

Opioid Perceptions Survey: Wave Two 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

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Center for Public Health
Systems Science

Brown School



Overview

This report presents the results of Waves One and Two of the *Opioid Perceptions Survey*. 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.

Wave One of the survey was administered in Spring 2021 with 29 participants and Wave Two in Fall 2021 with 30 participants. Invitations to participate were sent to individuals in Franklin County who work with people who use opioids in a non-therapeutic way. This refers to clients/patients or individuals encountered through professional capacity, and does not include colleagues.

We plan to administer two more waves over 2022-2023, for a total of four waves of the Opioid Perceptions Survey over two years to capture perceptions over time; the same pool of individuals will be invited to each Wave, with minimal edits to the recipient list if needed due to job changes. Responses are anonymous and we cannot determine if individuals respond in more than one Wave to determine changes in their individual perceptions. However, with invitations sent to the same selection of individuals, results presented for each Wave reflect perceptions of the pool at that time. Due to varying numbers of people representing roles or experience, we report the sample size in each figure for consideration and comparison.

Key takeaways

Across Waves One and Two:

- Overall, respondents expressed positive perceptions around working with individuals who use opioids in a non-therapeutic way (average 2.5 and 2.8 on a 7-point scale, respectively)
- Most respondents (79% in Wave One, 80% in Wave Two) 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

The Opioid Perceptions Surveys aim to capture changes in perceptions over two years through inviting the same individuals to participate at four time points during that period. Of those invited, respondents opting to participate in Wave Two differed from those who opted to participate in Wave One in both role and experience.

Role

Majority of respondents in Wave One (38%) worked as service providers (e.g., Children’s Division, Community Health Worker, social worker). Majority of respondents in Wave Two (30%) worked as Behavioral Health Providers.

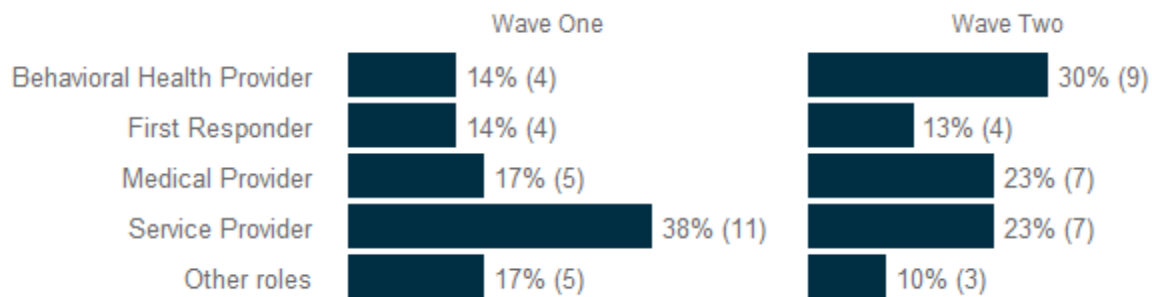


Figure 1: Roles of respondents across waves.

Experience

Most respondents in Wave One (79%) have been working with people who misuse opioids for at least five years, with most having worked in this area for five to ten years (34%). In Wave Two, more than half of respondents (57%) have been working with people who misuse opioids for at least five years, while 40% have worked in this area for less than five years. One person (3%) did not disclose their experience.

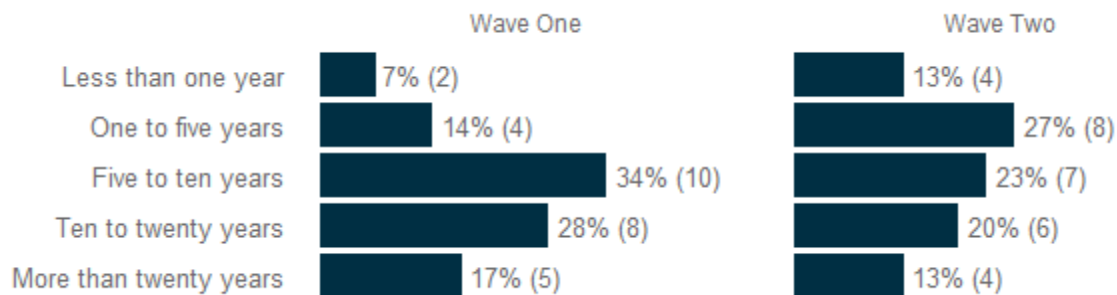


Figure 2: Length of time respondents have been working with people who misuse opioids across waves.

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

An average rating of a survey respondent's rating across the 22 statements would provide insight into perceptions around opioid use. 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 (clients/patients) 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 across the two waves. Wave one respondents scored an average of 2.5 and Wave Two respondents an average of 2.8 on the 7-point scale. Figure 3 shows the average score of each survey respondent's answers across the 22 statements. In the instance when a respondent did not answer all 22 statements, their answers were averaged across the number of statements they did answer. For instance, one respondent in the Wave One administration and two respondents in the Wave Two administration only answered 21 of the 22 statements; therefore, their averages were calculated across the 21 statements they each answered.

Figure 3 also shows that there were few participants with higher than average scores in Wave Two than in Wave One. Although there was an increase in the average score used as a measure to quantify stigma among people working with individuals (clients/patients) who use opioids in a non-therapeutic way, this was not a statistically significant change ($p > 0.05$). The findings of Waves One and Two of the Opioid Perceptions Surveys highlight the importance of this grant and its work to address needs of the populations who are misusing opioids, but also identifies the needs of people who are working to help them. There is much work to be continued. We are grateful to the participants of this survey for their time and their honest responses.

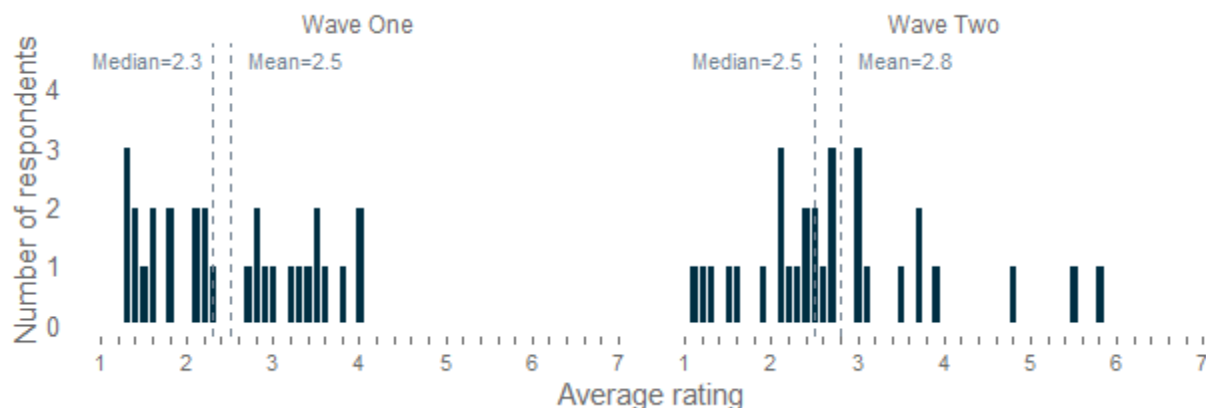


Figure 3: Respondents' average rating of statements across waves.

Statements

This section presents the percentage of respondents agreeing with each of the 22 statements asked across the waves. Percentages were calculated based on the number of respondents providing their agreement with statements. For Wave One, there were 29 respondents for each statement, with the exception of statement 8 where there were 28 respondents. For Wave Two, there were 30 respondents for each statement, with the exception of statements 6 and 15 where there were 29 respondents each. Statements 15-18 were negatively worded; disagreement with these statements is comparable to agreement with the positively worded statements.

As observed with the increase in average rating between the two waves, respondents of Wave Two were less likely to express agreement with the positively worded statements compared to Wave One respondents. While two of the negatively worded statements showed increases in respondents' disagreement, the other two statements with decreases in disagreement showed larger differences.

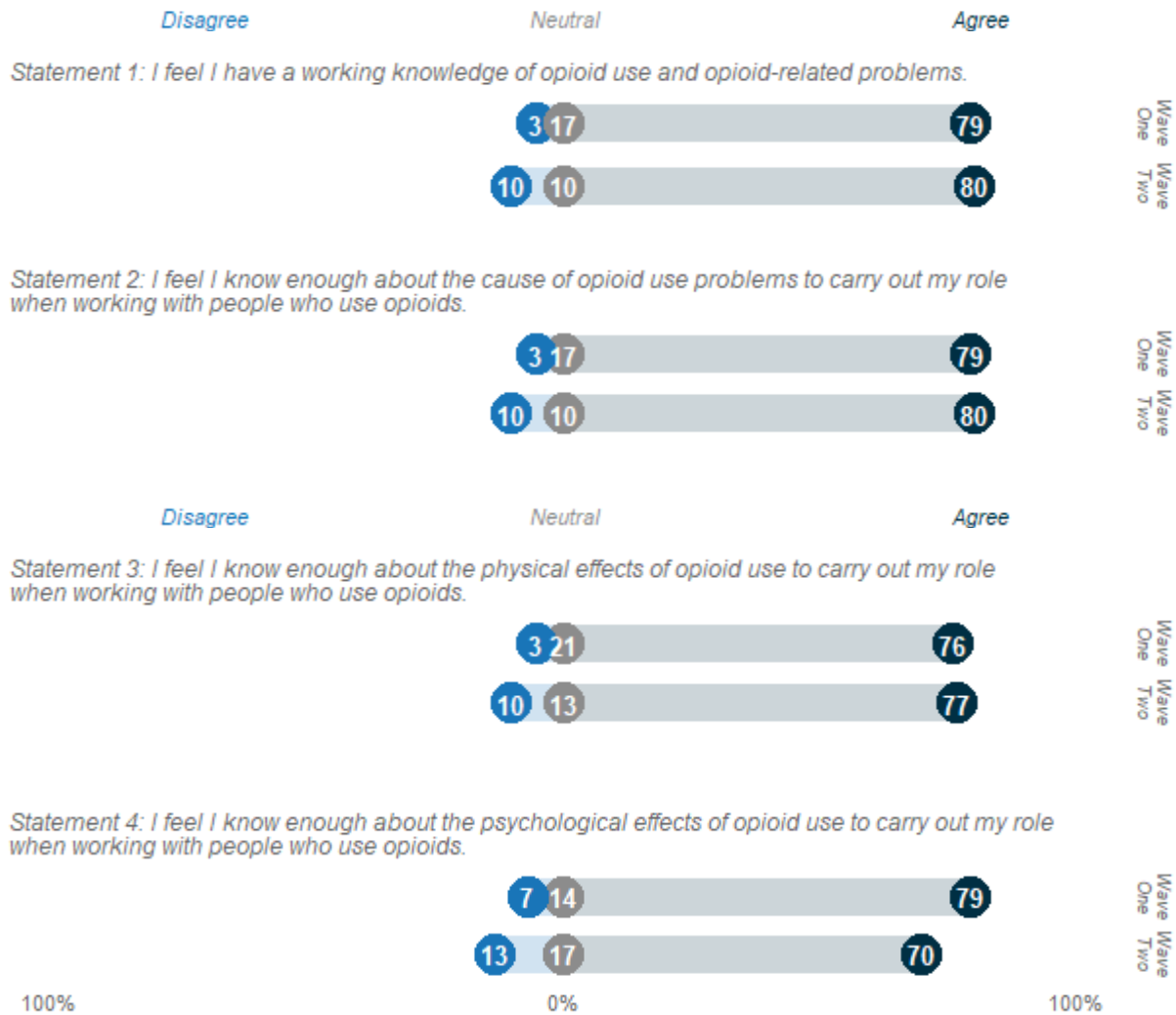


Figure 4: Overall percentage agreement with each statement across waves, for statements 1 through 4.

Opioid Perceptions Survey: Wave Two Results

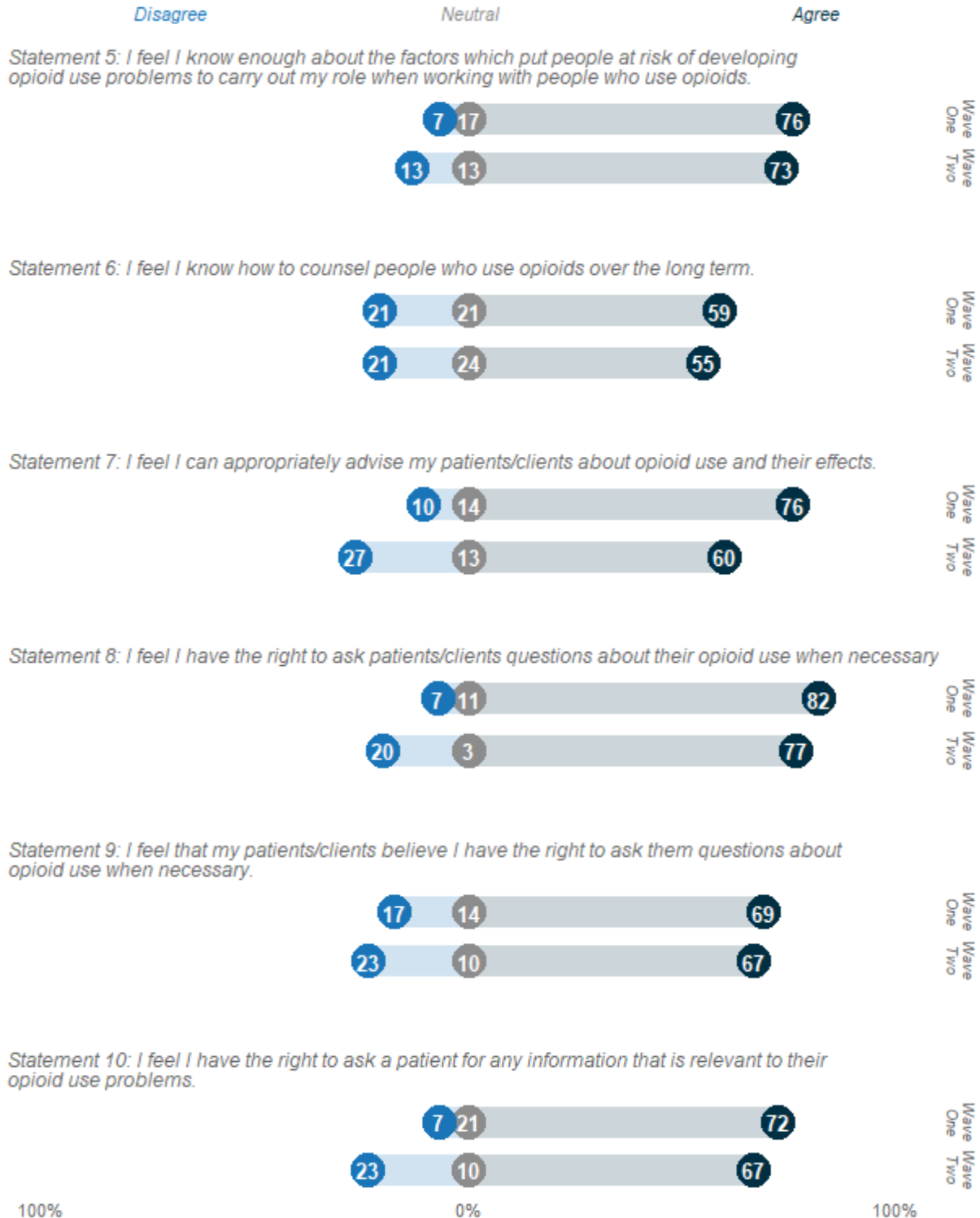


Figure 5: Overall percentage agreement with each statement across waves, for statements 5 through 10.

Opioid Perceptions Survey: Wave Two Results

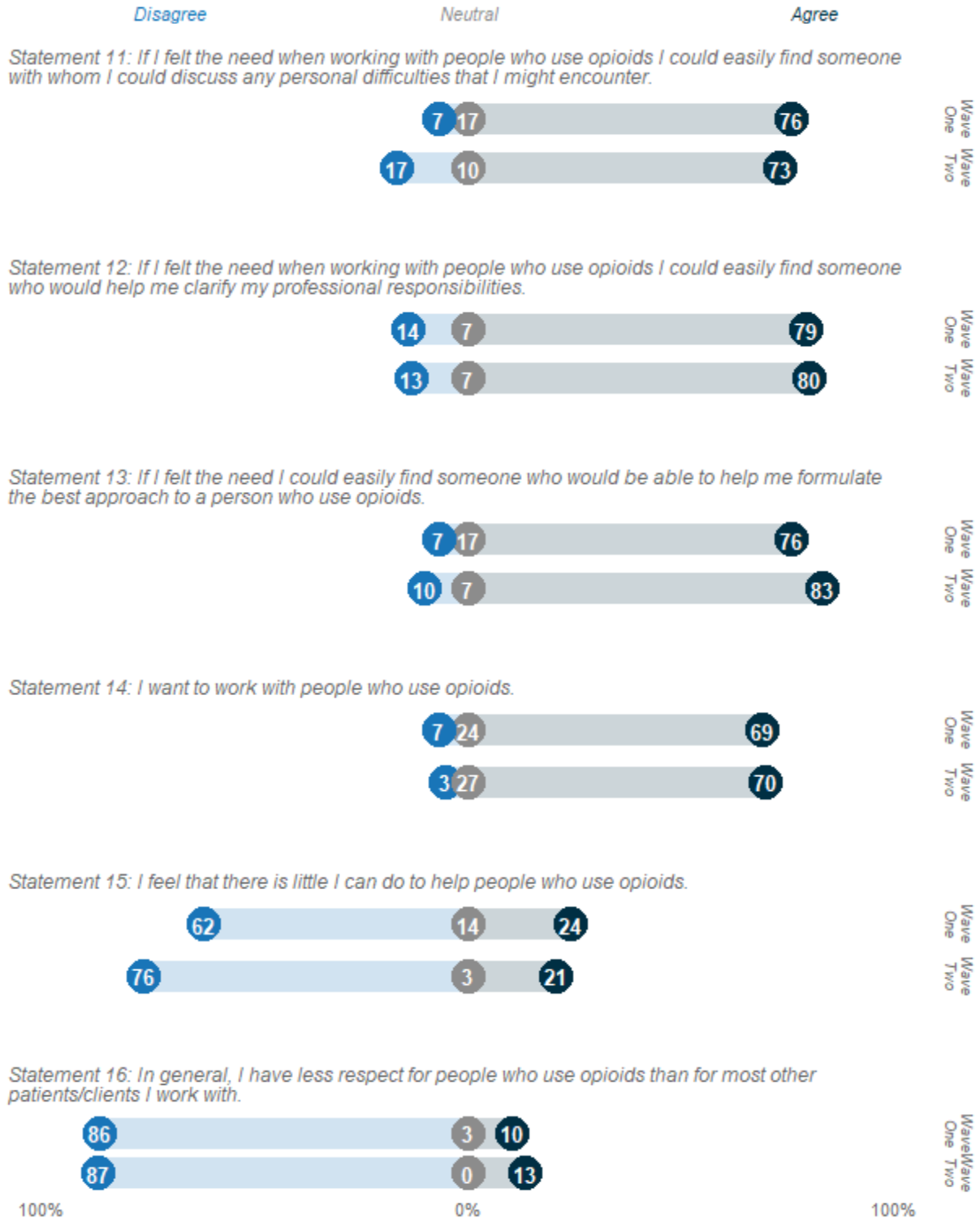


Figure 6: Overall percentage agreement with each statement across waves, for statements 11 through 16.

Opioid Perceptions Survey: Wave Two Results

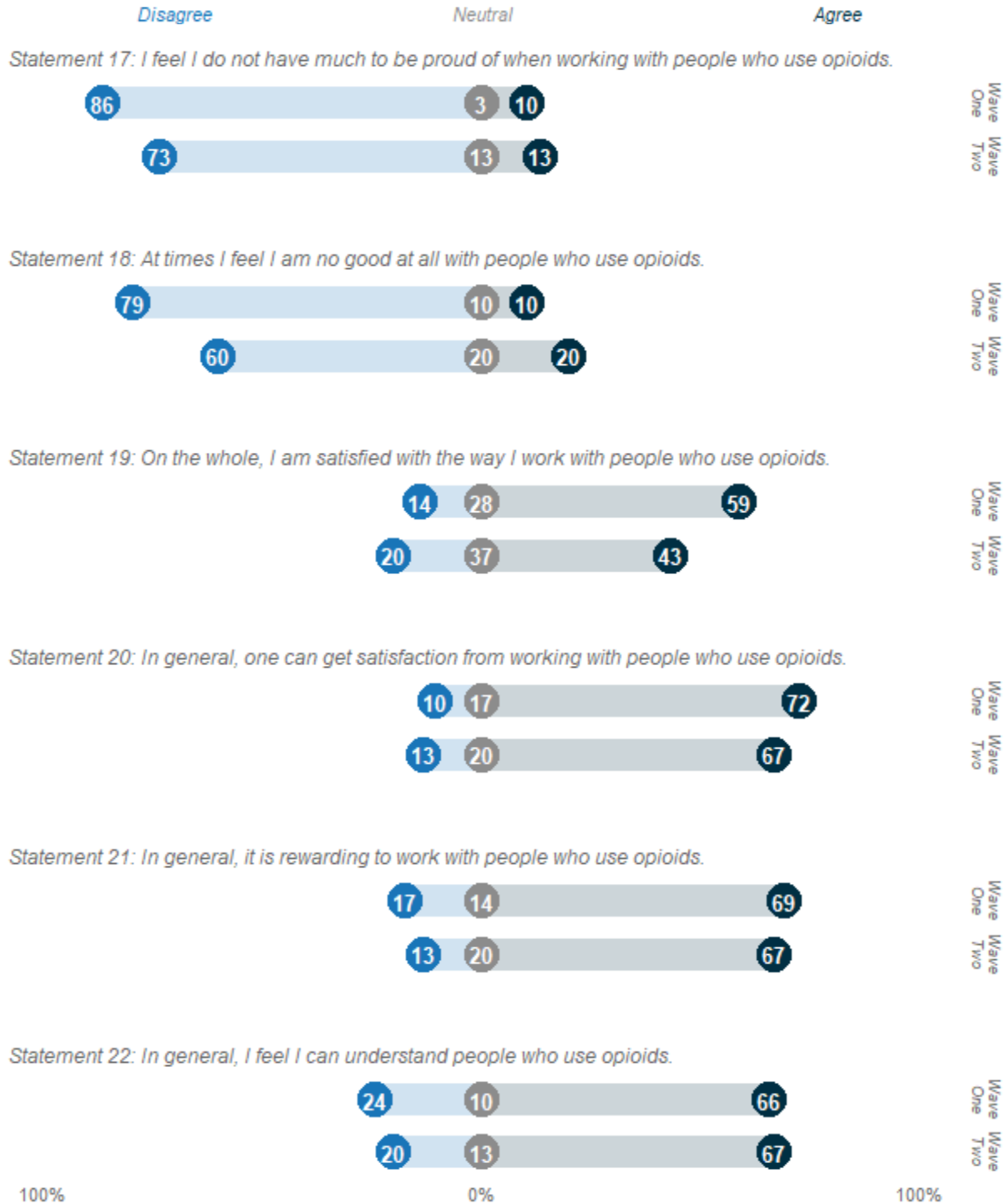


Figure 7: Overall percentage agreement with each statement across waves, for statements 17 through 22.

Perceptions by role

This section explores the relationship between the respondents' roles and the respondents' perceptions across the waves. The number of respondents in each role in each wave are noted in parentheses. Results indicate where efforts may be focused for action.

While the overall percentage agreement with each statement showed general changes in perception between the two waves, considering these percentage agreements among each role provides further insight into where these differences were occurring.

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 Wave One, these efforts may be most helpful if focused toward First Responders and medical providers, and based on Wave Two, service providers could be added to these groups.

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.

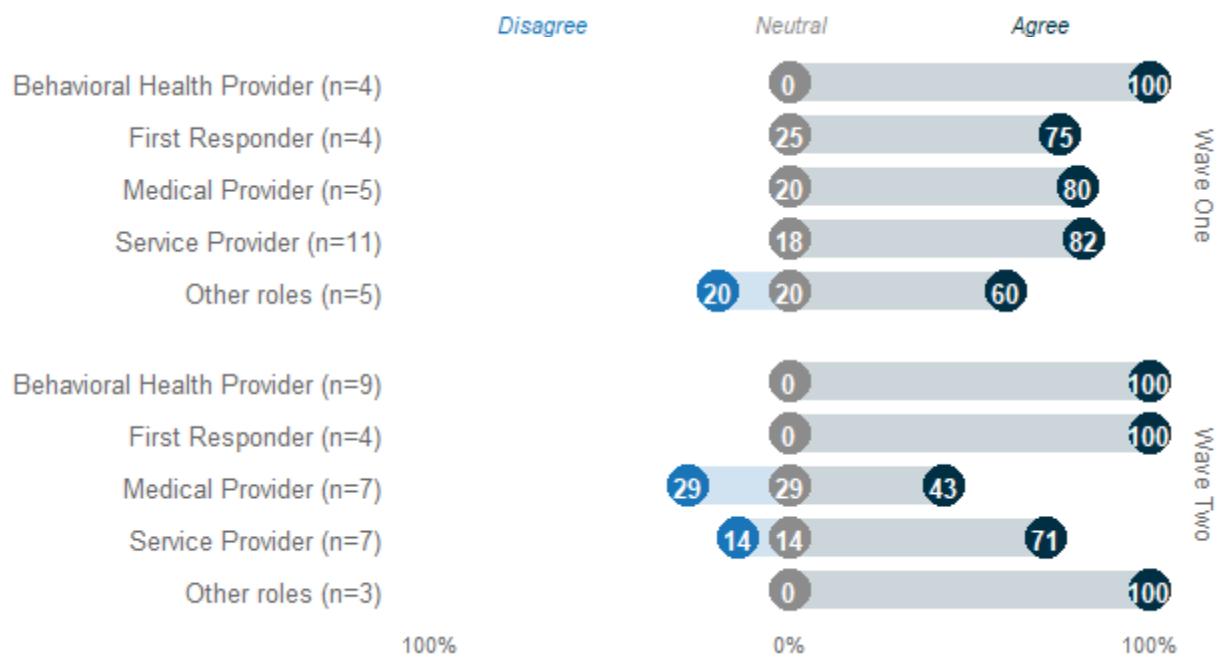


Figure 8: Percentage agreement with Statement 1 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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.

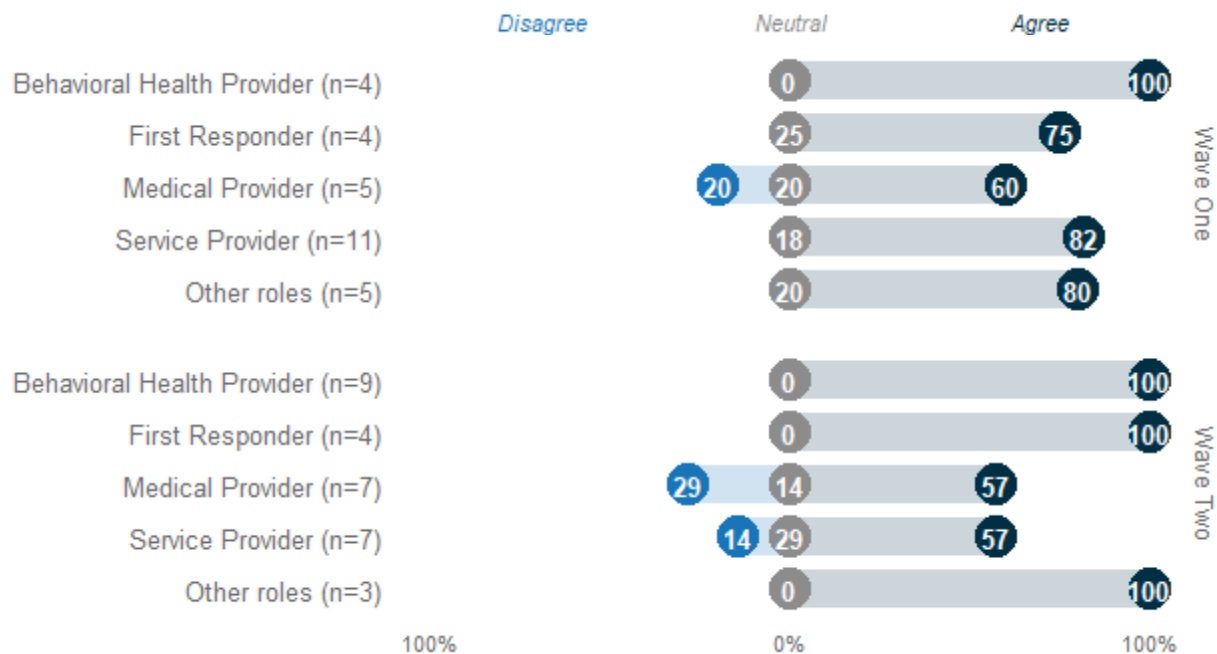


Figure 9: Percentage agreement with Statement 2 among respondents working primarily in a given role.

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.

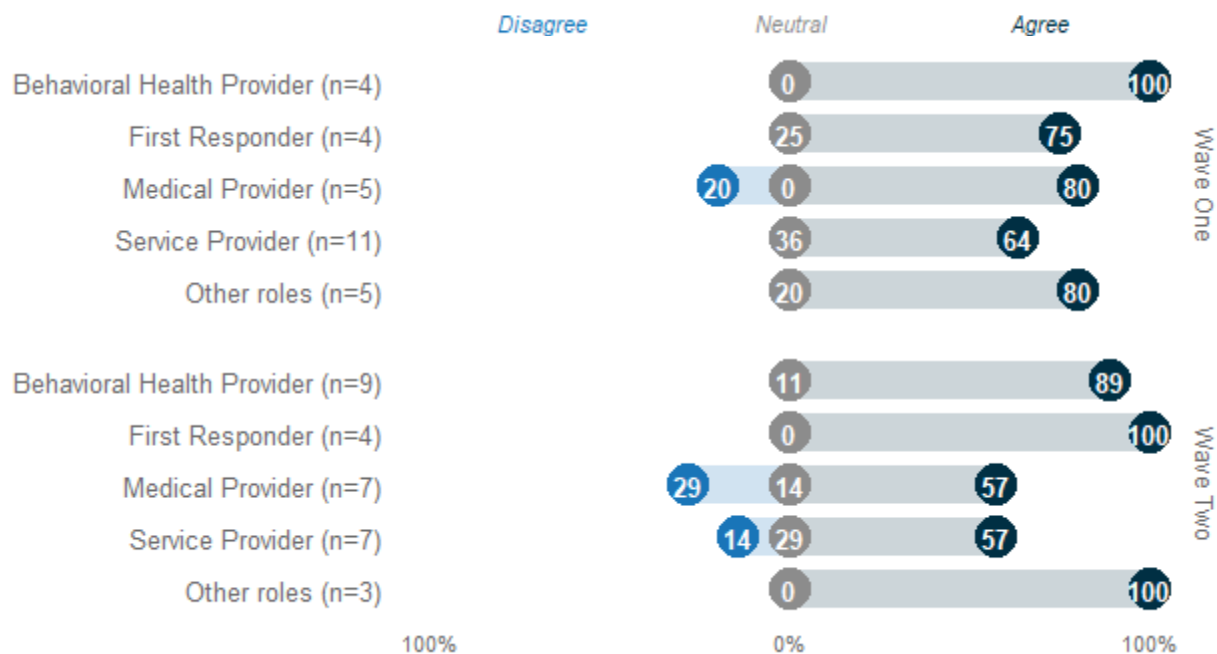


Figure 10: Percentage agreement with Statement 3 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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.

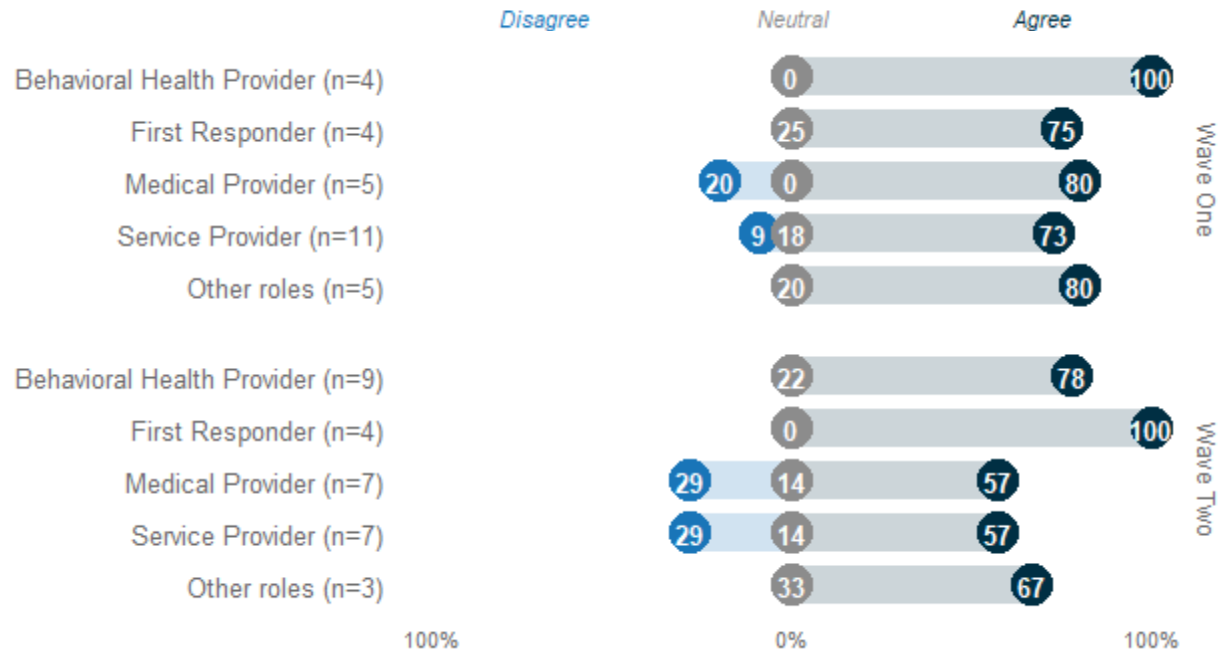


Figure 11: Percentage agreement with Statement 4 among respondents working primarily in a given role.

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.

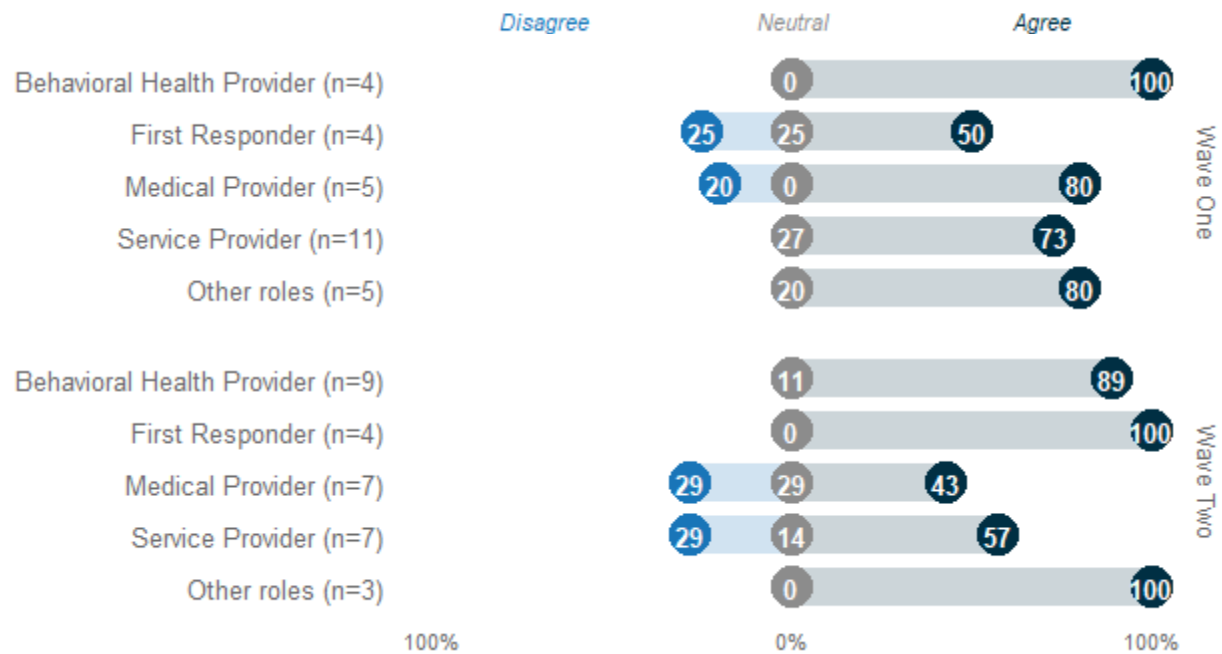


Figure 12: Percentage agreement with Statement 5 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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

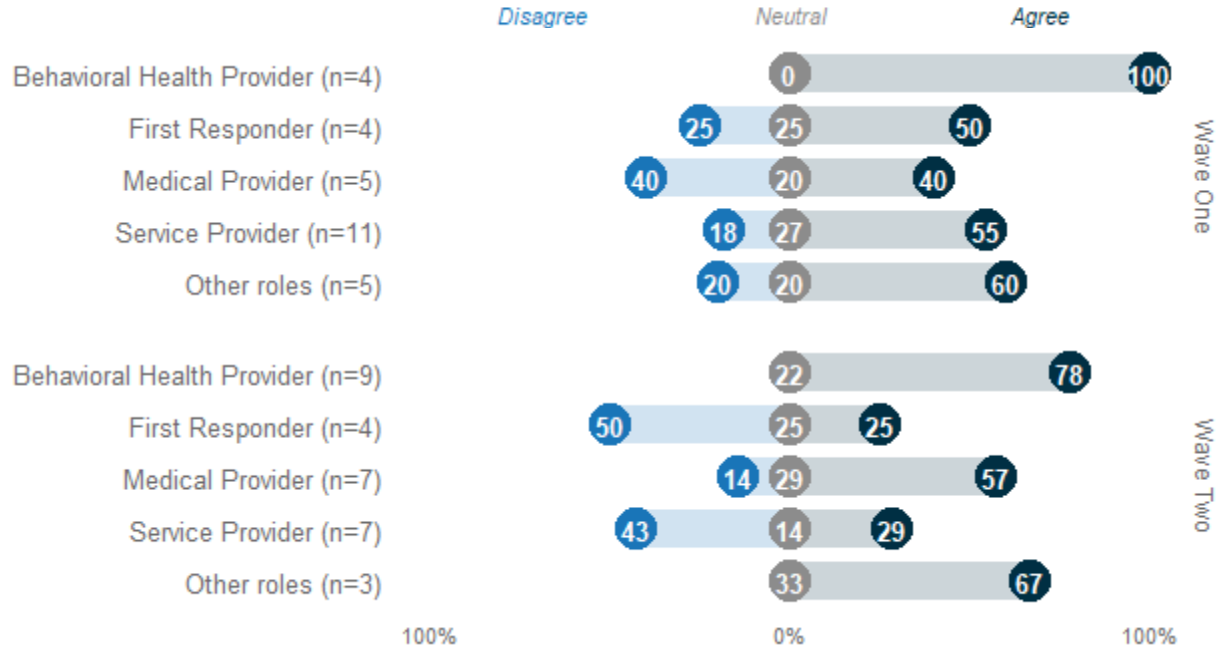


Figure 13: Percentage agreement with Statement 6 among respondents working primarily in a given role.

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

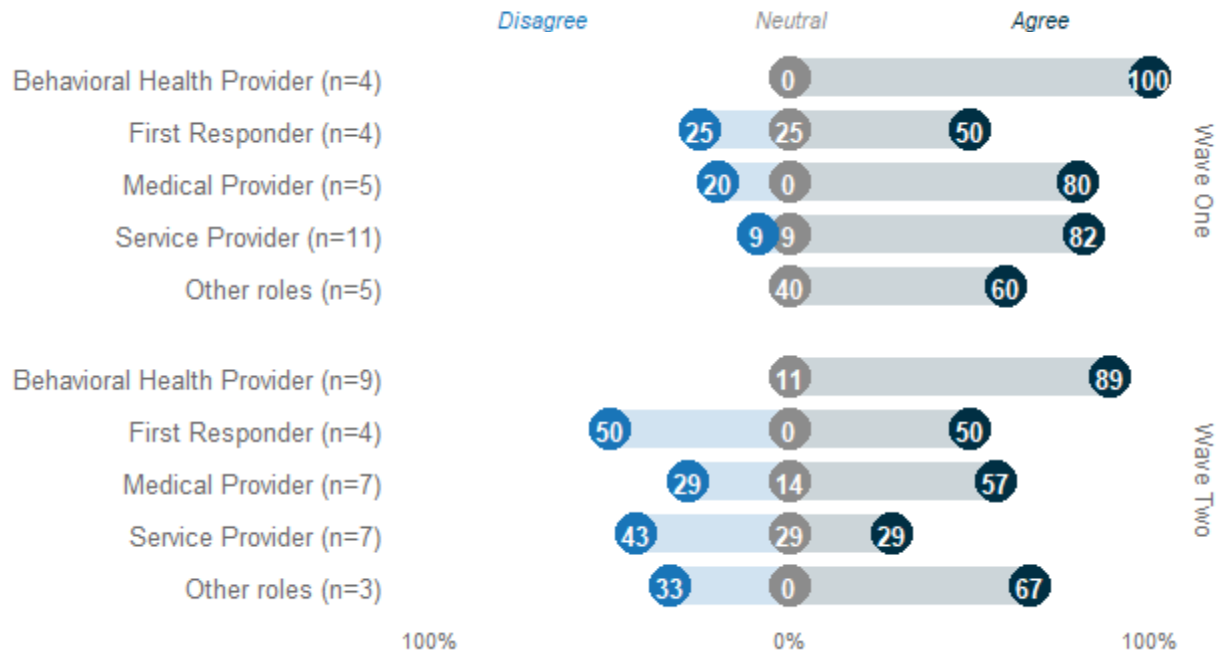


Figure 14: Percentage agreement with Statement 7 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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

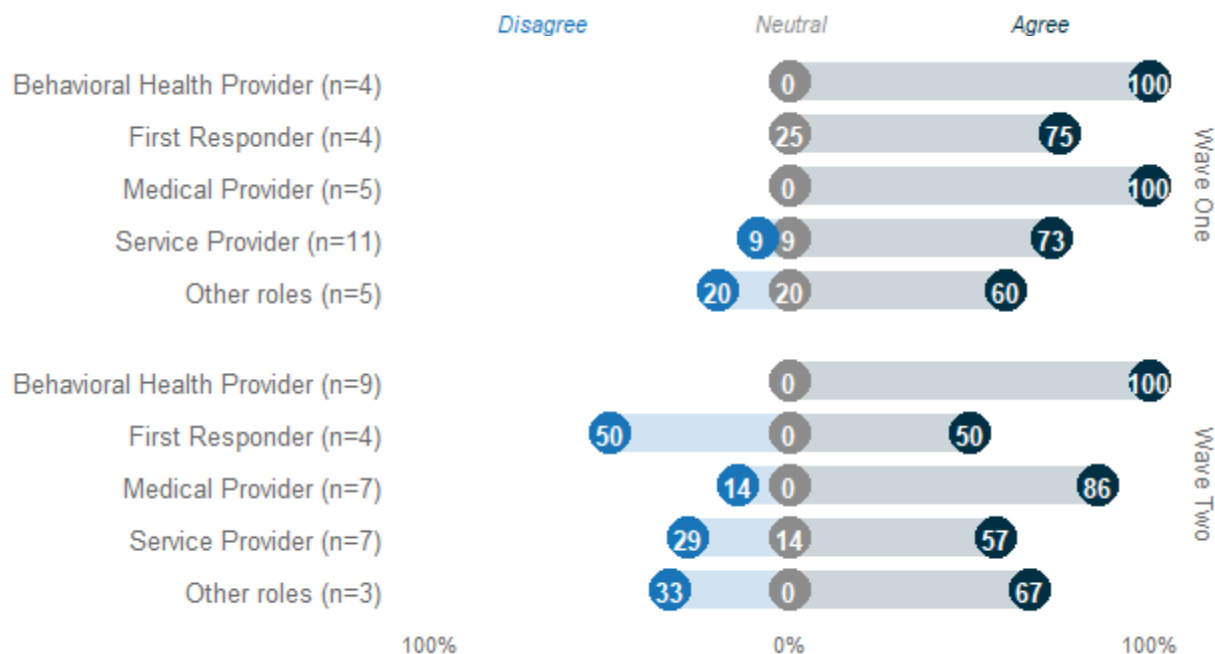


Figure 15: Percentage agreement with Statement 8 among respondents working primarily in a given role.

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

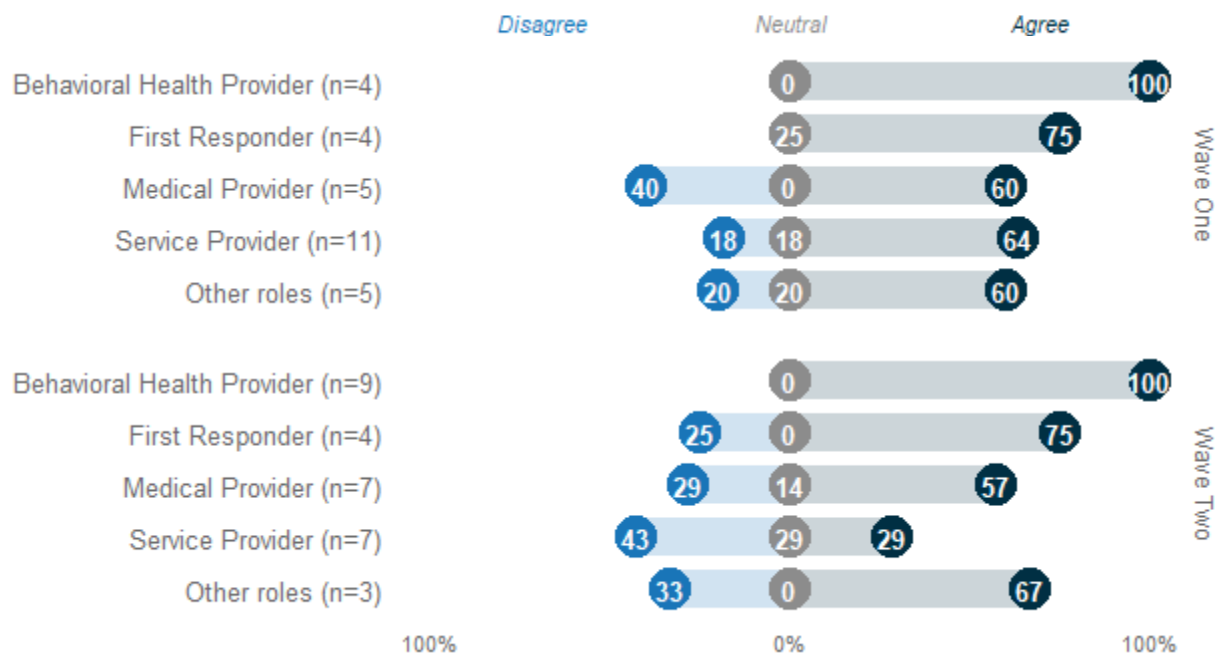


Figure 16: Percentage agreement with Statement 9 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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

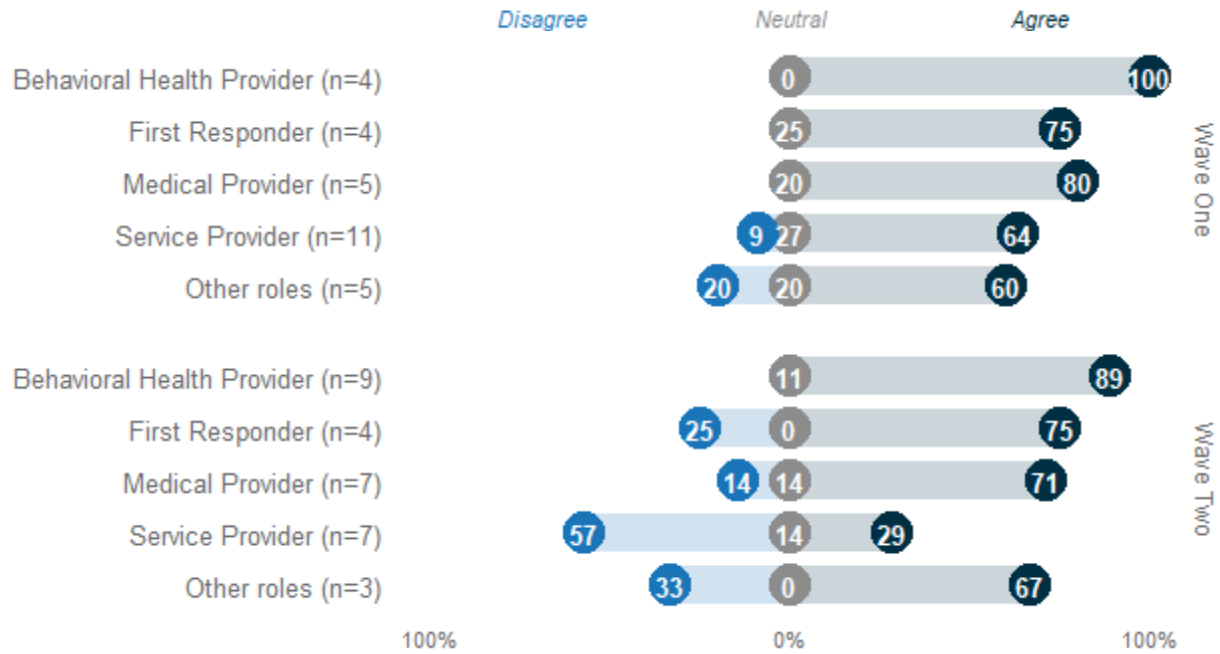


Figure 17: Percentage agreement with Statement 10 among respondents working primarily in a given role.

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.

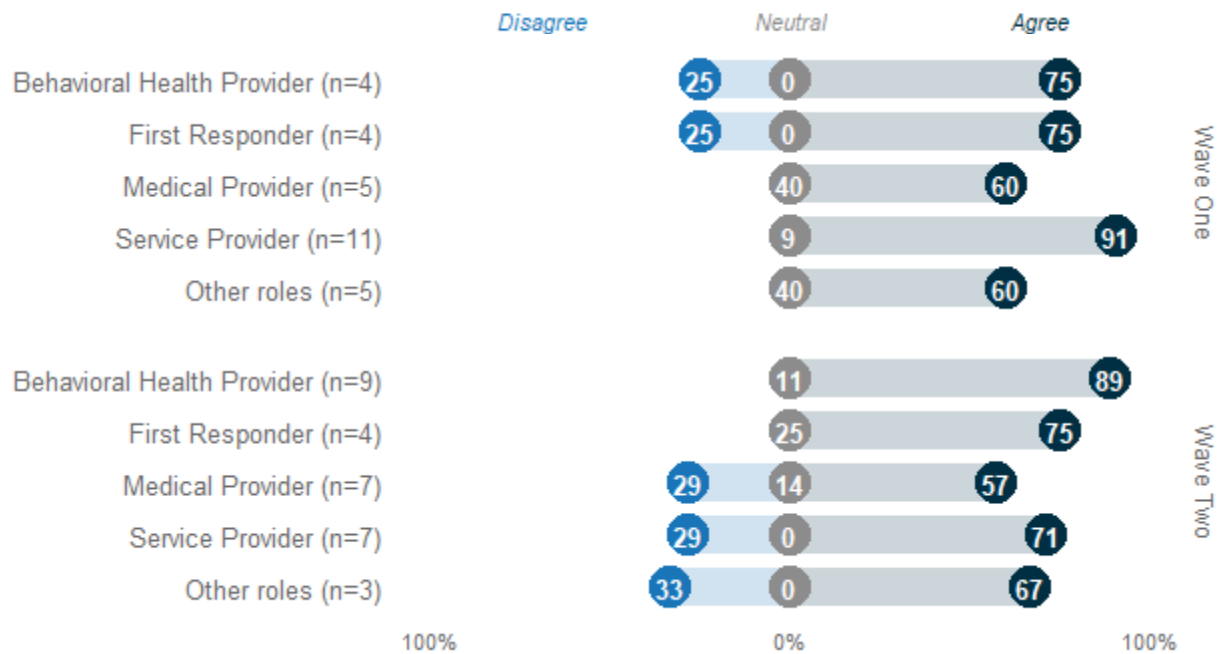


Figure 18: Percentage agreement with Statement 11 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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.

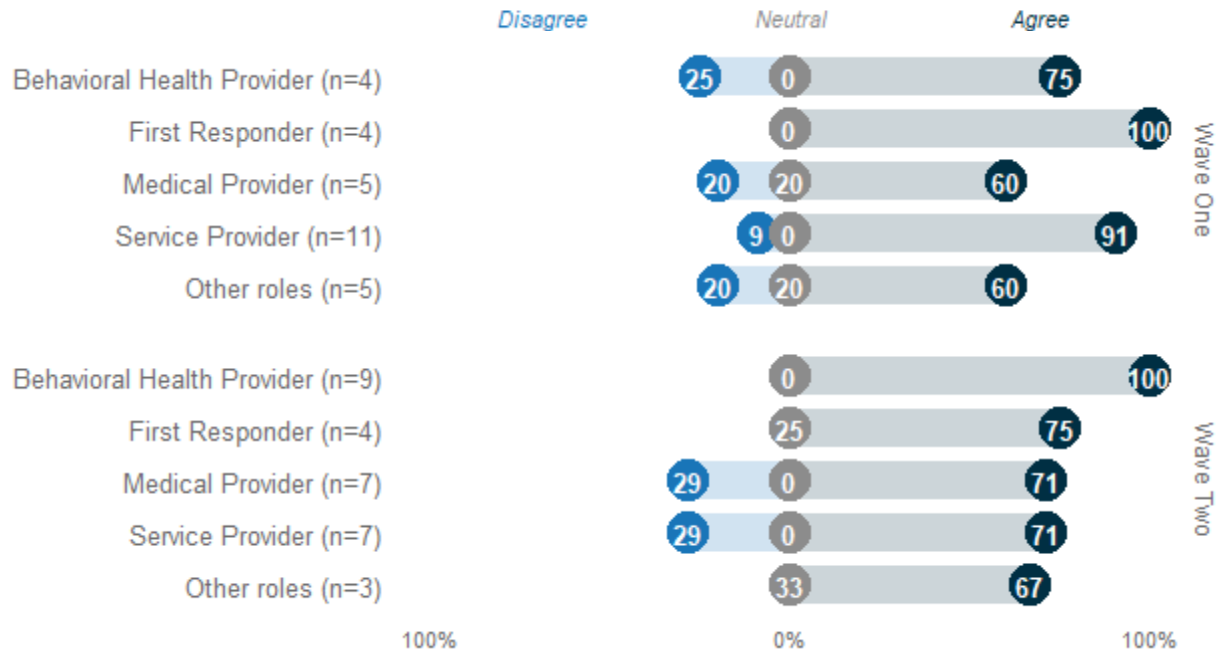


Figure 19: Percentage agreement with Statement 12 among respondents working primarily in a given role.

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.

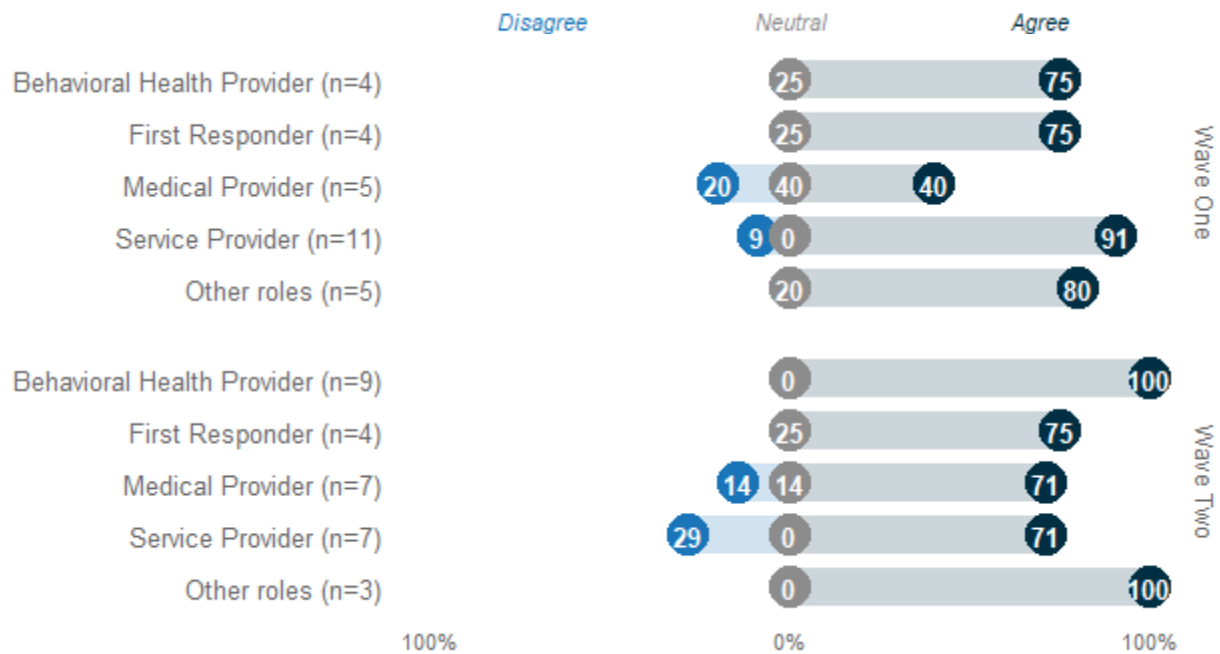


Figure 20: Percentage agreement with Statement 13 among respondents working primarily in a given role.

Opioid Perceptions Survey: Wave Two Results

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

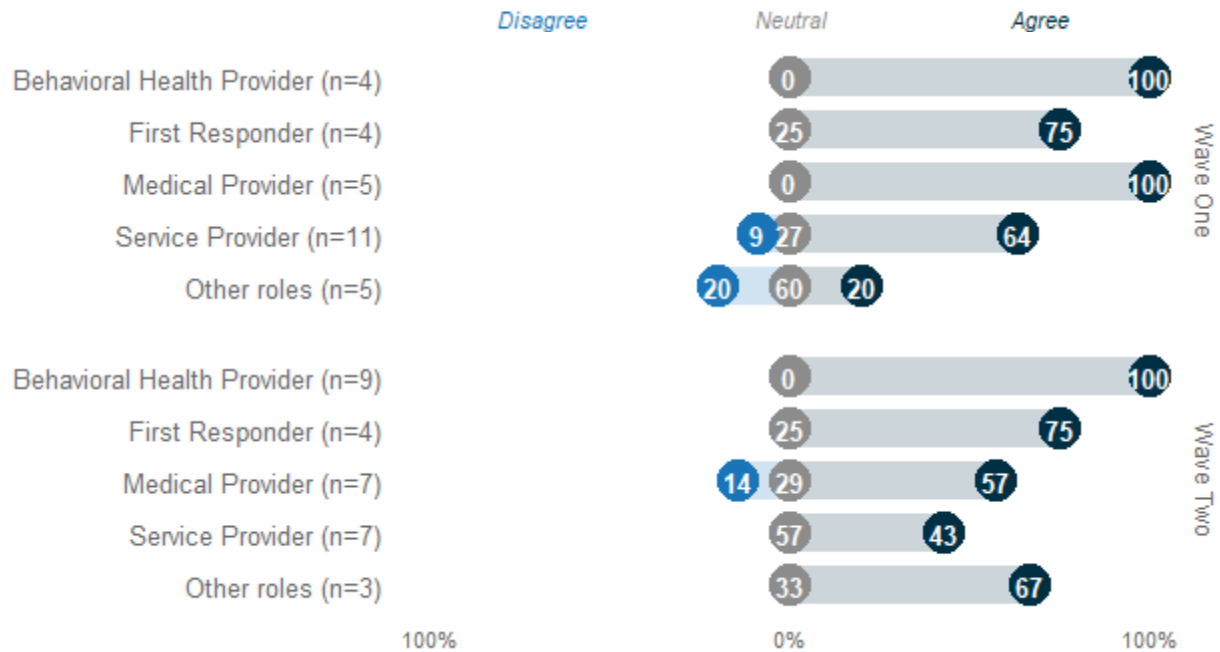


Figure 21: Percentage agreement with Statement 14 among respondents working primarily in a given role.

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

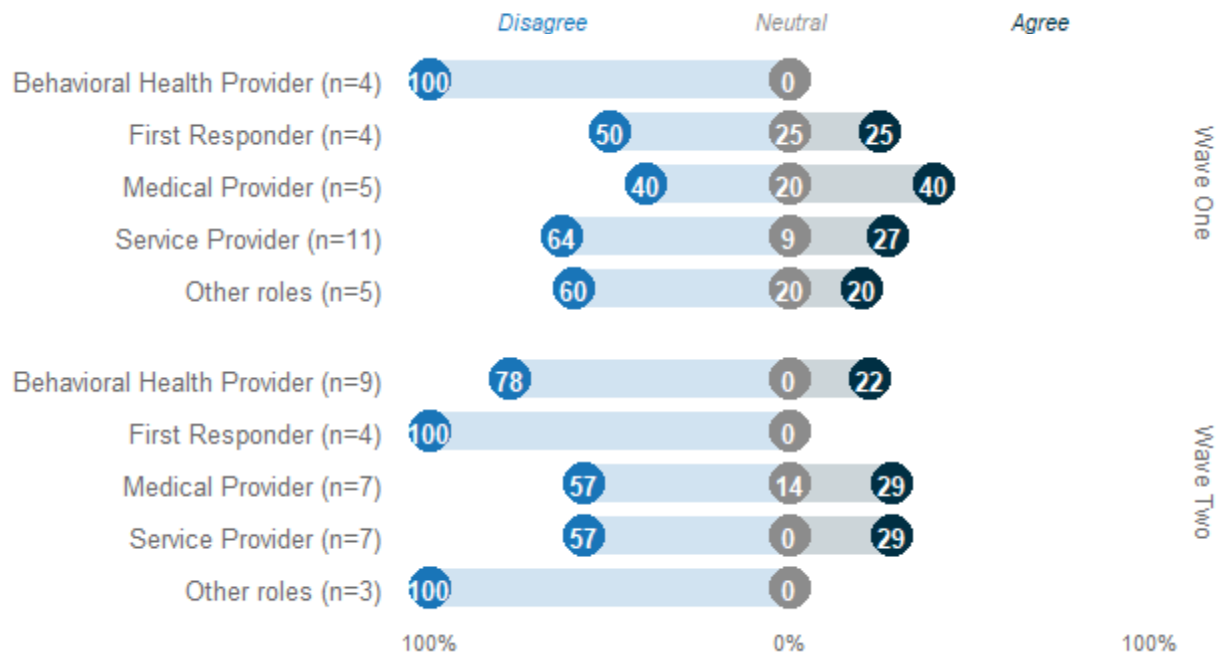


Figure 22: Percentage agreement with (negatively worded)¹ Statement 15 among respondents working primarily in a given role.

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

Opioid Perceptions Survey: Wave Two Results

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

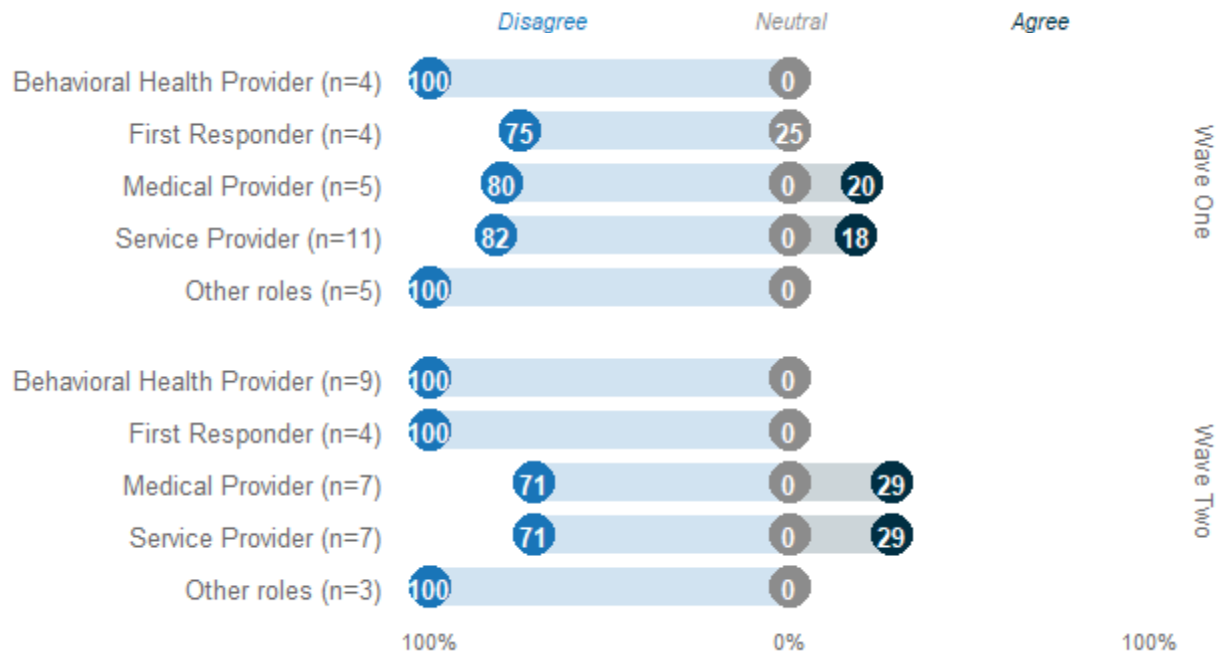


Figure 23: Percentage agreement with (negatively worded)¹ Statement 16 among respondents working primarily in a given role.

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

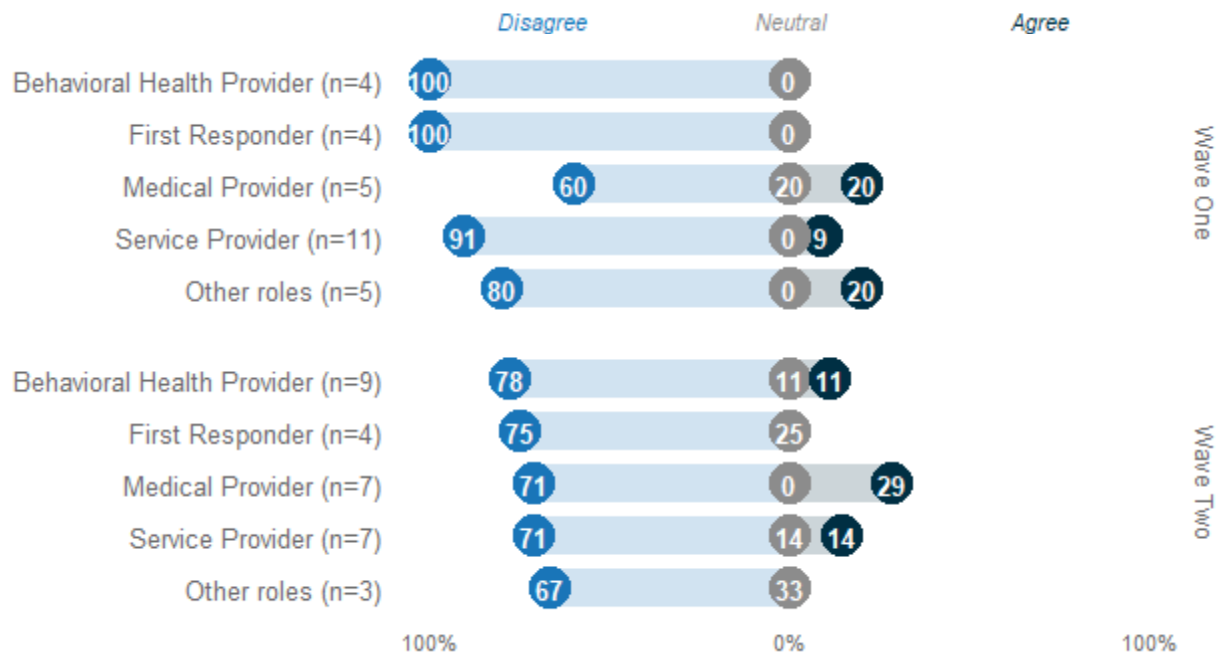


Figure 24: Percentage agreement with (negatively worded)¹ Statement 17 among respondents working primarily in a given role.

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

Opioid Perceptions Survey: Wave Two Results

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

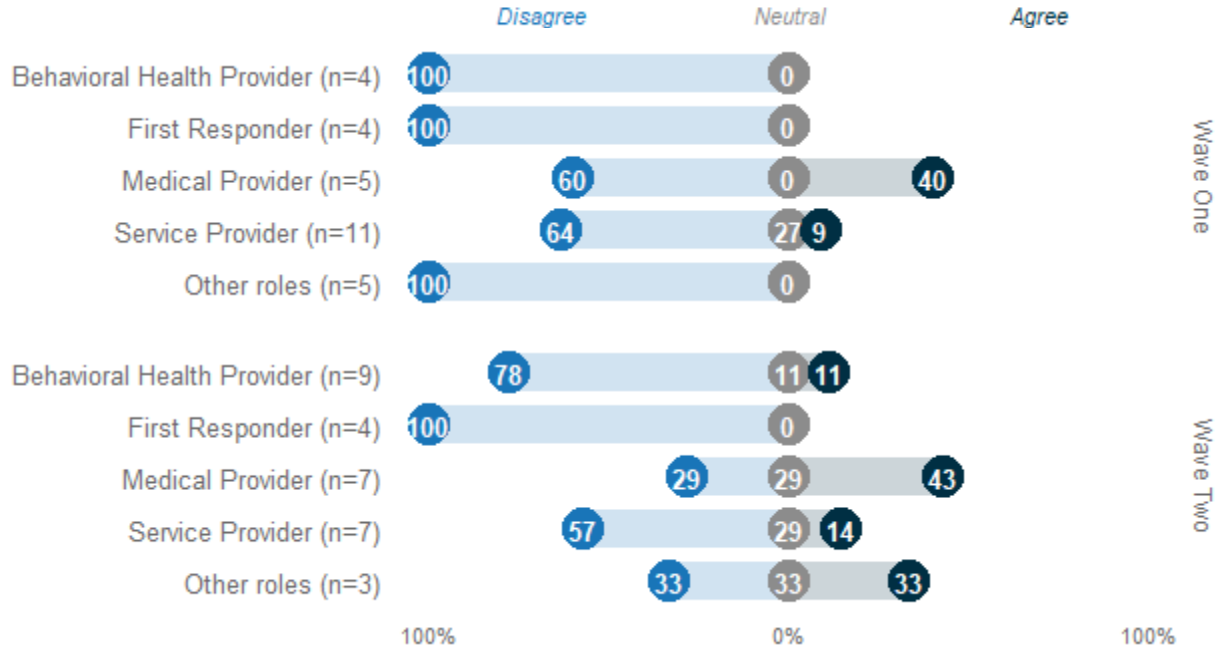


Figure 25: Percentage agreement with (negatively worded)¹ Statement 18 among respondents working primarily in a given role.

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

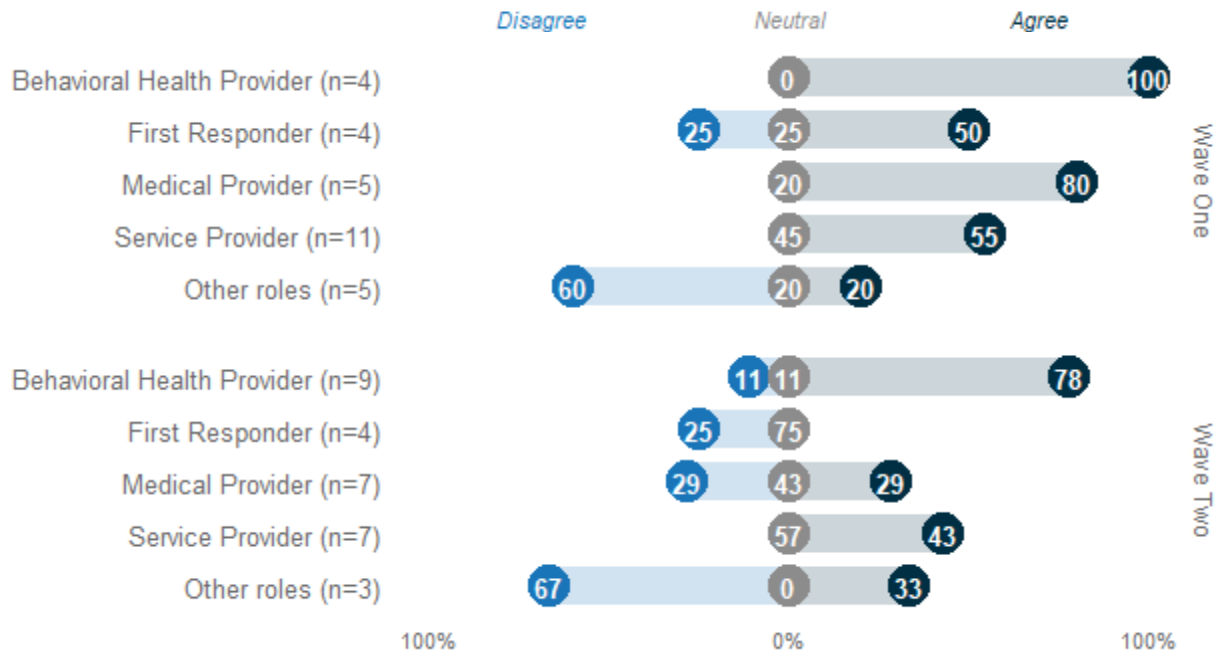


Figure 26: Percentage agreement with Statement 19 among respondents working primarily in a given role.

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

Opioid Perceptions Survey: Wave Two Results

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

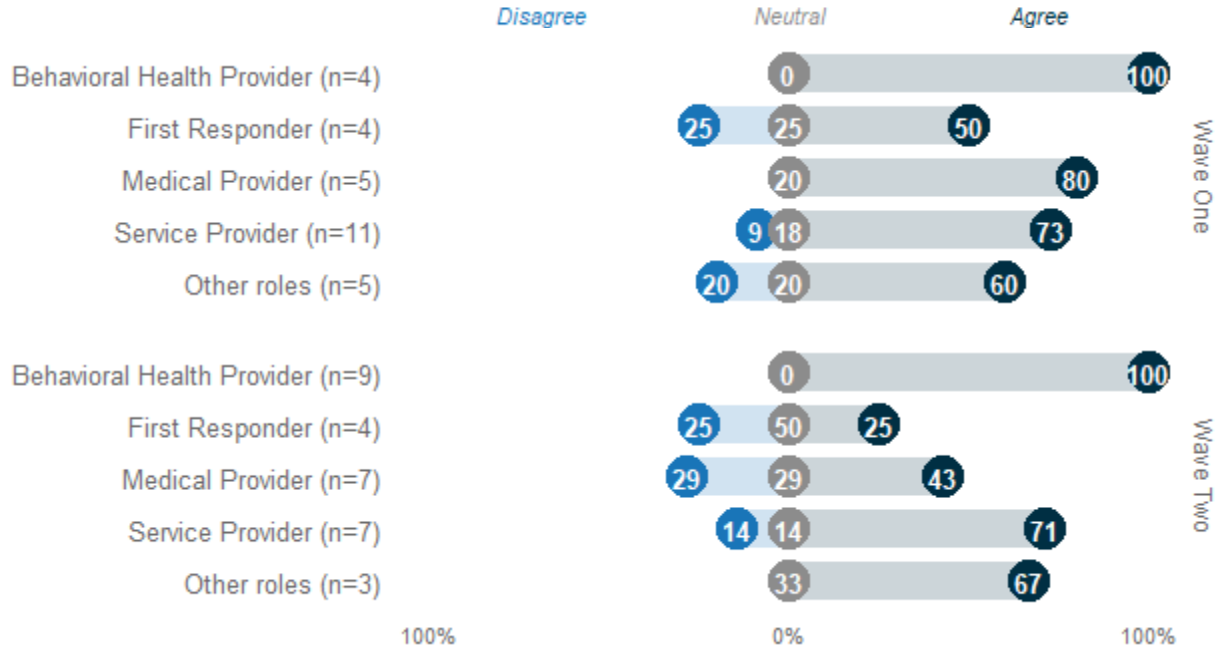


Figure 27: Percentage agreement with Statement 20 among respondents working primarily in a given role.

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

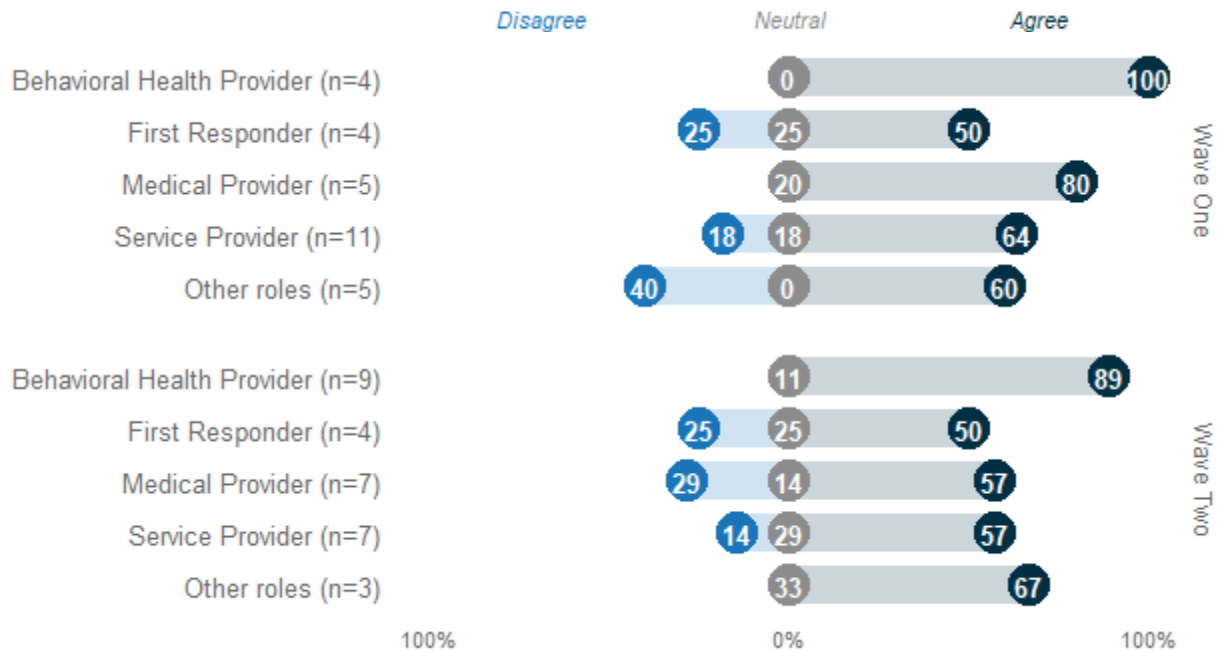


Figure 28: Percentage agreement with Statement 21 among respondents working primarily in a given role.

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

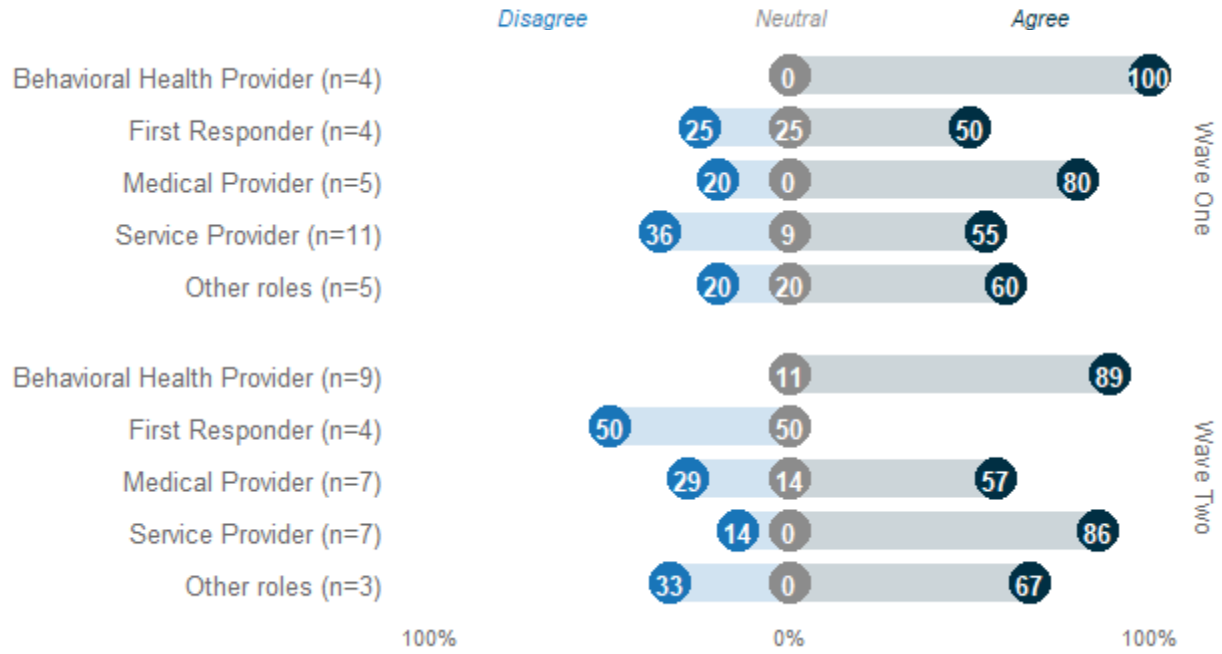


Figure 29: Percentage agreement with Statement 22 among respondents working primarily in a given role.

Perceptions by experience

This section explores the relationship between experience (length of time working with people who misuse opioids) and respondents' perceptions across the waves. The number of respondents in each role in each wave are noted in parentheses. 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.

While the overall percentage agreement with each statement showed general changes in perception between the two waves, considering these percentage agreements based on respondents' experience provides further insight into where these differences were occurring.

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 all who are working in this field and may not know who they can turn to for advice. Those who have worked for more than twenty years in the field may be an available resource with whom to connect others seeking guidance.

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

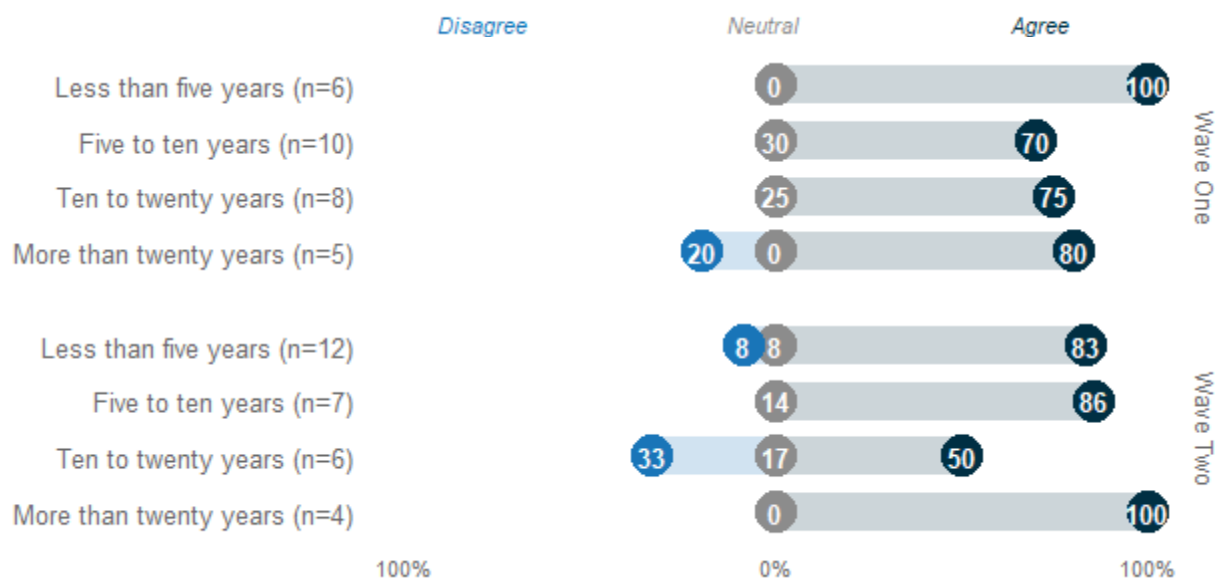


Figure 30: Percentage agreement with Statement 1 among respondents working for a given period of time with people who misuse opioids.

Opioid Perceptions Survey: Wave Two Results

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.

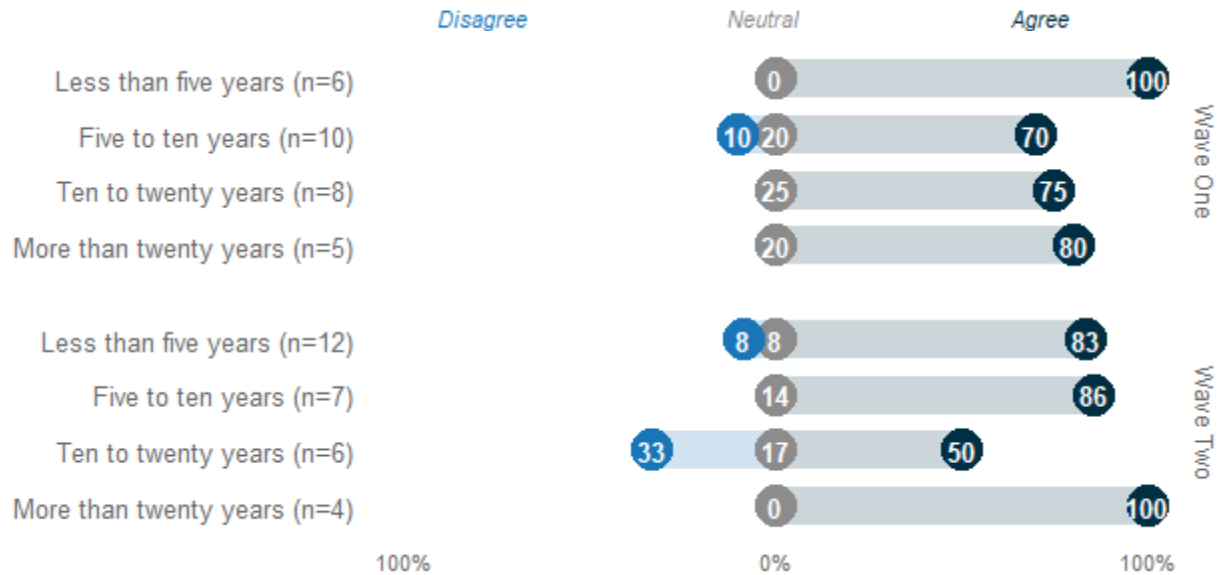


Figure 31: Percentage agreement with Statement 2 among respondents working for a given period of time with people who misuse opioids.

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.

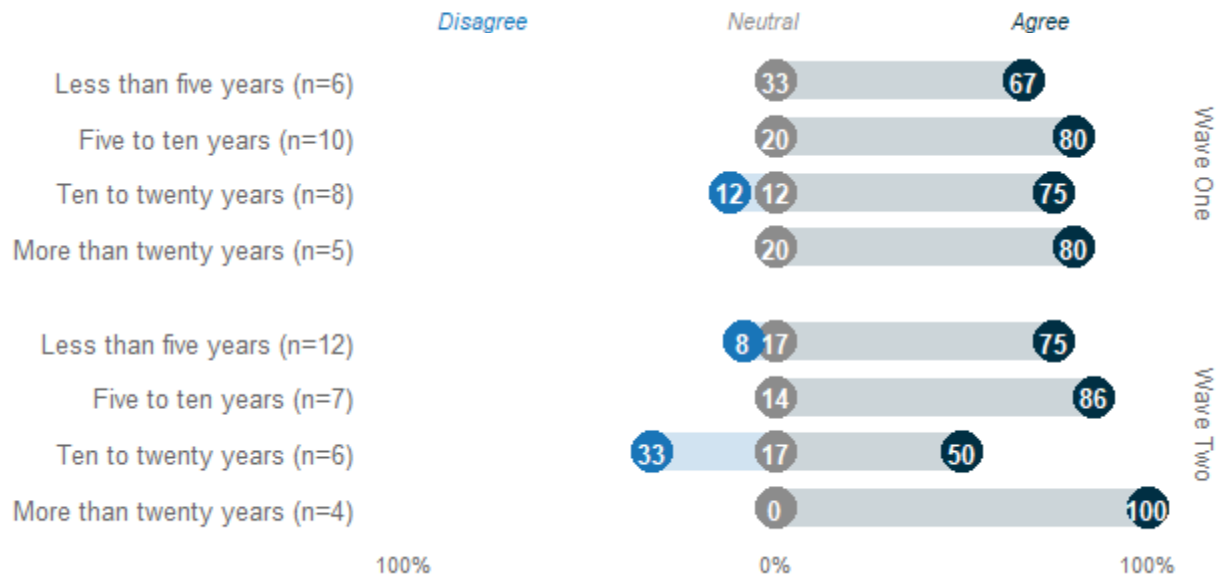


Figure 32: Percentage agreement with Statement 3 among respondents working for a given period of time with people who misuse opioids.

Opioid Perceptions Survey: Wave Two Results

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.

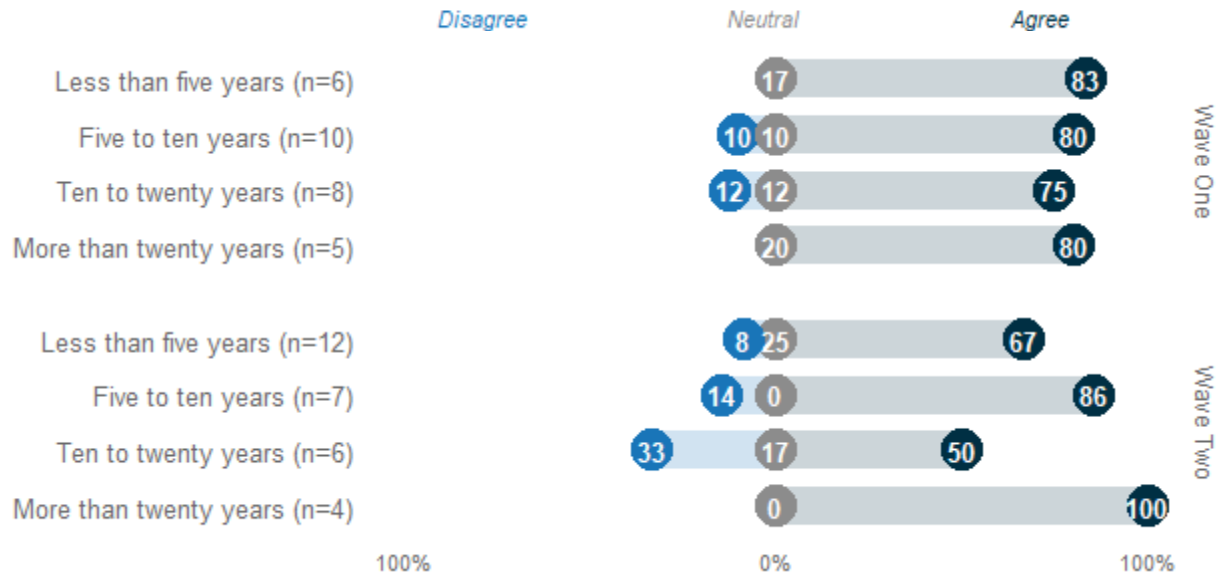


Figure 33: Percentage agreement with Statement 4 among respondents working for a given period of time with people who misuse opioids.

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.

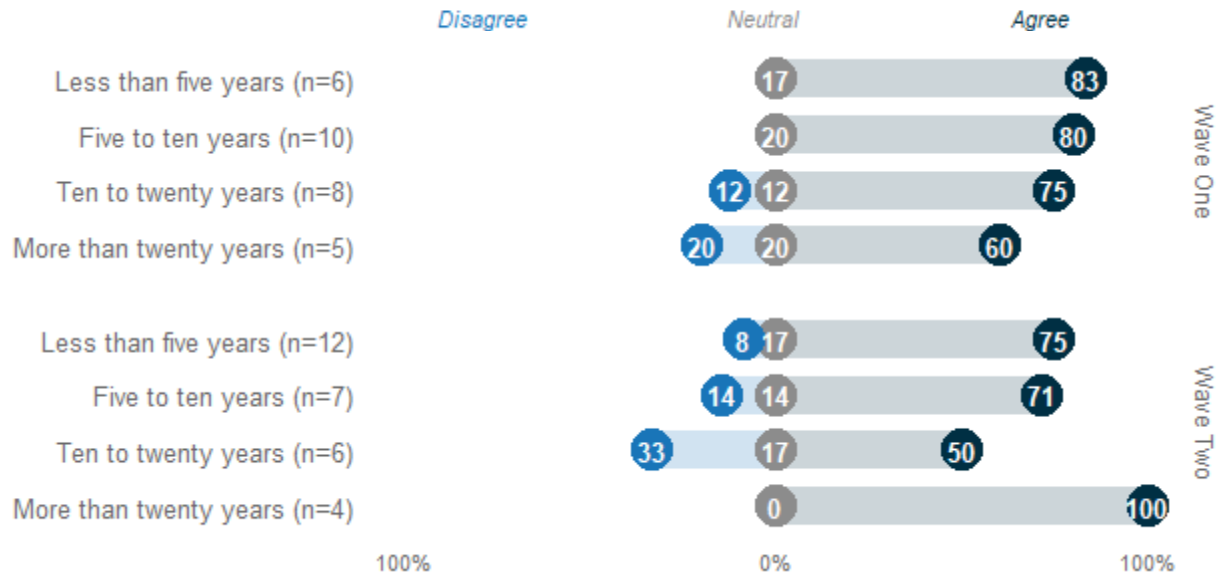


Figure 34: Percentage agreement with Statement 5 among respondents working for a given period of time with people who misuse opioids.

Opioid Perceptions Survey: Wave Two Results

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

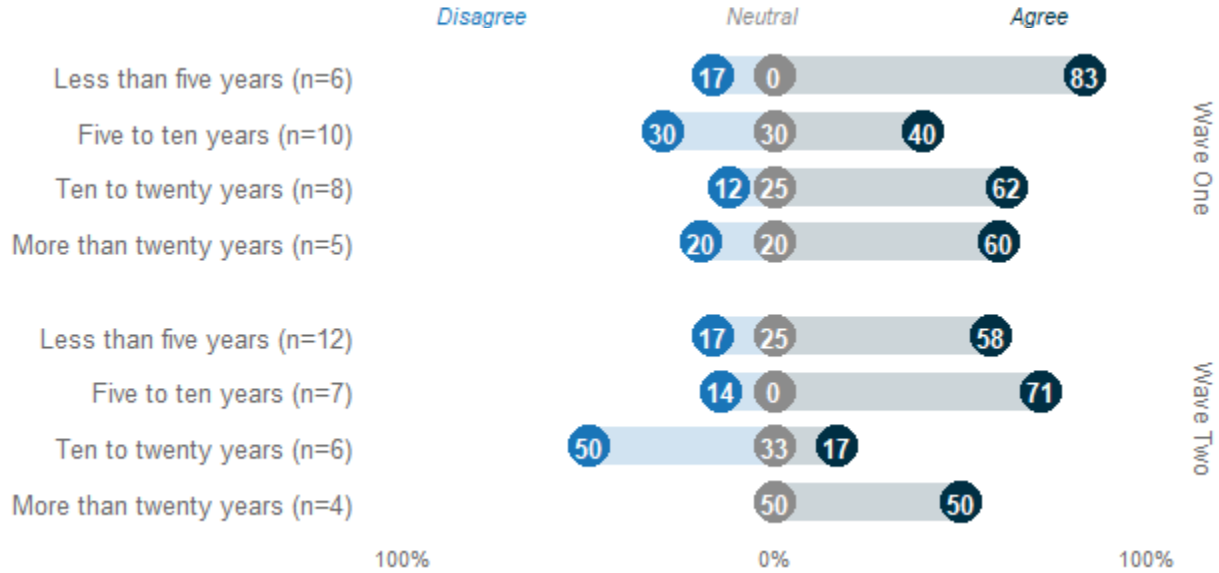


Figure 35: Percentage agreement with Statement 6 among respondents working for a given period of time with people who misuse opioids.

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

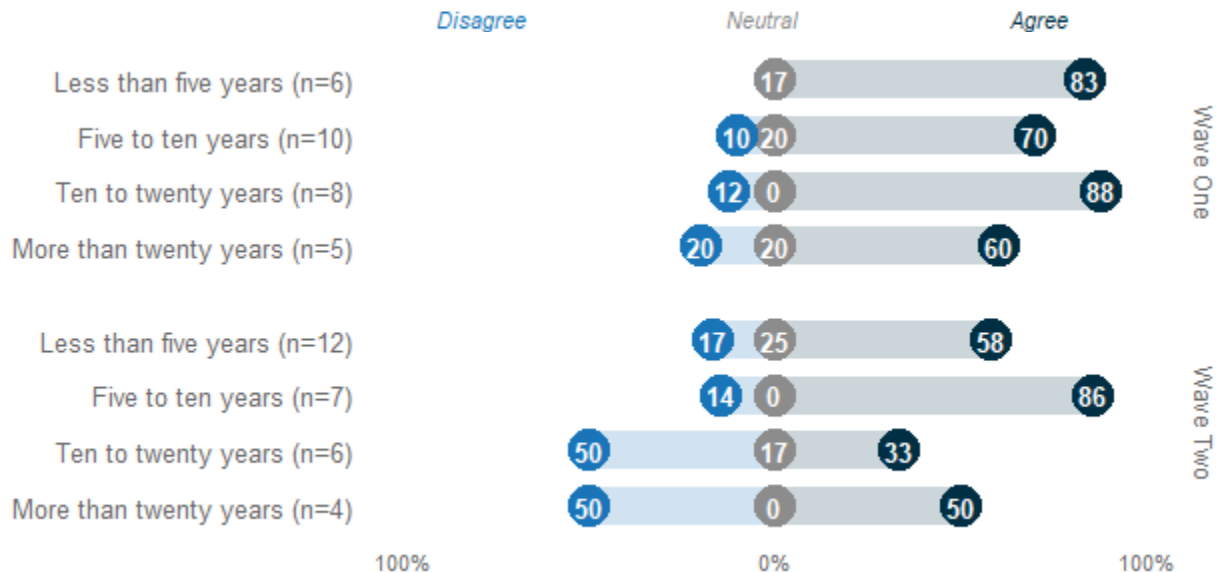


Figure 36: Percentage agreement with Statement 7 among respondents working for a given period of time with people who misuse opioids.

Opioid Perceptions Survey: Wave Two Results

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

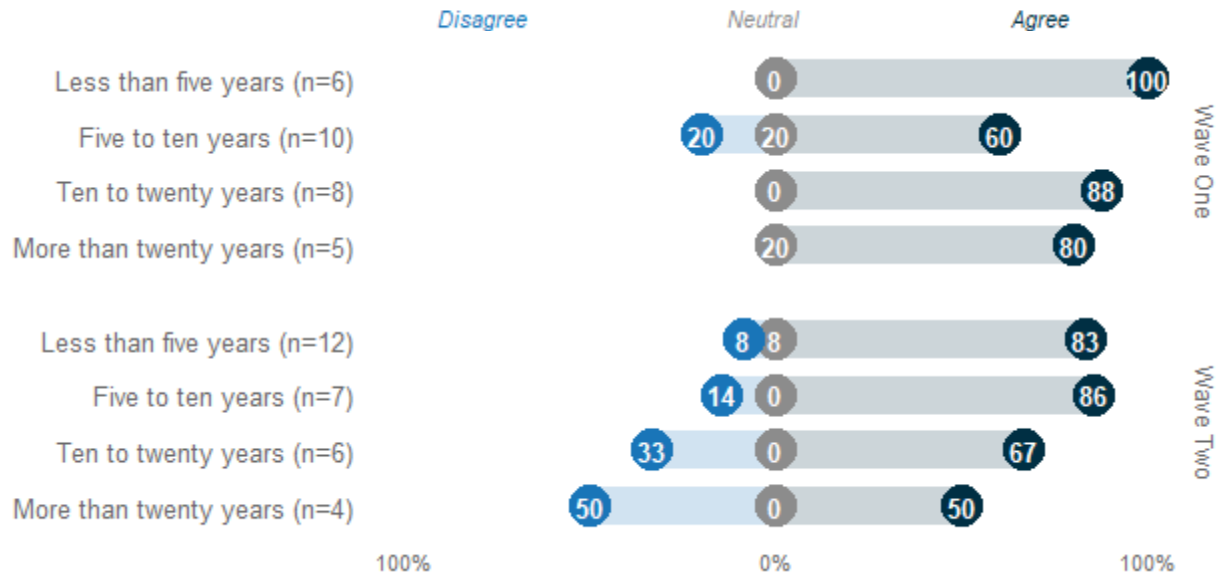


Figure 37: Percentage agreement with Statement 8 among respondents working for a given period of time with people who misuse opioids.

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

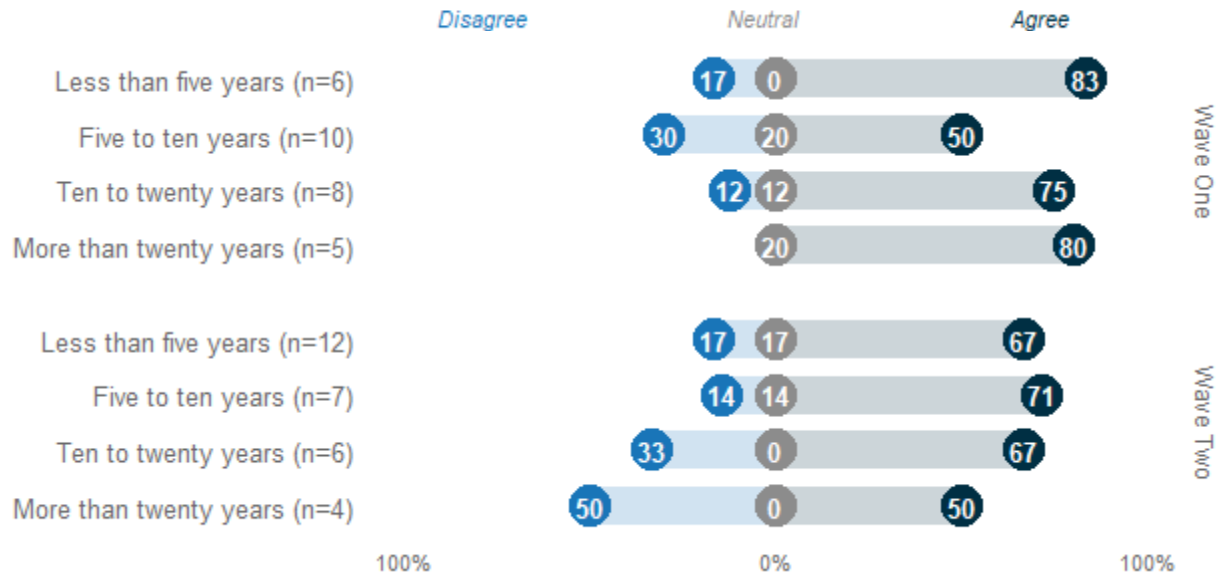


Figure 38: Percentage agreement with Statement 9 among respondents working for a given period of time with people who misuse opioids.

Opioid Perceptions Survey: Wave Two Results

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

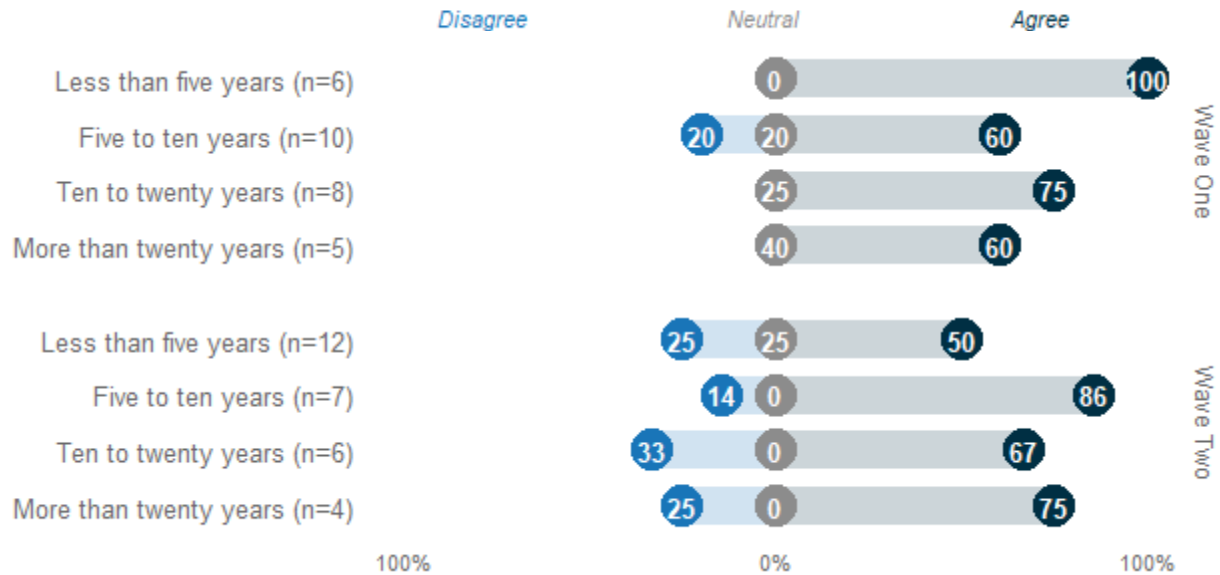


Figure 39: Percentage agreement with Statement 10 among respondents working for a given period of time with people who misuse opioids.

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.

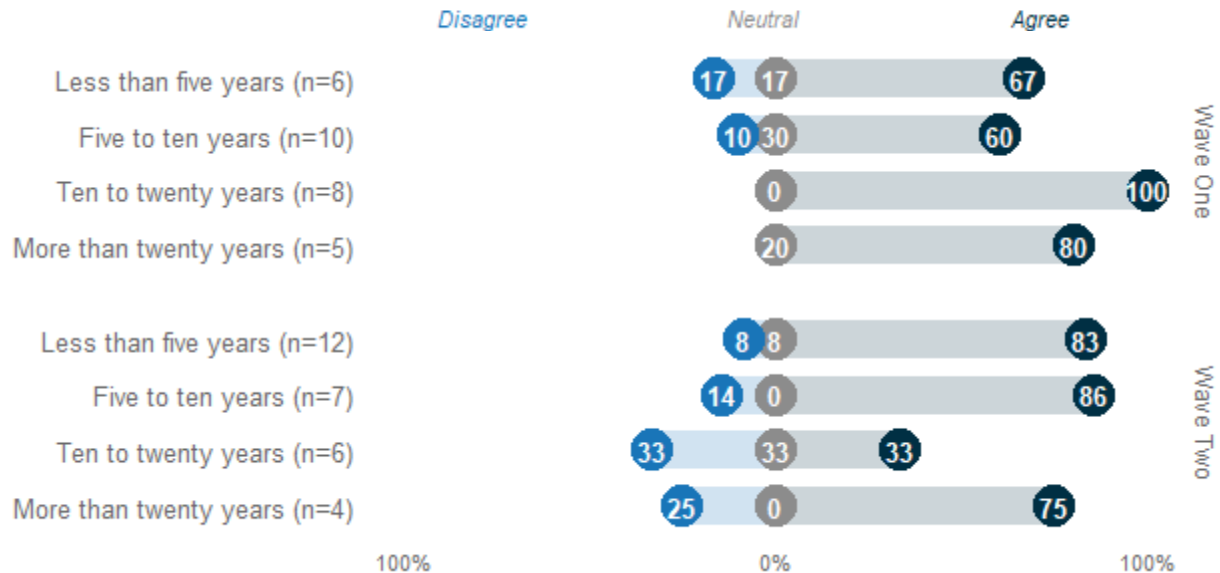


Figure 40: Percentage agreement with Statement 11 among respondents working for a given period of time with people who misuse opioids.

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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.

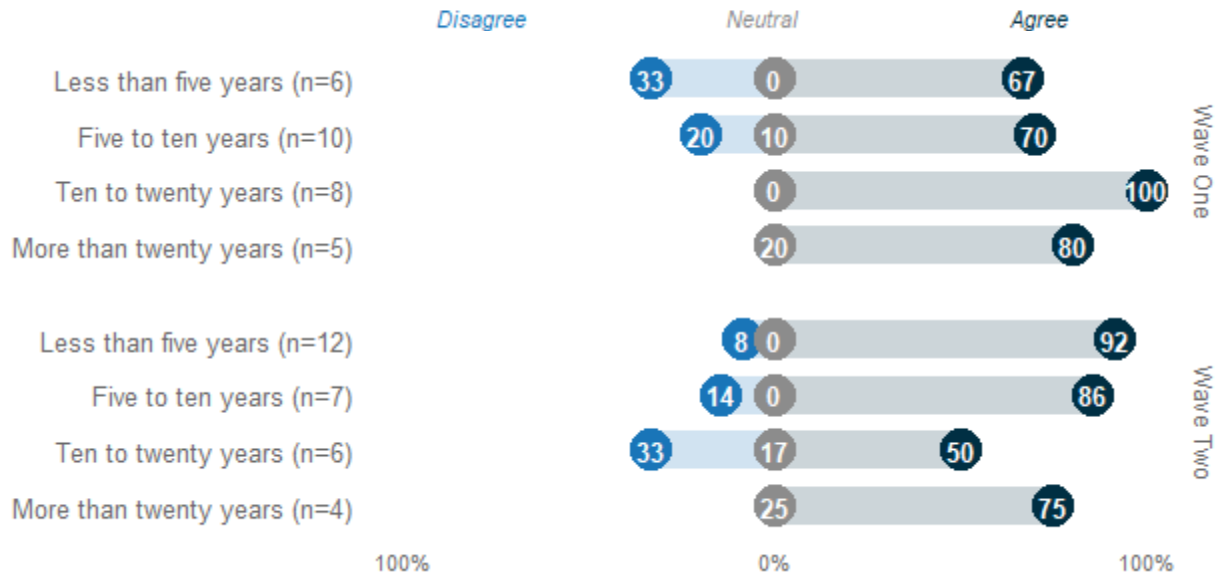


Figure 41: Percentage agreement with Statement 12 among respondents working for a given period of time with people who misuse opioids.

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.

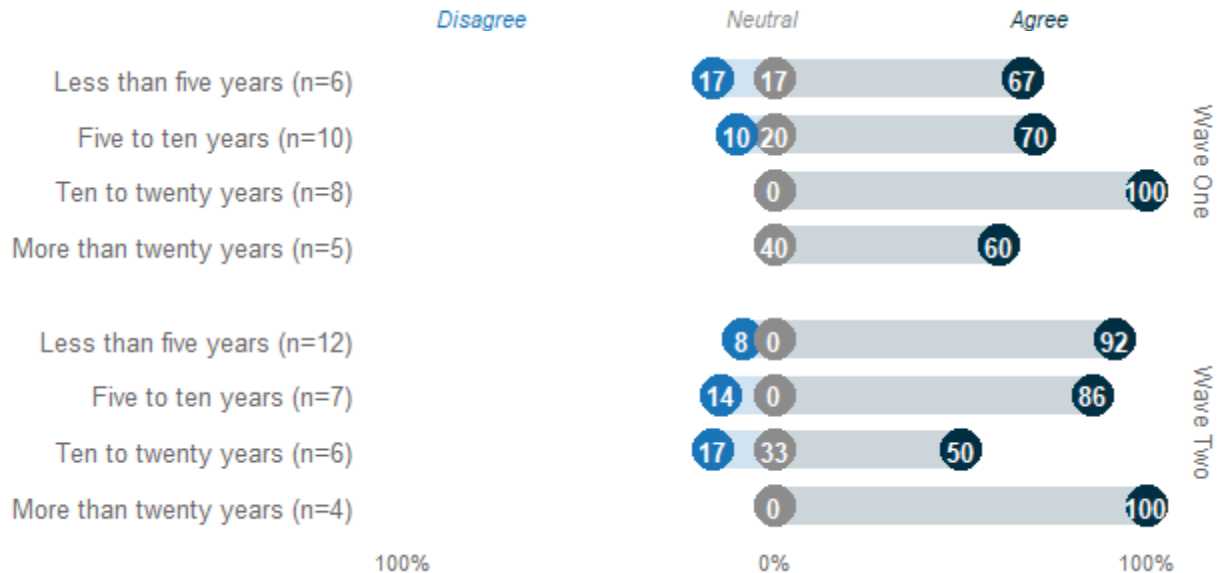


Figure 42: Percentage agreement with Statement 13 among respondents working for a given period of time with people who misuse opioids.

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

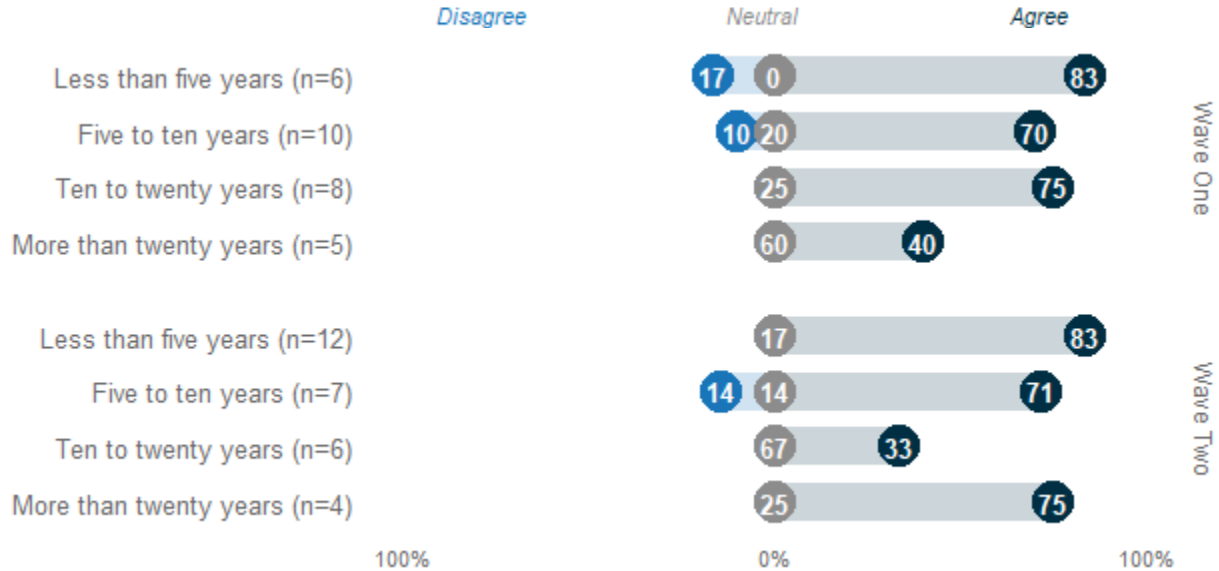


Figure 43: Percentage agreement with Statement 14 among respondents working for a given period of time with people who misuse opioids.

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

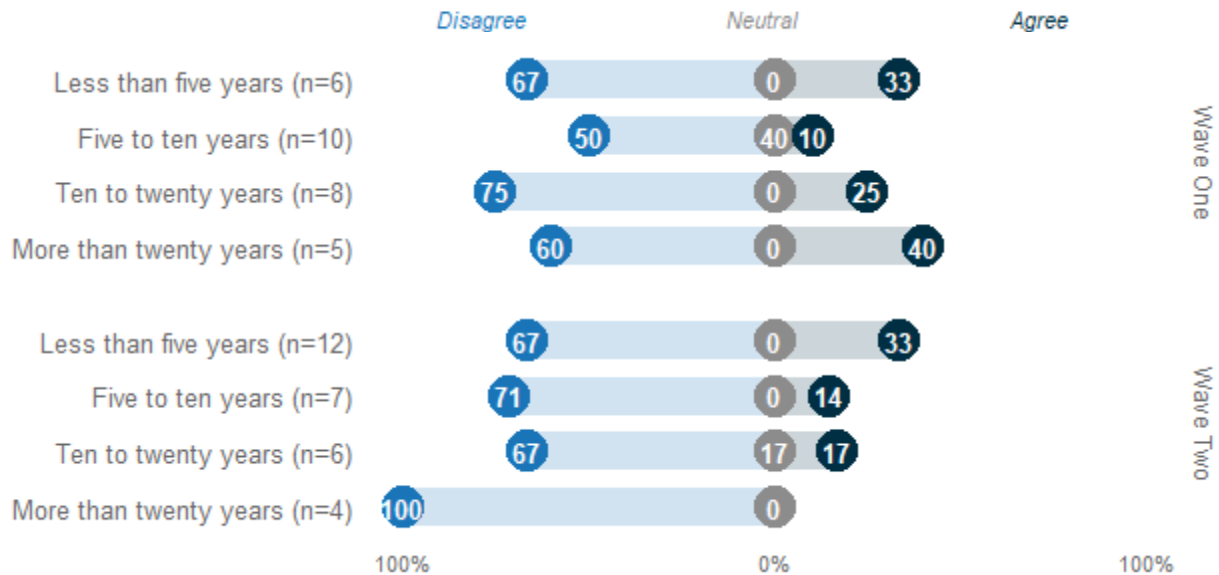


Figure 44: Percentage agreement with (negatively worded)¹ Statement 15 among respondents working for a given period of time with people who misuse opioids.

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

Opioid Perceptions Survey: Wave Two Results

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

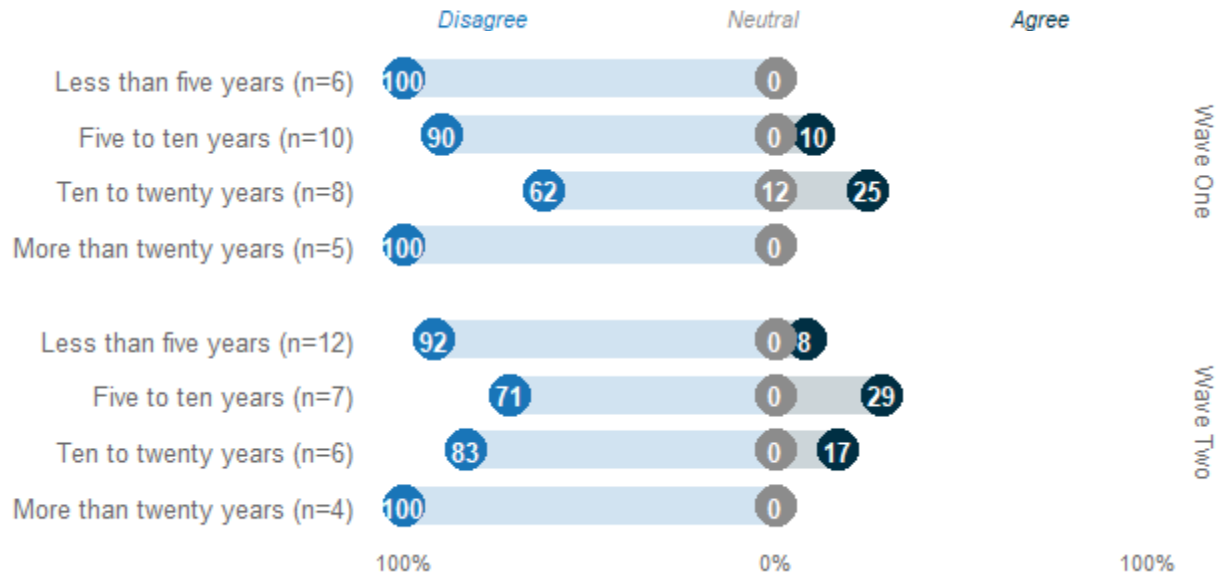


Figure 45: Percentage agreement with (negatively worded)¹ Statement 16 among respondents working for a given period of time with people who misuse opioids.

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

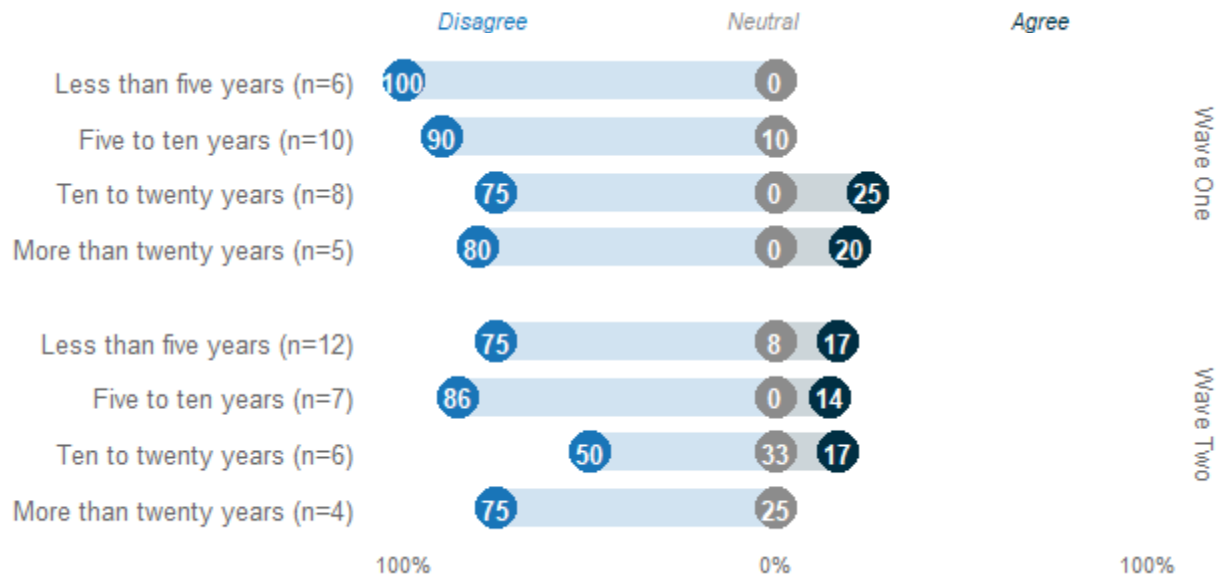


Figure 46: Percentage agreement with (negatively worded)¹ Statement 17 among respondents working for a given period of time with people who misuse opioids.

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

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

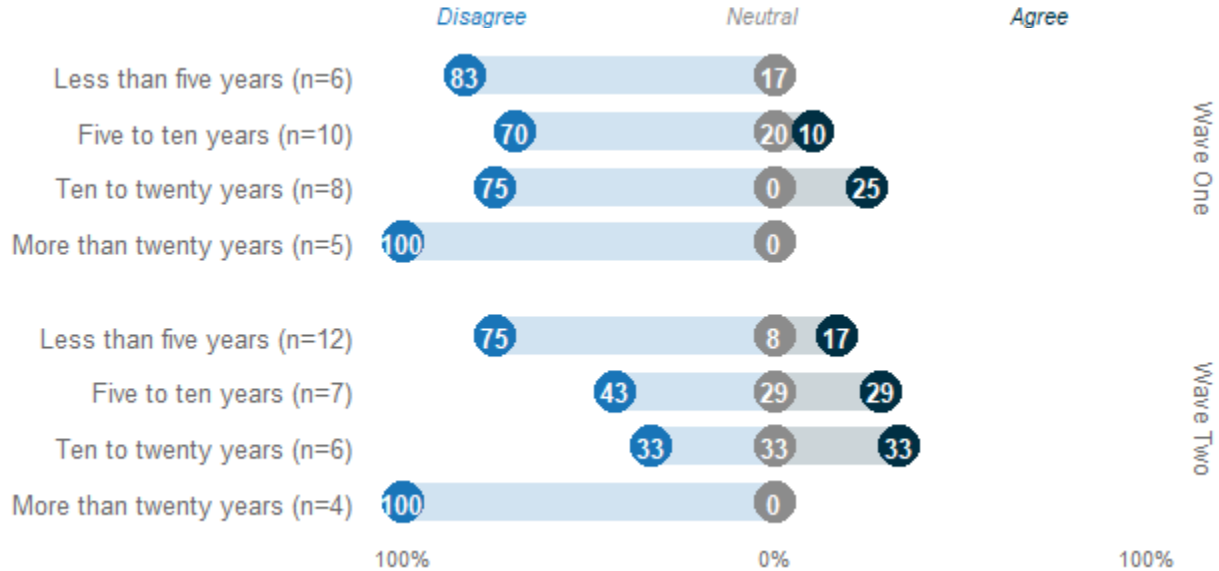


Figure 47: Percentage agreement with (negatively worded)¹ Statement 18 among respondents working for a given period of time with people who misuse opioids.

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

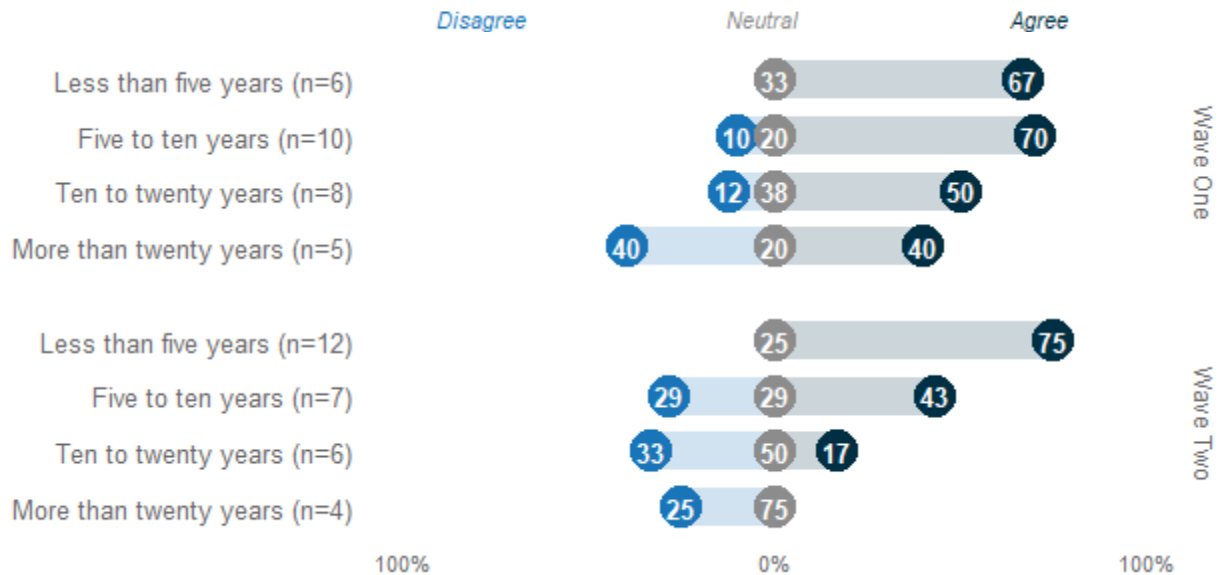


Figure 48: Percentage agreement with Statement 19 among respondents working for a given period of time with people who misuse opioids.

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

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

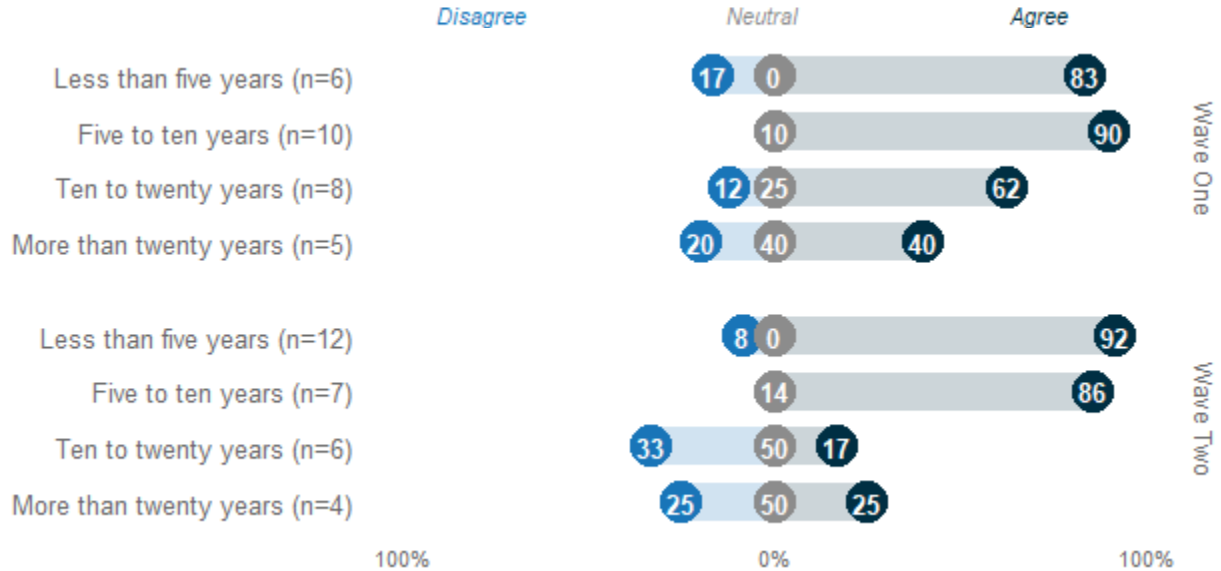


Figure 49: Percentage agreement with Statement 20 among respondents working for a given period of time with people who misuse opioids.

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

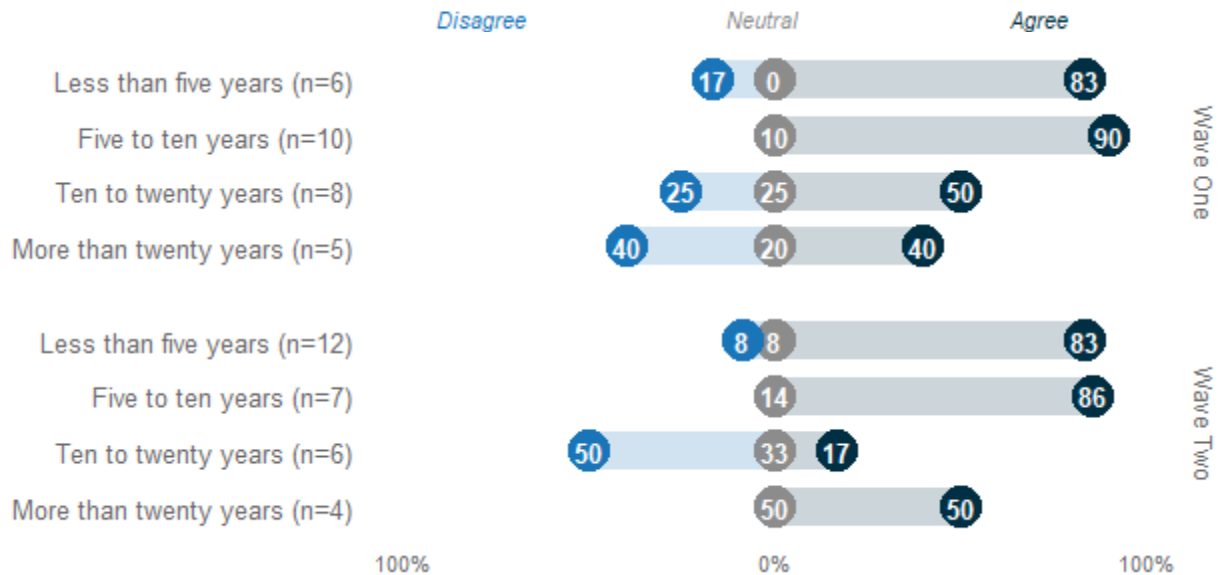


Figure 50: Percentage agreement with Statement 21 among respondents working for a given period of time with people who misuse opioids.

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

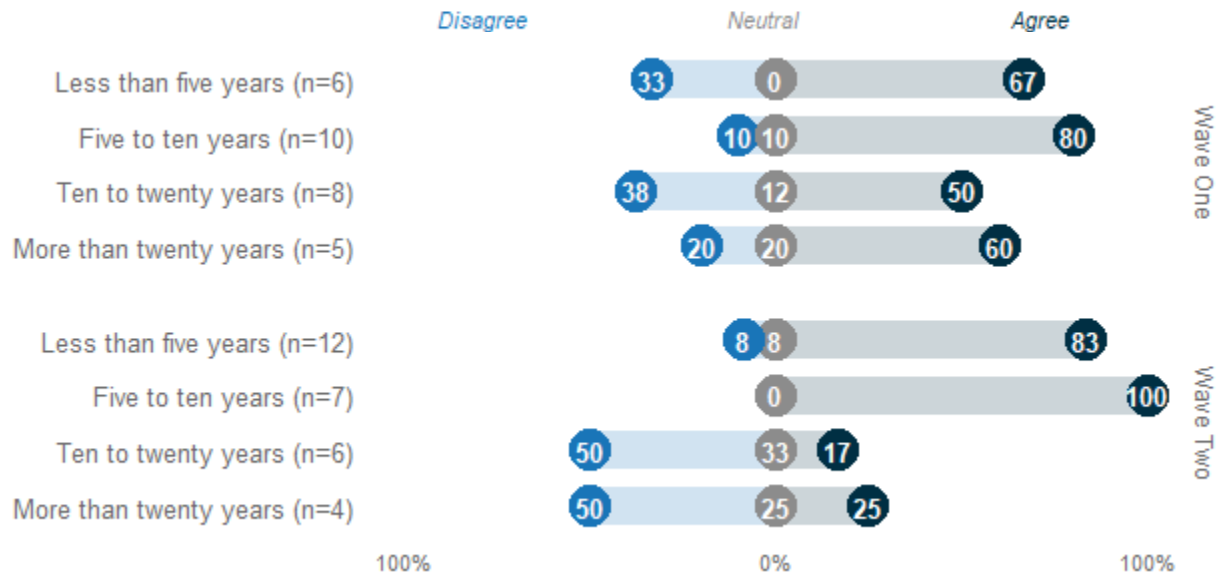


Figure 51: Percentage agreement with Statement 22 among respondents working for a given period of time with people who misuse opioids.

Next steps

This document presents the results of Waves One and Two of the Opioid Perceptions Survey. We plan to administer two more waves over 2022-2023 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.

Please access the full reports of the Wave One Results and Wave Two Results for graphs, data, and additional information, and Briefs for highlights. Full and brief reports are available on the [Foundations for Franklin County website](#). You can also email Erica Wiley, LCSW at ewiley@prevented.org for a copy of a report, for questions on accessing services, or to become more involved in the Consortium or its work.

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 (clients/patients) 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.
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.

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