Pennsylvania
Department of Drug and Alcohol Programs

Overdose Prevention Program Annual Report

FFY 2024–25

Contents

Executive Summary

The Overdose Prevention Program expanded its network, modernized reporting, and pushed lifesaving tools into every corner of Pennsylvania. As of December 2024, the Department of Drug and Alcohol Programs (DDAP) became the lead agency overseeing the program, which strengthened coordination and helped streamline statewide distribution efforts.

Between October 2024 and September 2025, the program distributed **over 824,000 naloxone doses** and **more than 922,000 fentanyl and xylazine test strips**[1]. Organizations reported **11,425 overdose reversals**, a clear sign that these supplies are being used consistently and effectively across communities.

Quarterly reporting reached near universal participation, even with the shift to a new reporting system and broader requirements. This consistency gave the state a sharper view of distribution trends, geographic gaps in coverage, and emerging needs.

Partners continued reaching people in both traditional and unexpected places, from clinical settings and recovery programs to libraries, churches, campuses, drop-boxes, mail-based distribution, and mobile outreach. Stories from the field highlighted naloxone use before the arrival of emergency medical services (EMS), safer choices driven by drug checking, and more open conversations about substance use.

Feedback on the program was overwhelmingly positive, with partners offering practical suggestions for continued improvement, including expanded supply options, simplified reporting, clearer shipment updates, and additional educational materials.

Overall, Federal Fiscal Year (FFY) 2024–25 shows a program that is saving lives at scale, strengthening partnerships across sectors, and becoming even more equitable and responsive under DDAP's leadership.

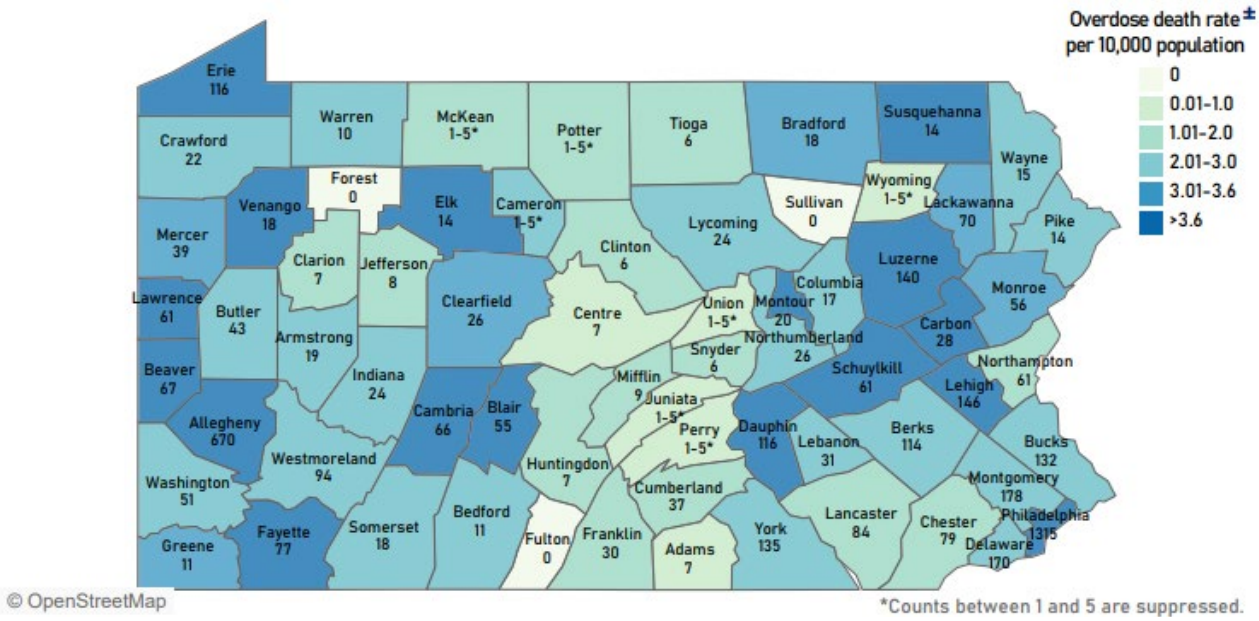
1 These figures reflect all distributions from October 2024 through September 2025, including PCCD's first-quarter shipments, which is why the totals are higher than the appendix tables.

Background

Pennsylvania continues to face a complex and evolving overdose crisis that touches every region and demographic group across the Commonwealth. Despite significant progress in prevention, and treatment, overdose remains a leading cause of injury-related death. In 2023 alone, the Pennsylvania Department of Health (DOH) reported **4,719 fatal overdoses**, with opioid-related deaths accounting for 83 percent of those deaths[2]. These numbers underscore the ongoing challenges of an unpredictable drug supply, including the rise of synthetic opioids and potent sedatives such as xylazine and medetomidine, and the urgent need for sustained, coordinated efforts to save lives.

Figure 1: Fatal Drug Overdoses in Pennsylvania, 2023[3]

In 2023, the state average Any Drug overdose death rate was 3.6 deaths per 10,000 population, substantial differences in the rate exist across Pennsylvania's 67 counties.



Note. County-level counts and rates of Any Drug overdose deaths ‡

Over the past decade, Pennsylvania's overdose response has evolved through legislation, innovation, and cross-sector collaboration. The passage of Act 139 of 2014[4] (David's Law) marked a pivotal shift by authorizing law enforcement, emergency personnel, and community members to carry and administer naloxone, while granting Good Samaritan protections for those intervening during an overdose. This legislation

2 ODSMP Drug Overdose Surveillance Interactive Data Report (https://www.pa.gov/agencies/health/healthcare-and-public-health-professionals/pdmp/data).

3 Pennsylvania Overdose Data Brief 2023 (https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/programs/pdmp/Pennsylvania%20Overdose%20Data%20Brief%202023.pdf).

4 https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?txtType=PDF&SessYr=2014&ActNum=0139.&SessInd=0

helped reframe overdose prevention as a public health responsibility rather than solely a criminal justice issue.

In 2017, Pennsylvania expanded these efforts through the launch of the Naloxone for First Responders Program (NFRP) under the Pennsylvania Commission on Crime and Delinquency (PCCD). The program dramatically increased naloxone access for first responders, distributing over 650,000 naloxone kits (1.3 million doses) and documented at least 24,000 overdose reversals between 2017 and 2022[5]. The program also developed a robust reporting infrastructure through quarterly data submissions from Centralized Coordinating Entities (CCEs), enabling Pennsylvania to track naloxone distribution and utilization across all 67 counties.

By 2022, Pennsylvania's overdose prevention strategy expanded further with the legalization of drug testing strips (Act 111 of 2022[6]), allowing communities to identify and respond to emerging drug threats. Around the same time, the rise of synthetic opioids and the introduction of xylazine, a veterinary sedative increasingly found in the illicit drug supply, underscored the urgent need for adaptive approaches to reduce harm and prevent fatalities.

In 2023, these lessons and innovations converged with the launch of the Pennsylvania Overdose Prevention Program, a comprehensive statewide initiative designed to strengthen overdose prevention efforts, modernize distribution systems, and promote equitable access to lifesaving supplies. The program's expansion introduced several key enhancements:

- Multiple formulations of naloxone,
- Drug testing strips for both fentanyl and xylazine,
- A shift from formula-based allocations to demand-based distribution, and
- Transition from Centralized Coordinating Entities (CCEs) to Recognized Entities, now referred to as Overdose Prevention Partners, allowing multiple partners to serve shared areas and expand access points.

As of December 2024, the DDAP became the lead agency overseeing the program. Operated through a hub-and-spoke model, the program connects regional partners to community organizations and individuals most at risk, ensuring that Pennsylvania's overdose prevention network remains responsive, data-driven, and grounded in equity.

5 Improving Naloxone Access in Pennsylvania: Naloxone for First Responders Program (2017-2022) (https://www.pa.gov/content/dam/copapwp-pagov/en/pccd/documents/criminaljustice/advisory_boards/documents/pccd%20report%20-%20improving%20naloxone%20access%20in%20pennsylvania%20-%20august%202023.pdf).

6 https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2022&sessInd=0&act=111

PROGRAM OVERVIEW

The Overdose Prevention Program (OPP) is a statewide initiative led by DDAP to expand access to naloxone and drug checking tools to prevent fatal overdoses and strengthen overdose response. Expanded in 2023 as the successor to the NFRP, the program modernized Pennsylvania's approach to overdose prevention by combining multiple lifesaving tools, streamlining supply distribution, and prioritizing equitable access across all 67 counties.

At its core, the program operates through a hub-and-spoke distribution model. Regional Overdose Prevention Partners (hubs) receive, store, and distribute supplies to local organizations, service providers, and individuals (spokes) within their communities. This structure ensures that overdose prevention resources reach both urban and rural areas efficiently, with targeted support for communities at highest risk of overdose.

Naloxone

Naloxone, often known by the brand name Narcan, is a medicine that can quickly reverse an opioid overdose by helping a person start breathing normal breathing. It is safe, and easy to use. Through the program, naloxone is available in multiple formulations**:**

- 4 mg intranasal naloxone
- 8 mg intranasal naloxone
- Intramuscular naloxone (0.4 mg/mL single-dose vials**)**

Naloxone remains Pennsylvania's most critical tool in preventing overdose deaths. Through partnerships with community organizations, local county drug and alcohol offices, treatment providers, first responders, and local governments, naloxone has become widely available to those most likely to witness or experience an overdose.

Fentanyl and Xylazine Test Strips

Recognizing the growing threat of an increasingly toxic and unpredictable drug supply, the program also provides fentanyl and xylazine test strips.

- Fentanyl test strips allow individuals to detect the presence of potent synthetic opioids in substances before use, reducing the risk of accidental overdose.
- Xylazine test strips allow individuals to detect the presence of xylazine, a veterinary sedative increasingly mixed with fentanyl and other drugs, that increases the risk of overdose and severe soft-tissue injury.

These tools help keep people alive long enough to make the choices that support their health and recovery, while also giving communities clearer insight into what's circulating in the local drug supply.

Methodology

This section outlines the data collection methods, analytical procedures, and validation steps used to produce the findings in this report.

DATA SOURCES

Data for this report was collected from organizations that received naloxone and/or drug testing strips through the program and submitted quarterly reports to DDAP. The data provides a comprehensive overview of statewide distribution, overdose reversals, and program implementation during FFY 2024–25, October 1, 2024 through September 30, 2025.

Table 1: Reporting Periods and Deadlines

Reporting Quarter	Reporting Deadline
Quarter 1: October 1, 2024 – December 31, 2024	January 15, 2025
Quarter 2: January 1, 2025 – March 31, 2025	April 15, 2025
Quarter 3: April 1, 2025 – June 30, 2025	July 15, 2025
Quarter 4: July 1, 2025 – September 30, 2025	October 15, 2025

DATA COLLECTION PROCESS

In 2024, the Commonwealth Office of Digital Experience (CODE PA) helped the Overdose Prevention Program to modernize how overdose prevention supplies are requested, tracked, and reported. The goal was to streamline manual processes and improve user experience for the organizations placing orders and the staff managing them.

As part of this modernization effort, CODE PA redesigned and developed a new Microsoft Forms survey, the *Overdose Prevention Program Quarterly Report*, which launched in March 2025. The standardized form captured both quantitative and qualitative data, including:

- Product distribution totals for naloxone and drug checking strips,
- Reported overdose reversals,
- Recipient entity types and distribution settings,
- County-level dissemination,
- Distribution methods, and
- Optional narrative feedback on program successes, community impact, and opportunities for improvement.

At the end of each reporting quarter, DDAP distributed the Microsoft Forms survey link, along with detailed submission instructions, by email to eligible organizations. Several reminder notices were sent during the reporting window to encourage participation and ensure timely submissions. All participating organizations, including those that did not distribute supplies during the quarter, were asked to complete the survey to ensure comprehensive statewide reporting.

DATA ANALYSIS AND VALIDATION

Following each quarterly reporting cycle, all submitted data were downloaded from Microsoft Forms and imported into Microsoft Excel by DDAP staff for review and analysis. Responses were cleaned, standardized, and aggregated at both the state and county levels to identify trends, highlight distribution gaps, and support planning.

DDAP staff conducted multi-step quality checks to ensure data consistency and accuracy. These included removing duplicate entries, clarifying ambiguous responses through direct follow-up when feasible, and aligning reported totals with DDAP's internal master tracking spreadsheet. Discrepancies between reported and verified distribution totals were resolved through administrative record review, ensuring that statewide figures accurately reflect the number of supplies distributed.

Quantitative data, such as naloxone and test strip distribution totals, reported overdose reversals, and county-level dissemination, were analyzed using Microsoft Excel to generate descriptive statistics, charts, and visual summaries. DDAP collaborated with the DOH's Office of Drug Surveillance and Misuse Prevention (ODSMP) to develop Tableau-based maps illustrating geographic reach and distribution patterns.

Qualitative narrative responses from open-ended survey questions were reviewed and coded thematically to identify recurring patterns related to program successes, barriers, and community impact. While narrative detail varied across responses, common themes emerged consistently throughout reporting periods.

Data Integration and Use

Quarterly datasets were consolidated into a comprehensive annual master file that served as the foundation for this report's analysis and visualization. These data also fulfilled federal State Opioid Response (SOR) grant reporting requirements and supported Goal 1: Health Equity of DDAP's State Plan.

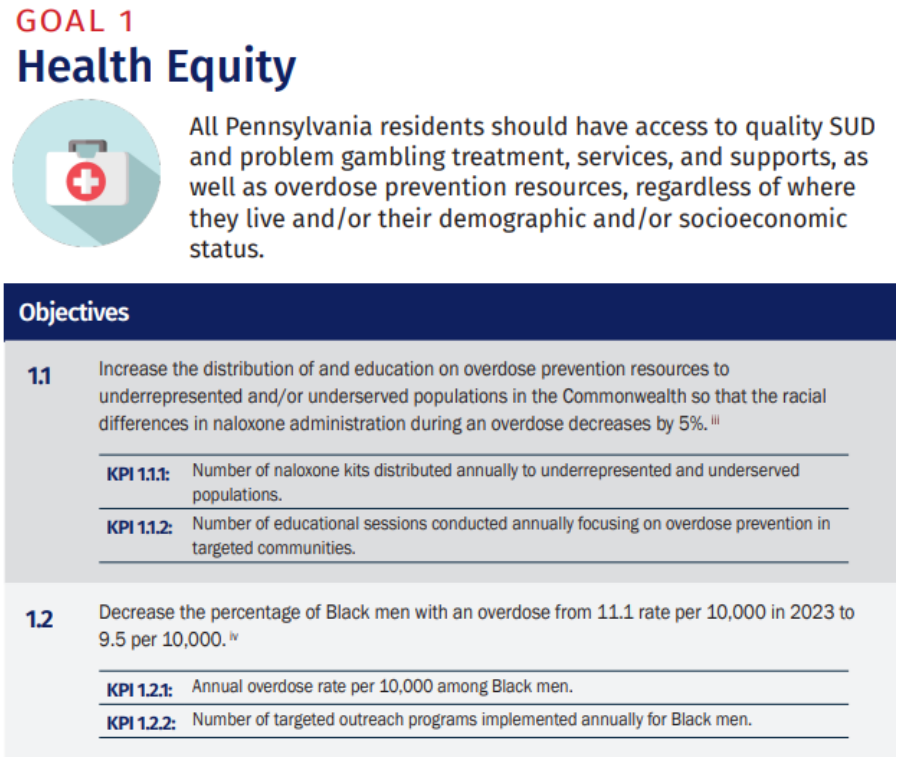
To enhance transparency and data utilization, DDAP developed a standardized quarterly report template to be implemented in FFY 2025–26. This template will accompany each quarterly data release, providing partners with key visualizations, performance summaries, and comparative insights across time. The goal is to promote shared accountability and data-informed decision making among partners statewide.

Alignment with Federal and State Objectives

Several survey items fulfill the federal SOR grant reporting requirements from the Substance Abuse and Mental Health Services Administration (SAMHSA). Specifically, the survey addresses Questions 1–6 of the SOR Program Instrument, capturing indicators such as:

- Naloxone and overdose reversal medication purchased and distributed,
- Distribution by organization type,
- Number of overdose reversals reported, and
- Quantities of drug checking technologies (fentanyl and xylazine test strips) purchased and distributed.

In addition, this data supports key strategies under **Goal 1: Health Equity of DDAP's State Plan,**[7] including:



GOAL 1

Health Equity

All Pennsylvania residents should have access to quality SUD and problem gambling treatment, services, and supports, as well as overdose prevention resources, regardless of where they live and/or their demographic and/or socioeconomic status.

Objectives		
1.1	Increase the distribution of and education on overdose prevention resources to underrepresented and/or underserved populations in the Commonwealth so that the racial differences in naloxone administration during an overdose decreases by 5%. [iii]	
	KPI 1.1.1:	Number of naloxone kits distributed annually to underrepresented and underserved populations.
	KPI 1.1.2:	Number of educational sessions conducted annually focusing on overdose prevention in targeted communities.
1.2	Decrease the percentage of Black men with an overdose from 11.1 rate per 10,000 in 2023 to 9.5 per 10,000. [iv]	
	KPI 1.2.1:	Annual overdose rate per 10,000 among Black men.
	KPI 1.2.2:	Number of targeted outreach programs implemented annually for Black men.

- Expand the OPP distribution of overdose reversal medications and drug checking strips statewide, especially to underrepresented and/or underserved populations.
- Provide targeted outreach and education on overdose reversal medications to faith-based organizations that have underrepresented and/or underserved populations as members.

7 Pennsylvania Department of Drug and Alcohol Programs State Plan (https://www.pa.gov/content/dam/copapwp-pagov/en/ddap/documents/documents/agency-reports/state-plan-and-annual-reports/ddap-state-plan-sept-2025.pdf).

DATA LIMITATIONS

While the data provides valuable insight into Pennsylvania's overdose prevention activities, several limitations should be considered when interpreting the findings:

- **Self-Reported Data:** All information was self-reported by participating organizations and may contain reporting errors, inconsistencies, or recall bias.
- **Incomplete Participation:** Some organizations submitted partial data or did not respond during certain reporting periods, which may affect dataset completeness.
- **Variation in Tracking Practices:** Differences in how organizations record naloxone distribution, overdose reversals, or test strip use may lead to inconsistencies.
- **Underreporting of Overdose Reversals:** Reported reversals likely underestimate actual events, as not all are documented or reported to the distributing organization.
- **Microsoft Form Wording Error:** During the **Q2 2025** reporting period, a temporary technical issue caused the form to display questions about naloxone and test strips as "received" instead of "distributed." The issue was corrected on **April 16, 2025**, after the reporting deadline. As a result, responses to these questions (items #7, #8, #14, and #15) may reflect supplies received rather than distributed, potentially overstating availability or obscuring local reach.
- **Qualitative Feedback Variability:** Narrative responses differed in length and detail, limiting the ability to draw consistent conclusions about community-level impact.
- **No Verification of End Use:** DDAP tracks shipments and deliveries but does not monitor supply use at the individual level, limiting insights into ultimate outcomes.
- **Limits of Internal Tracking:** DDAP's master tracking spreadsheet verifies shipments and deliveries but does not guarantee that all supplies were distributed or used.

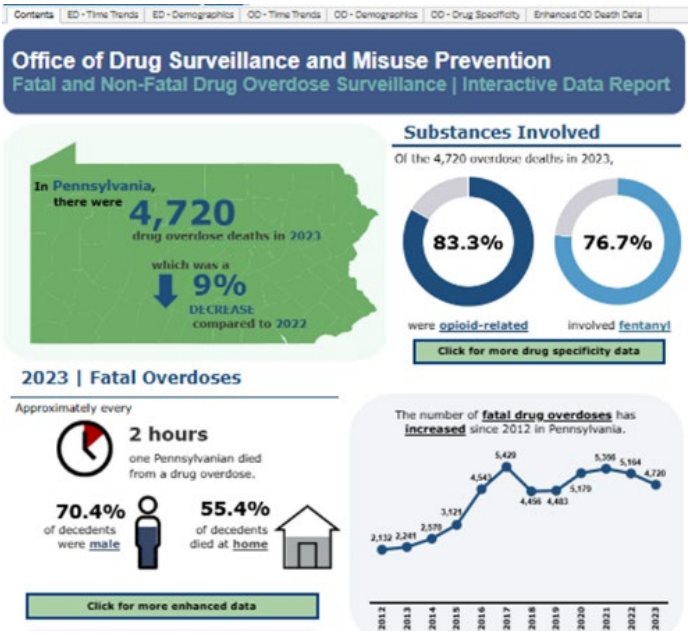
Despite these limitations, combining self-reported survey data with verified administrative shipment records enhances data reliability and completeness. The resulting dataset provides a strong foundation for program monitoring, evaluation, and statewide planning, reinforcing Pennsylvania's commitment to transparency and evidence-based overdose prevention and response.

Additional Considerations: Fatal and Nonfatal Overdose Surveillance

DOH tracks fatal overdoses through death certificate data and monitors nonfatal overdoses using syndromic surveillance from emergency departments. It's important to note that these data sources serve different purposes. Syndromic data are based on real-time symptoms and chief complaints, not full case investigations, so they cannot confirm whether an overdose actually occurred.

Syndromic surveillance relies mostly on what a person reports when they arrive for care. Diagnosis codes are sometimes included, but they aren't required and are not always consistent. Because chief complaints can be vague, this system may miss some drug-specific nonfatal overdoses. Nonfatal overdose cases also often lack full toxicology testing, which makes it harder to understand exactly which substances were involved.

For more detail on the DOH's methodology, see the Overdose Data Technical Notes[8]. Additional data on drug overdoses can be found on the Drug Overdose Surveillance Interactive Data Report.



While these limitations make overdose surveillance challenging, they do not undermine the overall findings. The results in the following section offer a clear, data-driven picture of the OPP's work during FFY 2024–25 and show how the program continues to reach communities and save lives.

8 ODSMP's Overdose Data Technical Notes (https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/opioids/OverdoseDataTechnicalNotes.pdf).

Results and Findings

The results presented in this section summarize key outcomes from the FFY 2024–25 reporting period of the program. Data reflects naloxone and drug checking strip distribution, reported overdose reversals, and qualitative feedback submitted by participating organizations statewide.

Findings illustrate both the scale of Pennsylvania's overdose prevention efforts and emerging trends in access, utilization, and community engagement. Together, these results provide critical insight into the reach and effectiveness of the program, guiding ongoing improvements to ensure that lifesaving resources are distributed equitably and efficiently across the Commonwealth.

QUARTERLY REPORT RESPONSE RATES

Quarter 1: October 1, 2024 – December 31, 2024

During Q1, DDAP distributed the Microsoft Forms survey link to the **91 Overdose Prevention Partners**. Of these, **88 organizations** submitted completed reports, achieving a **96.7 percent response rate**.

In total, **232 survey responses** were received, including submissions from both partners and additional distribution sites that received supplies through the program.

Notably, this was the first quarterly reporting cycle requesting all organizations that received naloxone and/or drug checking supplies, regardless of partner status, to submit quarterly distribution data. As this was the inaugural cycle under the new reporting model, DDAP fielded a number of inquiries from organizations seeking clarification on reporting expectations, supply tracking, and survey completion. Despite these early challenges, overall participation was strong, providing a robust foundation for program monitoring, federal grant compliance, and future quality improvement efforts.

Quarter 2: January 1, 2025 – March 31, 2025

During Q2, DDAP distributed the updated Microsoft Forms survey link to **90 Overdose Prevention Partners**. Of these, **89 organizations** submitted completed reports, resulting in a **98.9 percent response rate**.

In total, **over 300 survey responses** were received. Following data cleaning and validation, **302 responses** were utilized for this report. These submissions reflect ongoing participation from both primary partners and other distribution sites supported through the program.

Q2 maintained the expanded reporting requirement that all organizations receiving naloxone and/or drug checking supplies submit quarterly data. DDAP provided updated

guidance, supplemental instructions, and technical assistance throughout the reporting window to support compliance and ensure data accuracy.

Quarter 3: April 1, 2025 – June 30, 2025

During Q3, DDAP distributed the Microsoft Forms survey link to the **95 Overdose Prevention Partners.** All **95 organizations** submitted completed reports, achieving a **100.0 percent response rate**.

A total of **334 survey responses** were received and included in this analysis following data cleaning and validation. As in prior quarters, participation reflected both partners and community distribution sites that received overdose prevention supplies through the program. DDAP maintained proactive communication with participating organizations throughout the quarter, continuing to provide technical assistance and updated reporting instructions to support accurate and timely submissions.

Quarter 4: July 1, 2025 – September 30, 2025

During Q4, DDAP distributed the Microsoft Forms survey link to the **97 Overdose Prevention Partners.** Of these, **95 organizations** submitted completed reports, achieving a **97.9 percent response rate**.

In total, **364 survey responses** were received and included in this analysis. Duplicate responses were removed, and data cleaning and validation were completed prior to analysis. As in previous quarters, participation reflected both partners and community distribution sites that received overdose prevention supplies through the program. DDAP continued to provide responsive support to ensure consistent reporting and maintain data quality across all submissions.

Table 2: Quarterly Report Response Rates

Quarter	Reporting Period	Overdose Prevention Partners Surveyed	Partner Reports Submitted	Response Rate	Total Responses Received (Post-Cleaning)
Q1	Oct 1, 2024 – Dec 31, 2024	91	88	**96.7%**	232
Q2	Jan 1, 2025 – Mar 31, 2025	90	89	**98.9%**	302
Q3	Apr 1, 2025 – Jun 30, 2025	95	95	**100.0%**	334
Q4	Jul 1, 2025 – Sep 30, 2025	97	95	**97.9%**	364

NALOXONE DISTRIBUTION

Naloxone remains the cornerstone of Pennsylvania's overdose prevention strategy and the most widely distributed product through the program. Available in multiple formulations, including 4 mg intranasal NARCAN®, 8 mg intranasal KLOXXADO®, and 0.4 mg/mL intramuscular single-dose vials, naloxone offers flexible options to meet the needs of different communities and distribution settings.

824,852 naloxone doses

FFY 2024-25

Quarterly reporting data from FFY 2024–25 demonstrate continued growth in statewide access, reflecting strong engagement among community partners, local drug and alcohol offices, and other organizations. The data presented in this section summarizes naloxone distribution by product type, entity type, and reported overdose reversals. Across all quarters, trends remained consistent: 4 mg intranasal naloxone accounted for most distributed doses at 96.0 percent.

Figure 2: Naloxone Distribution by Formulation, October 2024 – September 2025

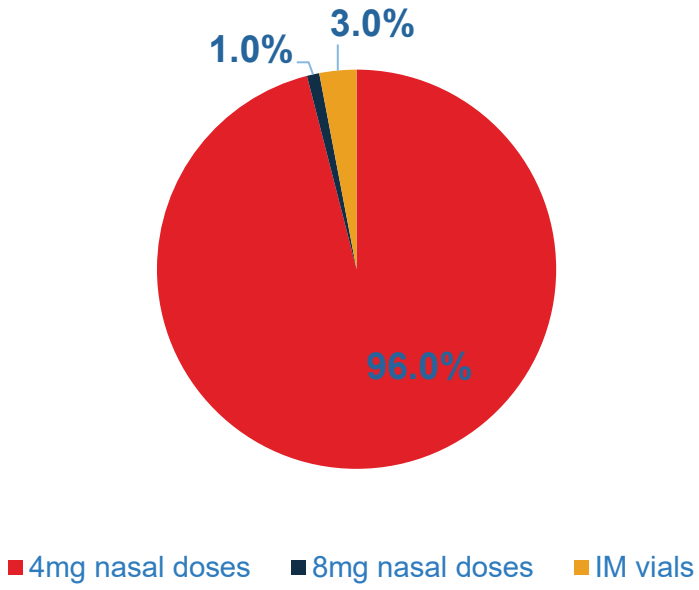
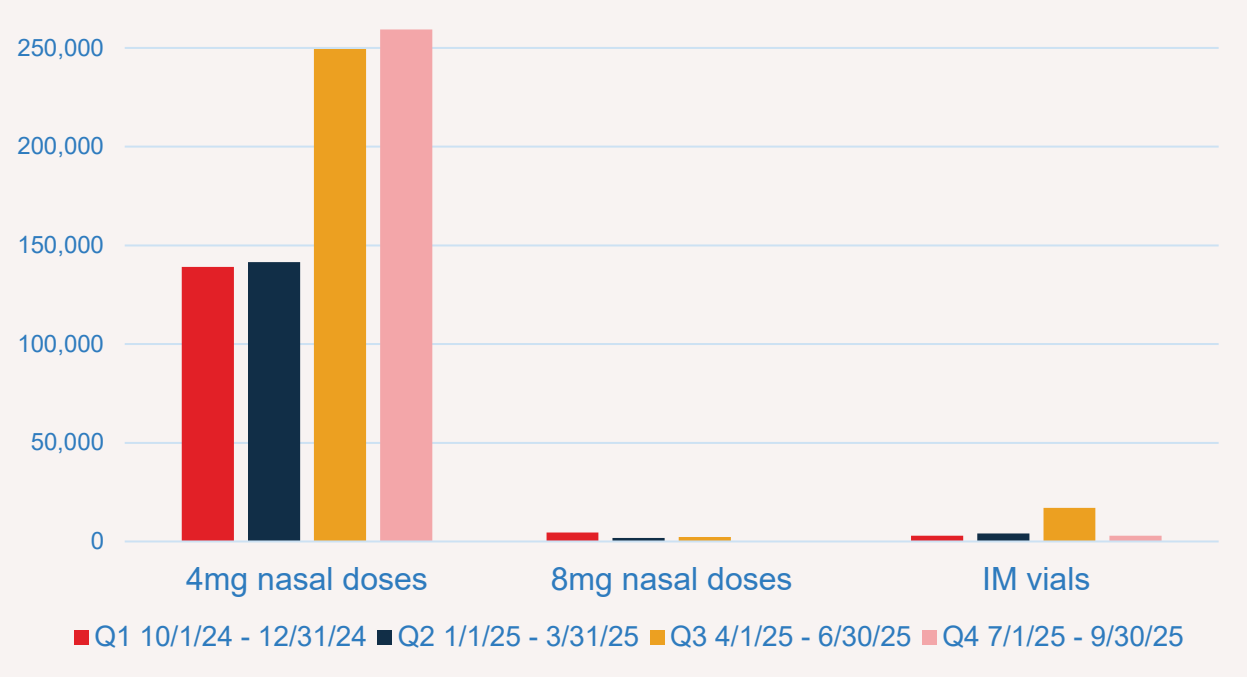


Figure 3: Naloxone Distribution by Formulation by Quarter, October 2024 – September 2025



Overdose Reversals Reported

Overdose reversal data provides a critical measure of the program's direct, life-saving impact across Pennsylvania. Participating organizations report overdose reversals to DDAP each quarter, offering insight into how naloxone is being used in real-world settings and the reach of overdose prevention efforts across diverse communities. While the data is self-reported and likely underestimates the true number of lives saved, they remain a vital indicator of program effectiveness and community engagement.

Each quarter, organizations were asked to report overdose reversals through the question:

"Of the PA Overdose Prevention Program naloxone kits distributed, how many were used to reverse an overdose? Enter the number of overdoses reversed, if this information is available."

This item provided the primary data source for tracking naloxone utilization and overdose reversals across reporting periods. Reporting compliance improved steadily throughout the year, reflecting greater familiarity with reporting expectations, strengthened technical assistance from DDAP, and the continued commitment of community partners to capturing and sharing impact data that inform statewide planning and resource allocation.

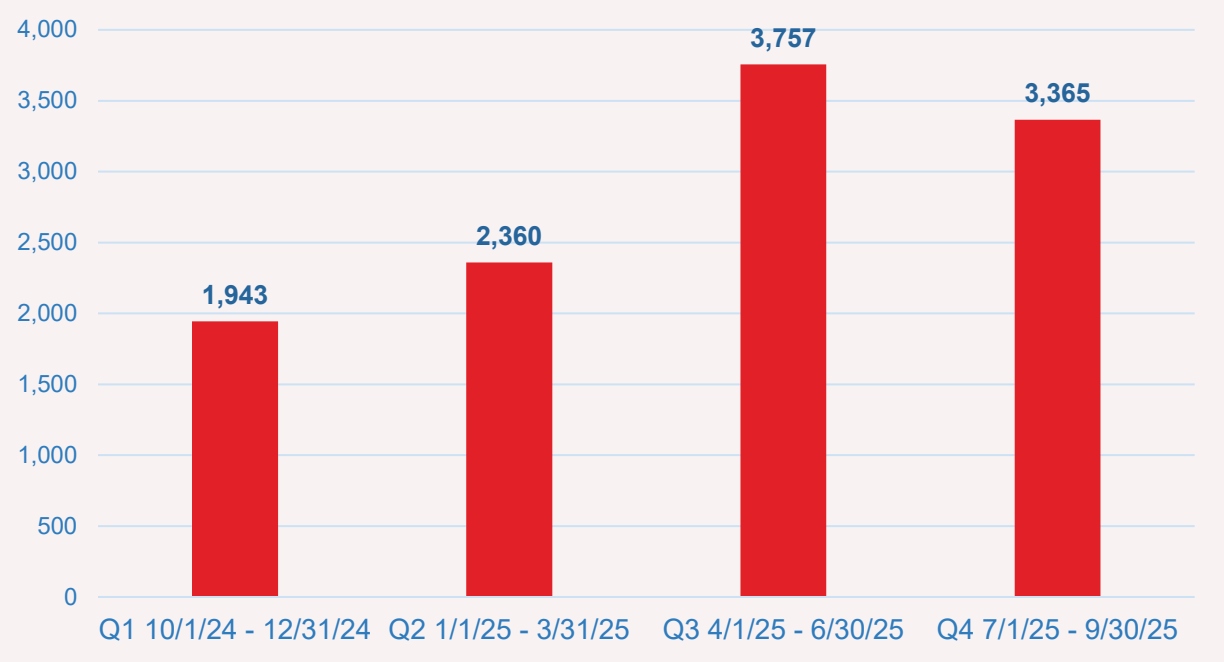
11,425 overdose reversals

FFY 2024-25

The following figure illustrates quarterly trends in overdose reversals reported by participating organizations between October 1, 2024, and September 30, 2025, highlighting continued improvement in reporting and the measurable impact of Pennsylvania's naloxone distribution efforts.

The trend reflects consistent engagement and reinforces the growing reach of naloxone across both urban and rural communities.

Figure 4: Overdose Reversals Reported, October 2024 – September 2025



Distribution of Naloxone by Entity Type

During each quarterly reporting period, organizations participating in the program reported distributing naloxone to a wide variety of entity types, reinforcing the program's broad community reach and flexibility in meeting local needs. Naloxone distribution by organization type was captured through the following survey item:

"Which entities did your organization distribute naloxone to since the last reporting period? Select all that apply."

This question allowed participants to identify all groups receiving naloxone through their organization, offering valuable insight into how supplies flow through different sectors and communities across the Commonwealth. The data presented below summarizes

naloxone distribution by entity type across the four reporting quarters, highlighting patterns of access and engagement across key community settings.

Among defined categorized groups, the five highest reported distributions across the four reporting quarters of FFY 2024–25, were to:

- Community-based organizations that are not harm reduction organizations, such as veteran organizations and libraries (n = 398)
- Other, please specify (n = 318)
- Treatment providers, such as SUD outpatient, Opioid Treatment Programs, and residential treatment facilities (n = 292)
- First responders, such as police departments, fire departments, and EMS (n = 288)
- Educational institutions, such as schools, colleges, and universities (n = 284)

The second most frequently selected category was **"Other."** Community members were one of the most frequently cited under "Other" followed by patients, clients, and individuals. The word cloud below was generated from the other responses.

Figure 5: Word Cloud of Frequently Cited Terms Reported Under "Other"

Notably, local and county health departments were the least frequently reported distribution partners (n = 63), suggesting centralized public health infrastructure may not be the primary distribution point in many communities.

FENTANYL AND XYLAZINE TEST STRIP DISTRIBUTION

Fentanyl and xylazine test strips have become essential components of Pennsylvania's overdose prevention strategy, offering individuals and organizations practical tools to identify the presence of high-risk substances in the drug supply. Distributed through the program alongside naloxone, these test strips empower people to make safer decisions, reduce overdose risk, and respond to the evolving dynamics of the unregulated drug market.

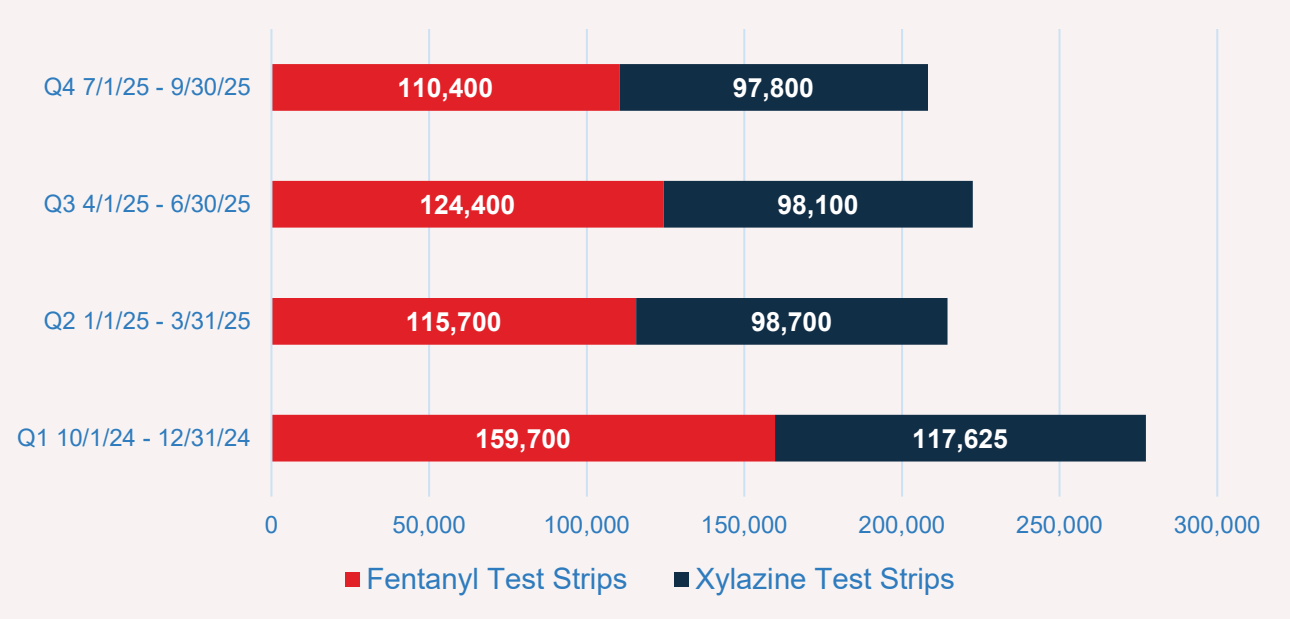
During FFY 2024–25, the demand for test strips continued to rise. The data presented in this section summarizes the distribution of fentanyl and xylazine test strips by quarter and entity type. Together, these findings highlight Pennsylvania's growing investment in drug checking tools as a core element of overdose prevention and demonstrate how local partners are integrating these resources into broader education and outreach efforts.

922,425 test strips

FFY 2024-25

The figure below illustrates the distribution of fentanyl and xylazine test strips by type and quarter during FFY 2024–25. Across the four reporting quarters, a total of 922,425 test strips were distributed statewide, with fentanyl test strips accounting for 55 percent of total distribution and xylazine test strips representing 45 percent.

Figure 6: Test Strips Distributed by Type and Quarter, October 2024 – September 2025



Test strip totals include both BTNX and DanceSafe brand test strips. Across the four reporting quarters of FFY 2024–25, **approximately 78 percent of orders selected "No preference" for brand.** When no preference was indicated, the most cost-effective brand available was used to fulfill the order**.**

Distribution of Testing Strips by Entity Type

During each quarterly reporting period, organizations participating in the program distributed fentanyl and xylazine test strips to a wide range of community entities.

Test strip distribution by organization type was captured through the following survey item:

"Which entities did your organization distribute test strips to since the last reporting period? Select all that apply."

This question allowed respondents to identify all groups receiving test strips through their organization, helping DDAP assess the reach of these tools and identify potential gaps in distribution among key sectors.

The data below summarizes distribution patterns by organization type across reporting quarters and highlights opportunities to expand engagement in underrepresented areas.

Among defined categorized groups, the five highest reported distributions across the four reporting quarters of FFY 2024–25, were to:

- Community-based organizations that are not harm reduction organizations, such as veteran organizations and libraries (n = 209)
- Other, please specify (n = 199)
- Treatment providers, such as SUD outpatient, Opioid Treatment Programs, and residential treatment facilities (n = 174)
- Recovery organizations, such as recovery community organizations, recovery housing, and sober living homes (n = 165)
- Health care providers or organizations, such as community health centers or federally qualified health centers, hospitals/emergency departments, pharmacies (n = 128)

Notably, local and county health departments were among the least frequently represented distribution partners for test strips (n = 40), followed by first responders (n = 69).

The second most frequently selected category was **"Other."** Community was one of the most frequently cited under "Other" followed by patients and individuals. The word cloud below was generated from the other responses.

Figure 7: Word Cloud of Frequently Cited Terms Reported Under “Other”

DISTRIBUTION METHODS

Organizations participating in the program used a variety of methods to distribute naloxone and drug checking supplies, reflecting Pennsylvania’s adaptable, community-oriented approach. These diverse methods ensure that lifesaving resources are accessible in both traditional and nontraditional settings, meeting people where they are.

Distribution methods were captured through the following survey item:

“How did your organization distribute PA Overdose Prevention Program supplies? Select all that apply.”

Response options included:

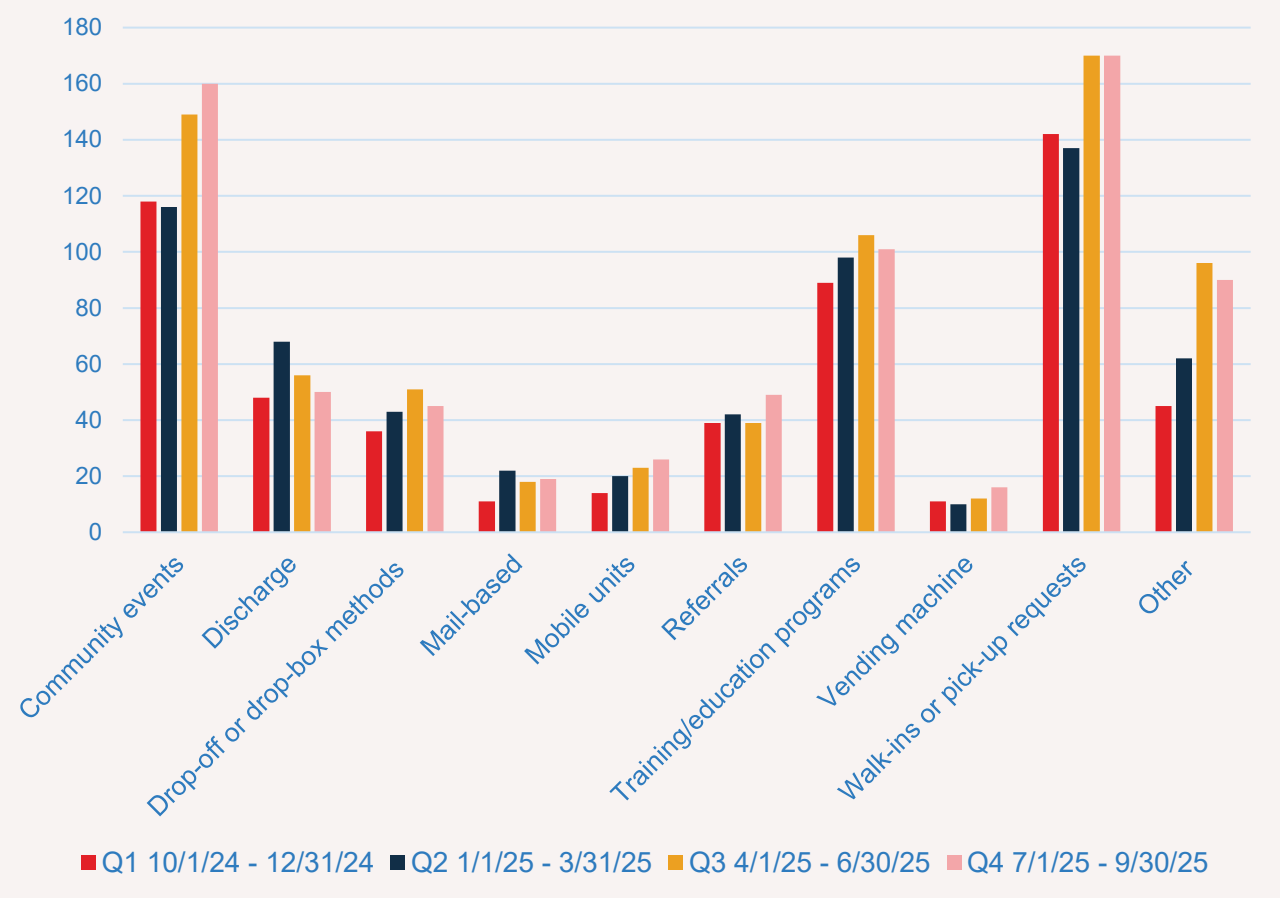
- Community events
- Training and education programs
- Discharge (leaving emergency rooms, treatment facilities, etc.)
- Referrals
- Walk-ins or pick-up requests
- Mail-based distribution
- Drop-off or drop-box methods (e.g., kiosks, NaloxBox, newspaper stand-style boxes)
- Vending machines

- Mobile units
- Other (please specify)

These response options reflect the program's commitment to expanding accessibility and normalizing the use of drug checking tools across different environments, from hospitals and treatment settings to libraries, public health offices, and community outreach events.

The figure below summarizes reported distribution methods during FFY 2024–25, highlighting the diversity of access points and the continued expansion of nontraditional delivery models such as mail-based distribution, mobile units, and community drop-boxes.

Figure 8: Supply Distribution Methods by Quarter, October 2024 – September 2025

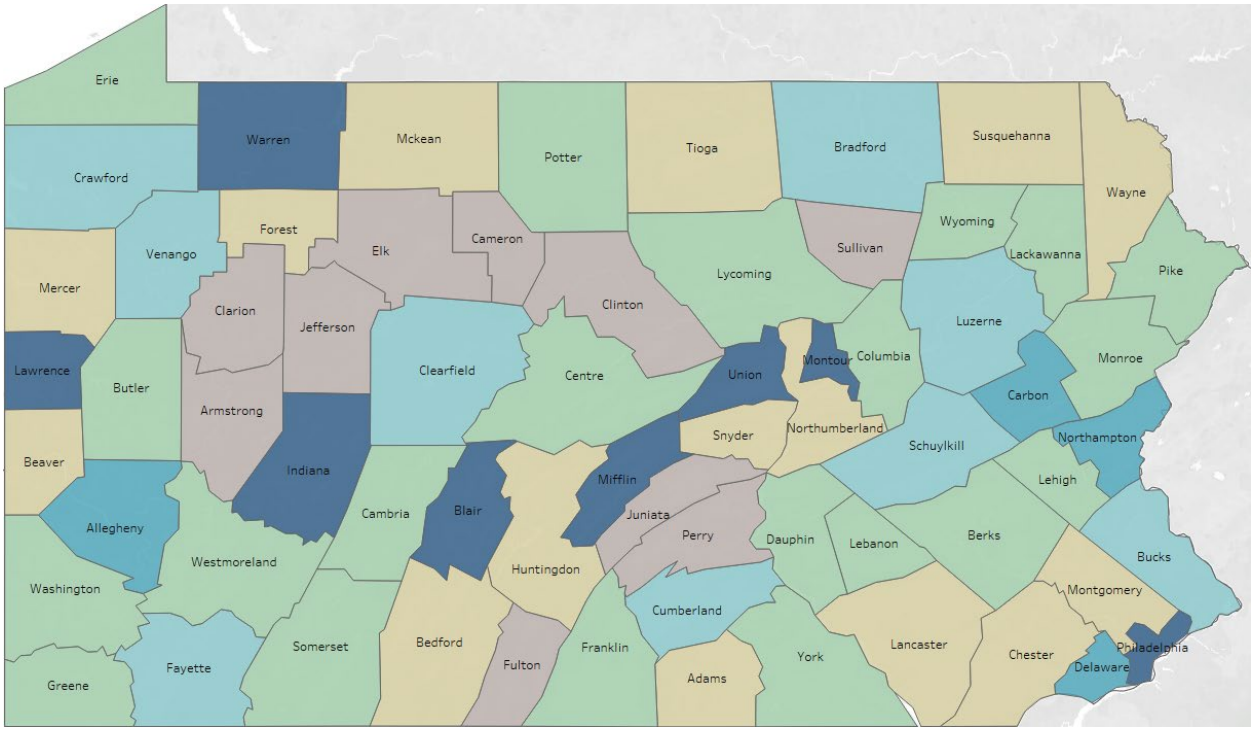


COUNTY-LEVEL DISTRIBUTION DATA

Between January and June 2025, naloxone dissemination through the program reached every county in Pennsylvania. Counties such as Blair, Lawrence, and Warren reported the greatest per-capita access. Lower-distribution counties, often in more rural or under-resourced areas, may reflect limited infrastructure or fewer registered distribution partners rather than lower need. Ongoing efforts to expand partner networks and streamline supply chains aim to close these gaps and ensure equitable access statewide.

Note: Counties that appear with a rate of 0 (*Cameron, Elk, McKean; Clearfield–Jefferson; Armstrong–Indiana–Clarion; Franklin–Fulton; Cumberland–Perry; Juniata–Mifflin–Huntingdon; and Bradford–Sullivan*) were served by Single County Authorities (SCAs) that cover multiple counties. In these cases, the shipping address for supplies is located in one county, but distribution extends across the full SCA service area.

Figure 9: Rates of Naloxone Doses Disseminated by DDAP per 10,000 Population by County, January 2025 – June 2025

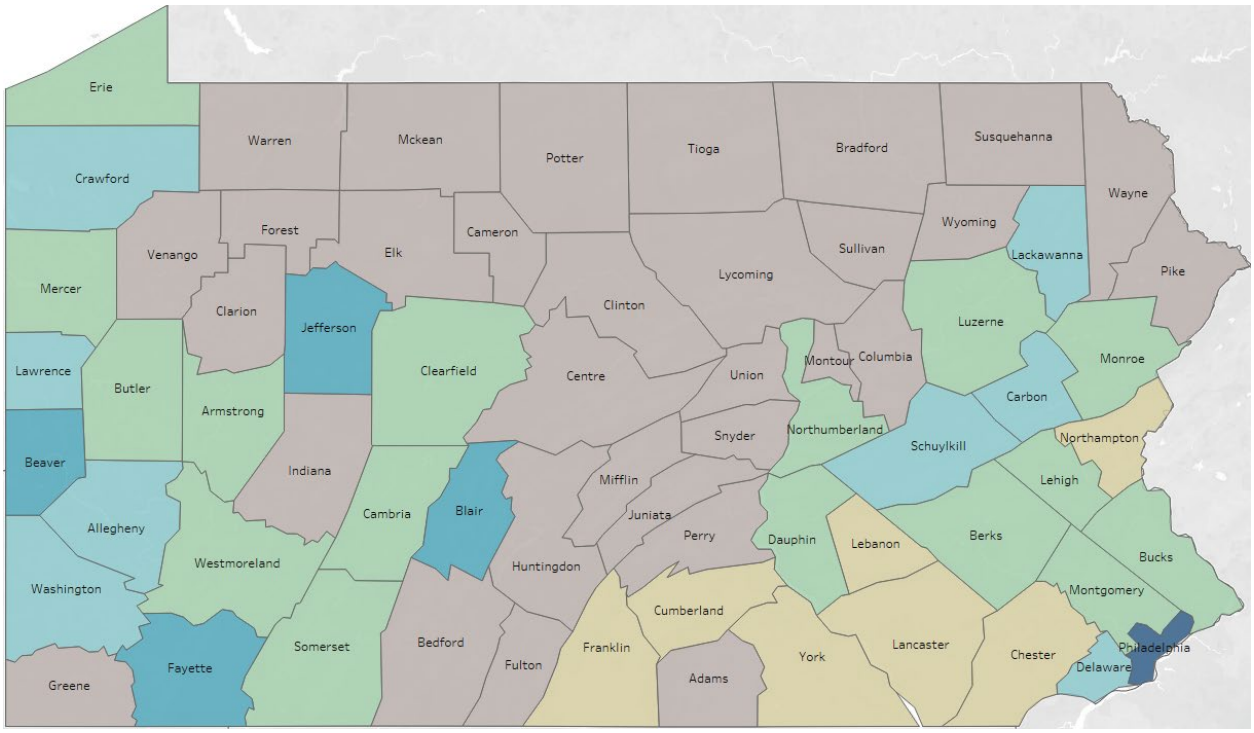


Includes all formulations of naloxone (4mg, 8mg, and intramuscular) reported by individual doses. Dissemination is based on the organization/requestor's shipping ZIP code. Counties in darker shades of blue have higher rates of naloxone distributed through the program.

DDAP and DOH identified several counties where overdose mortality rates remain high relative to naloxone dissemination. Counties appearing in darker shades of blue on the *Overdose Death Rate* map but in lighter shades of blue or yellow on the *Naloxone Doses Disseminated* map may benefit from increased naloxone distribution and outreach.

Counties in darker shades of blue have higher rates of Any Drug overdose deaths than those in lighter shades. Please note 2025 overdose death data is still very preliminary and may change.

Figure 10: Rates of Any Drug† Overdose Deaths per 10,000 Population by County, January 2025 – June 2025‡



† Any Drug overdoses include overdoses from illicit, prescription or over-the-counter drugs, excluding alcohol-only related overdoses.

‡ 2025 death data is based on death record data as of October 2025. Please note that death records for overdose deaths are often delayed by 3-6 months and counts may change. Counts do not include suicides or homicides where someone intended to harm another person by poisoning.

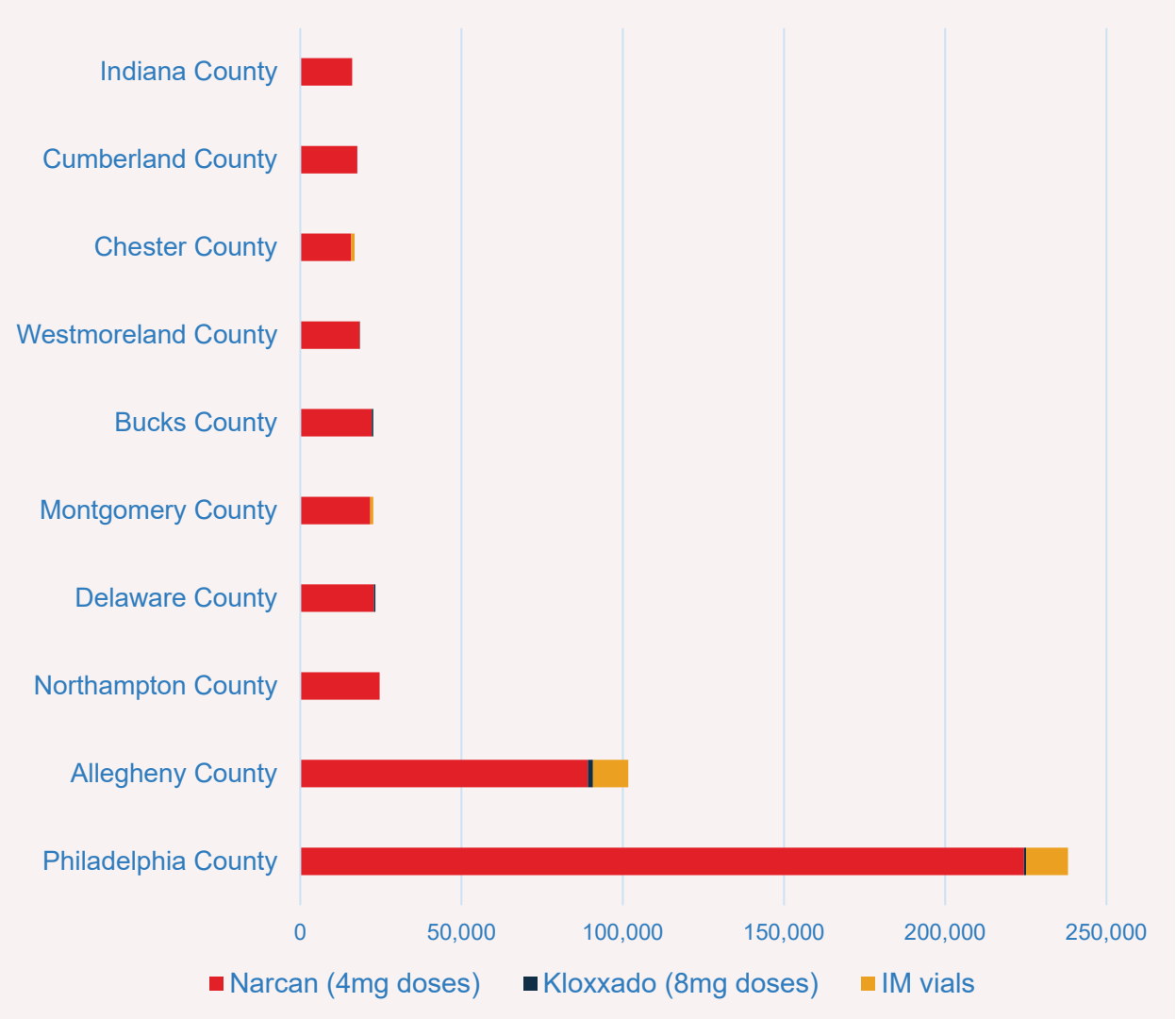
*Counts between 1 and 5, as well as corresponding rates, are suppressed.

Based on the January 2025 – June 2025 data, Beaver, Fayette, and Jefferson counties could benefit from targeted efforts to strengthen local engagement, expand partner coverage, and enhance naloxone accessibility. Similar patterns were observed between

October 2023 and September 2024 in Lawrence, Beaver, Fayette, and Elk counties, further emphaszining the need for ongoing outreach and distribution support in these areas.

Figure 11 below highlights the 10 counties with the highest volume of naloxone distributed through DDAP between December 2024 and September 2025.

Figure 11: Top 10 Counties for Naloxone Distribution by Formulation, December 2024 – September 2025



Note: Does not include PCCD purchase/distribution data from Quarter 1 (October 2024 –December 2024).

NARRATIVE FEEDBACK AND SUCCESS STORIES

Beyond quantitative metrics, narrative feedback submitted by participating organizations provides valuable context on the program's real-world impact. These stories highlight how naloxone and drug checking tools are saving lives, fostering community partnerships, and reducing stigma surrounding substance use and overdose prevention.

Each quarter, organizations were invited to share qualitative feedback through an open-ended survey prompt, offering insight into program successes, implementation challenges, and opportunities for improvement. Collectively, these narratives capture the lived experiences behind the data, showing how statewide investment in overdose prevention translates into local action, empowerment, and recovery.

Success Stories

While quantitative data captures the scale of the program's impact, the stories shared by participating organizations reveal its human side, the lives changed, the connections built, and the moments when support turns into hope.

During Quarters 2–4, organizations were asked:

"Do you have success stories about individuals changing how they used substances based on having access to naloxone or testing strips?"

Responses were reviewed, low-information entries like "N/A" were excluded, and the remaining responses were coded for themes.

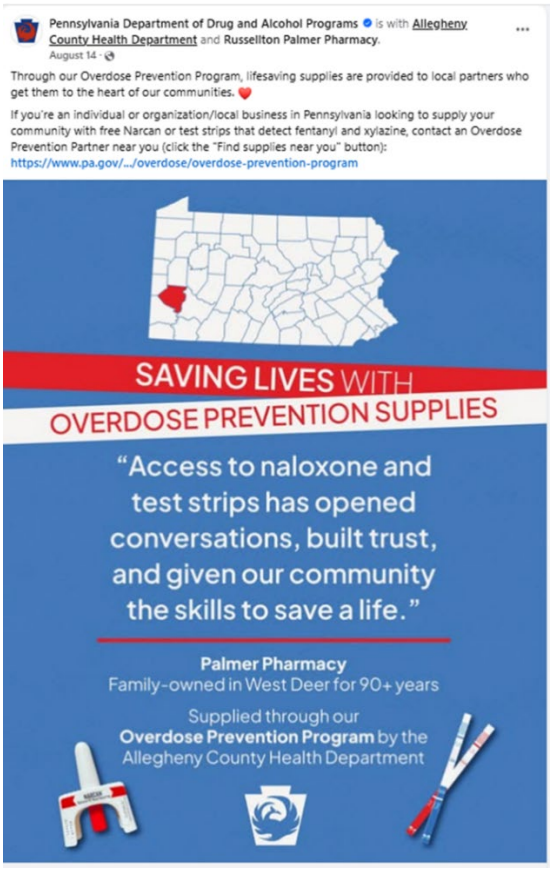
Table 3: What We Heard: Themes Identified from Success Stories

Theme	Description	Direct Quotes from Respondents
Lives saved before EMS arrival	Community members, peers, and family successfully used naloxone in homes, parking lots, campuses, and other settings before first responders arrived.	"Two boxes used in our parking lot, the person revived." "An elderly lady who had a recent high-dose prescription had forgotten she took her prescribed dose again and overdosed. Her husband gave her Narcan and saved her life." "We have been called to overdoses for community members that had narcan within their home, and their friends were able to use the narcan before first responders arrived on scene."
Behavior changes after drug checking	Positive test results for fentanyl or xylazine prompted safer decisions such as using less, changing routes, or not using at all.	"The pill tested positive, so they threw it out." "Students tested cocaine, saw xylazine, and chose not to use." "Patients report change in how they use when substance testing positive for fentanyl."

		“People testing their cocaine and methamphetamine for fentanyl and altering their behavior that way.”
Preparedness and confidence	Training and access to free supplies increased confidence in responding to overdoses and encouraged safer behaviors.	“I feel more confident helping someone because I carry a kit now.” “Businesses added Narcan to first aid kits and asked for refills.” “Patients are feeling more comfortable asking for Narcan when they use what they have been given or give it away.”
Stigma down, conversations up	Access to test strips and naloxone helped normalize safety practices and open honest conversations about drug use.	“Drug checking showed we care, so people talked honestly about use.” “These tools make it easier to start real conversations about safety.” “Being able to offer drug checking supplies has opened more authentic conversations around substance use.” “The narcan is definitely making a difference in our community and giving people a chance at recovery.”
Access in nontraditional settings	Distribution expanded to libraries, churches, farmers markets, festivals, campus restrooms, and vending or drop-box sites.	“Anonymous pickup locations on campus are heavily used.” “Our church pantry now keeps Narcan and test strips next to food supplies.” “We have ordered kiosks to distribute Narcan kits at our 3 community hospitals.” “Narcan continue to be distributed through the dispensers at 3 of our library branches.”
High-risk transitions	Kits distributed during discharge from jails, treatment centers, and emergency departments were frequently used soon after.	“Every kit to a person leaving jail feels like a win.” “Someone used their kit within hours of discharge and lived.” “We are a mobile unit treating serious mental illness for patients leaving the jail and we see a ton of dual diagnosis. Having the tools available without needing to make another referral (unless clinically necessary) is really helpful to the patients we work with.”
Peer influence and shared impact	Individuals who received supplies often shared them with peers and family, extending the	“Participants grab extras to share with friends at shows.” “One person took a kit, then came back asking for more to give to her neighbors.”

	program's reach across communities.	"We had a patient use the Narcan on his dog who got into his fentanyl patches. He was able to then get the dog to an emergency very which saved his life."

To complement reporting and data analysis, DDAP began highlighting community impact stories through social media during FFY 2024–25. These posts amplify the work of partners and demonstrate how access to naloxone and drug checking supplies translates into real-world outcomes.



Posts often feature quotes or testimonials submitted through the quarterly reporting survey, paired with visuals that localize the story by county. This approach celebrates local partners, builds public awareness, and reduces stigma by showing overdose prevention in action.

For example, a post shared in August 2025 featured **Palmer Pharmacy** and the **Allegheny County Health Department**, underscoring how access to naloxone and test strips "opened conversations, built trust, and given our community the skills to save a life." By pairing data-driven outcomes with personal narratives, DDAP reinforces the human impact of the program while strengthening partnerships across the Commonwealth.

Organizational Impact of the Program

Survey question:

"How has the PA Overdose Prevention Program contributed to the success of your organization and supported overdose prevention efforts in your community?"

The program has significantly strengthened Pennsylvania's overdose prevention efforts, enabling organizations of all sizes to expand their reach and responsiveness. Participating organizations, from healthcare systems and recovery centers to schools, grassroots coalitions, and first responders, reported that unrestricted access to naloxone and drug checking supplies has allowed them to meet community needs without financial or logistical barriers.

Beyond distribution, many organizations emphasized that the program fostered stronger local partnerships, improved overdose preparedness, and helped normalize the use of lifesaving tools within public health practice. These impacts were particularly evident among smaller organizations and those serving rural or high-risk populations.

Table 4: Organizational Impact of the Program

Theme	Description	Direct Quotes from Respondents
Expanded access to lifesaving supplies	Organizations emphasized that free naloxone and test strips have removed cost barriers and increased their ability to reach those most in need.	"Having access to free Narcan has allowed us to give it to anyone who asks." "We can now supply our entire community, not just clients." "Without this program, many of our participants wouldn't have access to these tools." "Being able to get the narcan and test strip supplies would be a huge financial cost for our agency if we had to buy them ourselves."
Improved community safety and overdose response	Respondents shared that naloxone distribution has led to lives saved and reduced overdose deaths in their areas.	"We have patients regularly tell us that they had to use Narcan to save someone they were with." "Our county has seen a decrease in overdose deaths thanks to this program." "Because we had Narcan on site, we were able to revive someone in our parking lot before EMS arrived."
Integration into daily operations	Many organizations have woven overdose prevention into standard practice, from intake and discharge to outreach and education.	"Every discharge includes Narcan now, it's part of our routine." "We offer Narcan and test strips at every appointment and community event." "Our outreach teams always carry these supplies, just like first aid."
Strengthening community trust and partnerships	The program has fostered collaboration and credibility across agencies and within local communities.	"Being able to offer drug checking supplies has opened more authentic conversations around substance use." "Businesses are happy to have Narcan on hand and put it right into their first aid kits." "We've built trust in our community by showing that we care and can respond." "Lives that have been saved are astounding. This program continues to give people another chance to try and heal."

Normalization of overdose prevention	Increased access has helped reduce stigma and shift public perception of overdose prevention.	"People see Narcan as a basic safety tool now, not something controversial." "Our community talks more openly about drug use and safety than ever before."
Empowerment of staff and volunteers	Staff report feeling more capable and prouder to help prevent overdoses in their communities.	"Our team feels empowered knowing we can save a life if needed." "This program has boosted morale, we know we're making a difference." "We feel more prepared for the possibility of an overdose happening on or near our facilities."
Reaching new populations and settings	The program has expanded overdose prevention into nontraditional spaces like schools, libraries, churches, and small businesses.	"We've been able to train school nurses and church leaders." "Our Narcan boxes are now in libraries and small businesses." "We're reaching people who never would have come to us otherwise." "It helps me open up the conversation, build trust and confidence and open up the trust it takes with reentrants."
Enhanced public awareness and education	Organizations credited the program with sparking vital conversations about overdose prevention and safer use.	"Access to naloxone and test strips has opened conversations, built trust, and given our community the skills to save a life." "We're seeing more people ask about testing strips and what they mean." "These resources have changed how people talk about risk and safety." "The Program has enhanced our organization's ability to combat opioid overdoses by providing essential training, increased naloxone access, and real-time data for targeted interventions."

Strengths and Opportunities: Insights from Feedback

Survey question:

"In what ways can the PA Overdose Prevention Program improve?"

While respondents consistently praised the program's accessibility, organization, and measurable impact, several areas for refinement emerged. Feedback emphasized the need for enhanced communication, technical assistance, and streamlined reporting processes to improve user experience and data consistency.

Strengths

- **Lives saved daily:** Partners consistently reported real-world overdose reversals, often before EMS arrived. Access to naloxone is directly preventing deaths in homes, treatment centers, and public spaces.
- **Expanding reach:** The program's no-cost model allows small and rural organizations to distribute supplies widely, reaching individuals who might otherwise face barriers to care.
- **Normalization of overdose prevention:** Test strips and naloxone have become conversation starters, helping to reduce stigma and make overdose response a standard part of community health.
- **Strong collaboration:** The program has fostered partnerships across health care, schools, faith-based groups, and local agencies, strengthening Pennsylvania's overdose prevention infrastructure.
- **Operational improvements:** The redesigned reporting form and communication from DDAP staff were praised for being more efficient, user-friendly, and transparent.
- **Community empowerment:** Free access to naloxone and drug checking supplies has allowed organizations to focus on outreach, education, and engagement instead of fundraising for lifesaving materials.

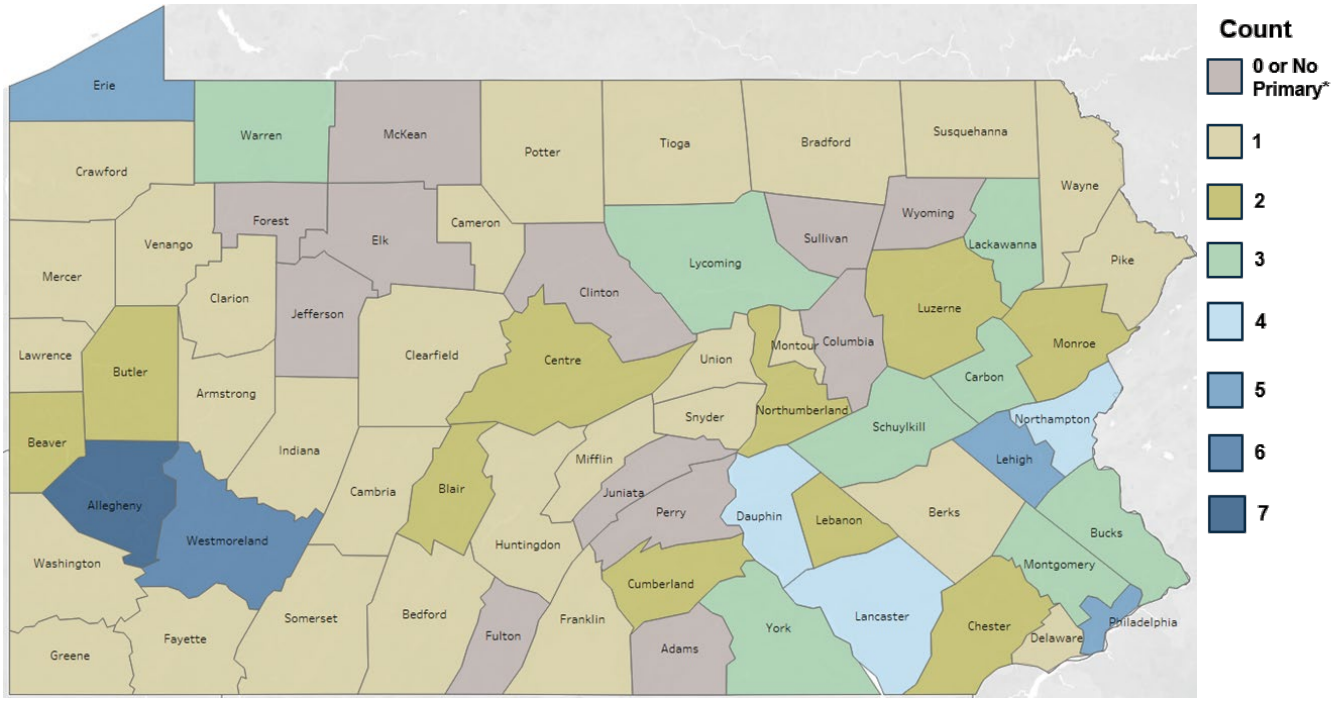
Opportunities for Improvement

- **Broaden the toolkit:** Expand options to include 3 mg naloxone spray, smaller IM order sizes, and additional test strip types such as medetomidine.
- **Add supportive materials:** Provide wound care kits, gloves, lock boxes, and safer use kits to complement overdose prevention supplies.
- **Improve logistics:** Streamline ordering and fulfillment with faster turnaround, shipment tracking, and clearer updates on backorders.
- **Simplify reporting:** Add an "unknown" field for reversals, allow reports to be saved or printed, and maintain consistent question wording each quarter.
- **Enhance training and technical assistance:** Offer regular webinars, multilingual materials, and quick reference guides for new staff and volunteers.
- **Increase visibility:** Develop statewide outreach campaigns highlighting Good Samaritan protections, mail-based supply access, and local partner sites.
- **Strengthen data transparency:** Share localized overdose data and create dashboards for partners to track supply usage and previous orders.

Overdose Prevention Partners

The program's network of Overdose Prevention Partners play a critical role in ensuring timely, equitable access to life-saving resources across the Commonwealth. These partners serve as the foundation of local distribution, providing naloxone and drug checking supplies directly to community members, organizations, and individuals on demand. Through this statewide network, residents can access free naloxone and drug testing strips with fewer barriers and greater convenience.

Figure 12: Number of Overdose Prevention Partners by County, as of September 2025



Counties in darker shades of blue have more partners serving the county than those with lighter shades.

*Counties with No Primary partner may be covered but are not the primary county of service.

97 approved Overdose Prevention Partners, as of Q4 2025

Table 5 below provides a breakdown of Overdose Prevention Partners by organization type. Single County Authorities and community-based organizations represent the largest share of participating partners, reflecting the program's strong foundation in local leadership and grassroots outreach. The network also includes recovery organizations, treatment providers, and government agencies, alongside first responders and grass root groups. This mix demonstrates the program's ability to engage a wide range of

partners, from formal health systems to community-driven initiatives, to expand access to naloxone and drug checking supplies statewide.

Table 5: Overdose Prevention Partners by Organization Type

Single County Authority (SCAs)	37
Community-based Organization	13
Recovery Organization	8
Treatment Provider	7
State/Local Government	7
First Responders	7
Harm Reduction Organization[9]	7
Criminal Justice/Public Safety/Law Enforcement	4
Health Care Provider/Organization	4
Mental/Behavioral Health Provider/Organization	2
Faith-Based Organization	1

RECOMMENDATIONS AND NEXT STEPS

Drawing from quarterly reports, statewide data, and direct feedback from Overdose Prevention Partners, several opportunities have been identified to enhance the program's reach and effectiveness. The following strategies are recommended to strengthen program infrastructure, close access gaps, and sustain the long-term impact of Pennsylvania's overdose prevention efforts.

1. **Program Infrastructure and Support**

   Building a steadier operational backbone will reduce administrative strain and allow partners to focus more of their energy on outreach, training, and community engagement.

2. **Equitable Access and Distribution**

   While every county received supplies, access varies based on local infrastructure, population density, and the reach of existing partners. To close those gaps, the program should:

   - Prioritize outreach and recruitment in counties with high overdose burden but fewer distribution partners or lower per-capita naloxone dissemination.

9 Harm reduction organizations are community-based entities that provide practical, evidence-informed services intended to reduce the health risks associated with drug use.

- Support rural and underserved communities with expanded mail-based distribution and drop-box or vending options.

3. Partner Engagement and Communication

Partners repeatedly stressed the value of clear, consistent communication and more opportunities to learn from each other. To strengthen engagement, the program should:

- Provide regular updates on supply availability, backorders, shipment timelines, and program changes.
- Host webinars, peer-learning sessions, and regional roundtables so partners can share strategies, troubleshoot challenges, and surface emerging needs.

4. Evaluation and Continuous Improvement

The new reporting system opened the door for deeper insights, but partners identified several opportunities to make evaluation easier and more meaningful. Moving forward, the program should:

- Refine the quarterly reporting form with clearer language, an optional “unknown” field, and the ability to save or print submissions.

DDAP has already begun moving on several of these recommendations, focusing first on the pieces that make the mostdifference for partners. Work has already been completed to streamline order processing, improve reporting clarity, expand training resources, and strengthen communication channels. These early steps signal a long-term commitment to building a more reliable, more equitable overdose prevention system that can adapt to the needs of communities across the Commonwealth.

Resources

All overdose prevention partners, where you can receive free naloxone, can be located through DDAP's website.

DOH website for standing order, naloxone education video, and print materials: Naloxone | Department of Health | Commonwealth of Pennsylvania.

You can find one of Pennsylvania's year-round drug take-back locations at ddap.pa.gov/drugtakeback.

Get Help Now

Individuals seeking treatment or supports for themselves or a loved one can call the toll-free PA Get Help Now helpline at 1-800-662-HELP (4357). Your call is completely confidential. This hotline, staffed by trained professionals, is available 24 hours a day, 365 days a year, and is available in both English and Spanish. A live chat option is also available online or via text message at 717-216-0905 for those seeking help who may not be comfortable speaking to a helpline operator.

1-800-662-HELP (4357)

Find Treatment

Treatment Atlas evaluates SUD treatment facilities' use of evidence-based best practices, includes an assessment to understand the appropriate level of care, and offers an easy-to-use dashboard to allow those in need and their loved ones to search for and compare facilities using criteria such as location, services offered, and insurance accepted so they can find the best treatment for their unique needs.

You can also find the most up-to-date licensed drug and alcohol treatment facilities in Pennsylvania or search facility inspection results using the Drug and Alcohol Facility Locator.

Appendix

Table 6. The Total Number of Naloxone Doses and Testing Strips Distributed by DDAP in Each County, December 1, 2024 – September 30, 2025.

County	Total Naloxone Doses	Total Test Strips
Adams	72	-
Allegheny	101,744	124,575
Armstrong	-	-
Beaver	1,560	6,800
Bedford	240	100
Berks	12,312	2,400
Blair	14,992	5,300
Bradford	4,080	2,600
Bucks	22,608	5,500
Butler	7,728	17,000
Cambria	6,960	25,800
Cameron	4,800	10,000
Carbon	11,664	3,700
Centre	2,280	2,575
Chester	16,816	14,225
Clarion	-	1,000
Clearfield	3,384	6,500
Clinton	720	200
Columbia	1,920	800
Crawford	4,008	1,100
Cumberland	17,640	27,500
Dauphin	13,416	3,500
Delaware	23,328	21,400
Elk	648	-
Erie	15,000	42,300
Fayette	9,432	16,500
Forest	48	-
Franklin	4,824	5,000
Fulton	-	-
Greene	816	800
Huntingdon	240	-
Indiana	16,104	7,000
Jefferson	-	-
Juniata	-	-
Lackawanna	10,272	2,900
Lancaster	8,256	25,700
Lawrence	4,512	800

Lebanon	4,416	-
Lehigh	6,912	4,150
Luzerne	15,864	14,100
Lycoming	2,760	400
McKean	288	2,200
Mercer	1,416	9,900
Mifflin	4,536	1,200
Monroe	4,920	1,200
Montgomery	22,672	12,800
Montour	9,648	16,000
Northampton	24,648	2,000
Northumberland	3,360	6,675
Perry	240	-
Philadelphia	238,072	244,175
Pike	1,392	10,300
Potter	288	1,500
Schuylkill	8,952	12,800
Snyder	696	300
Somerset	1,800	1,300
Sullivan	-	-
Susquehanna	624	-
Tioga	408	400
Union	2,160	200
Venango	3,528	8,000
Warren	2,856	3,400
Washington	7,728	17,900
Wayne	240	200
Westmoreland	18,408	37,000
Wyoming	720	2,700
York	12,768	400
TOTAL	**744,744**	**794,775**

Note. Includes all formulations of naloxone (4mg, 8mg, and intramuscular) reported by individual doses. Test strip totals include fentanyl and xylazine test strips and both BTNX and DanceSafe brands. County is based on the organization/requestor's shipping addresses zip code. **Does not include PCCD purchase/distribution data from Quarter 1 (October 2024 –December 2024).**