



Nebraska Collegiate
Prevention Alliance

2025

Narcan Lockbox & Stigma Reduction Campus Readiness and Needs Assessment



Date: June 2025

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Table of Contents

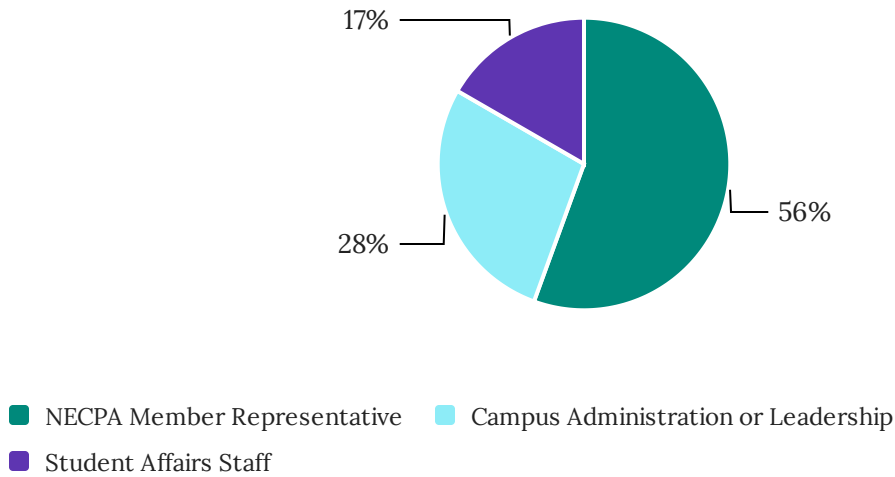
Executive Summary	1
Demographics	2
Awareness & Knowledge	2
Implementation Readiness	3
Training Needs & Preferences	5
Perceptions Around Narcan and Stigma	7
Willingness to Support a Stigma-Reduction Campaign	8
Preferred Campaign Messaging & Delivery Methods	8
Open-Ended Feedback & Recommendations	9

Demographics

Participants

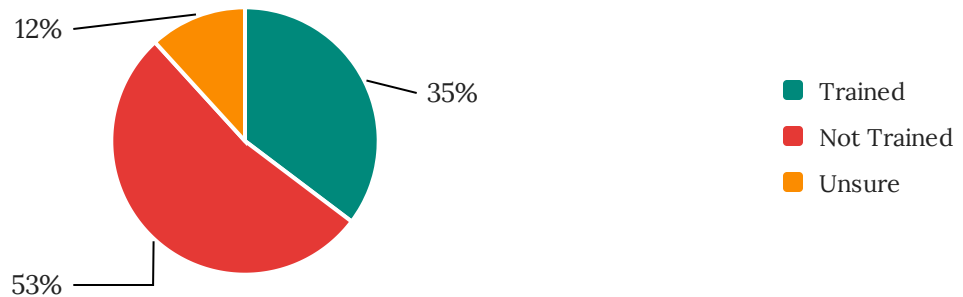
A total of 42.3% (11 out of 26) of NECPA member institutions participated in the assessment. A majority of respondents (56%) identified as NECPA Member Representatives.

Participants Role on Campus



Awareness & Knowledge

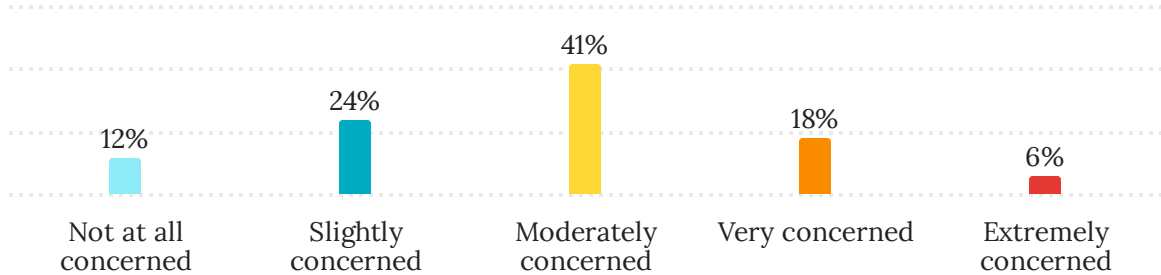
Current Stakeholder Training on Narcan Administration and Safety Protocols



The majority of participants (53%) reported they have not received Narcan training, while 35% indicated they have been trained, and 12% were unsure of their training status.

Perceived Need

Reported Concern Levels

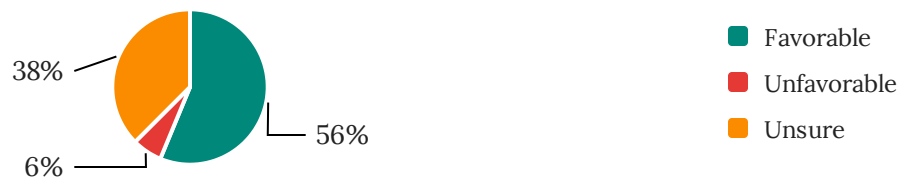


Survey respondents were asked to assess how concerned their campus community is about the risk of opioid overdoses affecting students, either on or off campus. Responses revealed a broad distribution of concern levels, with the majority indicating at least a moderate level of concern. Specifically, 41% of respondents reported being moderately concerned, while another 18% indicated they were very concerned, and 5% were extremely concerned. Meanwhile, 18% of respondents were not at all concerned, and another 18% reported being slightly concerned.

Using a 5-point Likert scale (1 = Not at all concerned; 5 = Extremely concerned), the average level of concern suggests that, as a whole, **respondents perceive their campus communities to be moderately concerned about the risk of opioid overdoses.** These findings indicate a meaningful level of awareness and perceived risk, though opportunities remain to further educate and engage campus communities on the issue.

Implementation Readiness

Campus Support for Narcan Lockboxes



When asked whether their campus would support the installation of Narcan lockboxes in public spaces, **a majority of respondents (56%) indicated yes, suggesting broad support for increasing access to Narcan.** An additional 38% of respondents were unsure, indicating that while support may be

likely, further education or discussion may be needed. Only 6% of respondents indicated that their campus would not support the installation of lockboxes.

Among those who did not support installation, the primary reason was that Narcan kits are already readily available throughout the campus. As a result, respondents felt that adding public lockboxes was unnecessary given existing access.

These findings suggest that while overall support for lockbox installation is strong, campuses with existing distribution systems may prioritize maintaining or enhancing current access points rather than adding new ones.

Implementation Logistics

Preferred Campus Locations for Narcan Lockboxes



Respondents were asked to identify which campus locations would be most appropriate for installing Narcan lockboxes. **The most frequently selected location was residence halls, reflecting concerns about overdose risks in student living spaces.** Academic buildings were the second most commonly chosen location, followed by recreation and wellness centers.

Several respondents selected “Other” and provided additional suggestions. These included **counseling offices, campus health centers, campus security hubs, and student services offices.** One respondent suggested that a lockbox should be installed in every campus building, emphasizing the importance of widespread accessibility.

These findings highlight a preference for placing Narcan in high-traffic, student-centered areas, while also indicating support for broader, more comprehensive distribution strategies.

Campus Concerns About Narcan Lockbox Installation

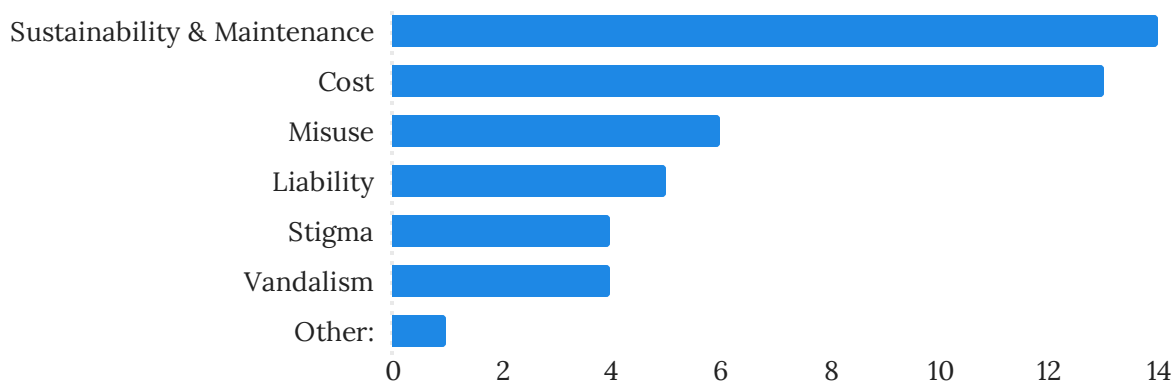
When asked about potential concerns related to installing Narcan lockboxes on campus, **respondents identified sustainability and maintenance as the most common concern.** This included

concerns about who would be responsible for monitoring and restocking the boxes over time.

The second most frequently cited concern was **cost**, with some campuses uncertain about how to fund the purchase, installation, and upkeep of the lockboxes and the Narcan kits themselves.

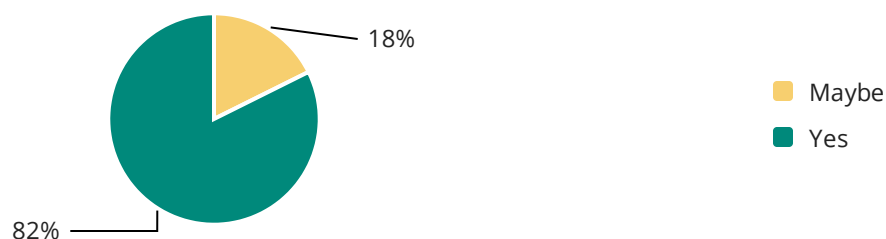
The third key concern was the **potential for misuse**, either of the lockboxes or the Narcan medication.

These responses suggest that while there is interest in increasing access to Narcan, campuses are also weighing practical and logistical challenges that could impact implementation.



Training Needs & Preferences

Interest in Narcan Training

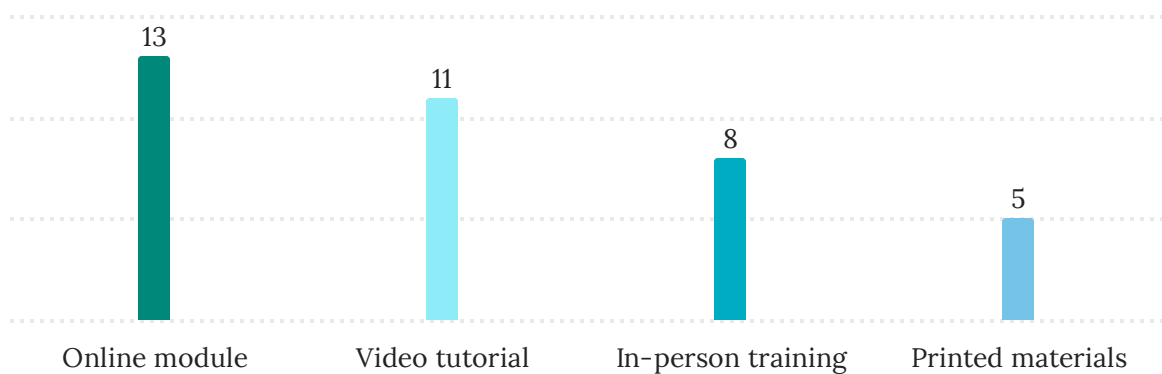


When asked whether they would be willing to participate in a brief Narcan training session, the vast majority of respondents (**82%**) indicated **yes**. The high willingness to engage in training reflects a growing recognition of the importance of preparedness and harm reduction within campus communities.

Preferred Training Format

Respondents were asked to indicate their preferred format for receiving Narcan training. The most popular choice was an online training module, suggesting a preference for flexible, self-paced learning. This was followed by video tutorials, which also offer convenience and ease of access. In-person training was the third most preferred format, while printed materials ranked lowest among the options.

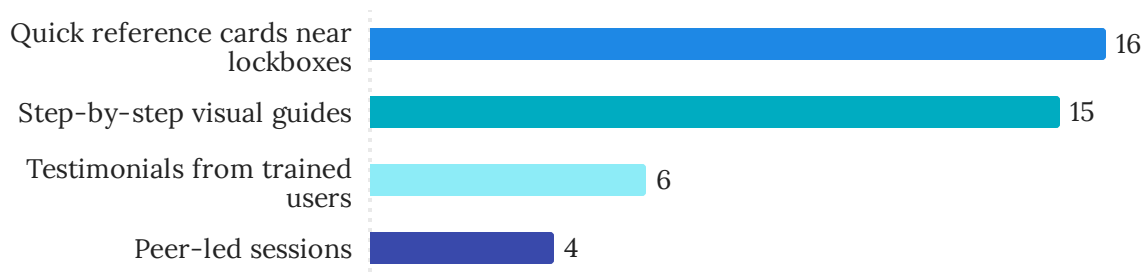
These **results indicate a strong preference for digital and on-demand training formats**, which may enhance participation rates by accommodating varying schedules and learning styles.



Needed Resources to Increase Comfort with Administering Narcan

When asked what resources would help increase their comfort with administering Narcan, respondents most frequently selected quick reference cards placed near lockboxes. This was followed by step-by-step visual guides, which provide clear, easy-to-follow instructions. Testimonials from individuals who have been trained ranked third, offering a relatable and reassuring perspective. Peer-led training sessions were the least selected option.

These results suggest that **respondents prefer immediate, accessible, and self-guided resources that can be consulted in real time**, reinforcing the importance of practical and visual tools at the point of need.

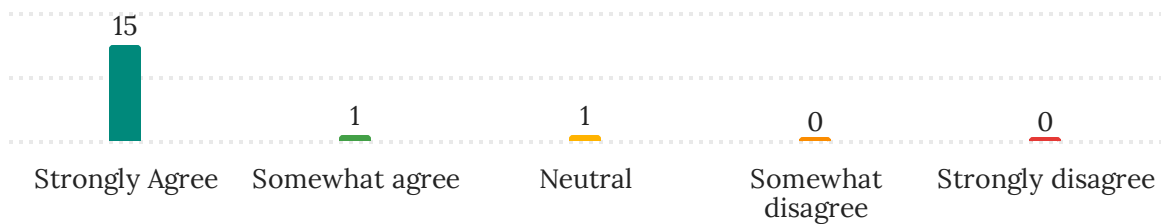


Perceptions Around Narcan and Stigma

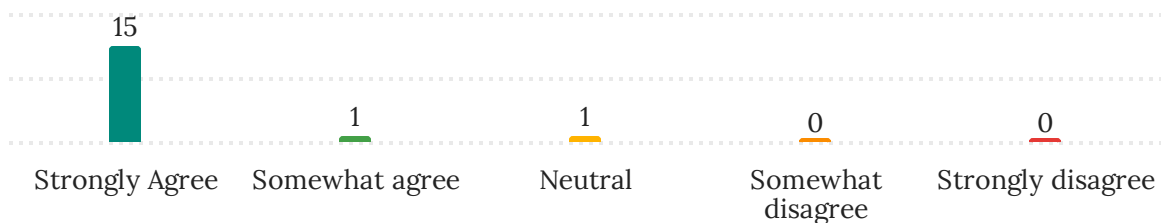
Survey respondents expressed a general awareness of stigma as a barrier to overdose prevention. A significant portion of participants agreed or strongly agreed that stigma prevents individuals from accessing Narcan and overdose prevention resources. Conversely, most respondents disagreed with the idea that making Narcan available on campus could encourage drug use, indicating a supportive attitude toward harm reduction efforts. Furthermore, the majority of participants strongly supported a campaign to reduce stigma around Narcan and overdose prevention.

Responses are as follows:

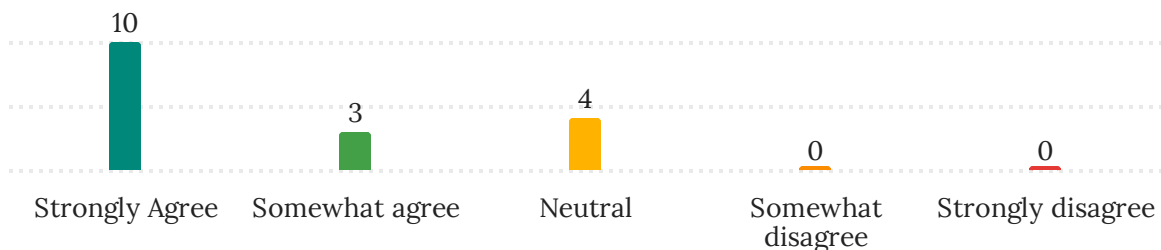
People who use opioids deserve access to life-saving interventions like Narcan



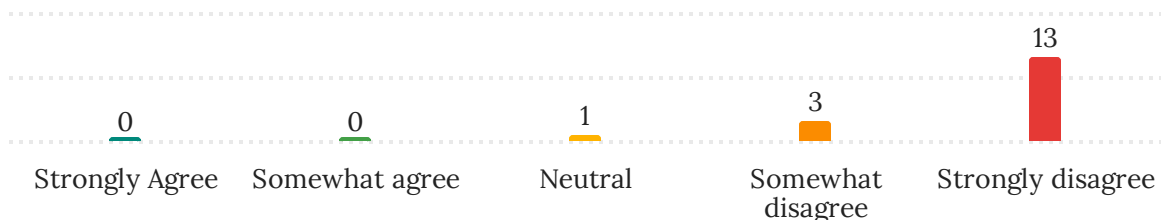
Carrying or using Narcan promotes responsible public health practices



Stigma prevents people from accessing overdose prevention resources

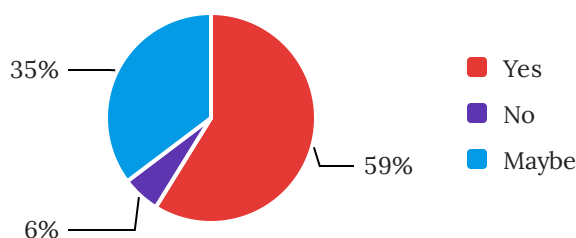


Having Narcan available on campus could encourage drug use



Willingness to Support and Participate in a Stigma-Reduction Campaign

When asked whether their campus would be willing to participate in or promote a stigma-reduction campaign related to Narcan, most respondents expressed a strong interest in supporting and engaging with outreach efforts, as well as creating a more supportive campus environment around overdose prevention. A small number of responses were neutral or uncertain, while very few selected “No.”



Among respondents who indicated “**maybe**” or “**no**” when asked about their willingness to support or participate in a stigma reduction campaign, several common themes emerged regarding their hesitation. The primary concern centered on **campus leadership and decision-making authority**. Respondents noted that such initiatives would require approval from entities such as the **Board of Governors**, the **college president**, or **cabinet-level leadership**.

Additionally, some respondents emphasized the importance of aligning a campaign with concrete action—specifically, the **installation of Narcan lockboxes**. One noted that a stigma reduction campaign would only make sense if lockboxes were in place, and that **administrative approval for installation** would need to come first.

These responses highlight that while there may be interest in addressing stigma, actual participation is often contingent on **institutional buy-in** and alignment with broader campus initiatives.

Preferred Messaging for a Stigma-Reduction Campaign

When asked about the most effective types of messaging for a Narcan stigma-reduction campaign, respondents most commonly selected fact-based messaging and myth-busting approaches. This was followed by messaging framed through a public health education lens.

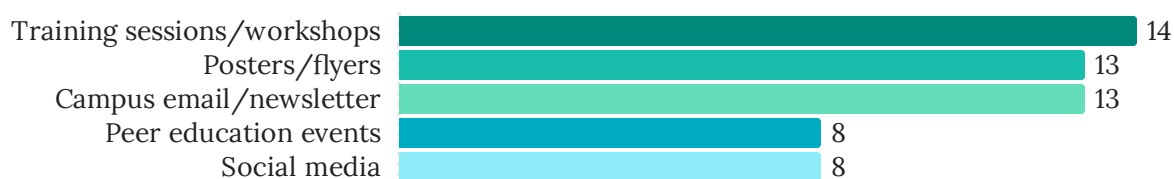
Harm reduction messaging and peer-led education tied for third place, while personal stories and testimonials were the least frequently selected.

These findings suggest that stakeholders may prefer messaging that is informational, evidence-based, and framed within broader public health contexts, rather than emotionally driven narratives. This insight can guide the development of future campaign materials to align with the communication preferences of campus audiences.



Preferred Information Delivery Methods

When asked how they would prefer to receive information about a Narcan stigma-reduction campaign, participants identified **training sessions and workshops, posters and flyers, and email or newsletters** as the most effective methods. These results suggest that a combination of **interactive, visual, and digital communication strategies** may be most successful in reaching and engaging campus audiences.



Open-ended Feedback and Suggestions

While only a few respondents provided written feedback in response to the open-ended question about additional ideas or suggestions, several valuable themes emerged. Comments included recommendations to **increase student programming and peer education efforts**, as well as to implement **consistent education and monitoring of Narcan stations** to ensure they remain stocked and ready for use. Respondents also suggested providing **evidence or examples from other campuses** that have successfully implemented similar initiatives. Additionally, **liability concerns** were noted as an ongoing challenge, with a recommendation to proactively address this issue through clear policies and guidance.

Conclusion

The results of this campus readiness and needs assessment offer a clear snapshot of current attitudes, perceived needs, and implementation considerations surrounding Narcan lockboxes and stigma-reduction efforts across participating Nebraska institutions. While there is room to grow in terms of Narcan training coverage—53% of respondents reported they have not yet received training—the overwhelming majority (82%) expressed willingness to participate in future training opportunities.

Respondents indicated moderate concern about the risk of opioid overdose within campus communities, with a mean Likert score of 2.95. This level of concern aligns with strong interest in harm reduction strategies, including support for Narcan lockboxes (56% in favor), though uncertainty (38%) remains, largely tied to administrative approval processes and questions about implementation logistics.

When considering lockbox placement, residence halls, academic buildings, and wellness centers emerged as top priorities, pointing to a desire for visibility and accessibility in high-traffic student areas. However, successful implementation will depend on campuses addressing practical concerns such as sustainability, cost, and potential misuse of Narcan or lockboxes.

Respondents clearly favor **digital and self-paced training formats**, particularly online modules and video tutorials. Additionally, quick-reference materials and visual guides were identified as the most helpful resources to increase comfort with administering Narcan—further emphasizing the need for accessible, just-in-time learning tools.

Stigma remains a recognized barrier to overdose prevention. Most respondents agreed that stigma prevents individuals from accessing life-saving resources, yet also rejected the misconception that availability of Narcan promotes drug use. There is strong support (59%) for stigma-reduction campaigns, with an additional 35% expressing tentative interest pending administrative guidance or alignment with lockbox efforts.

Messaging for such campaigns should prioritize **fact-based communication and public health framing**, while campaign delivery should combine **interactive engagement (workshops, training sessions)** with **visual and digital dissemination (posters, emails, newsletters)**.

Overall, the findings reveal a campus environment that is **open and increasingly prepared** to implement Narcan access and education efforts—provided these efforts are supported by leadership, strategically communicated, and tailored to the practical needs and preferences of each institution.