

Opioid Perceptions Survey: Wave One Results

Prepared by Center for Public Health Systems Science (CPHSS) at the Brown School at Washington University in St. Louis, on behalf of Franklin County RCORP (Rural Communities Opioid Response Program) Consortium and PreventEd

September 2021



Center for Public Health
Systems Science

Brown School



Overview

This report presents the results of the *Opioid Perceptions Survey: Wave One*. These surveys are part of a larger initiative being conducted by the Franklin County RCORP (Rural Communities Opioid Response Program) Consortium as part of a HRSA (Health Resources and Services Administration) Implementation grant received by PreventEd (formerly NCADA) in Franklin County. The grant aims to address the high number of opioid overdose deaths in Franklin County, Missouri. The Franklin County HRSA Consortium consists of Foundations for Franklin County, Franklin County Treatment Court, HOPE for Franklin County Coalition, Mercy, New Haven Ambulance District, and PreventEd. Four waves of the Opioid Perceptions Survey will be conducted over two years to capture perceptions over time.

Wave One of the survey was administered in Spring 2021, with invitations to participate sent to people who work with individuals (clients/patients) who use opioids in a non-therapeutic way. This refers to clients or individuals encountered through professional capacity, and does not include colleagues. Twenty-nine (29) surveys were analyzed for this report.

Key takeaways

From the Wave One results:

- Overall, respondents expressed positive perceptions around working with individuals who use opioids in a non-therapeutic way (average 2.4 on a 7-point scale)
- Most respondents (79%) reported having a working knowledge of opioid use and related issues
- Opportunities for engagement:
 - Increase awareness of the cause of opioid use problems
 - Increase awareness and information about the risk factors for developing an opioid use disorder and other substance use issues
 - Increase awareness and information about the physical and psychological effects of opioid use
 - Increase personal and professional support and clarification on responsibilities
 - Continuously share resources around prevention, treatment, and recovery from opioid use

Respondents

Role

Majority of respondents (38%) work as service providers (e.g., Children's Division, Community Health Worker, social worker). A few (17%) better identified as working in roles other than the four main roles asked.

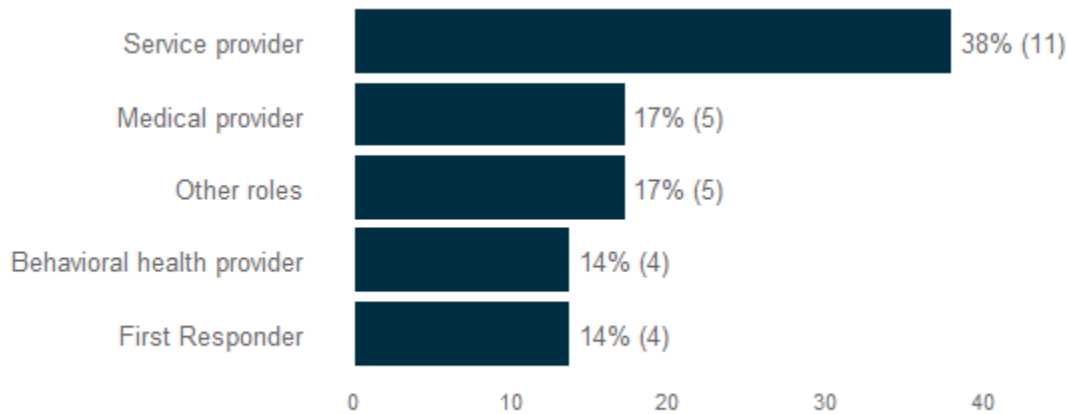


Figure 1: Roles of respondents.

Experience

Most respondents (79%) have been working with people who misuse opioids for at least five years.

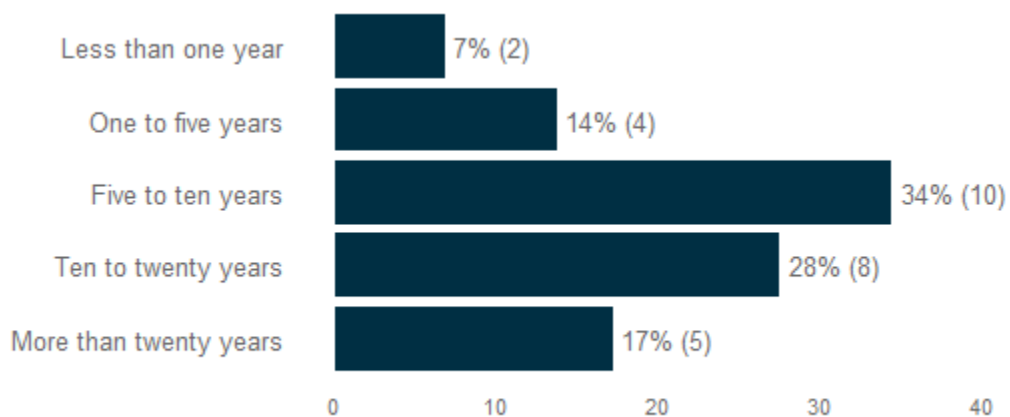


Figure 2: Length of time respondents have been working with people who misuse opioids.

Perceptions

Respondents indicated on a scale of 1 to 7 (strongly agree to strongly disagree) how much they agreed with 22 statements about working with people who use opioids in a non-therapeutic way. Please see the appendix for the full question.

Average rating

With a scale of 1 to 7 indicating agreement to disagreement on positively framed questions, a lower number would indicate less stigma when working with individuals who use opioids in a non-therapeutic way. Statements 15-18 were worded negatively, and the scales were reversed to calculate the average rating.

Overall, respondents positively perceived working with people who use opioids in a non-therapeutic way, with an average of 2.4 from the 7 point scale. Figure 3 shows the average scores of the 29 survey respondents across the 22 statements. For one individual, the average is calculated across the 21 statements they rated.

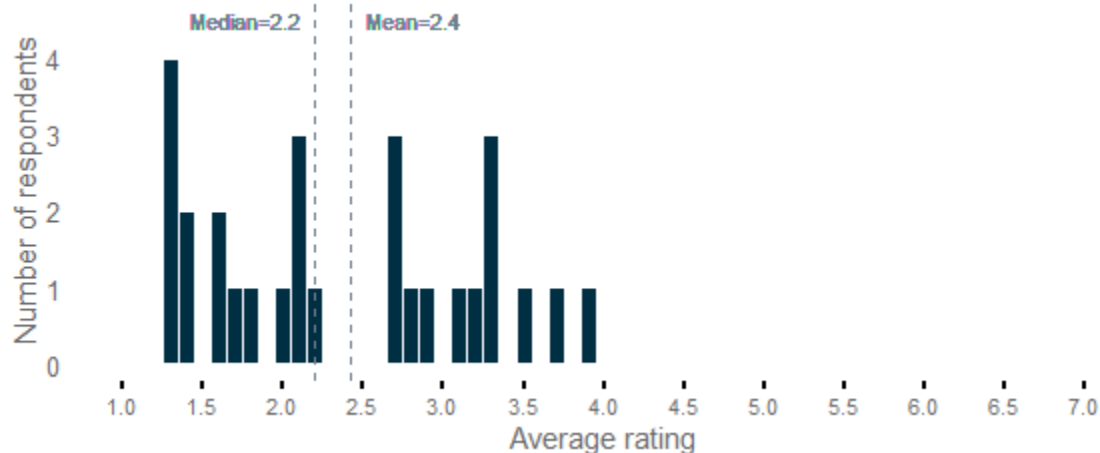


Figure 3: Respondents' average rating of statements.

Statements

This section presents the percentage of respondents agreeing with each of the 22 statements asked.

Percentages are calculated based on the 29 respondents providing their agreement with statements, with the exception of statement 8 where there were 28 respondents.

Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Opioid Perceptions Survey: Wave One Results

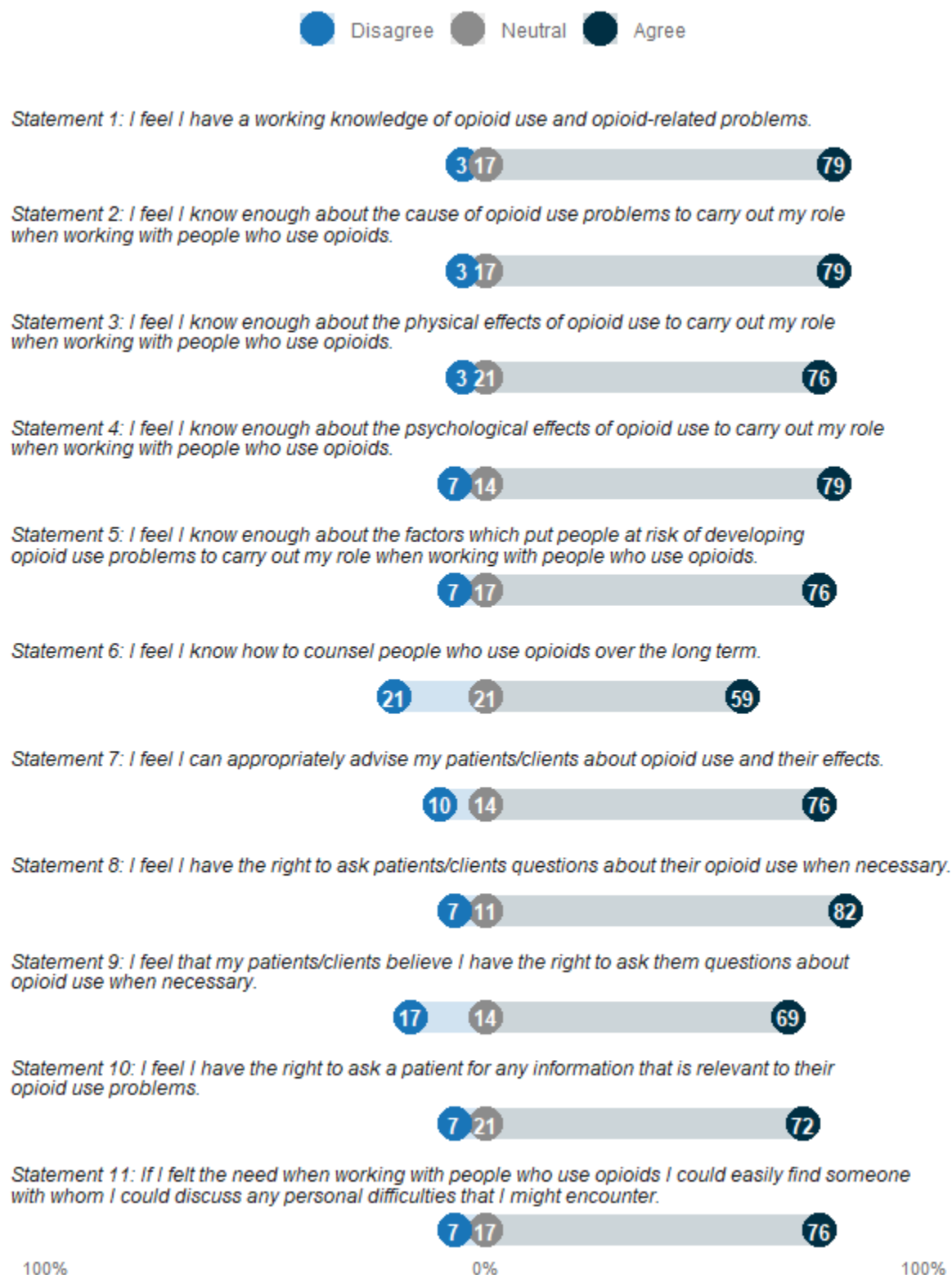


Figure 4: Overall percentage agreement with each statement, for statements 1 through 11

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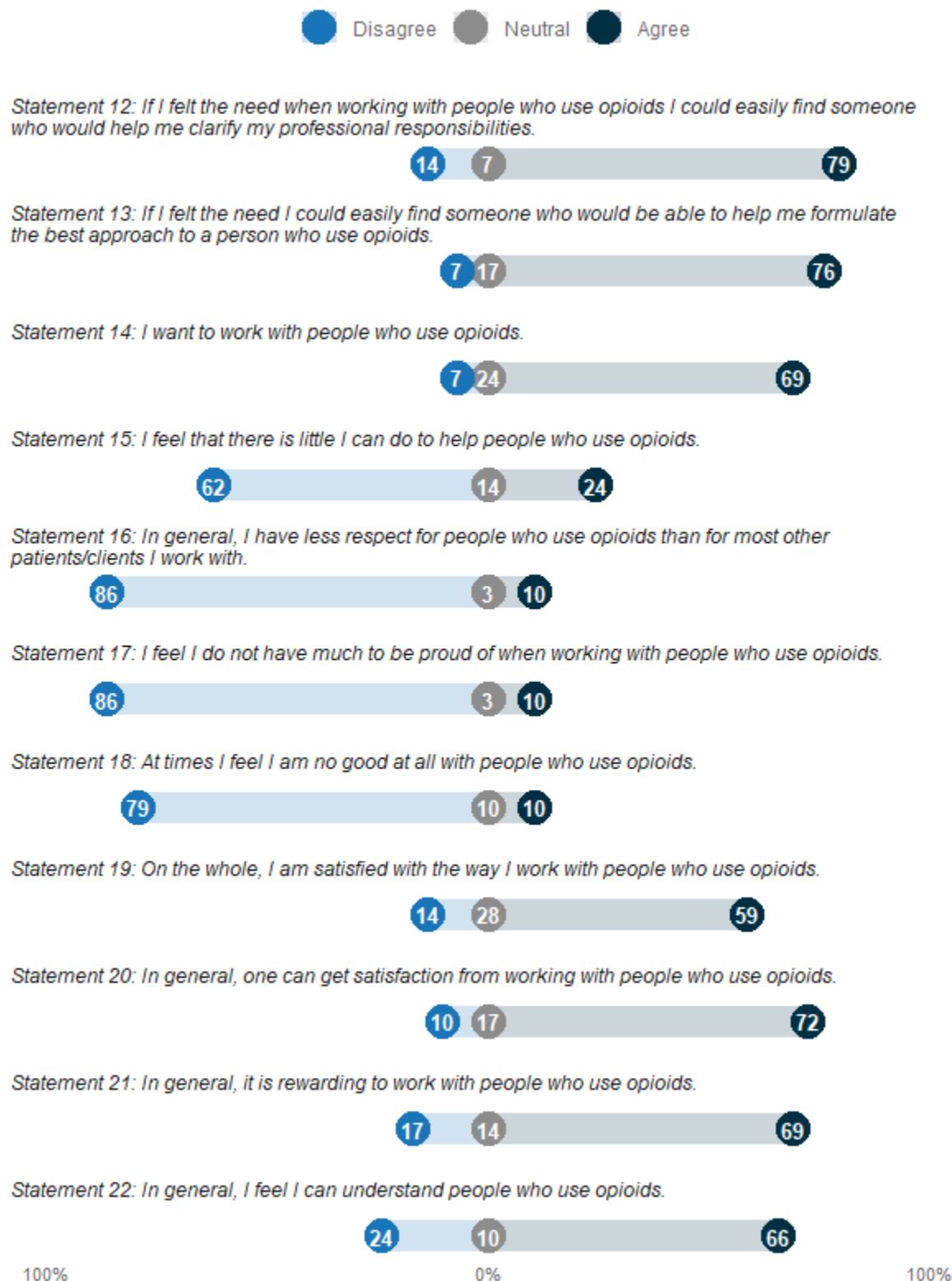


Figure 5: Overall percentage agreement with each statement, for statements 12 through 22

Perceptions by role

This section explores the relationship between the respondents' roles and the respondents' perceptions. Results indicate where efforts may be focused for action.

With Statement 5 as an example, opportunities to learn about risk factors for developing opioid use problems would be helpful and could include education sessions or sharing resources on where questions can be answered. Based on the results of this survey, these efforts may be most helpful if focused toward First Responders and medical providers at this time, rather than behavioral health providers.

With Statement 6 as an example, it is important to consider the context of a role with the results. First Responders may engage with a patient/client on a one-time basis and that might influence their perception on counseling people who use opioids over the long term.

Statement 1: I feel I have a working knowledge of opioid use and opioid-related problems.

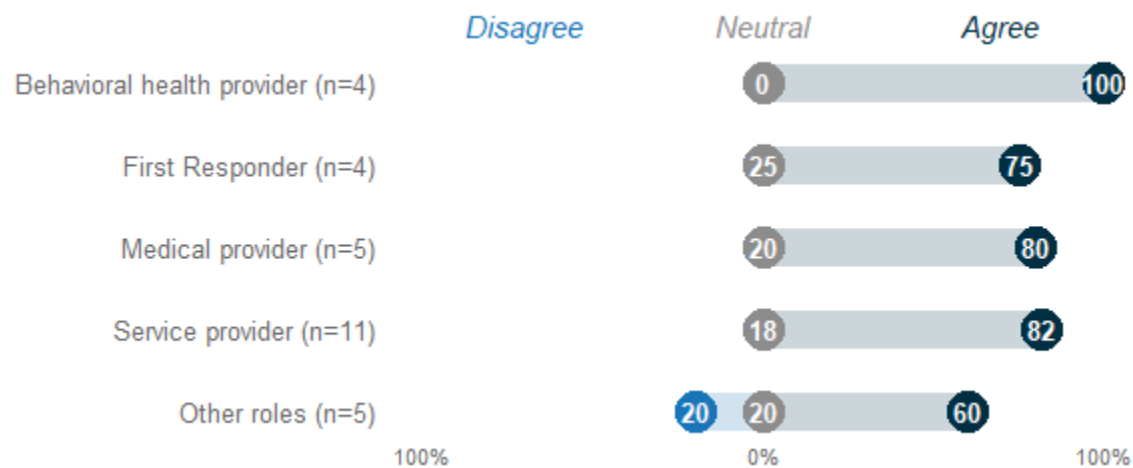


Figure 6: Percentage agreement with Statement 1 among respondents working primarily in a given role.

Statement 2: I feel I know enough about the cause of opioid use problems to carry out my role when working with people who use opioids.

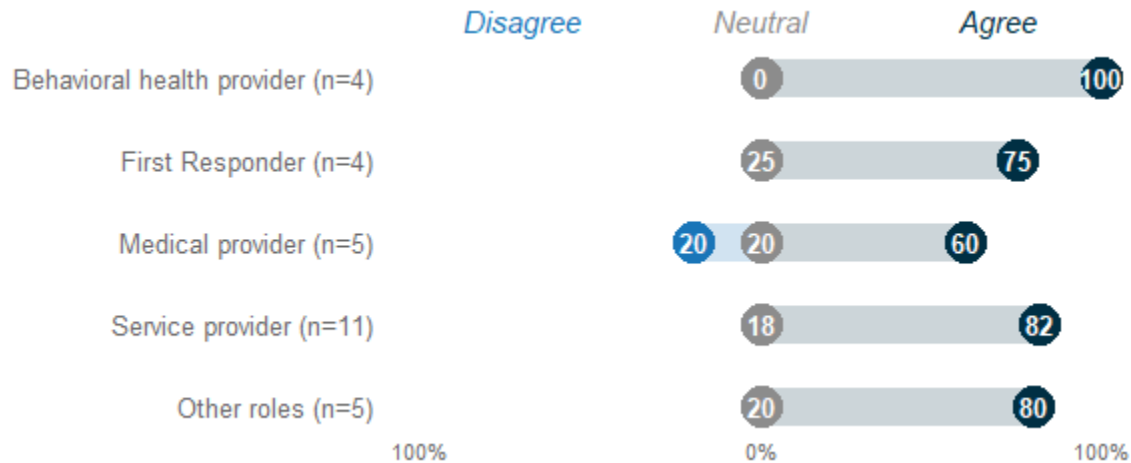


Figure 7: Percentage agreement with Statement 2 among respondents working primarily in a given role.

Statement 3: I feel I know enough about the physical effects of opioid use to carry out my role when working with people who use opioids.

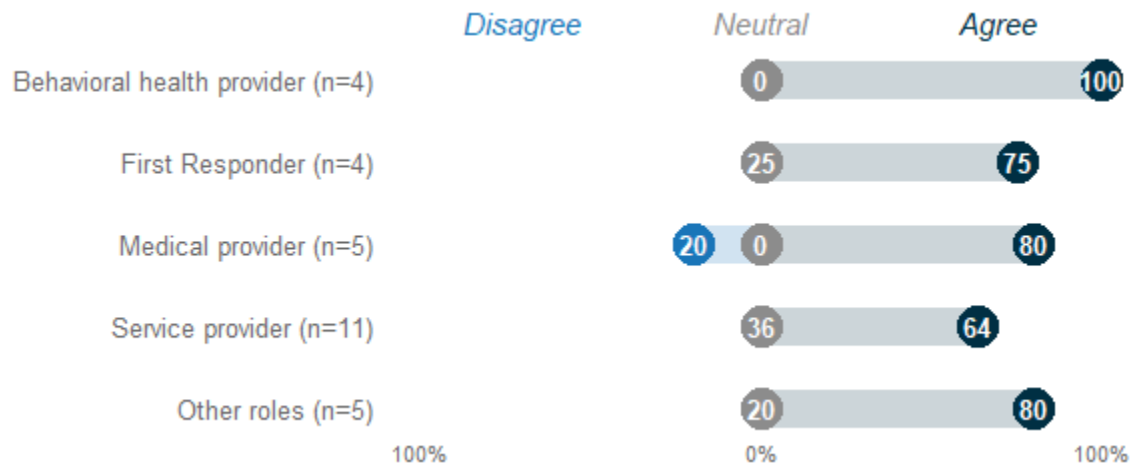


Figure 8: Percentage agreement with Statement 3 among respondents working primarily in a given role.

Statement 4: I feel I know enough about the psychological effects of opioid use to carry out my role when working with people who use opioids.

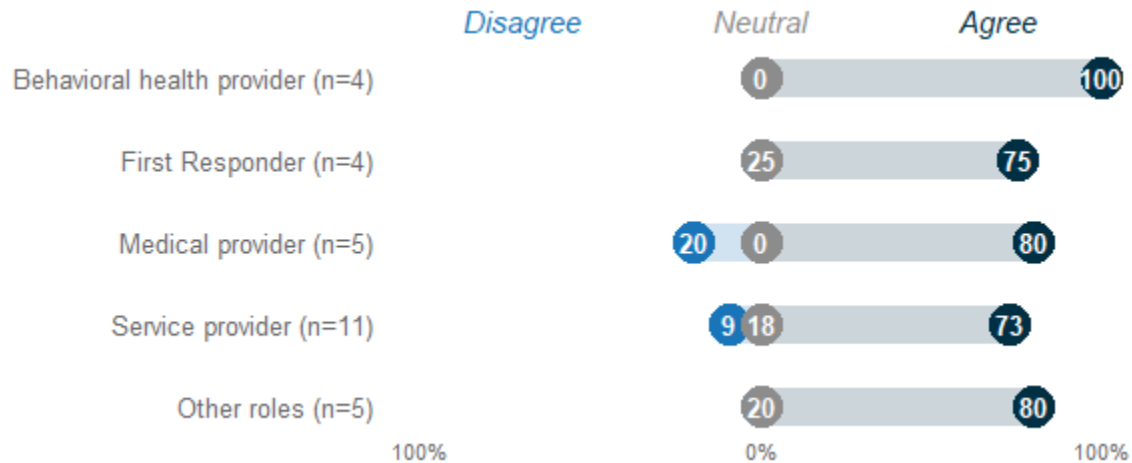


Figure 9: Percentage agreement with Statement 4 among respondents working primarily in a given role.

Statement 5: I feel I know enough about the factors which put people at risk of developing opioid use problems to carry out my role when working with people who use opioids.

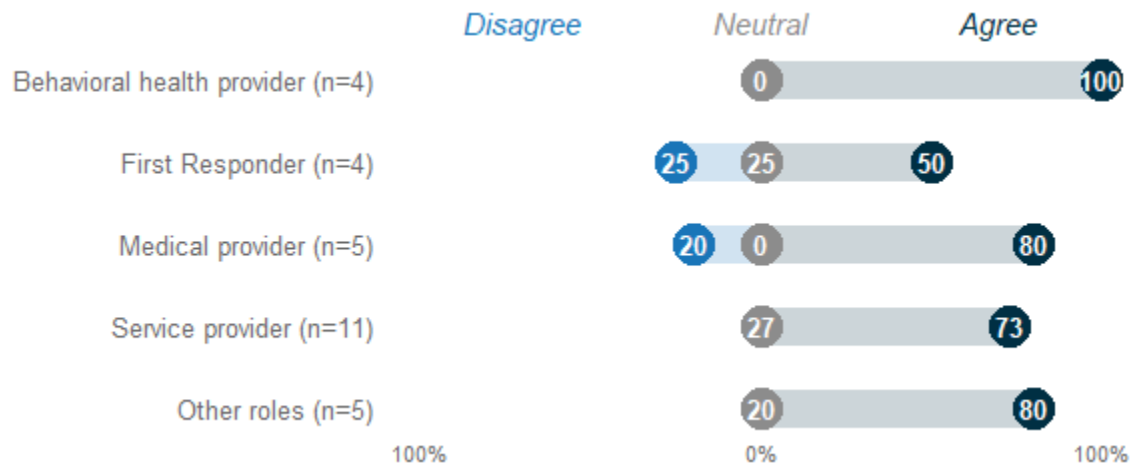


Figure 10: Percentage agreement with Statement 5 among respondents working primarily in a given role.

Statement 6: I feel I know how to counsel people who use opioids over the long term.

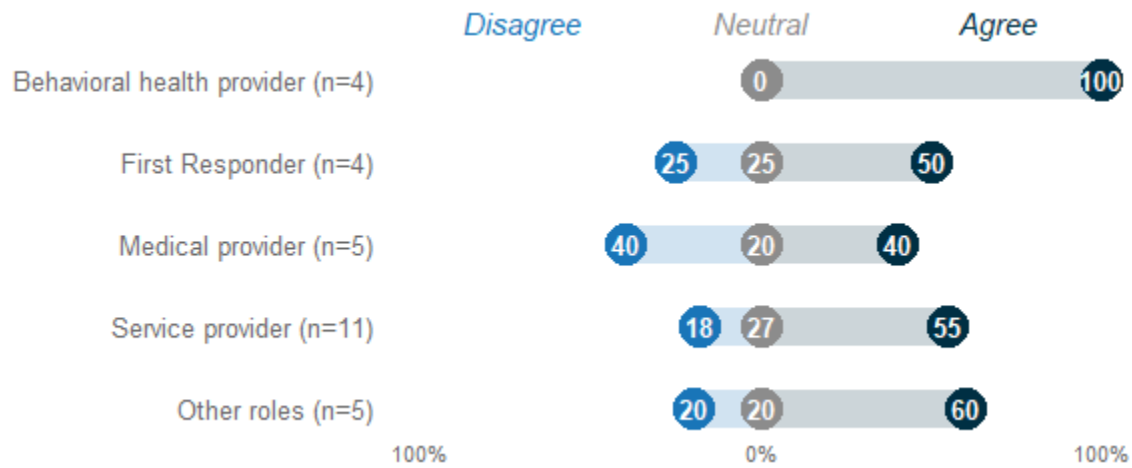


Figure 11: Percentage agreement with Statement 6 among respondents working primarily in a given role.

Statement 7: I feel I can appropriately advise my patients/clients about opioid use and their effects.

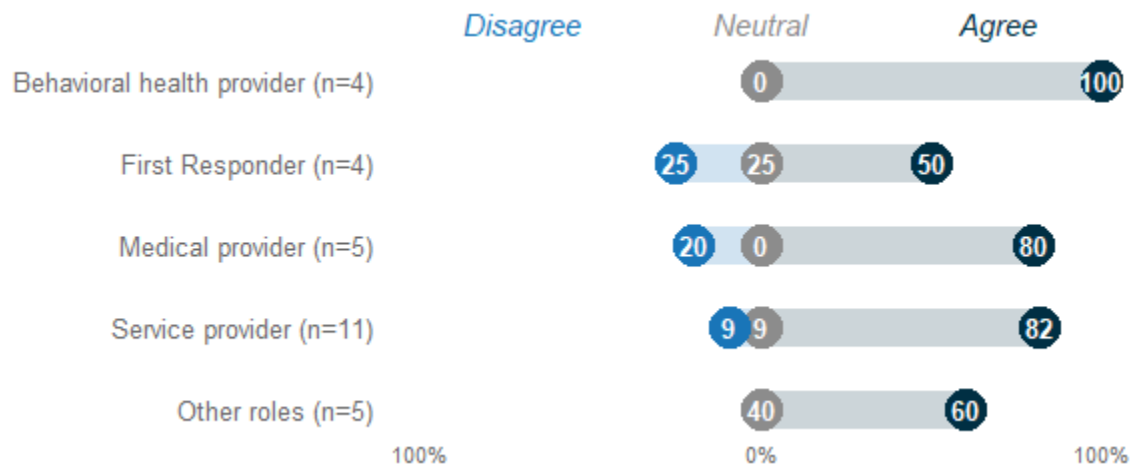


Figure 12: Percentage agreement with Statement 7 among respondents working primarily in a given role.

Statement 8: I feel I have the right to ask patients/clients questions about their opioid use when necessary.

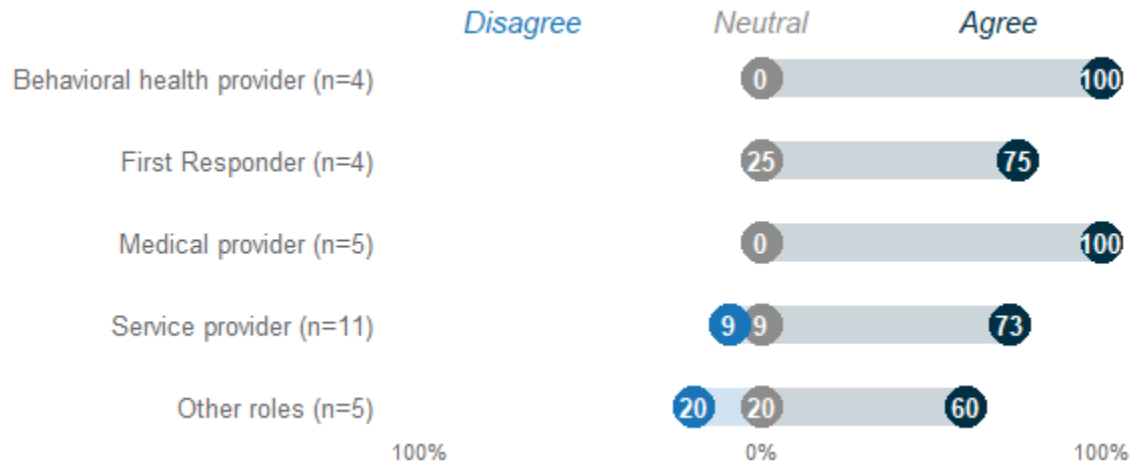


Figure 13: Percentage agreement with Statement 8 among respondents working primarily in a given role.

Statement 9: I feel that my patients/clients believe I have the right to ask them questions about opioid use when necessary.

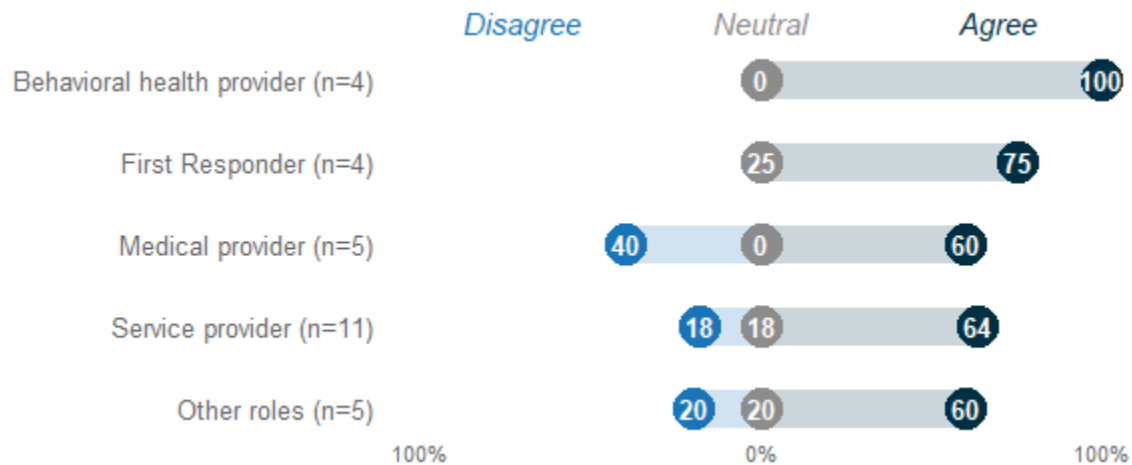


Figure 14: Percentage agreement with Statement 9 among respondents working primarily in a given role.

Statement 10: I feel I have the right to ask a patient for any information that is relevant to their opioid use problems.

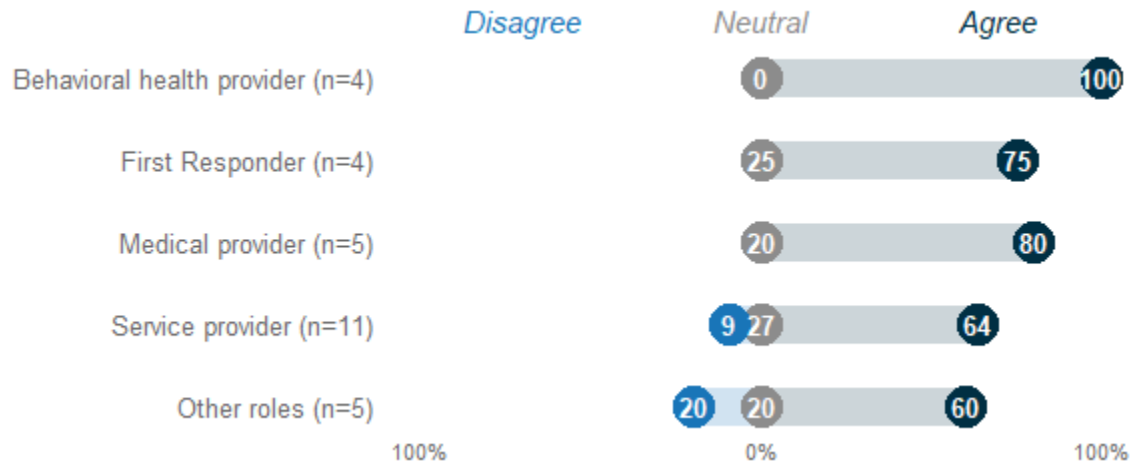


Figure 15: Percentage agreement with Statement 10 among respondents working primarily in a given role.

Statement 11: If I felt the need when working with people who use opioids I could easily find someone with whom I could discuss any personal difficulties that I might encounter.

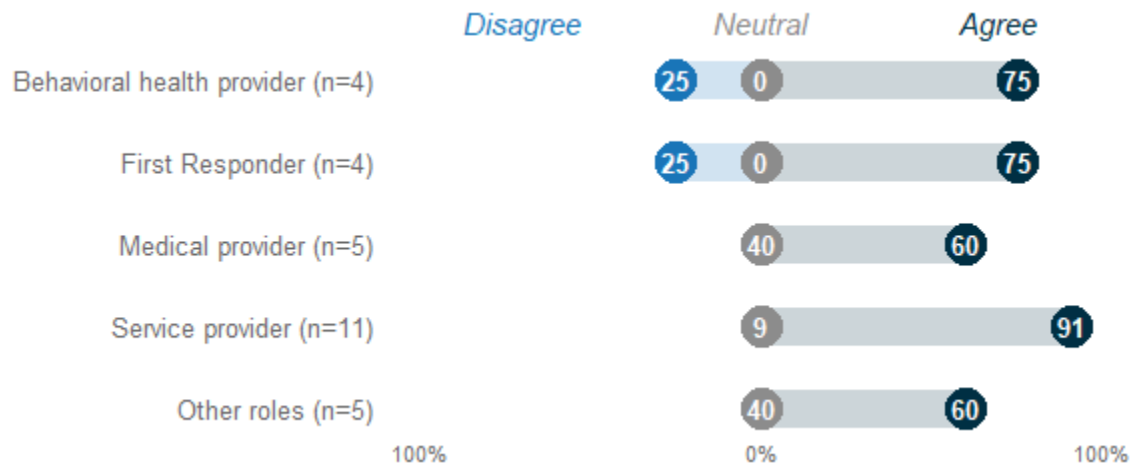


Figure 16: Percentage agreement with Statement 11 among respondents working primarily in a given role.

Statement 12: If I felt the need when working with people who use opioids I could easily find someone who would help me clarify my professional responsibilities.

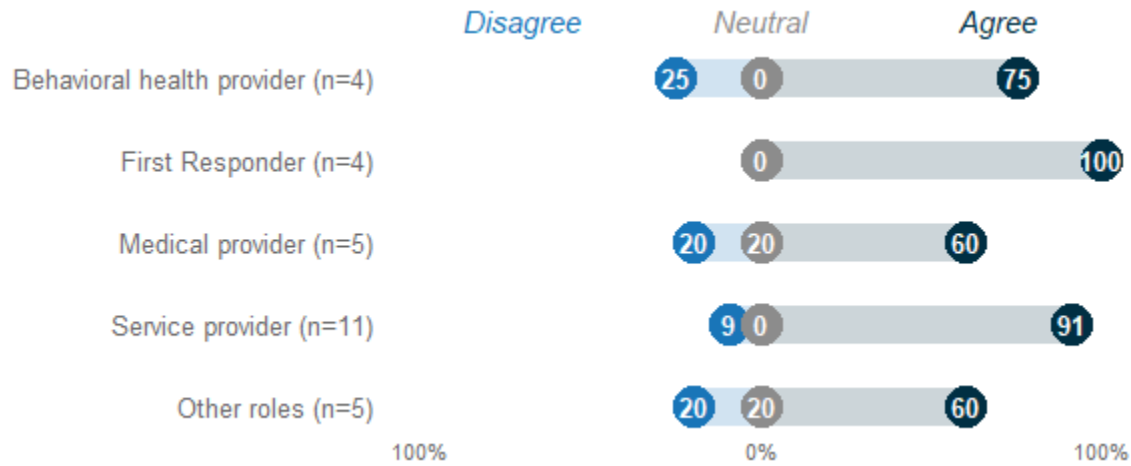


Figure 17: Percentage agreement with Statement 12 among respondents working primarily in a given role.

Statement 13: If I felt the need I could easily find someone who would be able to help me formulate the best approach to a person who use opioids.

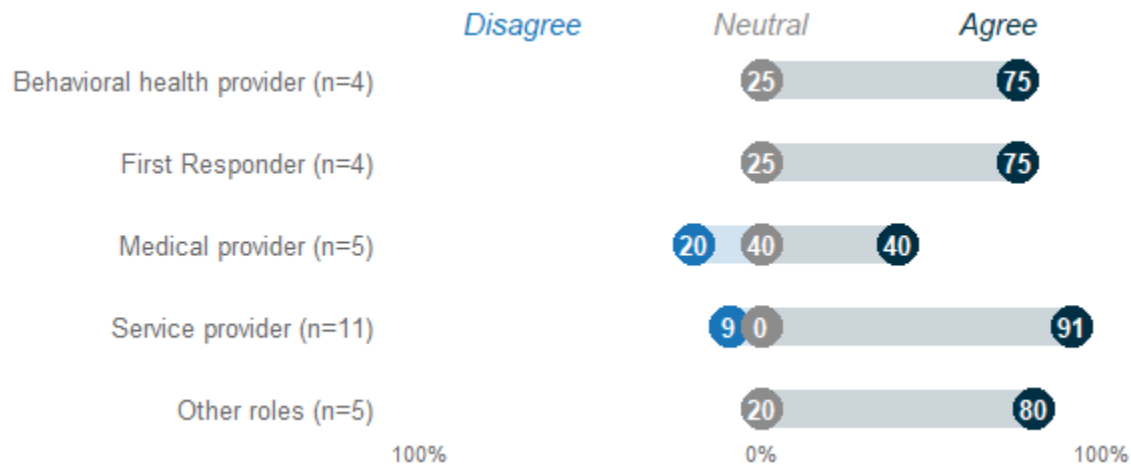


Figure 18: Percentage agreement with Statement 13 among respondents working primarily in a given role.

Statement 14: I want to work with people who use opioids.

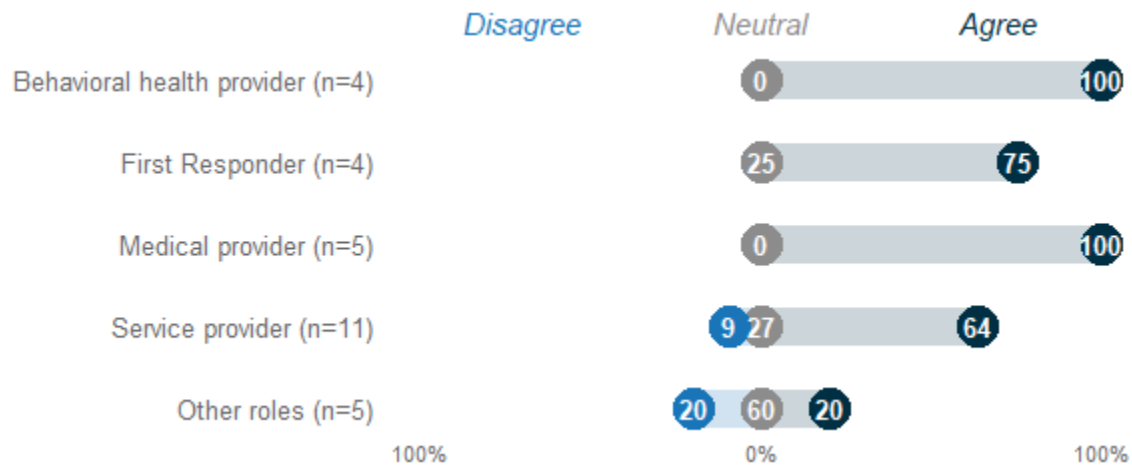


Figure 19: Percentage agreement with Statement 14 among respondents working primarily in a given role.

Statement 15: I feel that there is little I can do to help people who use opioids.

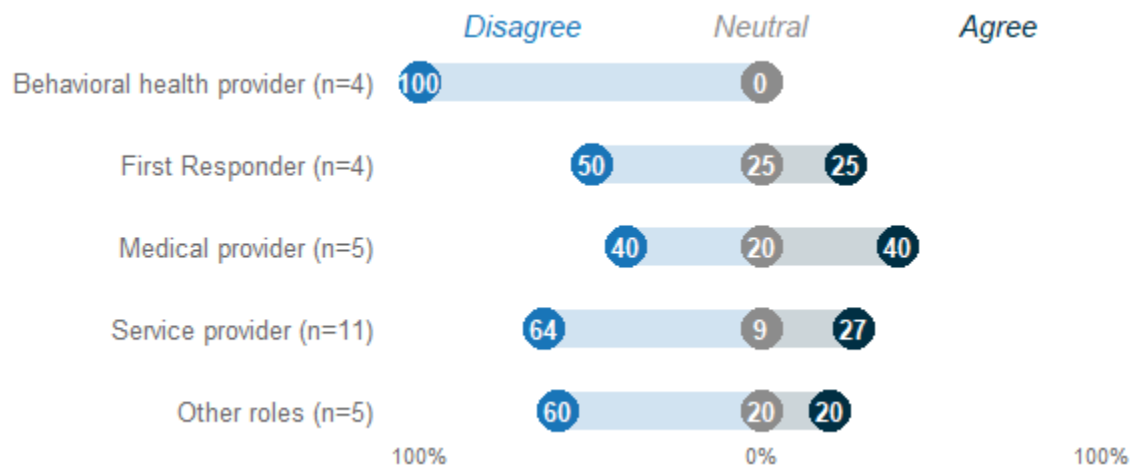


Figure 20: Percentage agreement with (negatively worded)¹ Statement 15 among respondents working primarily in a given role.

¹ Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Statement 16: In general, I have less respect for people who use opioids than for most other patients/clients I work with.

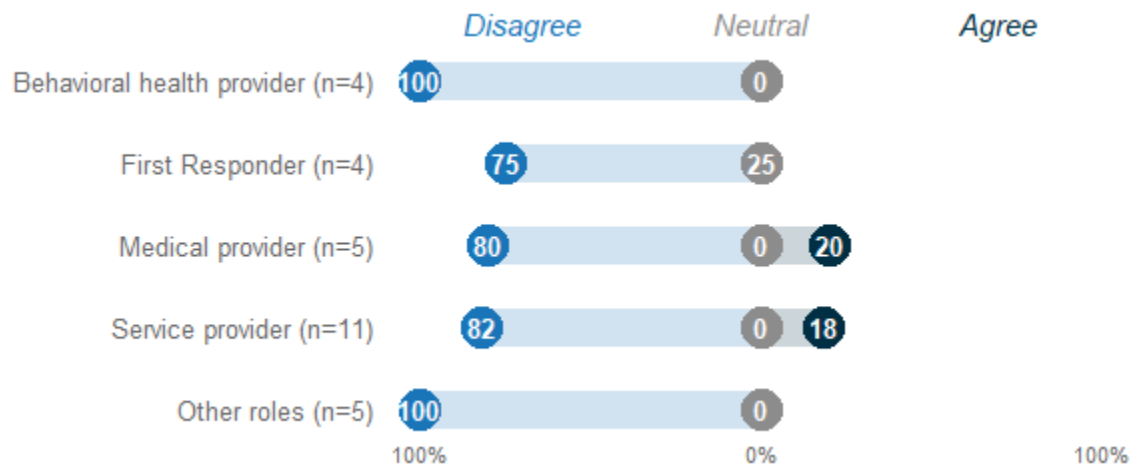


Figure 21: Percentage agreement with (negatively worded)¹ Statement 16 among respondents working primarily in a given role.

Statement 17: I feel I do not have much to be proud of when working with people who use opioids.

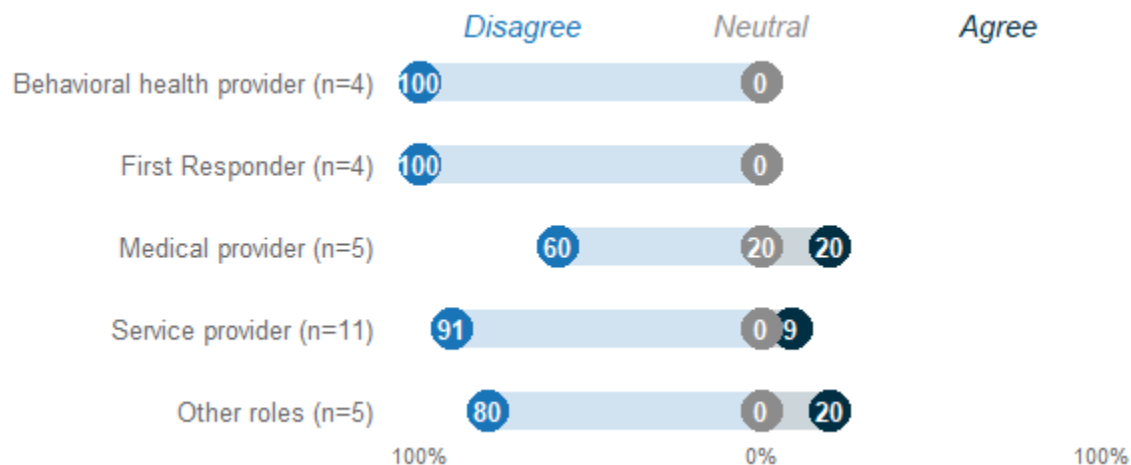


Figure 22: Percentage agreement with (negatively worded)² Statement 17 among respondents working primarily in a given role.

¹ Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Statement 18: At times I feel I am no good at all with people who use opioids.

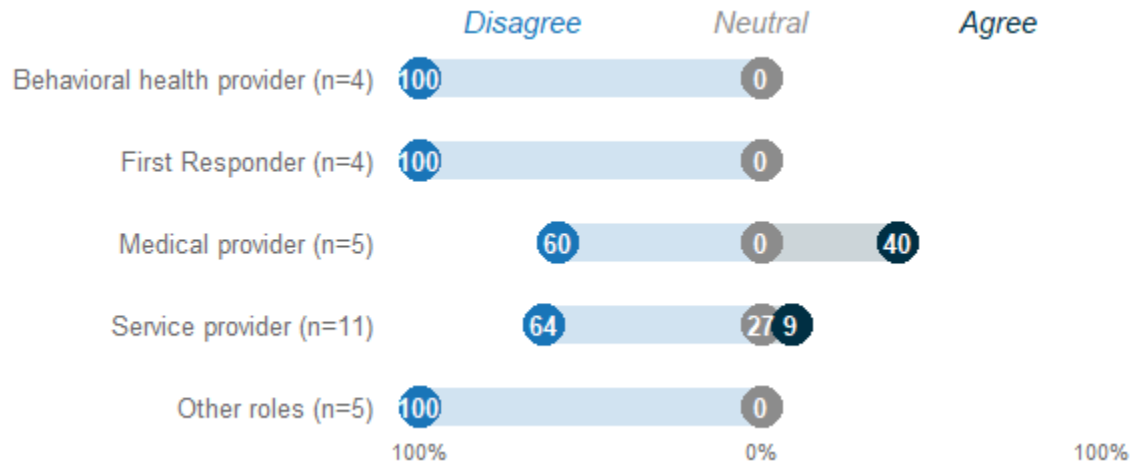


Figure 23: Percentage agreement with (negatively worded)¹ Statement 18 among respondents working primarily in a given role.

Statement 19: On the whole, I am satisfied with the way I work with people who use opioids.

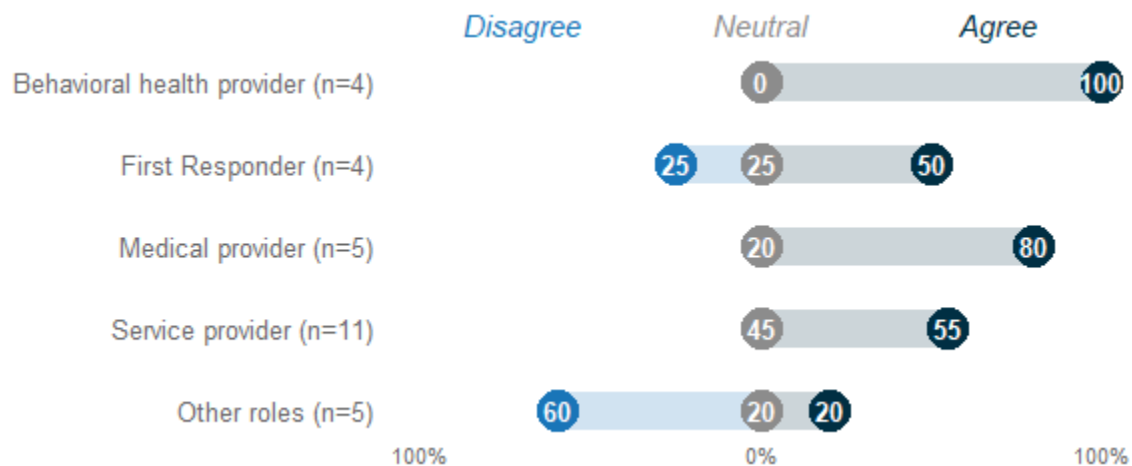


Figure 24: Percentage agreement with Statement 19 among respondents working primarily in a given role.

¹ Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Statement 20: In general, one can get satisfaction from working with people who use opioids.

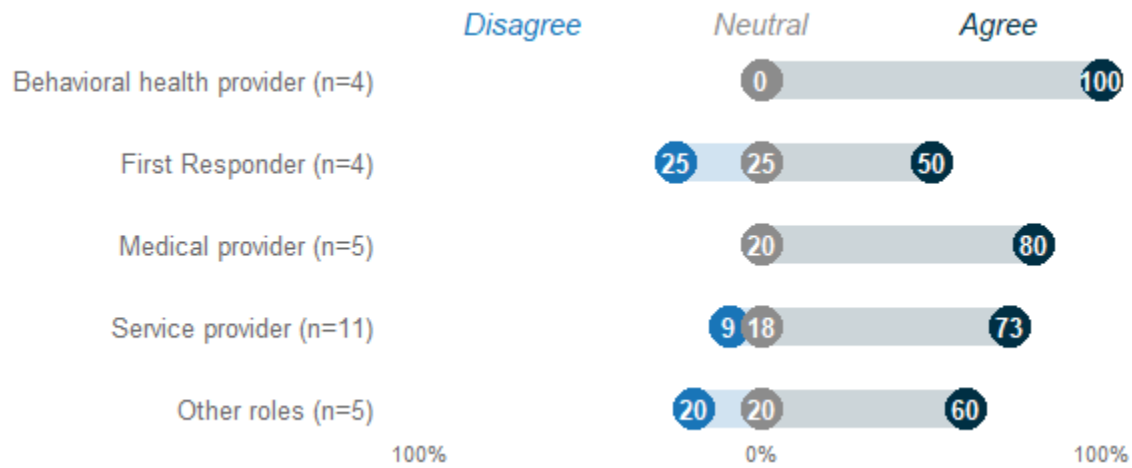


Figure 25: Percentage agreement with Statement 20 among respondents working primarily in a given role.

Statement 21: In general, it is rewarding to work with people who use opioids.

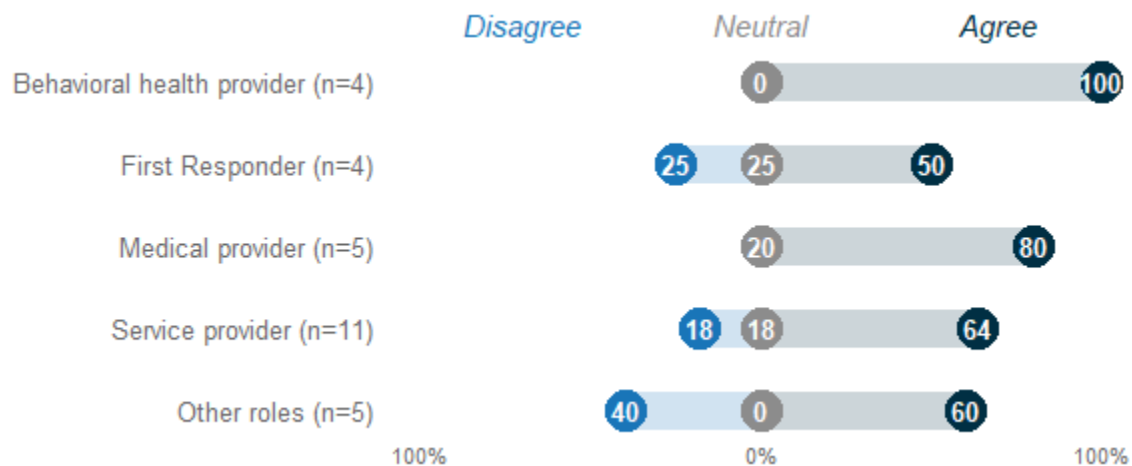


Figure 26: Percentage agreement with Statement 21 among respondents working primarily in a given role.

Statement 22: In general, I feel I can understand people who use opioids.

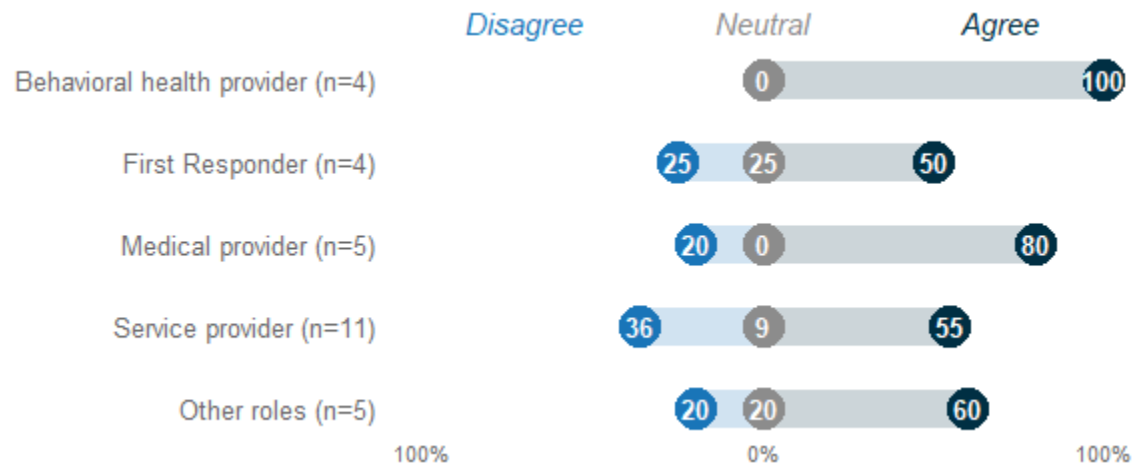


Figure 27: Percentage agreement with Statement 22 among respondents working primarily in a given role.

Perceptions by experience

This section explores the relationship between experience (length of time working with people who misuse opioids) and respondents' perceptions. For analysis purposes, persons who responded less than one year or one to five years were combined to represent less than five years. Results indicate where efforts may be focused for action.

With Statements 12 and 13 as an example, sharing resources around prevention, treatment or recovery from opioid use continues to be helpful to people who work with individuals who use opioids in a non-therapeutic way. Continuously promoting access to this knowledge would be helpful to people who have been working in this field for a short time and may not know who they can turn to for advice.

Statement 1: I feel I have a working knowledge of opioid use and opioid-related problems.

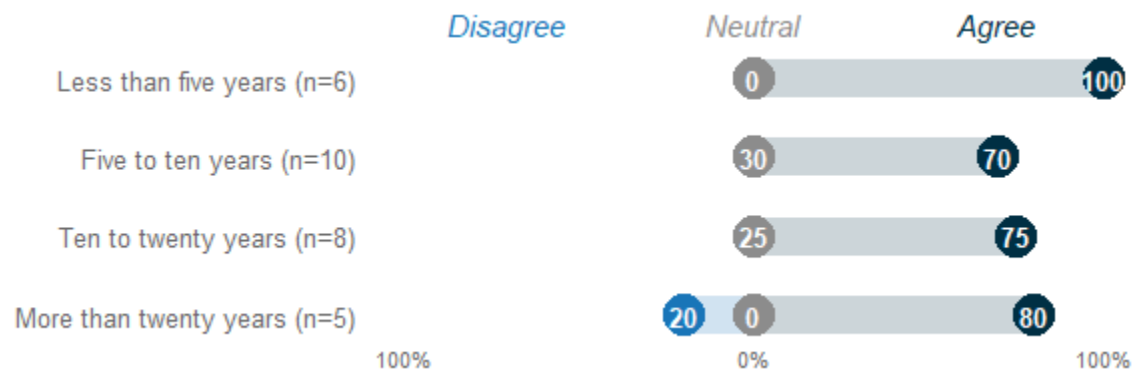


Figure 28: Percentage agreement with Statement 1 among respondents working for a given period of time with people who misuse opioids.

Statement 2: I feel I know enough about the cause of opioid use problems to carry out my role when working with people who use opioids.

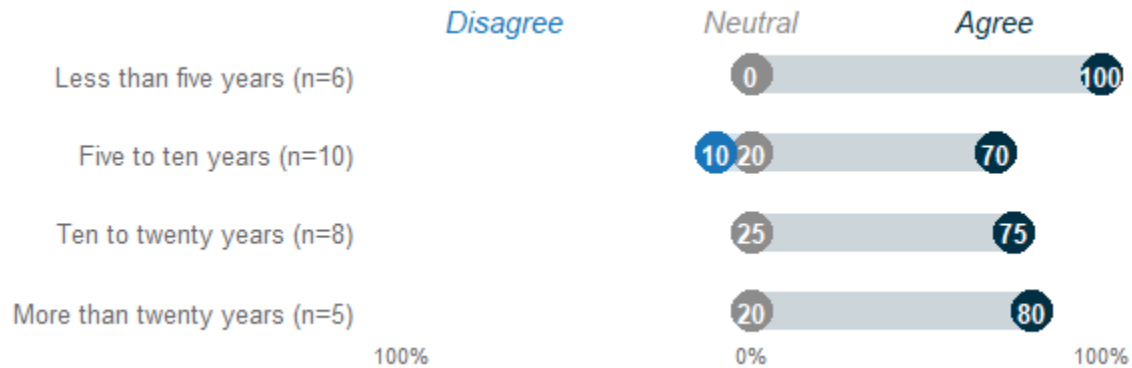


Figure 29: Percentage agreement with Statement 2 among respondents working for a given period of time with people who misuse opioids.

Statement 3: I feel I know enough about the physical effects of opioid use to carry out my role when working with people who use opioids.

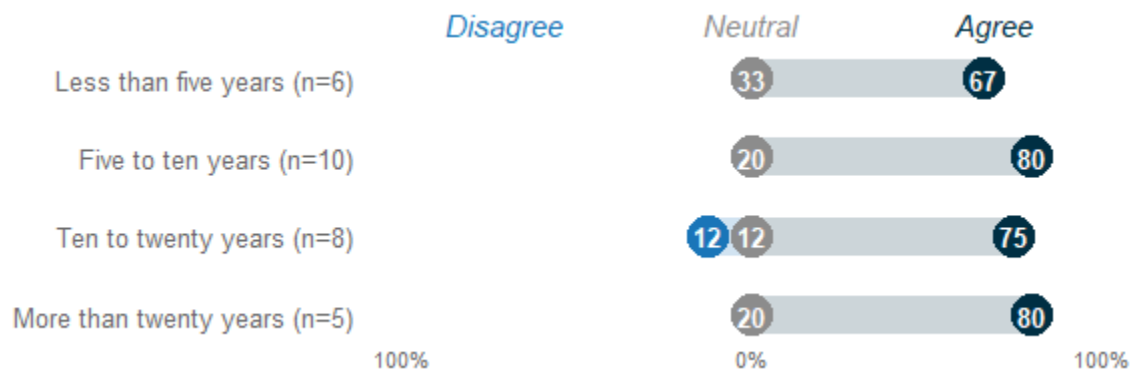


Figure 30: Percentage agreement with Statement 3 among respondents working for a given period of time with people who misuse opioids.

Statement 4: I feel I know enough about the psychological effects of opioid use to carry out my role when working with people who use opioids.

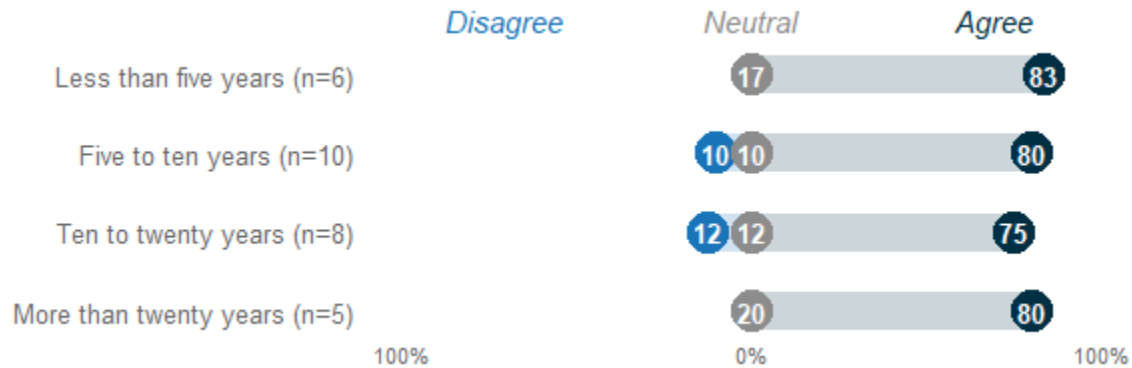


Figure 31: Percentage agreement with Statement 4 among respondents working for a given period of time with people who misuse opioids.

Statement 5: I feel I know enough about the factors which put people at risk of developing opioid use problems to carry out my role when working with people who use opioids.

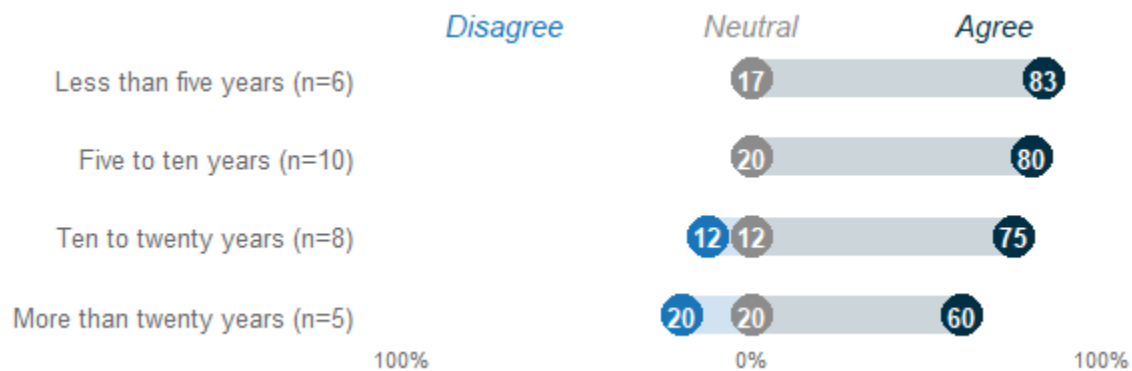


Figure 32: Percentage agreement with Statement 5 among respondents working for a given period of time with people who misuse opioids.

Statement 6: I feel I know how to counsel people who use opioids over the long term.

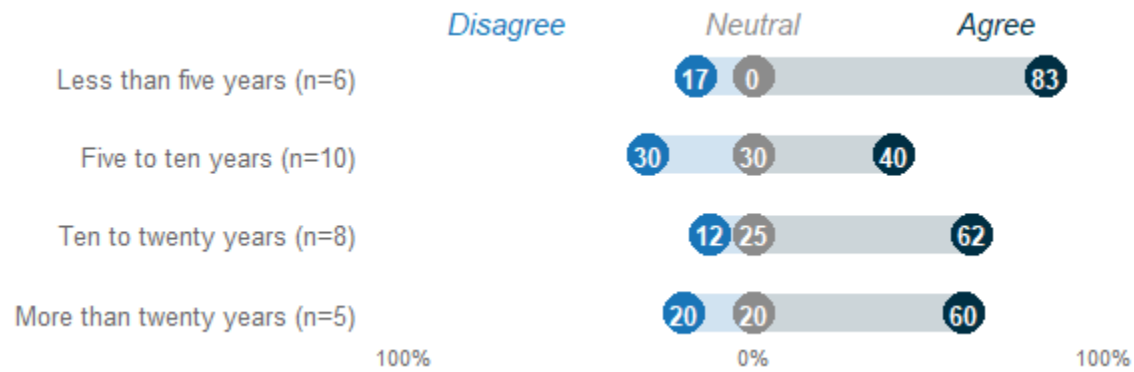


Figure 33: Percentage agreement with Statement 6 among respondents working for a given period of time with people who misuse opioids.

Statement 7: I feel I can appropriately advise my patients/clients about opioid use and their effects.

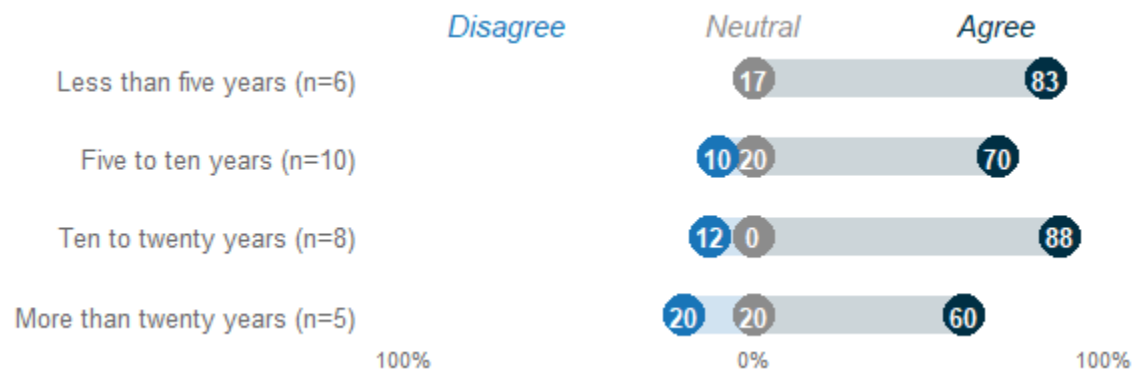


Figure 34: Percentage agreement with Statement 7 among respondents working for a given period of time with people who misuse opioids.

Statement 8: I feel I have the right to ask patients/clients questions about their opioid use when necessary.

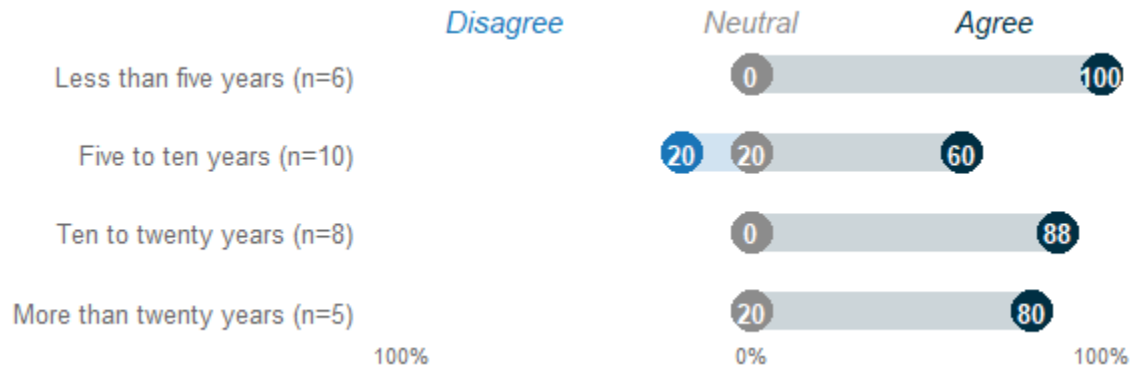


Figure 35: Percentage agreement with Statement 8 among respondents working for a given period of time with people who misuse opioids.

Statement 9: I feel that my patients/clients believe I have the right to ask them questions about opioid use when necessary.

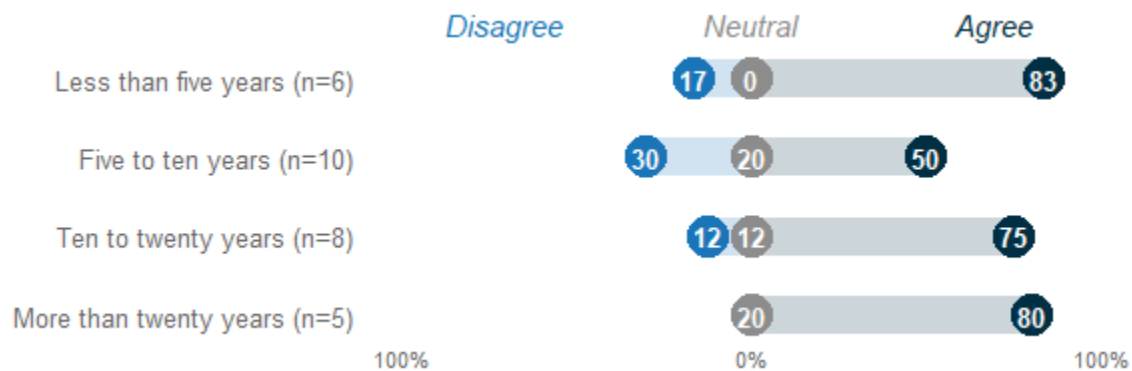


Figure 36: Percentage agreement with Statement 9 among respondents working for a given period of time with people who misuse opioids.

Statement 10: I feel I have the right to ask a patient for any information that is relevant to their opioid use problems.

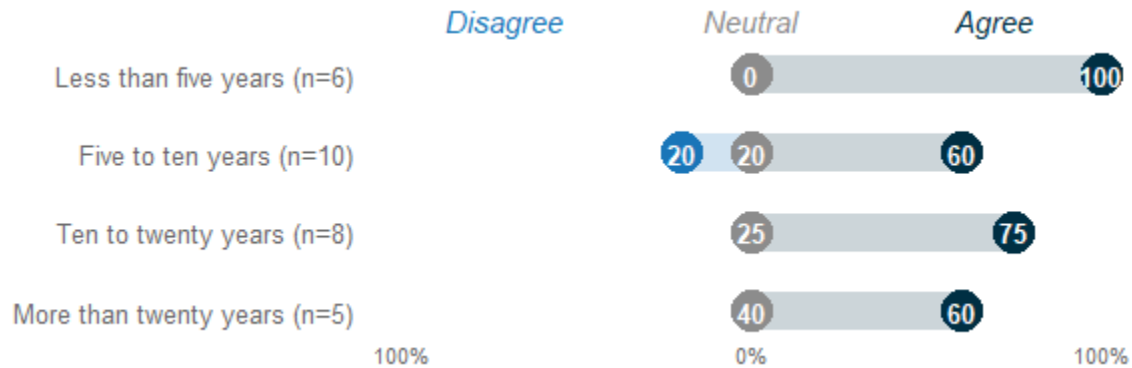


Figure 37: Percentage agreement with Statement 10 among respondents working for a given period of time with people who misuse opioids.

Statement 11: If I felt the need when working with people who use opioids I could easily find someone with whom I could discuss any personal difficulties that I might encounter.

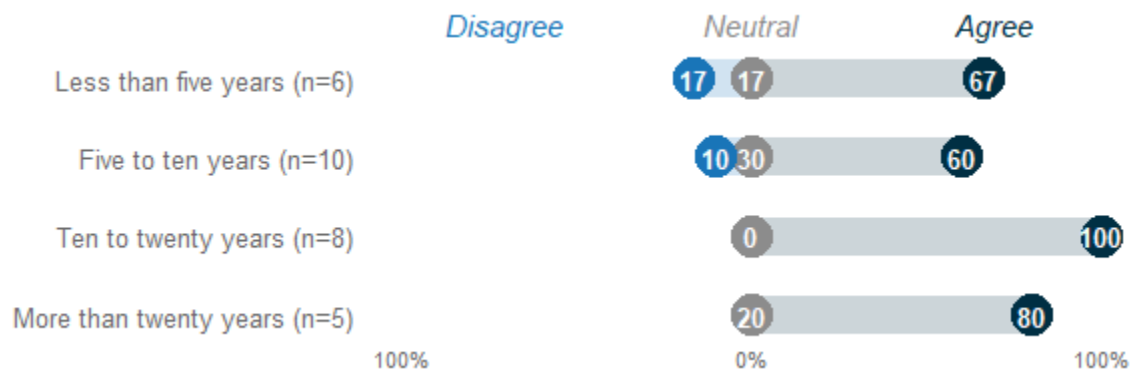


Figure 38: Percentage agreement with Statement 11 among respondents working for a given period of time with people who misuse opioids.

Statement 12: If I felt the need when working with people who use opioids I could easily find someone who would help me clarify my professional responsibilities.

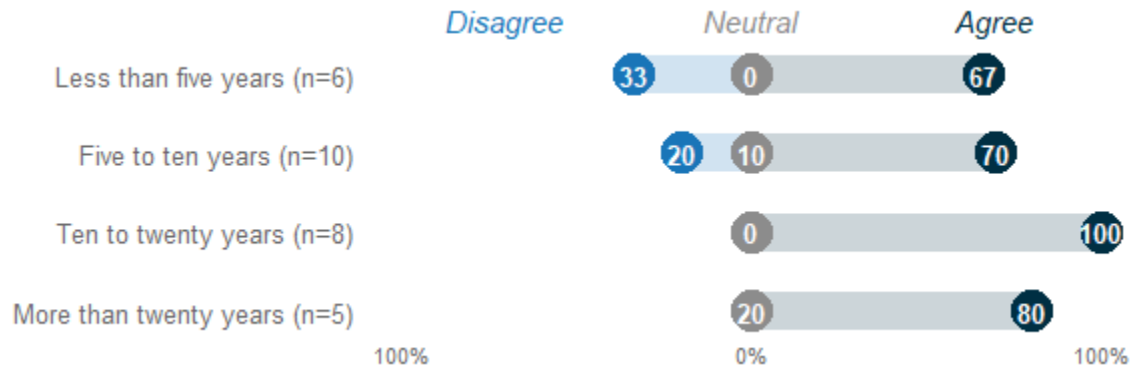


Figure 39: Percentage agreement with Statement 12 among respondents working for a given period of time with people who misuse opioids.

Statement 13: If I felt the need I could easily find someone who would be able to help me formulate the best approach to a person who use opioids.

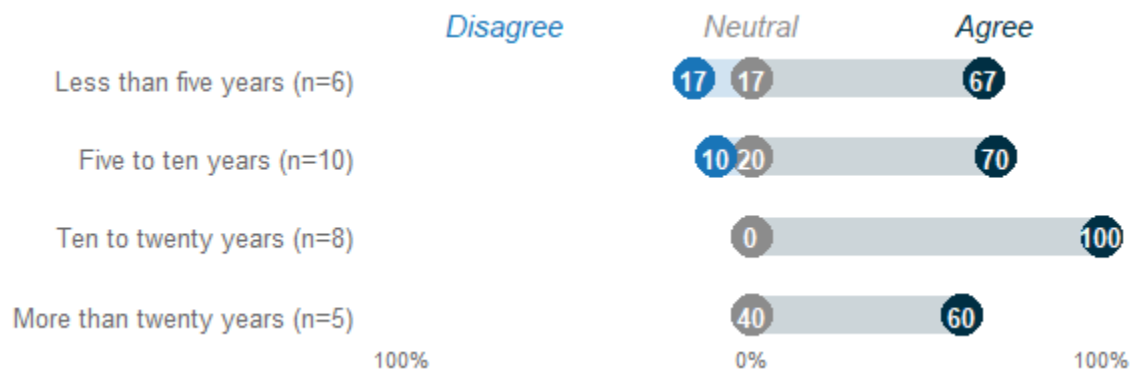


Figure 40: Percentage agreement with Statement 13 among respondents working for a given period of time with people who misuse opioids.

Statement 14: I want to work with people who use opioids.

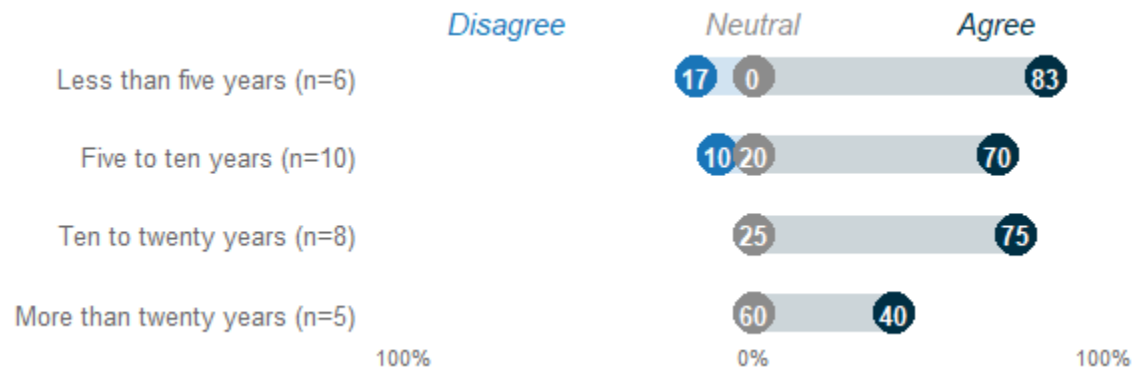


Figure 41: Percentage agreement with Statement 14 among respondents working for a given period of time with people who misuse opioids.

Statement 15: I feel that there is little I can do to help people who use opioids.

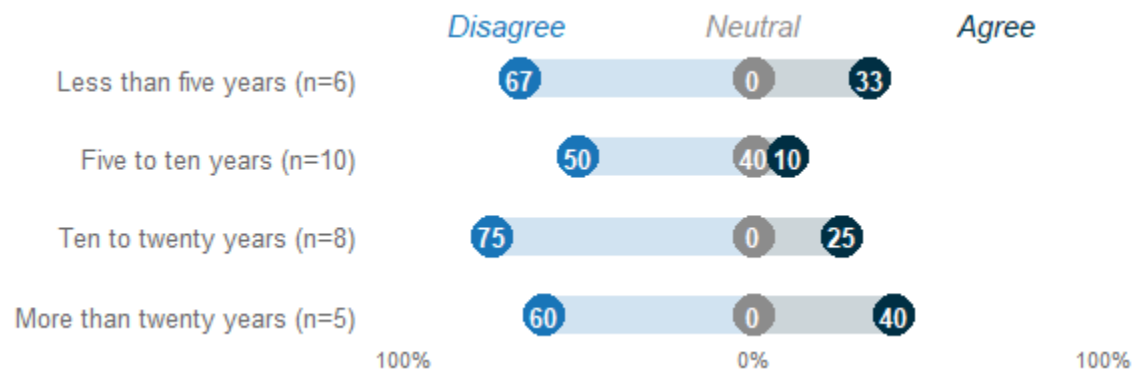


Figure 42: Percentage agreement with (negatively worded)¹ Statement 15 among respondents working for a given period of time with people who misuse opioids.

¹ Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Statement 16: In general, I have less respect for people who use opioids than for most other patients/clients I work with.

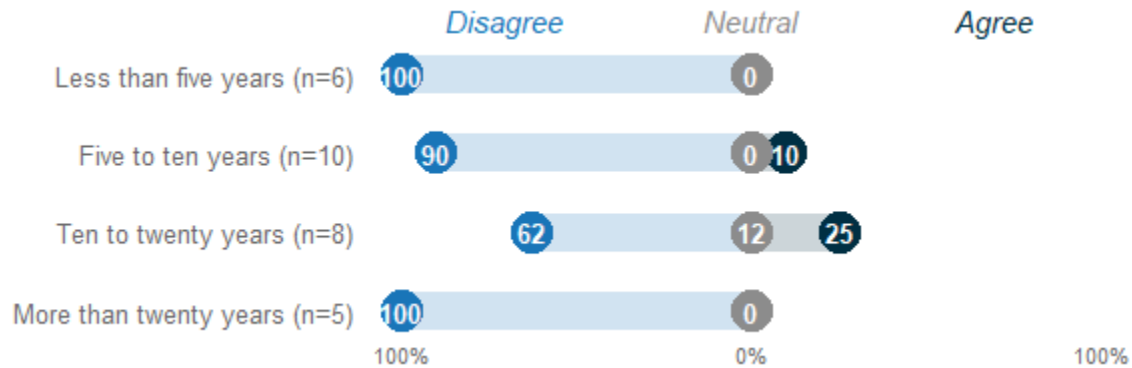


Figure 43: Percentage agreement with (negatively worded)¹ Statement 16 among respondents working for a given period of time with people who misuse opioids.

Statement 17: I feel I do not have much to be proud of when working with people who use opioids.

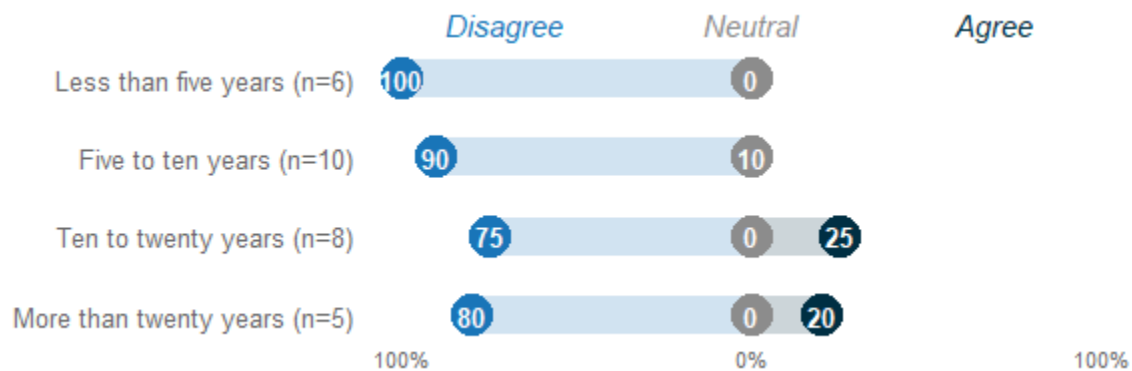


Figure 44: Percentage agreement with (negatively worded)⁵ Statement 17 among respondents working for a given period of time with people who misuse opioids.

¹ Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Statement 18: At times I feel I am no good at all with people who use opioids.

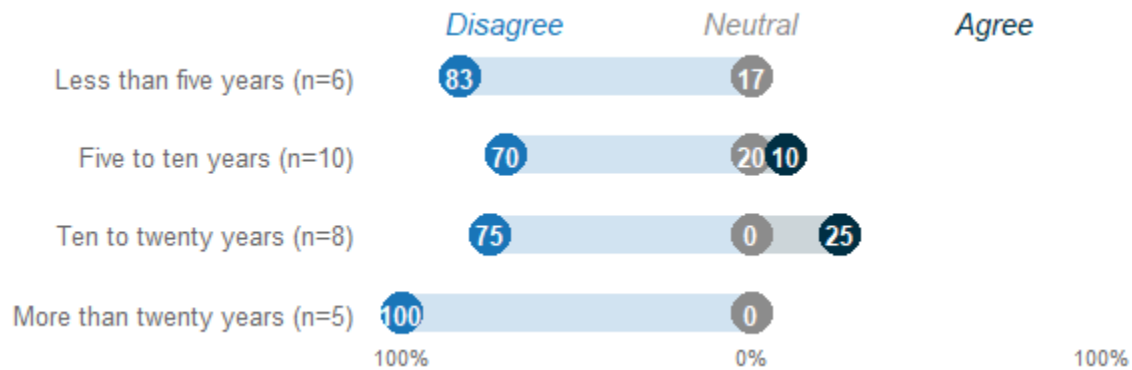


Figure 45: Percentage agreement with (negatively worded)¹ Statement 18 among respondents working for a given period of time with people who misuse opioids.

Statement 19: On the whole, I am satisfied with the way I work with people who use opioids.

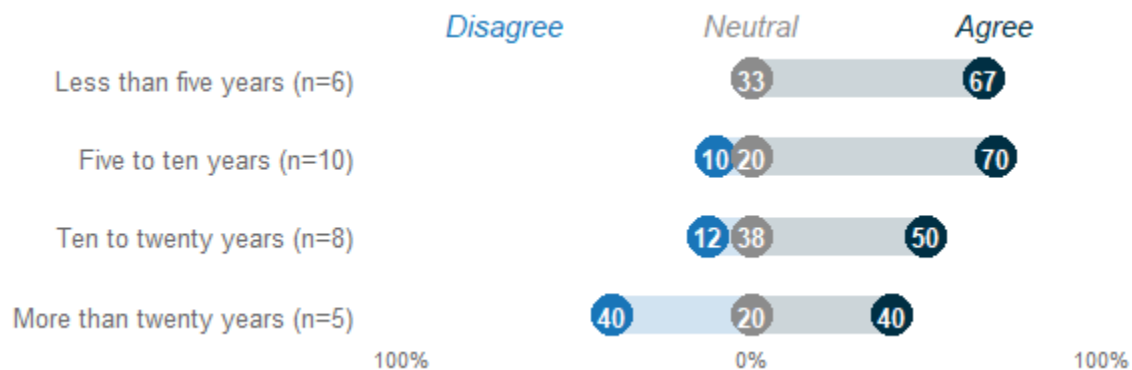


Figure 46: Percentage agreement with Statement 19 among respondents working for a given period of time with people who misuse opioids.

¹ Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

Statement 20: In general, one can get satisfaction from working with people who use opioids.

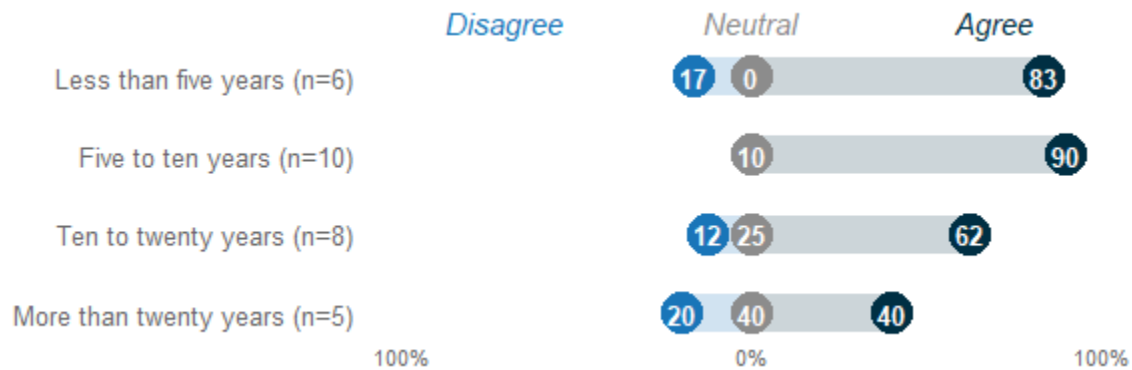


Figure 47: Percentage agreement with Statement 20 among respondents working for a given period of time with people who misuse opioids.

Statement 21: In general, it is rewarding to work with people who use opioids.

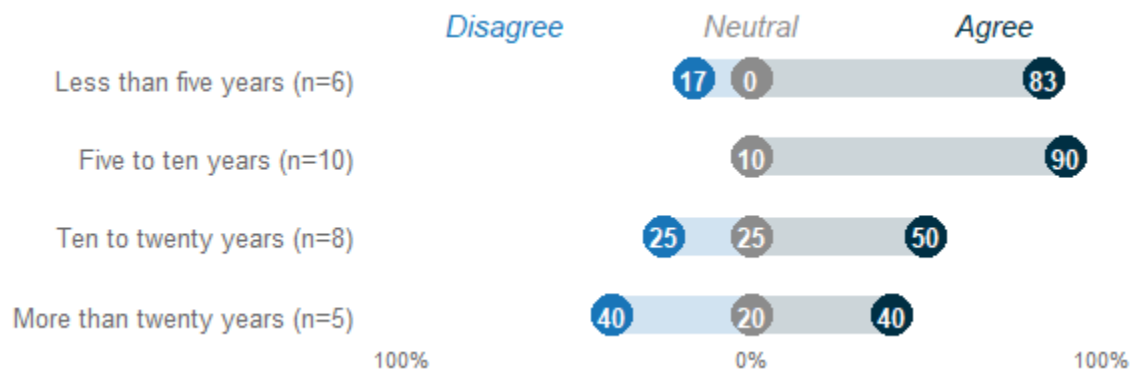


Figure 48: Percentage agreement with Statement 21 among respondents working for a given period of time with people who misuse opioids.

Statement 22: In general, I feel I can understand people who use opioids.

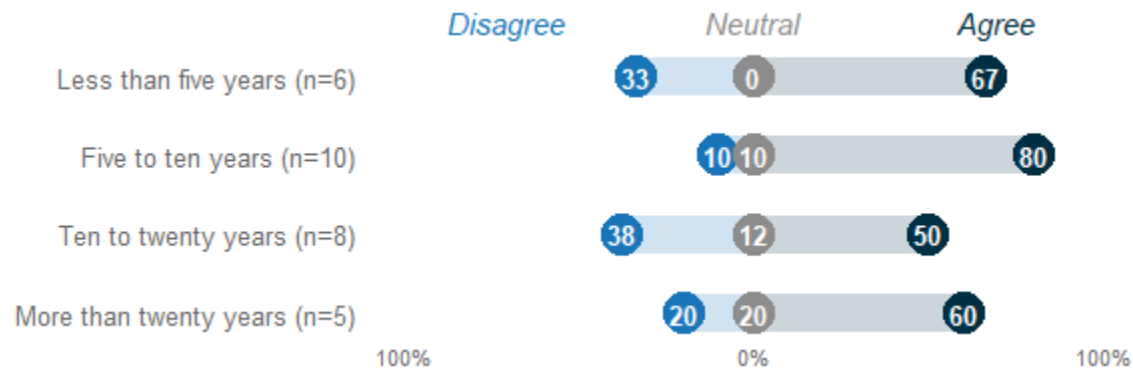


Figure 49: Percentage agreement with Statement 22 among respondents working for a given period of time with people who misuse opioids.

Next steps

This document presents the results of wave one of the Opioid Perceptions Survey. We plan to administer three more waves over 2021-2023 to capture perceptions over time.

As a Consortium with many partners and members in the Franklin County, MO community, there are strengths to be leveraged as well as opportunities for growth and engagement. The Consortium will continue to partner and engage with behavioral health providers, medical providers, service providers, the community and others to strengthen treatment, prevention, and recovery services and resources.

If you'd like a copy of the results brief, for questions, or to become more involved, please email Erica Wiley, LCSW at ewiley@prevented.org.

Appendix

Survey instrument comprised of 22 statements adapted from the Drug and Drug Problems Perceptions Questionnaire (DDPPQ)² to fit the purpose of a survey focused on opioids. As in the DDPPQ, statements 15-18 were worded negatively and the scales were reversed for average rating analysis.

Please indicate how much you agree or disagree with each of the following statements about working with people who use opioids in a non-therapeutic way.

Scale 1-7, from strongly agree to strongly disagree

1. I feel I have a working knowledge of opioid use and opioid-related problems.
2. I feel I know enough about the cause of opioid use problems to carry out my role when working with people who use opioids.
3. I feel I know enough about the physical effects of opioid use to carry out my role when working with people who use opioids.
4. I feel I know enough about the psychological effects of opioid use to carry out my role when working with people who use opioids.
5. I feel I know enough about the factors which put people at risk of developing opioid use problems to carry out my role when working with people who use opioids.
6. I feel I know how to counsel people who use opioids over the long term.
7. I feel I can appropriately advise my patients/clients about opioid use and their effects.
8. I feel I have the right to ask patients/clients questions about their opioid use when necessary.
9. I feel that my patients/clients believe I have the right to ask them questions about opioid use when necessary.
10. I feel I have the right to ask a patient for any information that is relevant to their opioid use problems.
11. If I felt the need when working with people who use opioids I could easily find someone with whom I could discuss any personal difficulties that I might encounter.
12. If I felt the need when working with people who use opioids I could easily find someone who would help me clarify my professional responsibilities.
13. If I felt the need I could easily find someone who would be able to help me formulate the best approach to a person who use opioids.
14. I want to work with people who use opioids.
15. I feel that there is little I can do to help people who use opioids.

² Watson, H., Maclaren, W., Shaw, F., & Nolan, A. (2003). Measuring staff attitudes to people with drug problems: The development of a tool. *Glasgow, Scotland: Scottish Executive Drug Misuse Research Programme.*

https://www.webarchive.org.uk/wayback/archive/20180519073737mp_/http://www.gov.scot/Resource/Doc/47133/0013810.pdf

16. In general, I have less respect for people who use opioids than for most other patients/clients I work with.
17. I feel I do not have much to be proud of when working with people who use opioids.
18. At times I feel I am no good at all with people who use opioids.
19. On the whole, I am satisfied with the way I work with people who use opioids.
20. In general, one can get satisfaction from working with people who use opioids.
21. In general, it is rewarding to work with people who use opioids.
22. In general, I feel I can understand people who use opioids.