

# Understanding Outcomes and Barriers to Community Naloxone Distribution Programs: A Cross-Sectional Survey of Naloxone Recipients in Kansas

Tiffany Huynh, MS-2<sup>1</sup>, Ashley Haynes, M.D.<sup>1,2</sup>, Hayrettin Okut, Ph.D.<sup>1,3</sup>,  
Rosalee Zackula, M.A.<sup>4</sup>, Chrissy Mayer, B.S.<sup>6</sup>, Kaylee Hervey, MPH<sup>5</sup>, Elizabeth Ablah, Ph.D.<sup>1,3</sup>

<sup>1</sup>The University of Kansas School of Medicine-Wichita, Wichita, Kansas

<sup>2</sup>Department of Psychiatry and Behavioral Sciences

<sup>3</sup>Department of Population Health

<sup>4</sup>Office of Research

<sup>5</sup>Sedgwick County Health Department

<sup>6</sup>DCCCA Inc.

*Received Mar. 18, 2026; Accepted for publication Apr. 20, 2026; Published online Apr. 22, 2026*

<https://doi.org/10.17161/kjm.vol19.25383>

**Introduction.** Opioid poisoning remains a major public health challenge in the United States. Intranasal naloxone has expanded community capacity to respond to opioid poisoning events; however, outcomes from distribution programs remain incompletely understood. Authors of this study examined naloxone's impact on poisoning events in Kansas, informed by recipients' perceptions and experiences.

**Methods.** A cross-sectional, electronic survey was conducted in partnership with DCCCA, a nonprofit organization. Eligible participants included individuals and organizational representatives who (1) obtained a free naloxone kit from DCCCA Inc. between November 2021 and April 2025 and provided an email address, or (2) accessed a naloxone vending machine in Wichita, Kansas, between May and June 2025. The survey assessed experiences with opioid poisoning reversals, post-reversal care, confidence, training, barriers to carrying naloxone, and harm reduction perceptions.

**Results.** Of 767 respondents, 56.8% were individuals, 23.8% were organizational representatives, and 13.4% were both. Overall, 32.1% reported witnessing an opioid poisoning, and 14.8% reported administering naloxone at least once. Nearly all reported administrations resulted in survival. After reversal, 73.3% of recipients sought medical care; perceived lack of necessity (70.0%) was the most common reason for declining care. Emergency preparedness (58.9%) was the most common reason for obtaining naloxone. Forgetfulness (27.0%) was the most frequently reported barrier to carrying naloxone. Among organizational representatives, 63.5% reported offering naloxone training, while 28.5% distributed naloxone kits.

**Conclusions.** Naloxone distribution programs may support opioid overdose harm reduction by equipping laypersons to respond to poisoning events. However, barriers remain, particularly related to post-reversal medical care and consistent naloxone carriage.

*Outstanding Medical Student Research Award winner, funded by Wichita Medical Research and Education Foundation*