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Determining Bystander Motivations and Hesitations to Intervene During an Opioid Overdose Event

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Background

Harm reduction initiatives have been shown to improve morbidity and mortality of overdose; however, the rate of death due to opioid overdose continues to rise in Philadelphia. One aspect of the overdose scenario that requires more focus is the response of witnesses to overdose.

Objective

To better understand bystander motivations and perspectives in witnessing active overdoses in the city of Philadelphia, because the factors that empower or deter bystanders from intervening remain ambiguous.

Methods

- Created Likert survey asking participants basic information:
 - Demographics
 - Former exposure to an overdose
 - Recognition of overdose signs
 - Empathy towards opioid drug users
 - Overdose treatment knowledge
 - Fears
- Survey will be distributed in two primary ways:
 - Institutional dissemination by local universities, businesses, apartment complexes, etc.
 - Convenience sampling in areas with high foot traffic
- Analysis of results will involve a multivariate analysis to identify specific factors (participant characteristics, exposure to overdose, and environmental factors) correlating to an individual's willingness to intervene.

Results

Preliminary survey data from 25 respondents (14 male and 12 female) was collected to optimize survey before wider dissemination:

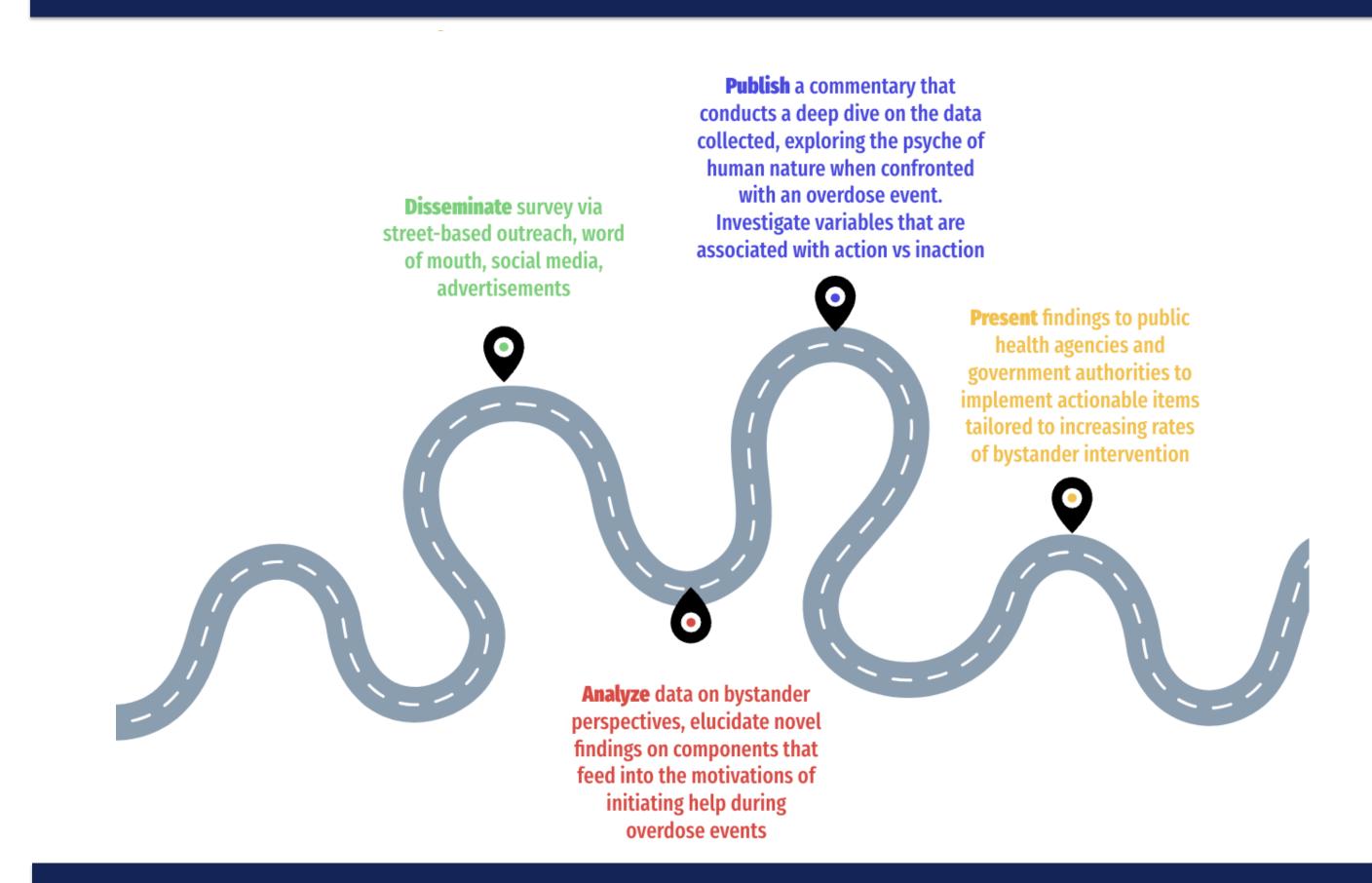
- Feedback regarding question clarity and thoroughness was assessed and incorporated into final version of survey
- Age range from 24 to 31 years old
- Five individuals reported having seen an overdose; of those, four were in public.
- When asked if they would intervene in future overdoses, 23 out of 25 said yes.



Limitations

- Nonresponse bias
- Response bias of rating likelihood to intervene higher than reality
- Bias of administering survey to populations more inclined to assist drug using populations (ie. healthcare workers in Philadelphia)

Next Steps



Conclusions

There is a shortage of research on bystander intervention in emergency scenarios, especially in the context of opioid overdose. The information gleaned from our responses may help contribute to our understanding of the significant obstacles that impact a bystander's response to an opioid overdose. Furthermore, it could inform public health initiatives, emergency alert devices or apps, and emergency service protocols focused on decreasing the rate of witnessed fatal overdoses.

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