



Improving Naloxone Access in Pennsylvania:
Naloxone for First Responders Program (2017-2022)
November 2023

Contents

Acknowledgments	3
Executive Summary	4
What is Naloxone?	5
Pennsylvania’s Evolving Overdose Epidemic	6
<i>An Evolving Response to an Evolving Overdose Crisis</i>	7
Launching Pennsylvania’s Naloxone for First Responders Program	9
<i>Evolution of the NFRP</i>	11
Impact of the Naloxone for First Responders Program (2017-2022).....	12
<i>Naloxone Purchasing and Distribution, 2017-2022</i>	12
<i>Local Law Enforcement Agencies & NFRP</i>	14
<i>Overdose Trends, 2017-2022</i>	15
The Next Chapter: PA Overdose Prevention Program.....	18
Conclusion.....	19
APPENDIX A - Fatal Overdose Trends in Pennsylvania Counties, 2017-2022.....	20

Acknowledgments

PCCD would like to acknowledge and thank the agencies, organizations, and individuals who have worked to get naloxone into the hands of people and communities in need through the Naloxone for First Responders Program (NFRP). These include our partner state agencies at the PA Departments of Drug and Alcohol Programs (DDAP), Health (DOH), Human Services (DHS), Corrections (DOC), and others who have supported the program over the last five years. .

The success of this program is indebted to dedicated partners across all levels, who aided in distribution, training, and offering feedback to enhance our program and processes. We also acknowledge local agencies and community-based organizations that stepped up to support distribution, training, and feedback, with a special recognition for Centralized Coordinating Entities (CCEs). These entities stepped into a volunteer role and have consistently provided invaluable resources and time to their communities, demonstrating excellence and skill since the program's inception.

To all individuals, organizations, and agencies who supported *NFRP*, we extend our gratitude for your contributions and work to save lives. We look forward to continuing our partnerships as a new chapter of Pennsylvania's naloxone distribution program – the Pennsylvania Overdose Prevention Program.

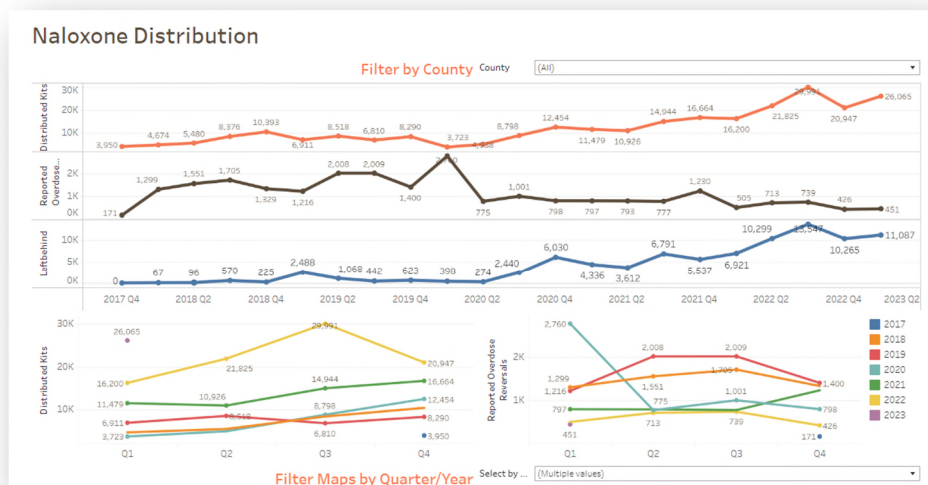
Executive Summary

This report outlines the history and impact of Pennsylvania's Naloxone for First Responders Program (NFRP), managed by the Pennsylvania Commission on Crime and Delinquency (PCCD) since November 2017. Launched during the peak of Pennsylvania's opioid overdose crisis, the *NFRP* aimed to enhance naloxone access and usage among those most likely to encounter or witness overdoses. It delves into Pennsylvania's evolving overdose epidemic and the responsive actions of policymakers, including the *NFRP*'s flexible adjustments to cater to changing community and first responder needs.

The report examines naloxone purchasing and distribution activities supported through the *NFRP* between November 2017 through December 2022 (five years). In addition, the report explores fatal overdose data trends in Pennsylvania during that same timeframe, assessing potential effects of increased naloxone availability and 'saturation levels' in larger counties.

Lastly, the report provides a glimpse of Pennsylvania's upcoming endeavors in naloxone distribution through the Pennsylvania Overdose Prevention Program.

Additional Data Resource: NFRP Tableau Dashboard



You can learn more about the naloxone distribution activities supported through the *NFRP*, including accessing quarterly distribution and overdose reversal data reported to PCCD from CCEs, using an interactive [NFRP Tableau Dashboard](#).

What is Naloxone?

Naloxone, often referred to as the "opioid overdose reversal drug" or "Lazarus drug," plays a pivotal role in curbing opioid overdose deaths and saving lives. It is a medication that rapidly counteracts the effects of opioids, such as heroin, morphine, and fentanyl, by blocking their actions on the brain and respiratory system.

When administered promptly, naloxone can reverse the life-threatening effects of opioid overdoses, restoring normal breathing and preventing fatalities. Naloxone is typically administered via intramuscular injection or nasal spray, making it easy to use by medical professionals, first responders, and even laypeople.

Harm reduction groups and syringe service programs were at the forefront of naloxone distribution, with the first community-based programs starting nearly three decades ago. Its accessibility and effectiveness – as well as federal and state policy changes enacted in recent years – have led to widespread distribution programs, enabling community members, family, and friends of individuals at risk of opioid overdose to carry naloxone and respond swiftly in emergency situations.

This essential medication has become a crucial tool in reducing opioid-related fatalities, as it provides a vital opportunity to save a life and offer connections to services for those facing overdose and serves as a cornerstone of harm reduction efforts amid the ongoing overdose crisis.

GET NALOXONE IN PENNSYLVANIA

Learn more: bit.ly/getnaloxone

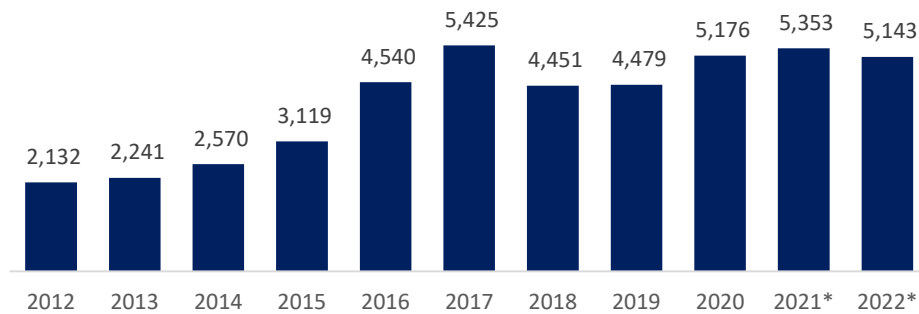
- 1 At the pharmacy using the Department of Health's Physician General standing order prescription.**
- 2 By mail through NEXT Distro.**
- 3 Through PCCD's Naloxone Program.**



Pennsylvania’s Evolving Overdose Epidemic

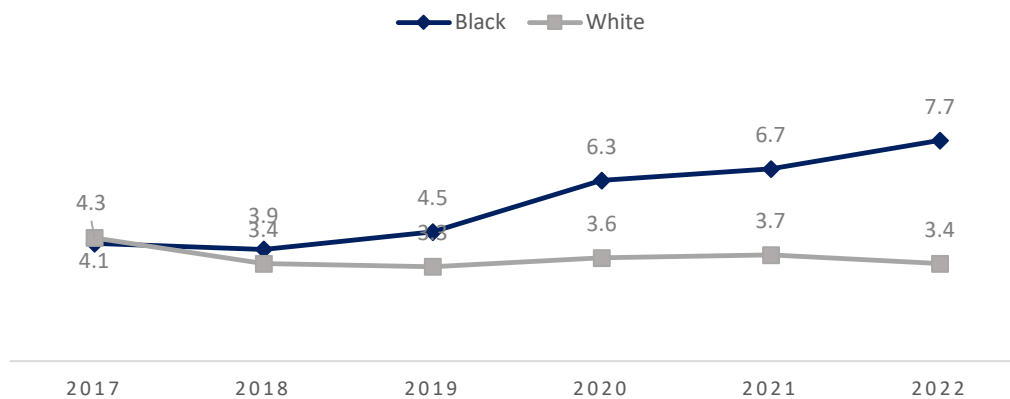
In 2017, the United States and Pennsylvania faced an alarming and devastating overdose crisis that had reached unprecedented levels. Characterized by a surge in opioid-related overdoses and deaths, the crisis had – and still has – far reaching impacts on individuals, families, and communities. Pharmaceutical opioids, such as oxycodone and hydrocodone, were being overprescribed, leading to widespread addiction and misuse. As prescription opioids became harder to obtain or more expensive, many turned to illicit opioids like heroin and synthetic opioids like fentanyl, further exacerbating the crisis.

Figure 1: Pennsylvania Any Drug Overdose Death Estimates by Year (2012-2022)¹



The opioid overdose epidemic has affected people from all walks of life, transcending age, gender, and socioeconomic status. But while the crisis has had universal impacts, they have not been equally felt: the rate of fatal overdose for Black Pennsylvanians in 2022 was more than twice the rate for White Pennsylvanians (7.7 per 10,000 population vs. 3.4).¹

Figure 2: Fatal Overdose Rate per 10K Population of Black vs. White Pennsylvanians (2017-2022)²



Medical professionals, policymakers, and public health experts continue to grapple with finding effective strategies to address the crisis, including improving access to treatment, promoting

¹ [Demographic Trends in Any Drug Overdose Deaths \(2012-2022\)](#), Pennsylvania Office of Drug Surveillance and Misuse Prevention (ODSMP), Pennsylvania Department of Health, accessed 7/18/2023. Note: 2021 and 2022 death data is subject to change, based on death record data reported to the Department of Health (DOH) as of July 2023. Death investigations and overdose death records are often delayed by 3-6 months and 2021/2022 counts will likely be higher than currently reported.

naloxone distribution, providing access to drug checking mechanisms (e.g., fentanyl test strips), enhancing prescription monitoring programs, and launching public awareness campaigns.

Adding to the public health concern, in recent years, the mixture of xylazine with opioids in the illicit drug supply has been on the rise. Originally an animal tranquilizer and sedative, this substance has been mixed with heroin, fentanyl, and other drugs, creating a dangerous and potent combination that has been linked to a rising number of overdoses and fatalities. Addressing this multifaceted crisis requires comprehensive and urgent efforts from healthcare professionals, harm reduction partners, policymakers, and the public to combat the crisis and address its devastating impacts.

Additional Data Resource: Pennsylvania ODSMP Drug Surveillance Interactive Data Report



An Evolving Response to an Evolving Overdose Crisis

In 2017, the opioid crisis reached a critical point, capturing the attention of federal and state policymakers and prompting urgent action. In Pennsylvania, then-Governor Tom Wolf and his administration took a number of steps to combat the devastating effects of opioid abuse and overdose, including:

- Launched the Prescription Drug Monitoring Program (PDMP) in 2016 to curtail opioid prescriptions and halt doctor shopping, a risky practice involving seeking multiple prescriptions to misuse opioids.
- Declared an opioid disaster in January 2018, establishing an Opioid Command Center for interagency collaboration, and maintained coordination through the Interagency Substance Use Response Team (ISURT).
- Introduced programs like Pennsylvania's Coordinated Medication Assisted Treatment (PacMAT), Centers of Excellence, and expanded medication assisted treatment (MAT) in state prisons and county jails.
- Rolled out the Get Help Now Hotline, Life Unites Us campaign, and other tools for linking individuals with treatment and recovery resources.

- Expanded investments in pre-trial diversion and drug court programs for individuals with substance use disorders, including OUD.
- Eased access to naloxone through state-approved standing orders and statewide distribution days in 2018 and 2019, providing free naloxone statewide.
- Enhanced naloxone carrying by law enforcement, including park rangers at state parks under the PA Department of Conservation and Natural Resources (DCNR).

As Pennsylvania's Attorney General, Governor Josh Shapiro demonstrated leadership in addressing the opioid epidemic by implementing comprehensive strategies that included increased law enforcement efforts, targeted prosecution of illegal prescription drug activities, and advocating for expanded access to addiction treatment and support services. He also took steps to hold pharmaceutical drug companies accountable for their role in fueling the overdose epidemic, including security Opioid Settlement funds.

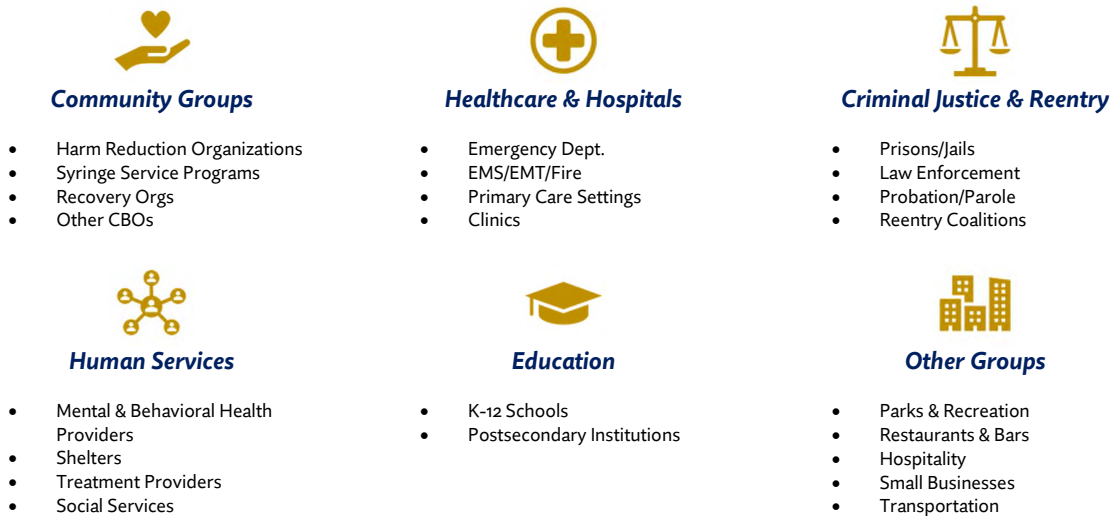
Since taking office in January 2023, the Shapiro-Davis Administration has also made combatting Pennsylvania's evolving drug crisis a top public health and public safety priority. Earlier this year, the Administration took action to schedule xylazine (commonly known as "tranq") as a controlled substance, limiting access to the powerful sedative.

Pennsylvania's naloxone distribution and harm reduction strategies were further bolstered by legislative action taken to curb the overdose epidemic. In 2015, Pennsylvania had taken important steps to provide important protections for naloxone use by enacting David's Law (and subsequent amendments), which offered 'Good Samaritan' protections for people who used naloxone to reverse an overdose. More recently, in 2022, Pennsylvania enacted bi-partisan legislation to legalize fentanyl test strips and other drug checking mechanisms (e.g., xylazine test strips).

Launching Pennsylvania’s Naloxone for First Responders Program

In November 2017, PCCD launched the *NFRP* in partnership with the Pennsylvania Departments of Drug and Alcohol Programs (DDAP) and Health (DOH). The program was designed to provide life-saving intranasal naloxone at no cost for first responder groups using regional and statewide distribution networks. The term "first responders" was intentionally defined broadly (see Figure ##) with the goal of getting naloxone into the hands of as many people who could potentially interact with overdose victims as possible. First responders often arrive at the scene of an overdose before medical personnel, making them critical in administering naloxone promptly and potentially saving lives.

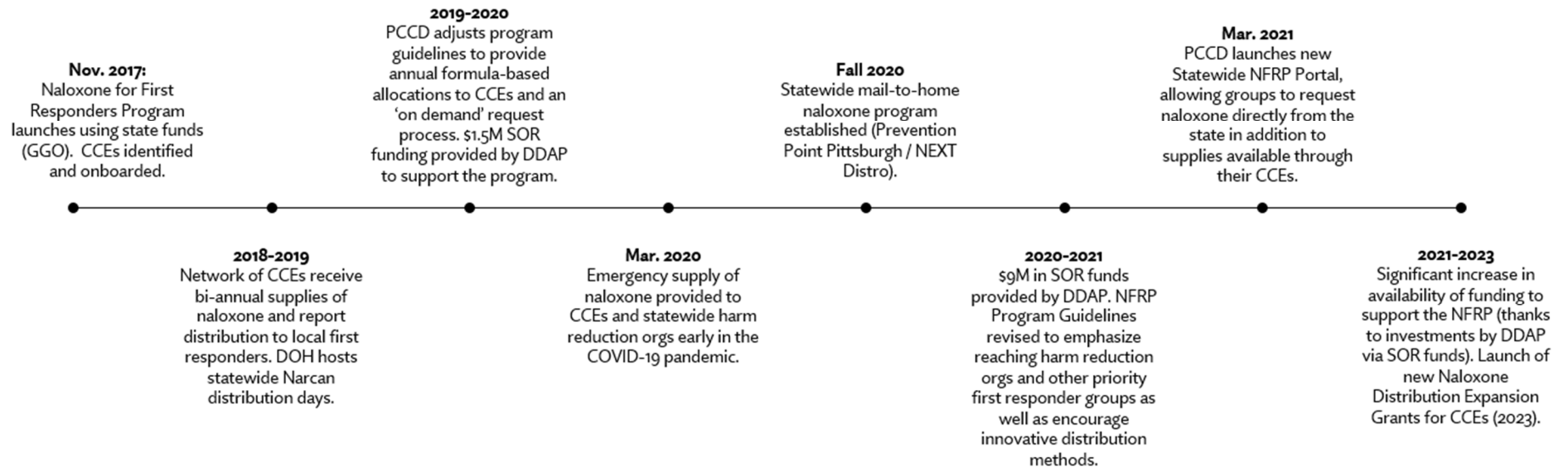
Figure 3: Who Are “First Responders”?



In response to the escalating challenge of opioid overdose incidents across the Commonwealth, a primary focus of the *NFRP*'s design was to saturate areas of the Commonwealth that were experiencing high overdose rates. The University of Pittsburgh’s School of Pharmacy Program Evaluation and Research Unit (PERU) provided technical support to the initiative, developing a formula capturing key metrics to shape distribution efforts, including county population, opioid overdose deaths, “doctor shopping” rates, drug samples seized, opioids dispensed/prescribed, naloxone administrations, and more.

An initial investment of \$5 million in state funding was allocated over two years (FY 2017-2019) to support the *NFRP*. This funding was used to purchase more than 60,000 naloxone kits, which amounted to 120,000 doses. These kits were then distributed through a network of Centralized Coordinating Entities (CCEs) that serve all 67 counties in Pennsylvania.

Figure 4: Timeline: History & Evolution of the NFRP



Evolution of the NFRP

As shown in Figure 5 (previous page), the NFRP grew and evolved significantly in the years following its launch. Increased investments of federal State Opioid (SOR) funding sub-awarded to PCCD by DDAP beginning in FY 2019-20 greatly enhanced the Program’s ability to scale and reach ‘saturation levels’ in communities across the Commonwealth.

Figure 5: NFRP Funding Levels & Sources (2017-2022)

Fiscal Year(s)	Total Funding	Funding Source(s)
FYs 2017-2019	\$5,000,000	State (General Government Operations – GGO)
FY 2019-2020	\$1,500,000	Federal (State Opioid Response – SOR)
FY 2020-2021	\$5,000,000	Federal (SOR)
FY 2021-2022	\$9,000,000	Federal (SOR)
FY 2022-2023	\$32,000,000	Federal (SOR)

These additional resources overlapped with a period of unprecedented need. In March 2020, during the initial days of the COVID-19 pandemic, Pennsylvania’s state agencies swiftly took action by procuring and distributing emergency supplies of naloxone to communities. This proactive measure aimed to address the potential increase in substance use and relapses due to factors like social isolation, disrupted treatment services, and heightened stress and anxiety caused by the pandemic.

Additional investments of federal SOR funds in FYs 2020-2023 further bolstered the agency’s ability to purchase and distribute naloxone at a larger scale during the pandemic and beyond. As a result, Pennsylvania continued to expand its naloxone distribution strategies to further meet the moment, including:

- Establishing a [statewide mail-to-home naloxone program](#) in partnership with Prevention Point Pittsburgh and NEXT Distro, which provided 14,941 doses to Pennsylvanians living in 66 counties between 2020-2022.
- Providing support and assistance to harm reduction organizations through dedicated outreach and technical assistance provided by Prevention Point Pittsburgh in partnership with Vital Strategies.
- Providing naloxone to state prisons, county jails, courts, and other justice-related entities providing supports to reentrants struggling with opioid and other substance use disorders in partnership with the Pennsylvania Department of Corrections, Pennsylvania Sheriffs Association, and Vital Strategies.
- Launching a new Statewide NFRP Portal in 2021 where community-based organizations could request dedicated supplies of naloxone in addition to what they could access from their designated CCEs.

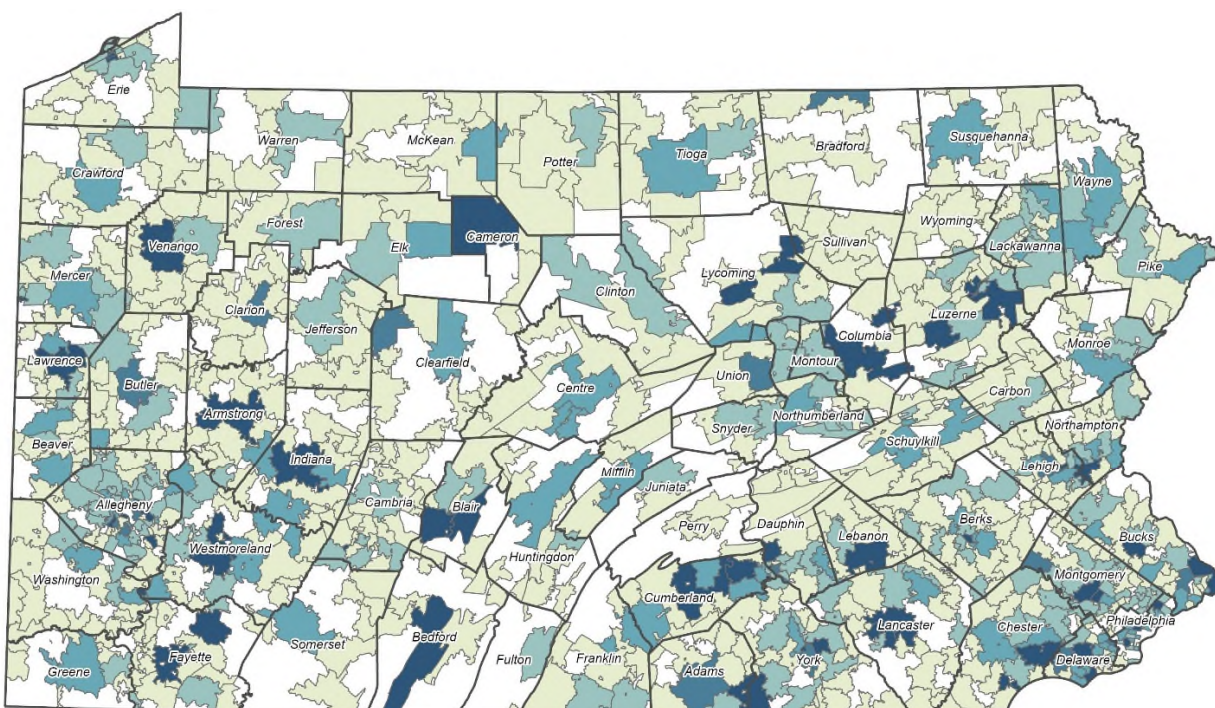
Impact of the Naloxone for First Responders Program (2017-2022)

Naloxone Purchasing and Distribution, 2017-2022

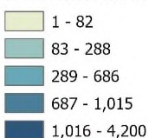
PCCD has purchased 654,756 kits (1,309,512 doses) of intranasal naloxone since NFRP's launch in 2017. **These efforts have resulted in at least 24,000 overdose reversals using NFRP-purchased naloxone.**³

Thanks to an infusion of federal State Opioid Response (SOR) funds provided to PCCD by DDAP, the NFRP significantly increased the scale of its purchasing and distribution activities. Since creating a statewide allocation in the wake of COVID-19 and the subsequent launch of the NFRP Portal in March 2021, harm reduction groups, treatment providers, and other community-based organizations have represented a growing share of the Program's reach.

Figure 6: Naloxone Kits Ordered and Distributed through NFRP by ZIP Code (2017-2022)

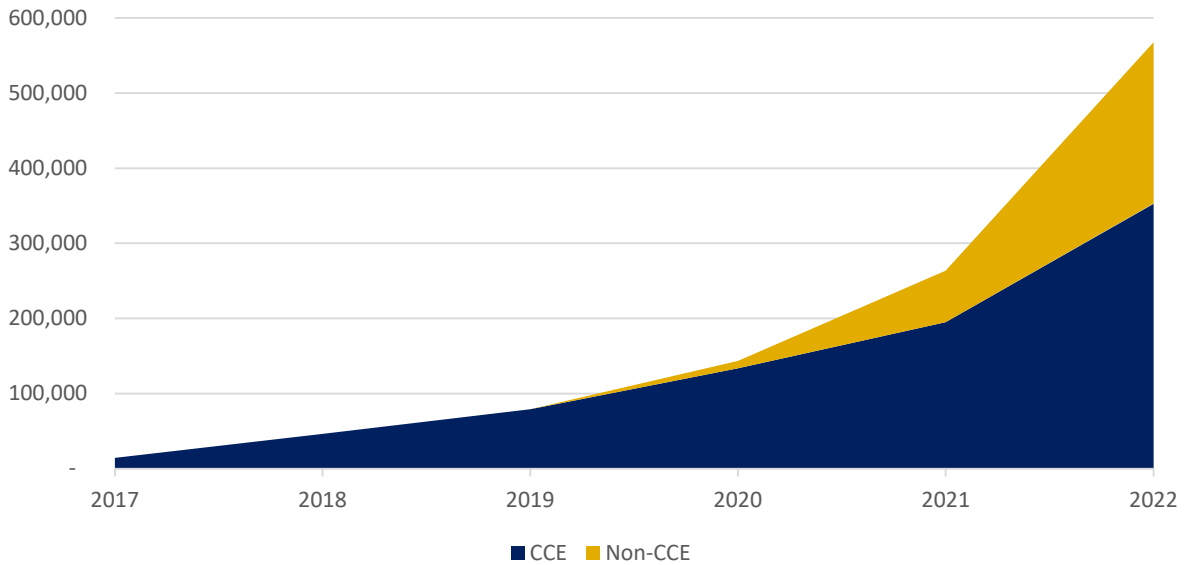


Distributed and Ordered Kits 2017 to 2022



Since the launch of NFRP, PCCD has collected quarterly data from CCEs to capture naloxone distribution, utilization, overdose reversals, and leave behind outcomes. The majority of CCE distribution is going to community-based groups, including harm reduction organizations. Additional recipients include law enforcement agencies, drug treatment providers, EMS/EMT/fire departments, healthcare/hospitals, jails/corrections/supervision, and K-12 and postsecondary education.

Figure 7: Cumulative Number of Naloxone Kits Ordered through NFRP (2017-2022)⁴



Collectively, when paired with naloxone supplied directly by PCCD through the Statewide NFRP Portal, the program has offered no-cost naloxone to a wide range of ‘first responders’ – from grassroots community groups to health and human service agencies to public safety professionals.

Figure 8: Top First Responder Groups Receiving Naloxone from NFRP (2017-2022)



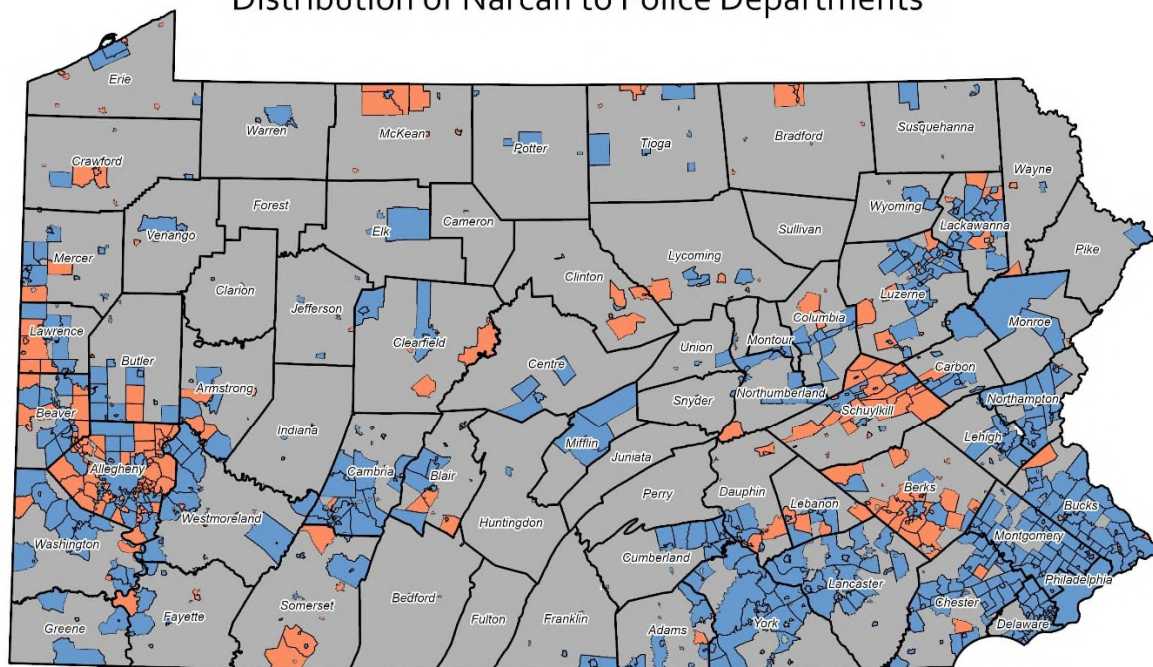
Local Law Enforcement Agencies & NFRP

When it launched in 2017, a primary focus of the NFRP was to increase the number of local law enforcement agencies and police officers who were equipped with Narcan®. Pennsylvania has 968 local police departments – more than any other state in the country. In addition, the Pennsylvania State Police (PSP) provides primary police coverage for 1,289 municipalities.

As shown in the map below, more than 70 percent of local police departments in the Commonwealth have received Narcan® through the NFRP since inception.

- 670 local police departments have received naloxone through NFRP.
- 298 local law enforcement agencies have not received naloxone kits through the program.
- Police departments receiving kits through NFRP tend to be larger than those who haven't received kits (27 officers per agency vs. 7 officers, respectively).

Distribution of Narcan to Police Departments



Police Departments

- Police Departments that have received Narcan
- Police Departments that have not received Narcan
- PSP Coverage



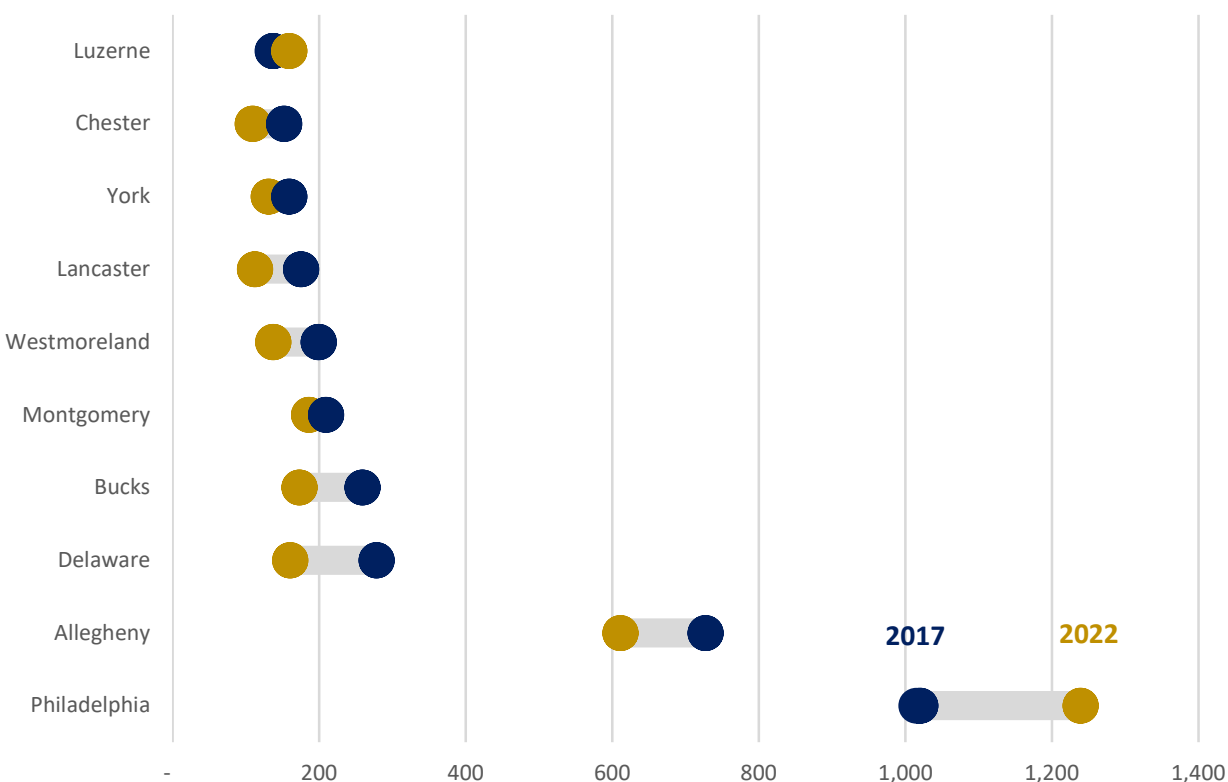
Created 08/2023

Overdose Trends, 2017-2022

Preliminary fatal overdose estimates for 2022 indicate that the number of overdose deaths decreased in 31 of Pennsylvania's 67 counties compared to 2017 levels.⁵ (Note: A more detailed summary of county-level fatal overdose trends year-over-year (where available) can be found in Appendix A.)

When looking at the 10 counties with the largest number of fatal overdoses in 2017, eight (80%) have seen an overall decrease between the number of overdose deaths reported among county residents in 2017 and the preliminary number of overdose deaths reported among county residents in 2022.⁶

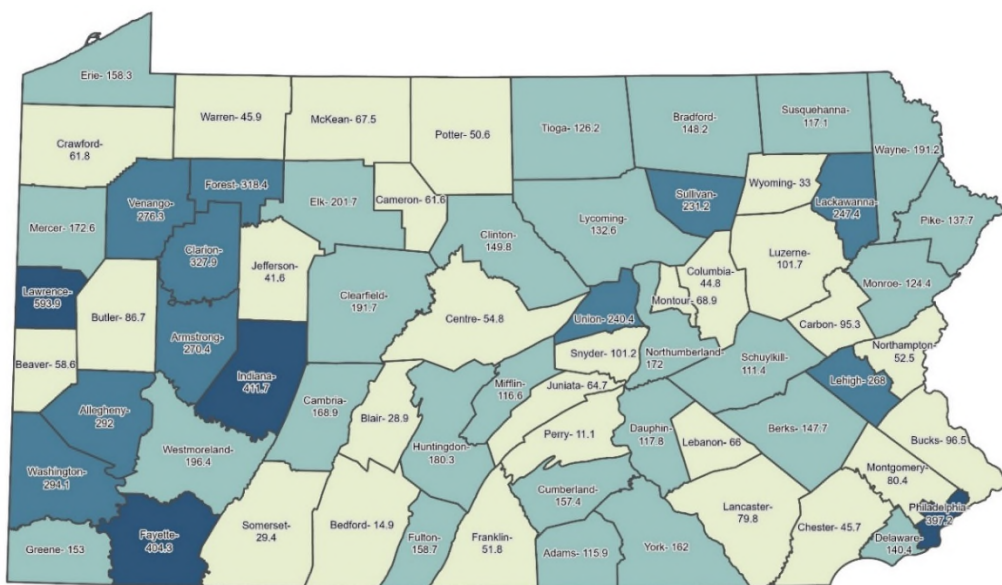
Figure 9: Fatal Overdose Trends in Select Large Pennsylvania Counties by Decedent County of Residence, 2017-2022⁷



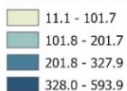
Although preliminary overdose death data from 2022 suggests an overall decrease from 2017 levels for overdose deaths in these counties, this progress has been far from linear – or sufficient. According to the PA Department of Health, in 2022, approximately every two hours one Pennsylvanian died from a drug overdose. In addition, the number of fatal drug overdoses remains much higher – more than double – what is was just a decade ago. Racial and ethnic disparities also persist, reiterating the need for more equitable overdose prevention strategies moving forward.

The criteria for *NFRP*'s naloxone allocations for CCEs took into account overall fatal and nonfatal overdose rates and trends within counties to prioritize supplies for areas with higher-than-average and/or increasing overdose levels. Figure 11 below shows the estimated naloxone 'saturation' per 10,000 residents by county based on CCEs' reported naloxone distribution.

Figure 10: Rate of Kits Distributed per 10k Population by County (2017-2022)



Number of Naloxone Kits Distributed per 10K Persons- 2017-2022



When examining overdose death data compared with naloxone purchasing/distribution (or ‘saturation’) levels, a couple of trends emerge:

- The average ‘saturation’ level of naloxone across the state was 152 kits per 10,000 people.
- Counties with fewer overdose deaths in 2022 compared to 2017 generally had a higher average saturation level than counties that saw increases (148 kits per 10k population vs. 139).

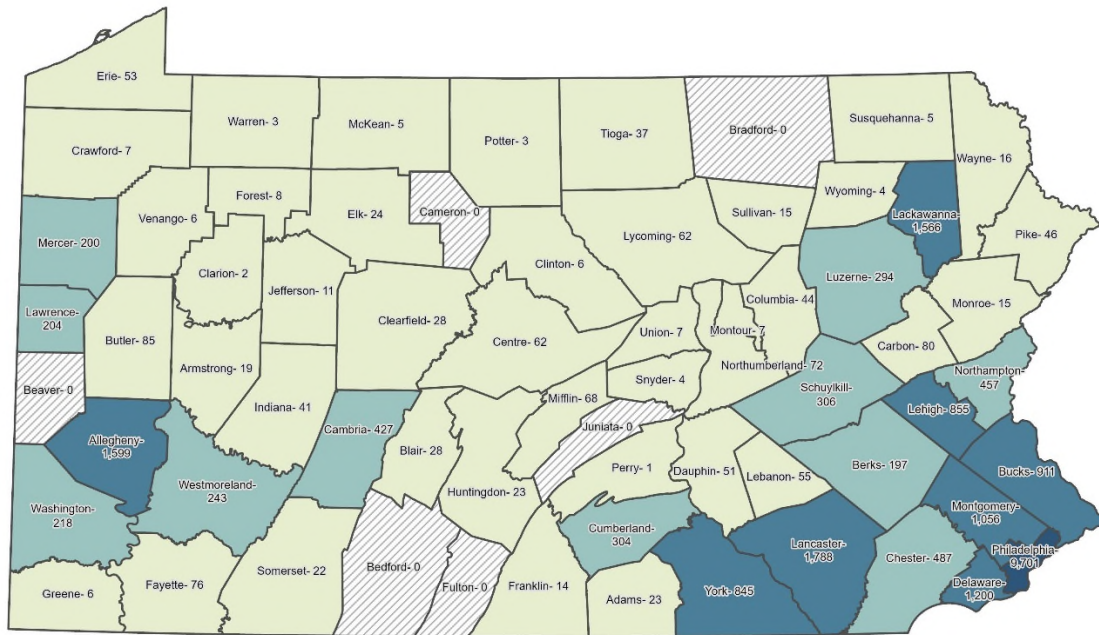
Despite relatively high levels of saturation, overdose deaths in some counties continued to remain above 2017 levels. One possible consideration is that the increases in fatalities could have been significantly higher absent the availability of naloxone. It is also important to remember that while naloxone is a crucial tool for reversing opioid overdoses by rapidly binding to opioid receptors in the brain, it may not lead to sustained decreases in overdose deaths on its own; while naloxone addresses the immediate life-threatening effects of overdose, it cannot address the underlying issues of opioid misuse, addiction, and lack of comprehensive treatment and support systems.

As part of the *NFRP*'s efforts to track and report data related to program activities, PCCD provided the opportunity for CCEs to ask groups to report back whether kits were used in overdose incidents and whether those naloxone administration efforts were successful. Based on that self-reported data, we know that the *NFRP* resulted in at least 24,000 overdose reversals statewide since 2017.

Figure 12 displays the count of reported overdose reversals achieved through naloxone provided by CCE, categorized by county. It is important to recognize that this figure is likely substantially lower than the true instances of naloxone administration and utilization distributed via the *NFRP*, as reporting administrations was optional. A study investigating layperson utilization of naloxone across almost two

decades of distribution revealed a ratio of one overdose reversal for every six distributed kits. Considering this research, it is probable that the count of overdose reversals involving naloxone kits purchased by PCCD surpasses 100,000.

Figure 11: Number of Reported Overdose Reversals Using NFRP-Purchased Naloxone by County



Number of Overdose Reversals- 2017-2022

- 1 - 85
- 86 - 487
- 488 - 1,788
- 1,789 - 9,701



The Next Chapter: PA Overdose Prevention Program

In August 2023, the Commonwealth [announced](#) a new initiative to build on the progress and impact of the *NFRP*: the [PA Overdose Prevention Program](#). This new initiative serves as a 'one-stop-shop' for individuals and organizations seeking multiple formulations of naloxone and related harm reduction supplies (e.g., fentanyl and xylazine test strips). The program also serves as a clearinghouse for information, training, and technical assistance to help groups involved in harm reduction work and others on the 'front lines' of Pennsylvania's evolving overdose crisis.

Like the *NFRP*, the PA Overdose Prevention Program continues to emphasize statewide and regional 'saturation' and accessibility, with a focus on getting naloxone and harm reduction supplies into the hands of people who use drugs and those that serve and support them.

Conclusion

The *Naloxone for First Responders Program* strengthened Pennsylvania's response to opioid-related overdoses by reducing barriers to access at a critical time. The availability of naloxone plays a pivotal role in mitigating overdose deaths, offering a crucial lifeline in the face of opioid-related emergencies. By swiftly counteracting the effects of opioid overdose and restoring normal breathing, naloxone has proven to be a powerful tool in saving lives.

Pennsylvania's efforts to support the widespread distribution of naloxone through the *NFRP* and related initiatives helped increase widespread access to this medication for people and communities in all 67 cases. By equipping those on the front lines with this life-saving medication, Pennsylvania has been able to rapidly intervene and reverse the effects of opioid overdoses, contributing to an overall reduction in overdose fatalities.

As Pennsylvania continues to refine and expand its naloxone distribution programs, its proactive approach serves as a model for other regions grappling with the overdose crisis.

To learn more about how to obtain free naloxone and other harm reduction supplies, please visit PCCD's website. For additional program information, please contact PCCD staff at ra-cdpa-overdos-prev@pa.gov.

APPENDIX A - Fatal Overdose Trends in Pennsylvania Counties by County of Death, 2017-2022⁸

County	2017	2018	2019	2020	2021	2022	Est. 5-Year Change (%)
Adams	19	16	8	18	17	6	-68
Allegheny	826	483	570	683	718	693	-16
Armstrong	29	22	20	27	34	16	-45
Beaver	84	43	62	65	65	68	-19
Bedford	15	9		13	20	12	-20
Berks	104	90	117	128	132	136	31
Blair	44	24	29	52	47	66	50
Bradford	12	10	17	12	16	8	-33
Bucks	243	223	185	210	167	170	-30
Butler	90	45	60	72	66	66	-27
Cambria	86	62	55	68	95	91	6
Cameron	0		0	0		0	N/A
Carbon	28	34	27	29	37	35	25
Centre	10	20	8	14	12	14	40
Chester	137	107	107	112	106	95	-31
Clarion	6	11	6		8	8	33
Clearfield		19	9	21	29	17	>100
Clinton				8	8		increase
Columbia	14	17	14	15	22	17	21
Crawford	22	20	19	24	36	13	-41
Cumberland	82	49	41	67	53	35	-57
Dauphin	95	120	101	111	105	109	15
Delaware	257	198	196	205	196	153	-40
Elk	7	9	6	6	13	9	29
Erie	115	76	69	81	92	107	-7
Fayette	75	42	39	65	82	71	-5
Forest	0	0				0	N/A

Franklin	38	33	27	30	30	28	-26
Fulton						6	>100
Greene	12	6	12	12	14	15	25
Huntingdon	13	6	10	8	10	10	-23
Indiana	36	19	33	32	38	40	11
Jefferson	7	8	10	9	10	13	86
Juniata					0		>100
Lackawanna	79	94	65	92	106	91	15
Lancaster	169	107	103	143	131	106	-37
Lawrence	50	36	30	38	54	83	66
Lebanon	25	25	23	36	31	29	16
Lehigh	153	132	146	140	184	162	6
Luzerne	145	158	134	169	195	168	16
Lycoming	31	27	33	39	23	19	-39
McKean	6	8		6	12	11	83
Mercer	38	49	37	44	63	47	24
Mifflin	13	9	6		13	18	38
Monroe	54	54	59	83	67	59	9
Montgomery	210	188	207	219	188	173	-18
Montour	18	12	21	15	20	12	-33
Northampton	93	69	59	82	77	68	-27
Northumberland	26	20	37	29	29	28	8
Perry	13	14	8	14	15	11	-15
Philadelphia	1213	1117	1154	1217	1278	1415	17
Pike	13	18	14	15	17	16	23
Potter							decrease
Schuylkill	30	58	60	67	57	61	103
Snyder		7					decrease
Somerset	28	13	12	22	23	32	14
Sullivan	0	0		0			increase
Susquehanna		10		6	10	10	>100

Tioga	7		7	8	19	7	0
Union				6	6		decrease
Venango		8	9	14	14	19	>100
Warren		0		6			decrease
Washington	92	72	77	100	100	86	-7
Wayne	12	17	19	15	18	9	-25
Westmoreland	190	120	114	120	165	118	-38
Wyoming	9	15	8				-44
York	167	159	147	204	139	130	-22

Counts between one (1) and five (5) are suppressed.

¹ [Fatal and Non-Fatal Drug Overdose Surveillance – Interactive Data Report](#), PA Department of Health, accessed 8/7/2023.

² [Demographic Trends in Any Drug Overdose Deaths \(2012-2022\)](#), ODSMP, Pennsylvania Department of Health, accessed 7/18/2023. Note: 2021 and 2022 death data is subject to change, based on death record data reported to the Department of Health (DOH) as of July 2023. Death investigations and overdose death records are often delayed by 3-6 months and 2021/2022 counts will likely be higher than currently reported.

³ Data Source: Quarterly data reports from CCEs. Cumulative total reflects data reported from quarter ending 12/31/2017 through quarter ending 12/31/2022.

⁴ Data Source: PCCD naloxone purchasing data.

⁵ Data Source: ODSMP, Pennsylvania Department of Health

⁶ Data Source: ODSMP, Pennsylvania Department of Health

⁷ Data Source: ODSMP, Pennsylvania Department of Health

⁸ [Fatal and Non-Fatal Drug Overdose Surveillance – Interactive Data Report](#), PA Department of Health, accessed 8/7/2023.