerning problem. This is especially true as the baby boomer generation ages and the senior population in the United States continues to grow.

Pain is a prevalent condition among the elderly, as more than half of those aged 65 and above report experiencing pain on a daily basis. The potential adverse impact of prescription opioid use on the cognitive function of elderly individuals has been documented by Jacobbi (2023). According to Jacobbi (2023), a study conducted by the Mayo Clinic revealed that 70% of the participants were prescribed at least one opioid medication for an average duration of 7.5 years. Cognitive declines were associated with

every prescription, specifically in the domains of memory, language, and attention. In addition, those prescribed opioids had a 20% increased risk of developing moderate cognitive impairment, which is a form of cognitive decline that surpasses the natural process of aging. Treatment for older individuals contemplating the use of prescription opioids should be individualized by assessing the risks and benefits and maintaining close clinical follow-up. Gazelka et al. (2020) states there is compelling evidence to exercise caution, especially when dealing with older adults. It is crucial for primary care physicians to not only be aware of the acceptable reasons for prescription medication but also to know how to identify and handle expected negative effects. It is crucial for the treatment of elderly patients to have knowledge about choosing suitable drugs for pain management and being aware of the wide range of choices accessible. The prevailing social disapproval linked to drug use disorders in the United States may decrease the likelihood of healthcare professionals screening older persons or referring them to addiction treatment.

According to a cross-sectional analysis of American Medicare data reported by Dufort, (2021), approximately 15% of individuals in this age group received a prescription for opioids within the past year. Moreover, it has been demonstrated that the incidence of unsafe use is more pronounced among specific demographics of elderly individuals. An exemplary instance is cross-sectional research conducted in New York, which revealed that among patients aged 50 years and above who were prescribed opioids for severe pain, as many as 35% acknowledged engaging in the misuse of their prescription. Dufort (2021), states several research have yielded data on the physical and

emotional well-being of elderly individuals with opioid use disorder and problematic opioid usage. Opioid use disorder in adults aged 50 years and above is commonly associated with several mental diseases. These include major depressive disorders, anxiety disorders, post-traumatic stress disorders, and other drug use disorders.

According to Centers for Medicare & Medicaid Services (2020), effective January 1, 2019, several Medicare drug plans have implemented a drug management program to ensure the safe utilization of drugs by Medicare beneficiaries. In the event that a patient obtains opioids from various doctors or pharmacies, the Medicare drug plan may establish communication with physicians in order to verify the patient's necessity for these prescriptions and ensure their safe and proper usage.

Opioids in the State of Pennsylvania

The prevalence of overdoses in the state of Pennsylvania was examined by geography researchers at Penn State University, utilizing data from the Pennsylvania Overdose Information Network spanning the years 2018 to 2020 (Kubarek, 2022). Additionally, American Community Survey data from 2015 to 2019 was incorporated into the analysis. The data revealed a significant correlation between the administration of naloxone and increased survival rates among those who had an overdose, with those who got at least one dose of naloxone being nine times more likely to live in the state of Pennsylvania. In around 75% of instances where survival was achieved, naloxone was delivered, but in just 29% of cases resulting in fatal overdose, naloxone was administered. However, the drug's availability during instances of overdose varied from 41% to 47% in the least affected regions, such as Clinton and Huntingdon regions, to

92% in Philadelphia County, which had the greatest prevalence. In a general sense, Kubarek (2022) states, counties with lower population sizes exhibited limited availability of life-saving therapy, however Centre and Mercer Counties stood out as outliers, demonstrating somewhat greater access compared to counties with comparable population sizes. Based on data provided by the Centers for Disease Control and Prevention, there has been a consistent upward trend in opioid overdose fatalities from 1999 to 2018. However, there was a notable surge in such deaths in 2020, after a temporary decline in 2019. Consequently, this alarming escalation in opioid-related fatalities has contributed to a decline in life expectancy spanning several years, a phenomenon not seen for over half a century. The Office of the Surgeon General in 2018 advocated for the expanded availability of naloxone in response to the rise in overdose fatalities and the shown efficacy of this medication. In the same way, according to Kubarek (2022), Pennsylvania implemented standing orders in 2015 and subsequently revised them in 2022, granting anyone the authority to acquire naloxone. However, the responsibility of stocking the medication is left to the discretion of pharmacists. According to a recent study conducted on Pennsylvania pharmacies, it was discovered that around 55% of these establishments did not carry naloxone, a medication used to counteract opioid overdoses. Furthermore, the majority of pharmacists exhibited a lack of clarity on the procedures associated with the standing order for naloxone. The report further revealed that the cost of naloxone paid directly by individuals in 2017 varied between $50 and $400.

King et al. (2023) stated, overdose rates in Pennsylvania rose with the beginning

of COVID-19. The initial surge coincided with the implementation of a mandated stay-at-home directive aimed at mitigating the transmission of the virus. Although it was a necessary action, it led to several societal consequences, such as unemployment, psychological disorders, seclusion, and limited availability of inpatient addiction treatment options. King et al. (2023) conducted a study on the opioid crisis, analyzing the long-term trends and spatial patterns. The research findings indicate that there were substantial changes in the frequency of opioid-related overdose events at the county level before and after the COVID-19 pandemic, as determined by statistical analysis. Several counties in Pennsylvania had a notable rise in opioid overdose rates, even among those with tiny populations, while others observed a considerable decline.

To gain insight into societal determinants, King et al. (2023) conducted a study comparing opioid overdose rates across men and women, as well as between Black and white individuals. The findings indicate that overdose rates were decreasing for both genders from 2018 to 2019 but experienced a significant increase in 2020. The prevalence of these tendencies decreased among both Black and white persons from 2018 to 2019, however both groups also witnessed a significant surge from 2019 to 2020. An advantage of the research is that it demonstrates that the opioid crisis is now impacting a wider range of individuals in the society. Currently, as of 2023, fatal overdose monitoring data gathered and evaluated by the Department of Health indicates that about one Pennsylvanian succumbs to a drug overdose every 2 hours. In 2023, of the 4,721 overdose fatalities, 82% were associated with opioids, and 76% involved fentanyl (Pennsylvania Department of Health, 2024).

Opioids in Lancaster, Pennsylvania

According to Tawil (2019), in 2017, there were a total of 168 deaths in Lancaster County that were directly caused by drug overdoses. This alarming figure is simply the local representation of a national crisis that has catapulted opioids to the status of the primary cause of death among individuals in the United States who are younger than 50 years old. In 2021, there were 144 deaths due to drug opioid overdoses in Lancaster County, which is the greatest number of deaths since 2017.

As of September 13, 2022, the Lancaster County Coroner's Office has documented a cumulative count of 61 lethal drug overdoses. The Department of Health offers supplementary information on overdose risk factors and preventive variables based on death investigation reports. Out of the individuals who passed away in 2021, 19% had been treated for substance misuse, and 18% showed signs of a recent relapse, which is defined as resuming substance use within a week after achieving sobriety. Lancaster County Drug & Alcohol Commission (2022), states naloxone treatment was seen in 19% of instances, while the presence of a bystander was observed in 59% of cases.

Since 2013, Lancaster County has witnessed a steady rise in drug overdose fatalities, primarily attributed to opioids (Nelson et al., 2024). The number of deaths resulting from drug overdoses in Lancaster County had a significant surge, rising from 53 in 2013 to 168 in 2017. Community groups and people promptly responded to the issue of overdoses by developing public health initiatives that are supported by evidence and driven by data. Consequently, there was a substantial decline in fatalities in the years 2018 and 2019. Nevertheless, there was a resurgence in mortality during the COVID-19

pandemic in both 2020 and 2021. In the year 2022, the cumulative number of fatalities in Lancaster County amounted to 105. Although this figure is reduced compared to the previous two years, it is twice the number from ten years ago, and there are still over 2 fatalities every week. 89.9% of overdose deaths were attributed to the presence of Fentanyl, a synthetic opioid. According to initial statistics, 73% of the deaths were caused by opioids alone, while 27% were caused by a combination of opioids and stimulants. The majority of fatalities, namely 78%, occurred among those aged 25-54.

In 2022, according to Nelson et al. (2024) Joining Forces members and other community partners initiated the development of a local Overdose Fatality Review (OFR) team. The OFR team was formally constituted by the Lancaster County Commissioners in 2023. The primary objective of an Overdose Fatality Review team is to convene members of the community in order to assess the effectiveness and shortcomings of prevention, treatment, and recovery systems, with the ultimate goal of identifying potential strategies to reduce overdose fatalities. The objective of OFR is to comprehend the underlying causes of overdose fatalities and identify potential preventive measures. The underlying principle of OFR is that overdose deaths may have been averted with appropriate actions, interventions, and/or reactions. The primary advantage of OFR is its ability to provide qualitative data that provides a comprehensive description of the mechanisms and causes of overdosing. The Office of National Statistics provides comprehensive and in-depth data to elucidate a multifaceted problem, enhances current numerical data, emphasizes several possibilities for prevention, and offers a more comprehensive portrayal of the lives of those who succumb to drug overdoses.

Opioids and Bystander Assistance

West (2022) defines a good Samaritan as an individual who willingly offers help to another person without any prior obligation, responsibility, or expectation of receiving compensation. The foundation of Good Samaritan law lies in the notion that there is a prevailing consensus supporting the implementation of sound "public policy" aimed at mitigating legal responsibility for those who willingly provide assistance and aid in situations of emergency. As stated by West (2022), there is a general understanding of the prevalence of medical crises occurring beyond the confines of traditional medical settings or clinical environments. Therefore, in conceptual terms, societal improvement occurs when prospective rescuers (referred to as Good Samaritans) prioritize aiding those in distress rather than being preoccupied with the potential legal consequences of providing assistance to others in the community.

Fear of apprehension by the authorities was a significant impediment to the use of naloxone-based interventions, argues Miller et al. (2022). Good Samaritan laws and statutes that grant immunity have contributed to the reduction of opioid overdose mortality by shielding bystanders from criminal charges related to drugs when they are present during an opioid overdose. Laws known as "Good Samaritan" have been implemented in 30 states in the US, British Columbia, and Canada. Although the existence of such a law establishes a secure environment for the implementation of education and support group norms, not all bystanders are cognizant of it, and similar strategies of stigma and trepidation persist. Authorities may maintain negative attitudes toward individuals present at the site of an overdose and may have opposing views

regarding Good Samaritan laws. Promoting stigma campaigns concurrently with legislative modifications would prove beneficial. For example, it has been determined that the communication of empathic and positive narratives about individuals who use substances and or opioids, as well as the increase in contact with individuals who use drugs, can reduce stigma and be beneficial in the training and education of stakeholders and first responders. Education of service users regarding the social dynamics of assisting in these contexts and the Good Samaritan laws may also mitigate fear and adverse outcomes (Miller et al., 2022).

In the event of an overdose, past research has shown that life-saving interventions tend to be administered outside of the time frame that can most effectively guarantee survival according to Hanson et al. (2020). The most effective method of preventing death during an opioid overdose is the administration of naloxone. Consequently, the most effective approach to harm reduction is to expand the availability of naloxone by facilitating its widespread distribution to potential rescuers (also known as "Good Samaritans") in order to prioritize the assistance of those in distress over the potential legal consequences of providing assistance to others in the community (West, 2022).

Opioid Bystander Prevention Efforts in Pennsylvania

New Mexico was the first state in the US to enact a Good Samaritan Law for overdose prevention in 2007. As of May 2018, all but five states have passed similar legislation per Carroll et al., (2018). Pennsylvania enacted Act 139-David's Law in 2014, which also granted exemption from criminal prosecution (immunity) for drug possession to victims of an overdose crisis and those who seek help. However, the victim's

immunity is contingent upon the immunity of the individual who reported the overdose. (Pennsylvania Department of Health, 2019). The Pennsylvania Overdose Prevention Program began in August 2023 as a collaborative effort between the Pennsylvania Commission on Crime and Delinquency and the Pennsylvania Department of Drug and Alcohol Programs. The initiative provides several types of naloxone, along with drug testing strips specifically designed to identify xylazine and fentanyl, free of charge to organizations throughout Pennsylvania. The primary goal of the Pennsylvania Overdose Prevention Program is to improve the dissemination of resources and strategies for reducing harm within communities, specifically targeting individuals who are at the highest risk of having an overdose. These target groups encompass individuals who are presently engaged in substance use, individuals who have knowledge of someone currently engaged in substance use, individuals utilizing syringe service programs and harm reduction services, and individuals with substance use disorders that have been linked to the justice system, which include those that have recently been incarcerated (Pennsylvania Overdose Prevention Program, n.d.).

Summary

Section 1 addressed Identifying information regarding bystander assistance and harm reduction for opioid overdoses, along with the framework for exploring the importance of implementing an evidence-based strategy to mitigate risk, remove obstacles to effective interventions, and save lives as the overdose crisis evolves. Act 139, referred to as Pennsylvania's Opioid Overdose Reversal Act or the Good Samaritan law, grants legal immunity to individuals who request emergency medical assistance for

someone suffering an overdose. This law has helped in saving many lives during the ongoing opioid crisis and is essential for assisting friends, families, or anyone at risk of opioid overdose. However, awareness of the law is pointless if access to naloxone is not easily available. Section 2 will provide an explanation of the rationale behind this study and the methodology used to gather the data.

Section 2: The Project

The main components in Section 2 are the project design and the white paper that is included as part this study. The primary components also consist of the Methods section, which delineates the researcher's role, the participant recruitment and sampling strategy, the data collection process, data analysis plan, and ethical considerations for data collection.

Purpose Statement

The purpose of this qualitative study was to explore strategies to increase accessibility of Narcan, an evidence-based harm reduction strategy, and its use by bystanders in Pennsylvania to address the negative outcomes linked to drug overdose, whether intentional or unintentional (Surawy-Stepney et al., 2023). Additionally, this study explored the implementation of several strategies for effectively integrating this concept into human services organizations.

Project Design

This study employed a modified action research approach. The problem was explored and recommendations for interventions were made at the conclusion of the study. Data analysis methodologies in action research offer targeted actions and concepts to execute research that fosters a cycle of connection and validity for reporting findings (Quayson, 2019). The action research methodology for data collection and analysis serves as a framework to assist, motivate, and deepen comprehension of the action research project. The key component is to prioritize evidence-based information for ethical decision-making; however, researchers must refrain from relying on opinion,

intuition, and emotions when integrating current scientific evidence. The main purpose of action research is to produce information while simultaneously facilitating change, serving as both an investigative process and a method for real-time problem-solving.

The results of this study informed the development of a comprehensive white paper, contributing valuable insights and evidence-based recommendations to guide future change. The white paper serves as an informative document detailing the research problem and purpose, the need for change, ethical considerations, as well as the study's findings, recommendations, and a call to action. The white paper is incorporated into the final capstone paper as Appendix A.

Methods

Role of the Researcher

As a qualitative researcher, my role included conducting interviews with participants in the behavioral health and human services field to explore strategies that can increase accessibility of Narcan, an evidence-based harm reduction strategy, and its use by bystanders in Pennsylvania to address the negative outcomes linked to drug overdose, whether intentional or unintentional.

Participant Recruitment and Sampling Strategy

Behavioral health and human service professionals were the participants for this study. This encompassed human services professionals from a diverse range of fields, including social workers, substance use disorder counselors, community outreach workers, and members of the human services leadership team with extensive knowledge of opioid overdose and or harm reduction strategies in Pennsylvania.

I used criterion and snowball sampling to recruit and enroll study participants. Criterion sampling is the process of selecting participants who fulfill specific, predetermined criteria that are directly related to the research objectives (Memon et al., 2024). Snowball sampling is a non-probability sampling method in which existing research participants assist in recruiting subsequent individuals for a study (Simkus, 2023).

The participants met one or both of the criteria. The inclusion criteria were:

- Having worked in the field of human services focusing on substance use disorders for at least 2 years.
- Has experience in harm reduction prevention for opioid overdose.

Volunteers for the study were screened using a series of questions designed to determine if they met the inclusion criteria prior to the interviews.

The sample saturation for a qualitative study that utilizes interviews ranges from nine to 17. If a sample is sufficiently representative of what is being researched, saturation will be present. When data start to duplicate itself to the extent that further collection is redundant, meaning that an acceptable sample size has been attained, one has reached saturation in data gathering efforts (Hennink, 2022). After the University Institutional Review Board (IRB) approved the participant recruitment strategy which involved the development of a flyer, using the template provided by the IRB, the recruitment flyer was posted on various social media sites, including LinkedIn, Facebook, and Instagram. Utilizing this recruitment method I was able to conduct semistructured interviews with 10 participants.

Data Collection

Semistructured interviews with human services professionals served as the method for data collection. The interviews took into consideration participants' perspectives while ensuring that research questions were addressed. I developed the interview questions that were informed by the literature review and the FDA framework for overdose prevention. Content validity was established by requesting experienced professionals in the field (not being interviewed) to review and comment on the content of the interview schedule in relation to the interview questions.

All interviews were conducted in person; however, participants were also provided with the option to participate remotely via Zoom or Microsoft Teams. Despite the availability of these virtual platforms, in-person interviews were ultimately chosen and completed for all participants. Participants who had expressed interest in the interview process were asked to engage in one 60-90 minutes interview and were provided with informed consent forms within a time frame ranging from one hour to forty-eight hours prior to the scheduled interview.

All interviews were audio recorded. All recordings and transcription files are currently maintained on a password protected computer and flash drive. Data collected during the interview process will be deleted within the required amount of time set by the Walden University IRB which is 5 years. Participants were identified in the transcripts as Interviewee 1 through Interviewee 10; no names or identifiable information was used. Interviews took place at a private location. Consent forms were provided to each participant via email or in person prior to the interview. Each participant was required to

agree to the terms of the consent on the audio recording and by signing the consent form provided.

Because sufficient participants were not identified through criterion sampling, snowball sampling was performed to identify additional participants. Snowball sampling was a helpful method in qualitative research for recruiting a difficult to reach population of individuals (Dosek, 2021). Following the initial selection of participants, those individuals recommended or referred additional potential participants who fit the study's requirements. This procedure continued until I could not find any more individuals to participate.

The data provided by the participants were shared back to ensure that their responses had been accurately captured. This was done by conducting member checking after the conclusion of each interview. Member checking is a qualitative research methodology that involves the collaboration of the researcher and study participants to ensure the accuracy of the data provided. Member checking was essential because it offered a way to assess and confirm the validity of the participants responses (Stahl King, 2020).

Data Analysis

Data Analysis Plan

Braun and Clarke (2013) introduced a six-phase process that assists in analysis and allows researchers to recognize and focus on the critical elements of thematic analysis in research (Byrne, 2021). Data were analyzed using Braun and Clarke's six step thematic analysis approach, which includes the familiarization of data,

code generation, combining codes into themes, reviewing themes, determining the significance of themes, and reporting of the findings. Although the six phases are arranged in a sequential order, the researcher must recognize that the study is not a linear process throughout the phases. The analysis is repetitive and iterative, necessitating the researcher to go through the phases as needed. Thematic analysis is a time-consuming process that develops as the researcher goes through several phases. This may result in novel interpretations of the data, maybe necessitating more rounds of preceding steps.

The familiarization phase is common in several types of qualitative analysis. Familiarization is the thorough reading and re-reading of the complete dataset to acquire a deep understanding of the data (Byrne, 2021). It is essential for identifying relevant information that may pertain to the research questions. Codes function as fundamental elements that then evolve into themes. Coding is performed to provide concise, abbreviated labels that explain information that is important and relevant to the research questions. Codes must be brief yet provide adequate detail to independently convey the shared characteristics of the component data items concerning the research topic. Phase 3 commences upon the coding of all pertinent data items. This entails the organization of codes into more comprehensive categories or patterns that correspond to the fundamental significance of the data. The purpose is to identify significant themes that encapsulate critical components of the data. Proceeding with the fourth step requires the researcher to do a recursive examination of the possible themes with respect to the coded data items and the whole dataset. In this phase, it is not unusual to find that some themes may not be useful as relevant interpretations of the data or offer information that answers the

research questions. It may also be revealed that some parts of the codes as well as data items that inform these themes are incompatible and need adjustment.

Once the themes have been finalized, one determines the subject matter and significance of each theme. This involves determining the basic premise of each theme and its relationship to the research's overall narrative. In this fifth stage, the purpose is to define each theme and its position within the broader context of the research questions. The final phase entails the compilation of the analysis and the writing of a cohesive narrative that explains the themes and their relevance to the research questions. Codes and themes are subject to change throughout the analysis, and the write-up is no exception. It is imperative that changes are documented during this phase and maintained throughout the duration of the research. Phase 6, therefore, can be viewed as the concluding inspection and completion of the report that the researcher would have likely begun to write prior to conducting their thematic analysis. It is essential to regard the six-phase method as a framework of guidance to be adapted flexibly to align with the data and the research questions.

Ethical Considerations for Data Collection

Several ethical concerns were carefully assessed to ensure the integrity of the research project and the safety of participants. Before conducting participant interviews, the Research Ethics Approval Form was submitted to ascertain which steps were necessary in order for the research project to be in compliance with university policies. In this manner, the project complies with ethical standards and regulations. It was imperative that such steps be implemented in the research process to guarantee the safety

of the participants and maintain the utmost ethical standards.

Prior to participating in the study, each individual participant was required to provide informed consent for their protection. Three primary components comprised the informed consent process: the provision of potential research participants with the necessary information to make an informed decision; the facilitation of comprehension of the information that has been disclosed; and the promotion of the voluntariness of the decision to participate in the research. Accordingly, informed consent must be prospectively obtained and legally effective (U.S. Department of Health and Human Services, n.d.). Bias and confidentiality were additional ethical concerns that were addressed. In order to prevent bias, it was imperative that the participants were chosen from an array of backgrounds, perspectives, and experiences. This prevented selection bias and ensured that a variety of perspectives was taken into account. It was also advisable to maintain my biases, emotions, and perspectives, and refrain from expressing approval or disapproval of responses, as this could have potentially impacted the participants' responses. Confidentiality safeguards were implemented to protect all participants. All information collected was securely stored in a password-protected computer and flash drive. With only myself having access to this data, once all findings are reported the securely stored information will be deleted per the university guidelines, which is 5 years.

Summary

The purpose of this study was to explore strategies to increase accessibility of Narcan, an evidence-based harm reduction strategy, and its use by bystanders in

Pennsylvania to address the negative outcomes linked to drug overdose. In order to assess whether bystander harm reduction strategies mitigate the adverse effects of opioid use in Pennsylvania, this study collected and analyzed non-numerical data from multiple databases, including the CDC and the Pennsylvania Department of Health and Human Services. Additionally, interviews were conducted with 10 participants in the human services professions. To ensure the integrity of the research project and the safety of participants, ethical concerns such as bias, confidentiality, and misinformation were addressed.

Section 3 presents the thematic findings derived from 10 semistructured interviews, examining their alignment with the literature review and the conceptual framework. It also identifies outliers that offer valuable insights into emerging practices and potential harm-reduction strategies that could be implemented or adapted at local and or state level.

Section 3: Results of the Study

Section 3 shares the key themes that emerged from 10 semistructured interviews, drawing on the participants' professional experiences and practices. It explores how these findings align with the literature review and the study's conceptual framework. Alongside the main themes, the section also highlights notable outliers that offer valuable insights and help deepen the overall understanding of this study's focus.

In this section key themes are identified through the thematic analysis process, which presents both similar and different understandings of the central research questions. The initial recruitment strategy, which involved criterion sampling used various social media platforms to identify and engage potential participants, was largely ineffective, yielding only a limited response. As a result of this outcome, it became necessary to use the snowball sampling method. Through this alternative approach, I was ultimately able to recruit and conduct a total of 10 participants.

The participant recruitment process formally commenced on May 20, 2025, and concluded with the final interview on June 23, 2025, spanning approximately 5 weeks in duration. The individuals who participated in the study occupied diverse professional roles within a human services organization. These included social workers, substance use disorder counselors, the chief executive officer of a human services agency, a substance use residential aide, the associate director of drug and alcohol prevention and education program, and the chief of human services.

Research Questions

What barriers still exist that prevent access to naloxone (Narcan) in the state of PA?

How can human service organizations help increase access to opioid overdose reversal medication and training in PA?

Presentation of the Results

Thematic Results

Transcripts were categorized in accordance with Braun and Clarke's (2013) six-phase method for thematic analysis. The initial codes were created, then categorized, and finally, classified into themes. These were subsequently reviewed and refined iteratively. Quotes from participants substantiate each theme were identified. The final themes comprise of both potential solutions and barriers associated with Narcan access and training as it relates to opioid overdose bystander assistance and harm reduction in Pennsylvania. The five themes identified included the following: (a) structural and systemic barriers, (b) stigma and fear, (c) narcan awareness and information gaps, (4) human service organizational gaps, and (d) community-based solutions. The thematic results from participant interviews offer significant insights into the barriers and opportunities associated with Narcan distribution and use. These insights align and support the FDA's Overdose Prevention Framework by identifying areas where policy, stigma reduction, increased training/ education, and community partnerships can significantly enhance overdose prevention outcomes.

Theme 1: Structural and Systemic Barriers

Participants frequently identified institutional and policy-related constraints as barriers to the accessibility of Narcan. These included restrictive agency-level policies, uncertainty surrounding cost, and prescription requirements. Although obtaining naloxone in Pennsylvania previously required a prescription (Commonwealth of Pennsylvania, n.d.), many individuals remain unaware that, as of September 2023, naloxone is available for purchase without a prescription at numerous pharmacies or can be obtained free of charge through certain human services organizations. Interviewee 1 responded, “Distribution remains uneven, especially for Latino populations,” and further noted, “There’s no training in their language.” Similarly, Interviewee 6 stated, “There’s a policy that you have to have a doctor’s order that causes a lot of issues.” Other participants described widespread confusion about how to obtain naloxone, whether insurance is required, and the potential costs involved. As Interviewee 5 shared, “People think they need insurance to get it, which used to be true, but now it’s free and they don’t know,” adding, “I don’t think that it’s advertised enough that it’s available at specific locations for free.” Financial concerns were also raised; for example, Interviewee 3 also believed, “Financially, if I don’t have the funds to get Narcan, then what’s the point of getting it?” A lack of understanding or awareness of recent policy changes appears to contribute to ongoing challenges for individuals seeking to assist others. At least one participant highlighted potential cultural barriers related to training. Addressing these perceived obstacles and increasing public awareness of available avenues for accessing Narcan could help reduce systemic and structural barriers to its distribution.

Theme 2: Stigma & Fear

Stigma and fear were a consistent theme that was prevalent in the responses provided by the participants. According to some participants, stigma can serve as a significant barrier, as individuals may refrain from obtaining Narcan due to concerns about being labeled or judged as substance users, even if their intention is to assist others. Interviewee 4 stated, “They’re afraid people will think they use drugs if they ask for Narcan” and Interviewee 1 shared, “There’s a lot of shame people feel like they’ll be judged.” In addition to stigma some participants expressed concerns about the fear others may have regarding the administration of Narcan and potential liability in the event of an adverse outcome for the individual experiencing an overdose. Although one participant stated that there is no punishment for assisting others in an overdose situation, with Interviewee 10 stated, “People need to know there’s no punishment for helping.” Participants did not appear to be aware of or mentioned the Good Samaritan Law, which is also known as Act 139 in Pennsylvania. Act 139 provides protection for both the individual who experiences an overdose and the individual who calls for help.

Theme 3: Narcan Awareness and Information Gaps

The participants expressed a significant lack of public understanding regarding Narcan, including knowledge about its purpose, availability, appropriate usage, and existing legal protections for those who administer it during an overdose. Interviewee 2 noted, “People don’t even know what it is or how it’s used,” reflecting the general knowledge gap. Concerns were raised about disparities in access, with Interviewee 1 stating, “Distribution remains uneven, especially for Latino populations,” and further

explaining, “There’s no training in their language,” highlighting the scarcity of Spanish-language training opportunities. Several participants stressed the inadequacy of public communication about harm reduction resources, with Interviewee 5 observing, “I don’t think that it’s advertised enough that it’s available at specific locations for free.” Similarly, Interviewee 9 urged, “We need to advertise it better TV, radio, churches,” pointing to the absence of outreach through widely accessible community platforms, including faith-based settings. In addition, Interviewee 10 shared the importance of raising awareness about legal safeguards, stating, “Educate community about liability protection.” Collectively, these insights illustrate that the issue extends beyond access to Narcan itself and encompasses broader gaps in training, culturally and linguistically relevant outreach, and public awareness of protections afforded to those providing lifesaving assistance.

Theme 4: Human Service Organizational Gaps

Participants indicated that human service organizations do not adequately educate the general public about Narcan. Interviewee 3 stated, “they don’t give it out to the public,” and Interviewee 5 further elaborated that “even though we provided it for free not too many would reach out.” Interviewee 2 explained that “most training stays within organizations, not extended to community,” with Interviewee 4 sharing that “only the substance use staff get trained, what about billing or our education program?” Interviewee 10 similarly remarked, “It’s just not something we do unless we work with that population.” Concerns also extended to the absence of targeted outreach for non-English-speaking groups, with Interviewee 1 noting a “lack of community-based training

sessions, tailored for non-English speakers." Collectively, these accounts suggest that human service organizations prioritize training and equipping their own staff with Narcan while providing limited to no public access to information, training, and awareness of legal protections related to its use.

Theme 5: Community-Based Solutions

Participants expressed strong support for localized community-based strategies to enhance Narcan distribution and training. Interviewee 1 recommended to "Hold community fairs and outreach events," while Interviewee 5 suggested to "Do free fairs showing how to use Narcan." Similarly, Interviewee 3 proposed to "Start teaching it in elementary school," emphasizing the importance of early education. Additionally, Interviewee 8 highlighted the need to "Partner with other organizations to reach more people." Such approaches ranging from public events to school-based education and inter-agency collaboration can contribute to reducing stigma, increasing public awareness, and fostering a more proactive and inclusive framework for overdose prevention.

Outliers

Although most of interviewees highlighted barriers such as stigma, inadequate outreach, and insufficient awareness, a few presented perspectives that were distinctive. Interviewee 9 stated there were "no problems in obtaining Narcan now, it should be accessible at pharmacies and outpatient programs." Compared to other participants, who characterized accessibility as limited and inconsistent, this is a sharp contrast. In addition, Interviewees 3 and 4 supported Narcan training in schools that was intended specifically

for children, a topic that was not frequently addressed by the other participants. Contrary to numerous agencies that restrict access to internal staff, Interviewee 8's organization was distinguished by its proactive distribution of Narcan directly to clients and families. These outliers provide significant insights into new practices and progressive harm-reduction measures that might be implemented or adapted on a statewide level.

Summary

The findings indicate that structural and systemic barriers, stigma, and organizational deficiencies collectively impede the accessibility and efficient delivery of Narcan. Misunderstandings regarding costs and insurance, stringent government regulations, and unequal access, especially among Latino and non-English-speaking communities, hinder participation in the community. The stigma associated with substance use, along with apprehension of legal consequences, further deters individuals from acquiring or utilizing Narcan, even safeguards such the Good Samaritan Law. Participants constantly highlighted insufficient public awareness and poor outreach, as human service organizations frequently restricted training and dissemination to staff rather than broadening it to the general community. To rectify these deficiencies, participants proposed extensive, community-oriented solutions including bilingual educational initiatives, inter-agency partnerships, proactive preventative strategies in educational institutions, and practical training sessions. Collectively, these findings underscore the necessity for a more inclusive, transparent, and community-oriented strategy for Narcan instruction and delivery.

The final section of this study, Section 4, will include a reflection to self,

highlighting personal growth and insights gained throughout the research process, as well as a reflection of scholar-practitioner. Additionally, it will present recommendations for human services organizations or human services field advocacy. This section will conclude with a final summary that integrates the key findings and discusses their implications for the human services organizations as it relates to Narcan access and bystander intervention in Pennsylvania.

Section 4: Conclusion and Reflections

The opioid crisis, which impacts all communities irrespective of age, race, or socioeconomic status, has highlighted the urgency and significance of this study. This study focused on opioid overdose bystander assistance and harm reduction in Pennsylvania. In this concluding section of my doctoral study, I reflected on my academic experience throughout this process. Areas addressed in this section include a personal reflection on self, subsequently providing insights on my development as a scholar-practitioner. I will also provide recommendations for human services organizations based on my study's findings and a summary.

Reflection of Self

Pursuing this doctorate has tested the limits of my resilience and adaptability. Most of my challenges occurred while working on Section 3 of this study. During this time, my planned criterion sampling strategy was attracting few participants, threatening the viability of my study. As time dwindled and the pressure to complete my work intensified, I resorted to snowball sampling—a method I had not anticipated using. Although I previously identified it as a potential backup and eventually depended on it to collect the necessary data to conclude my research.

Balancing academic obligations with my full-time employment and caregiving responsibilities for my family was also challenging. I felt as if I were never fully engaged 100% in any activity, and my excessive busyness would occasionally have a detrimental effect on my mental and physical well-being. Nevertheless, the process of managing and prioritizing my workload compelled me to cultivate more effective time management

skills and to be more present in the moments that matter most.

The most significant and unexpected challenge came during the final stages of the doctoral process when I was diagnosed with non-Hodgkin's lymphoma. Navigating immunotherapy while trying to complete my study was physically draining and emotionally overwhelming. Receiving this news during this time reminded me of when my dad passed away of cancer a week before my undergrad graduation. The news regarding my diagnosis was shared with me nearly a week prior to the anniversary of my father's passing and just 2 days before Mother's Day. The timing of this disclosure added significant emotional weight, as it coincided with a period already marked by personal reflection and grief. At times, I entertained the possibility of withdrawing from the program or delaying it entirely. However, because I was nearing the conclusion of this journey, I continued to persevere, motivated by the effort I had already expended and the conviction that completing it would serve as a poignant act of defiance against all that sought to impede me in this process.

Reflection of Scholar-Practitioner

Throughout my doctoral journey, I developed a more nuanced understanding of the opioid crisis and the populations it affects. I no longer view opioid overdose deaths as primarily resulting from individuals with opioid addiction. Instead, I now recognize that accidental exposure, experimentation, and unintentional misuse among various populations that also include children and teens play a substantial role. This shift in perspective has changed the way I have come to see the value in proactive outreach that includes children and youth-specific Narcan training, not just adult-focused

programming. This area remains underutilized yet has enormous potential to reduce overdose fatalities by equipping young people with life-saving knowledge and tools.

Recommendations for Human Services Organization or Human Services Field Advocacy

Human service providers are essential in playing a critical role in enhancing the quality of life for individuals in the community. Based on my findings, human service organizations should expand Narcan training beyond substance use and or behavioral health departments and ensure all staff are equipped to respond in emergencies. Incorporating Narcan education into public health efforts, including early education in schools and routine staff training similar to CPR can help normalize its use and reduce stigma. Additionally, human service organizations should actively engage the broader community through multilingual outreach, public training sessions in schools, churches, community centers, and partnerships with local leaders to make information culturally and linguistically accessible.

To further support opioid overdose prevention, promoting the availability of free Narcan through community events, local media, and online platforms can address the widespread lack of awareness. Human service organizations should also provide clear information about legal protections under Good Samaritan laws to alleviate concerns about liability. And, finally, partnering with state and local health agencies, including DDAP and local coalitions, can enhance distribution efforts and access to grant funding, ensuring Narcan is available to those who need it most.

Summary

In summary, this study provides critical insights into the complicated landscape of Narcan access, training, and bystander intervention in Pennsylvania as it relates to human services organizations. This study reveals the pressing necessity for change at various levels by emphasizing the barriers and opportunities that the current system presents, as perceived by the participants in this study. Educating the community about their legal right to administer Narcan without fear of liability, while also making Narcan supplies visible in public areas, further removes barriers. Most importantly, improving accessibility ensures that bystanders which are often family, friends, or community members are equipped to intervene during an overdose, which can mean the difference between life and death.

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Appendix A: The Project

Opioid Overdose Bystander Assistance and Harm Reduction in Pennsylvania

Introduction

The opioid epidemic remains a severe public health crisis in Pennsylvania, contributing to over 4,700 overdose deaths in 2023, 82% of which involved opioids (Pennsylvania Department of Health, 2024). Narcan, an opioid antagonist, has emerged as a critical harm reduction medication that can reverse potentially fatal overdoses if administered promptly. Despite statewide standing orders for Narcan, barriers such as limited community awareness, systemic gaps in distribution, and stigma hinder its accessibility and use by bystanders (Holmes et al., 2022; Marks et al., 2023).

Problem Statement

The opioid crisis has escalated into a national public health emergency, with rising mortality rates especially among individuals aged 15–34 and 55–64 impacting people across all ages and socioeconomic backgrounds. In 2022, an estimated 6.1 million people aged 12 and older reported a mental health or substance use disorder, underscoring the need for targeted harm reduction strategies and improved addiction treatment (Centers for Disease Control and Prevention, 2024; Gomez et al., 2018). The crisis also highlights the critical role of bystanders, who can save lives by administering Narcan during overdoses. Understanding the factors that encourage bystanders to carry and use Narcan is essential for reducing opioid-related fatalities (Marks et al., 2023).

Market and Social Drivers

Access to Narcan is vital, as it empowers bystanders to save lives during overdoses. Without it, the opioid crisis continues to harm individuals across all ages and backgrounds, turning a preventable tragedy into a widespread social crisis.

Three primary drivers exacerbate this issue:

- Stigma and fear of judgment or prosecution, particularly among bystanders (Miller et al., 2022).
- Systemic barriers, including inconsistent pharmacy stocking, insufficient training in non-English languages, and misconceptions about insurance and costs (Holmes et al., 2022).
- Awareness gaps, as community members are often unaware of Narcan's availability and legal protections (Pennsylvania Overdose Prevention Program, n.d.).

  Without addressing these challenges, overdose fatalities will continue to disproportionately affect vulnerable populations.

Ethical Considerations

This study ensured participant confidentiality and voluntary participation through informed consent, in alignment with Walden University IRB protocols. Data was securely stored and anonymized. In order to prevent bias, participants were selected from a diverse range of backgrounds, perspectives, and experiences within the Human Services field. This approach minimized the potential for selection bias and ensured that multiple viewpoints were considered.

Evidence Supporting the Need for a Solution

Semistructured interviews with human services professionals were conducted as the primary method for data collection, with questions developed based on a literature review and the FDA framework for overdose prevention. Content validity was established through expert reviews, and all interviews were conducted in person despite the availability of Zoom or Microsoft Teams. Each participant completed one 60–90 minute interview, provided informed consent, and was identified anonymously in transcripts. Data security was maintained through password-protected storage, and snowball sampling was utilized to recruit additional participants until no further individuals could be identified.

To ensure accuracy, member checking was conducted after each interview, allowing participants to confirm the validity of their responses. Data analysis followed Braun and Clarke's six-step thematic analysis approach, which involves familiarization, coding, theme development, and iterative review. Themes were refined through recursive examination to ensure alignment with the research questions, and codes were continually adjusted, as necessary. The final phase of analysis involved defining each theme's significance and compiling a cohesive narrative, with flexibility applied to adapt the process to the evolving data.

Findings

Data was collected via semistructured interviews with 10 human services professionals using criterion and snowball sampling. Thematic analysis (Braun & Clarke, 2013) identified barriers and opportunities across human service organizations according to the participants interviewed. Findings confirmed gaps in distribution, organizational silos in training, and lack of community-level education, particularly for non-English-speaking populations.

Five themes emerged:

- Structural and Systemic Barriers – Unequal distribution, insurance misconceptions, and unclear policies limit access.
- Stigma and fear – Bystanders hesitate due to judgment or liability concerns, despite Act 139's protections.
- Narcan Awareness and Information Gaps – Communities lack knowledge about Narcan's availability and use.
- Human Services Organizational Gaps – Training often remains internal, leaving the public underserved.
- Community-based Solutions – Interagency partnerships, multilingual outreach, and early education initiatives were identified as key opportunities.

Description of the Proposed Solution

The proposed solution focuses on expanding community-based Narcan education and access through a series of coordinated efforts. This includes implementing multilingual outreach campaigns in partnership with churches, schools, and community centers; providing state-supported training and free distribution of Narcan to the public; and ensuring broad organizational training that extends beyond substance-use staff to all human services professionals. Additionally, clear communication about the legal protections offered under Act 139 is essential to alleviate fears of liability.

Recommendations for Next Steps and Call to Action

The opioid crisis in Pennsylvania continues to claim lives annually, disproportionately affecting vulnerable populations and overwhelming community resources. Findings from this study demonstrate that although Narcan is an effective and widely recognized harm reduction tool, systemic barriers such as inadequate community outreach, language and cultural gaps, stigma, and organizational silos significantly limit its impact (Holmes et al., 2022). Addressing these barriers is essential to empowering bystanders; the individuals most likely to be present at the scene of an overdose to intervene effectively and save lives.

Expanding Narcan accessibility through multilingual education campaigns, community-based training, and organizational collaborations offers a sustainable path forward. Normalizing Narcan use through school-based education, workplace initiatives, and public events can further reduce stigma and encourage intervention during overdose emergencies (Miller et al., 2022). Additionally, clear communication of Act 139 protections and Good Samaritan laws is vital to alleviating fears of legal liability that prevent bystanders from taking action (Pennsylvania Department of Health, 2019).

Collectively, these strategies align with the FDA's Overdose Prevention Framework,

which prioritizes harm reduction, early intervention, and evidence-based practices to save lives (U.S. Food and Drug Administration, 2024a). By integrating these recommendations into statewide public health and human services initiatives, Pennsylvania can significantly reduce preventable opioid-related fatalities. Urgent, coordinated action is necessary to ensure Narcan reaches every community and that bystanders are empowered with the knowledge and tools they need. This multifaceted approach represents not only a public health imperative but also a moral obligation to protect the lives of Pennsylvanians affected by the opioid epidemic.

Appendix B: Interview Protocol

1) What role do you believe human service organizations currently perform in the distribution or training of Narcan/Naloxone?
2) What is your understanding of the accessibility of Narcan/Naloxone in the community?
3) What are the primary challenges that prevent individuals from obtaining Narcan/Naloxone in the community, in your opinion?
4) What policies or regulations have made access to Narcan/Naloxone more difficult?
5) In what ways is your organization currently involved in the prevention of opioid overdoses?