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 Lincoln County CORE (Community Opioid Response Efforts) and PreventEd

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Center for Public Health Systems Science

Brown School

Prevent + Ed

Overview

This report presents the results of Wave One of the *Opioid Perceptions Survey*. This survey is part of a larger initiative being conducted by the Lincoln County Community Opioid Response Efforts (LC-CORE) as part of a HRSA (Health Resources and Services Administration) Implementation grant received by PreventEd (formerly NCADA) in Lincoln County. The grant aims to address the high number of opioid overdose deaths in Lincoln County, Missouri. The Lincoln County HRSA CORE consists of healthcare professionals, First Responders, mental health professionals, community members, and other organizations.

Wave One of the survey was administered in Winter 2022 with 33 participants. Invitations to participate were sent to individuals in Lincoln 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 three more waves for a total of four waves of the Opioid Perceptions Survey over three years to capture perceptions over time. Responses are anonymous. 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

- Overall, respondents expressed **positive perceptions** around working with individuals (clients/patients) on a 7-point scale, with lower scores indicating more positive perceptions.
- Most respondents (82%) reported having a **working knowledge of opioid use and related issues**.
- Respondents were least likely (42%) to feel that their **patients/clients believe they [providers] have the right to ask about opioid use when necessary**.
- Checking in with those engaged in this work can identify areas for focused initiatives.
  - First Responders reported lower levels of reward when working with people who use opioids, while Medical Providers and Service Providers needed more support in developing their skills in counseling people who use opioids. Behavioral Health Providers needed more support in having people with which to share the personal difficulties of their work.
  - Respondents with less than five years or ten to twenty years of experience felt least confident about providing counsel, while those with at least five years were less likely to report feeling reward, satisfaction or desire in working with people who use opioids. Very experienced respondents had low rates of finding help to clarify professional responsibilities and being able to ask clients/patients about opioid use. These findings suggest that early career practitioners need more skill development, while experienced professionals need increased support to manage feelings of dissatisfaction and to clarify responsibilities in their work with patients/clients who use opioids.
- Aside from focused efforts, everyone engaging with clients/patients who use opioids can benefit from **continued support** to increase their understanding and confidence while carrying out their work, regardless of how long they work in this field or their role.
  - Awareness of the cause of and risk factors for developing an opioid use disorder and other substance use issues
  - Awareness and information about the physical and psychological effects of opioid use
  - Personal and professional support and clarification on responsibilities
  - Resources around prevention, treatment, and recovery from opioid use
- Across roles and experience levels, working with clients/patients who use opioids is challenging and can lead to feelings of dissatisfaction and reduced desire to continue the work; professionals need increased support to manage these feelings.

Respondents

The Opioid Perceptions Survey aims to capture changes in perceptions over three years among the Lincoln County community working with clients/patients who use opioids. Of those invited, respondents opting to participate in each Wave may differ in both role and experience. All respondents were asked to self-identify if they work with people who use opioids in a non-therapeutic way and with which role they best identify. Most Wave One respondents work as Service Providers or in other provider roles not asked, and have been in this field for one to five years.

Role

Most respondents in Wave One (33%) worked as Service Providers (e.g., Children's Division, Community Health Worker, social worker). While most respondents identified as working primarily in one of the four categories asked, few respondents identified as working in other roles which included - but is not limited to - advocates and case managers.

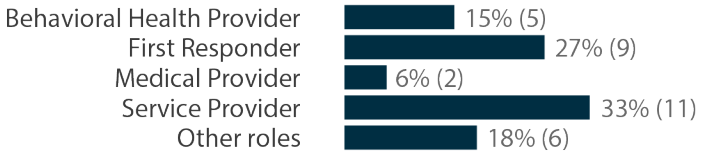

Figure 1: Roles of respondents in Wave One.

Experience

Almost all respondents reported having at least one year of experience. Respondents reflect a spectrum of experience with many having worked in this area for either one to five years (30%) or more than twenty years (27%).

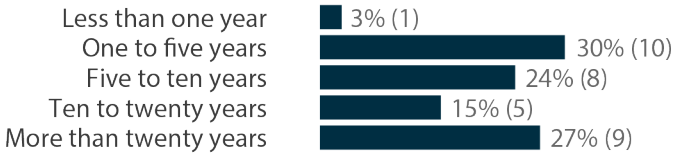

Figure 2: Length of time respondents have been working with people who misuse opioids across waves.

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 Appendix A for the full list of questions.

Average rating

An average of a survey respondent's ratings across the 22 statements would provide insight into perceptions around opioid use. With a scale of 1 to 7 indicating agreement to disagreement with statements, a lower number would indicate less stigma when working with clients/patients who use opioids in a non-therapeutic way.

Overall, respondents positively perceived working with people who use opioids in a non-therapeutic way. Wave one respondents scored an average of 2.8 on the 7-point scale. Figure 3 shows each respondent's average rating across statements.

Figure 3 shows that there were a few participants who averaged high on the scale (closer to 1) but there were a couple who averaged low on the scale indicating much poorer perceptions than their colleagues (closer to 7). The findings of Wave One of the Opioid Perceptions Survey 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.

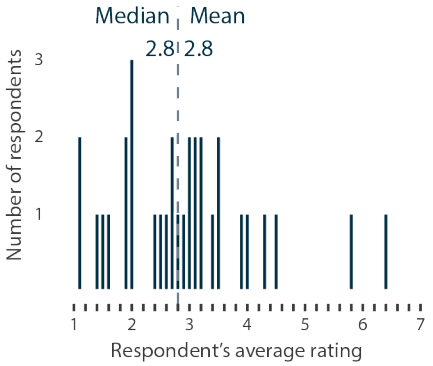

Figure 3: Respondents' average rating of statements across waves.

Statements

This section presents the percentage of respondents agreeing with each of the 22 statements asked. Statements are organized by percent agreement in Wave One by descending order; statements with the highest agreement (indicating more positive perceptions) are presented first. See Appendix C for more on neutral or disagreeing respondents.

In Wave One, respondents' agreement with statements ranged from 42% to 88% (Figure 4). At least eight in ten respondents felt confident in their knowledge of opioid use and related risk factors and effects (S2, S5, S3, S4, S1), asking clients/patients about their opioid use (S8), and finding help to approach someone who uses opioids (S13). While many believed they have the right to ask clients about their opioid use (S8), the statement with the least agreement reflected that respondents did not think their clients/patients believed they had such a right (S9).

About seven in ten respondents had equal respect for clients/patients who use and do not use opioids (S16) and thought they could find help with their role and related difficulties (S11, S12). While respondents were proud of their work with clients/patients who use opioids (S22, S17, S18), they were less likely to feel confident in this work, their impact, and their ability to advise their clients (S7, S19, S15, S14). Less than half of respondents felt satisfaction or reward from their work (S20, S21), believed in their long-term counsel (S6) and felt that their clients/patients welcomed their questions about opioid use (S9).

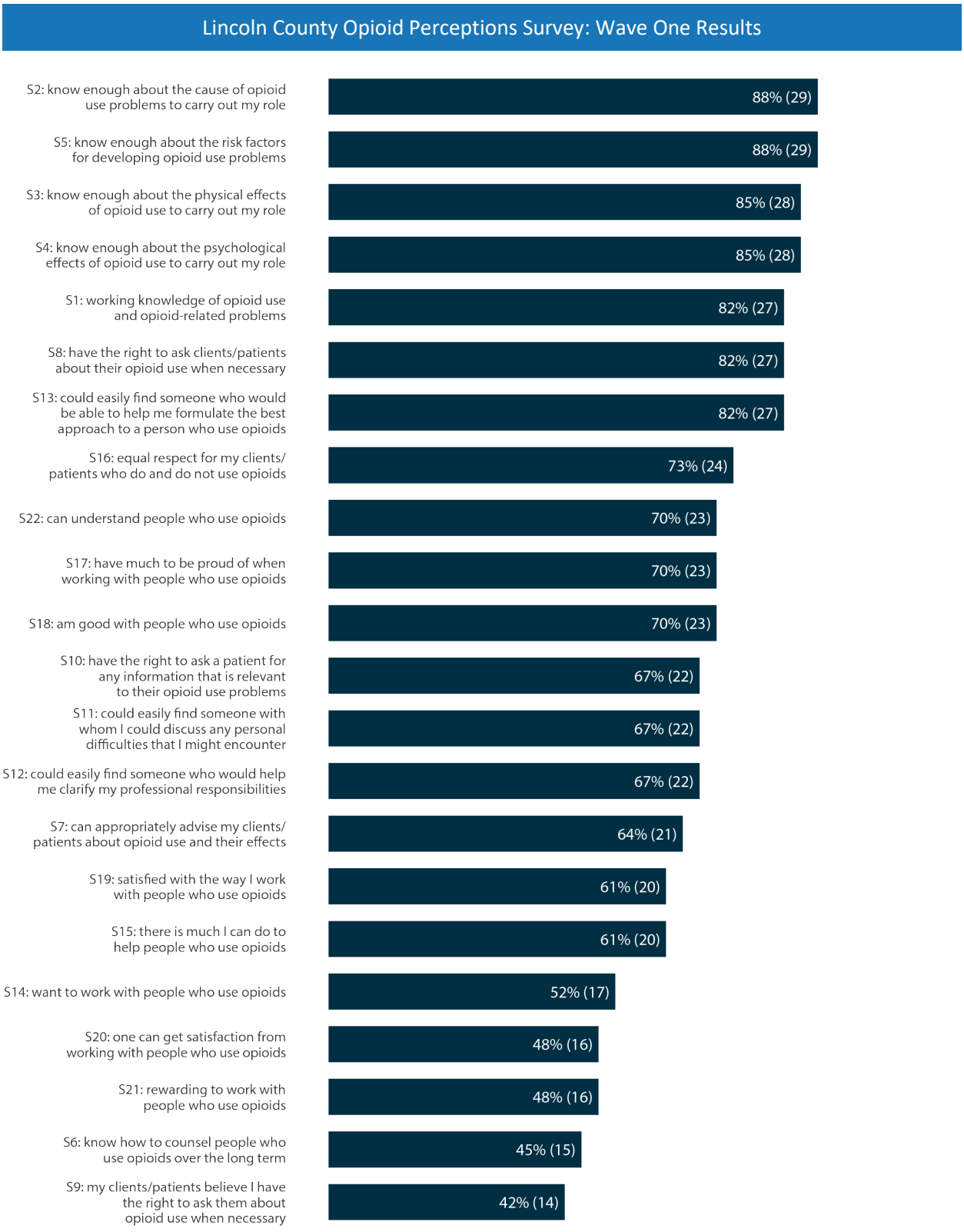

Figure 4: Respondents' agreement with statements.

Perceptions by role

This section explores the relationship between the respondents' roles and the respondents' perceptions in Wave One. While the overall percentage agreement with each statement showed general perceptions at this time point, considering these percentage agreements among each role provides further insight into where these differences were occurring and where action can be focused. Percentage (and number) of respondents agreeing with a statement are labeled. Statements are organized by overall percent agreement in Wave One, where statements with the overall highest agreement (indicating more positive perceptions) are presented first. See Appendix D for more on neutral or disagreeing respondents.

With Statements 3 and 4 as an example, overall, respondents feel confident in their knowledge of effects of opioid use. However, looking closely across roles it appear that Service Providers need opportunities to increase confidence in this area. These could include education sessions or sharing resources on where questions can be answered.

With Statement 6 as an example, it is important to consider the context of a role with the results. Medical Providers may include emergency room personnel who engage with a patient/client on a one-time basis without follow-up and that might influence their reported ability to counsel on opioid use over a long term.

Figures 5, 6, and 7 display agreement with opioid use perception statements by respondent role. Figure 5 shows statements with highest levels of overall agreement, 82-88%; Figure 6 shows where seven in ten respondents agreed, 67-73%; and Figure 7 shows the remaining eight statements, 42-64% overall agreement.

Behavioral Health Providers had strong agreement (80%) with all statements excluding one. The lowest agreement (60%) was with 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."

First Responders felt most confident (89%) in their knowledge of opioid use and related problems (S1-5) and having the right to ask about opioid use (S8). They felt less confident (33%) in finding help for professional responsibilities (S12), patients/clients believing they have the right to ask about opioid use (S9), in their ability to help (S15), and in satisfaction from this work (S20). The lowest agreement (22%) was Statement 21, "In general, it is rewarding to work with people who use opioids."

Both Medical Providers agreed with Statements 2, 5, 3, and 4 on knowledge of opioid use and related problems, and Statement 15 that "there is much I can do to help people who use opioids." The lowest rates of agreement were for eight statements where neither Medical Provider agreed: Statements 8 and 10 on having the right to ask about opioid use or relevant information, Statement 12 on finding help clarifying professional responsibilities, Statements 7 and 6 on advising, Statements 19 and 20 on satisfaction, and Statement 9 that "my clients/patients believe I have the right to ask them about opioid use when necessary."

Most Service Providers (91%) agreed they knew enough about causes and risk factors for developing opioid use problems to carry out their role (S2, S5), but fewer (73%) felt confident in their working knowledge of physical or psychological effects of opioid use (S8, S3, S4). Service Providers also felt confident (91%) that they could find help for their work (S13) and that they could ask about opioid use when necessary (S8). Lowest agreement (27%) was found for desire to work with people who use opioids (S14), ability to long-term counsel (S6), and clients/patients believing they had the right to ask them about opioid use (S9).

Respondents in other roles had high levels of agreement across most statements (50-100%). Respondents in this group all agreed (100%) with six statements; they had working knowledge (S1) and knew the physical and psychological effects of opioid use (S3, S4), could easily find someone to help formulate approaches or clarify professional responsibilities (S13, 12), and felt good with their work (S18). Lowest agreement was with knowing how to long-term counsel people who use opioids (S6).

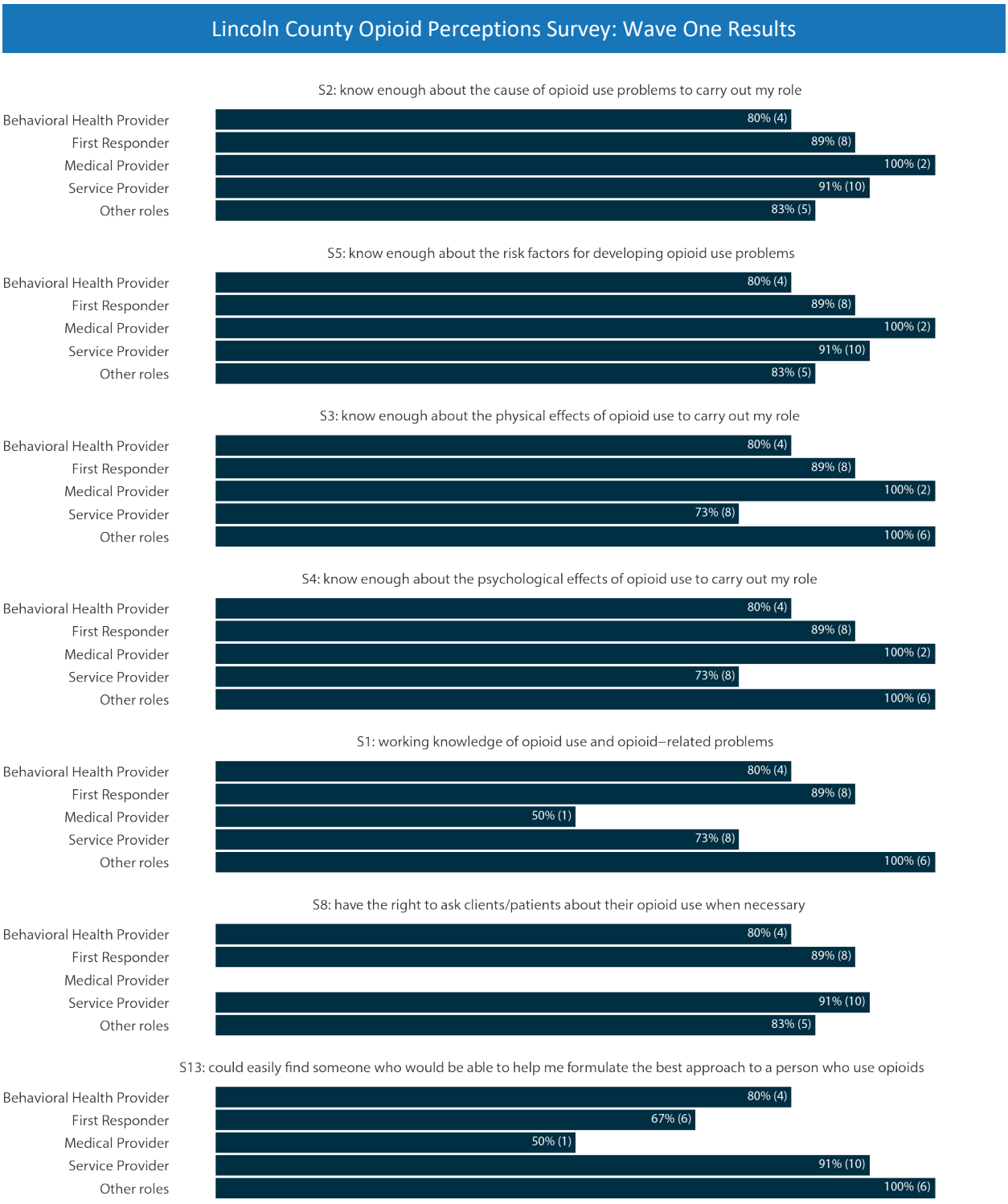

Figure 5: Respondents' agreement with statements by role, part one.

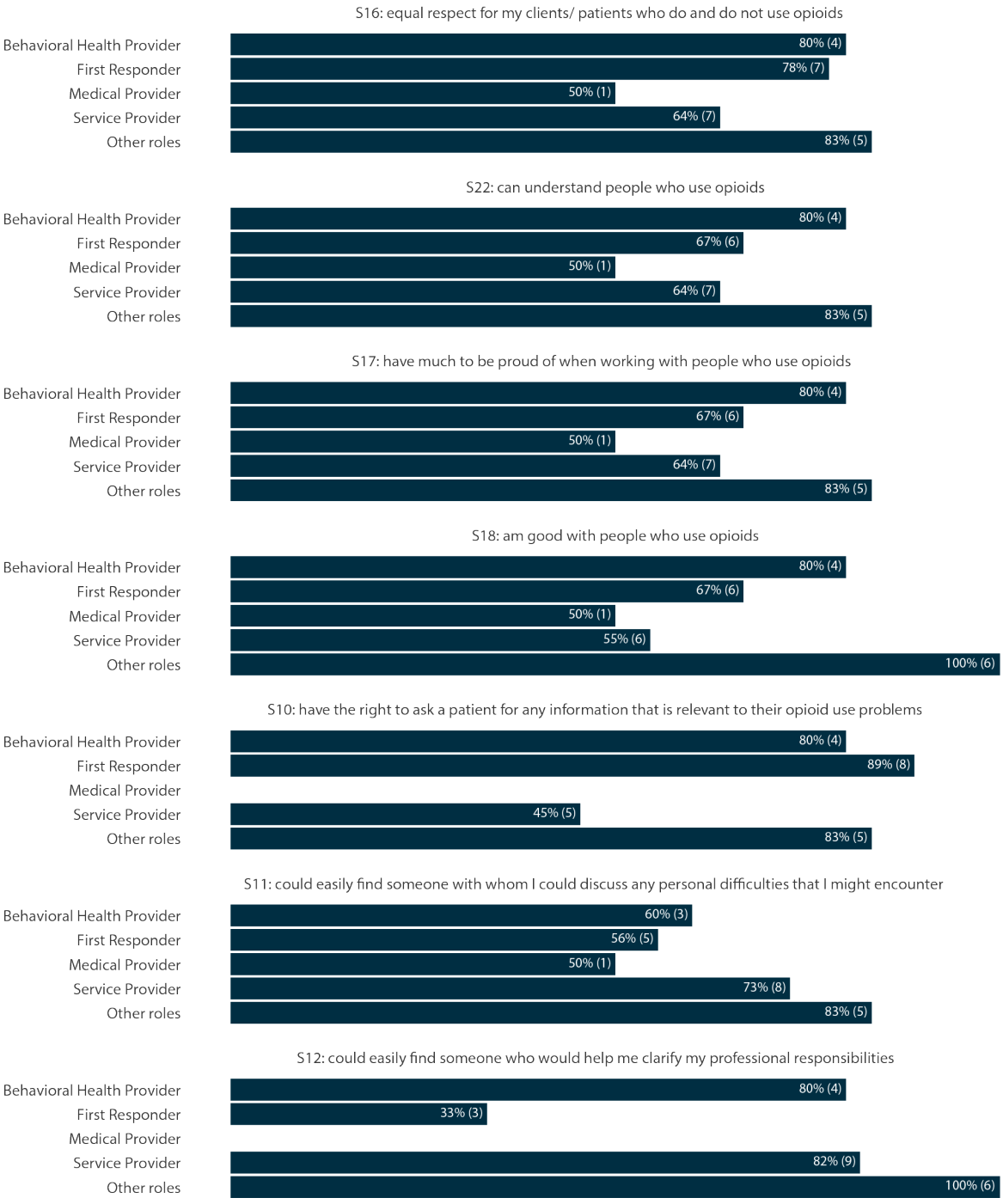

Figure 6: Respondents' agreement with statements by role, part two.

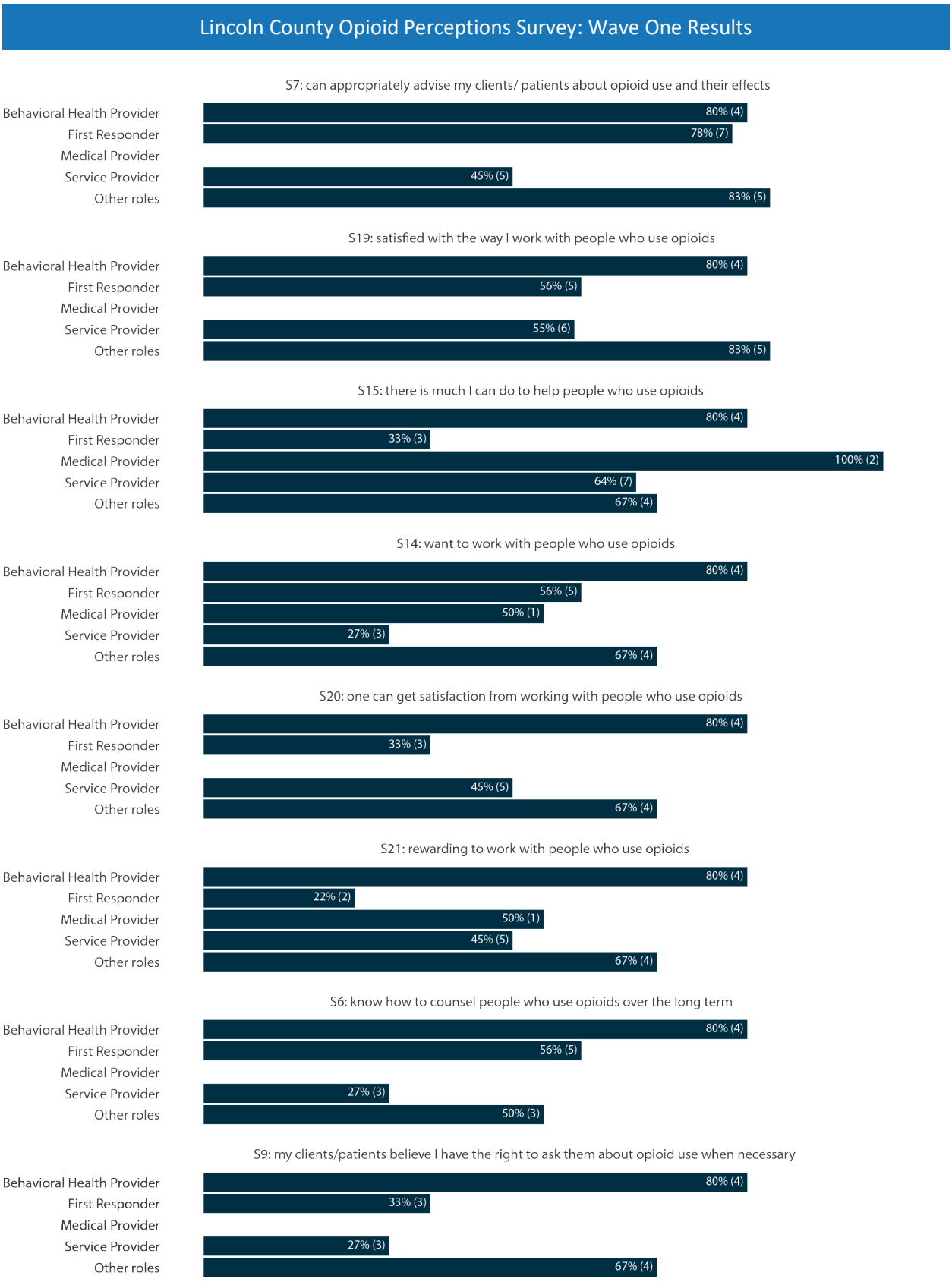

Figure 7: Respondents' agreement with statements by role, part three.

Perceptions by experience

This section explores the relationship between respondents' experience (length of time working with clients/patients who misuse opioids) and respondents' perceptions across the waves. While the overall percentage agreement with each statement showed general changes in perception across the waves, considering these percentage agreements based on respondents' experience provides further insight into where these differences were occurring and where action can be focused. Percentage (and number) of respondents agreeing with a statement are labeled. Statements are organized by overall percent agreement in Wave One, where statements with the overall highest agreement (indicating more positive perceptions) are presented first. See Appendix E for more on neutral or disagreeing respondents.

Figures 8, 9, and 10 display agreement with opioid use perception statements by respondent level of experience Figure 8 shows statements with highest levels of overall agreement, 82-88%; Figure 9 shows where seven in ten respondents agreed, 67-73%; and Figure 10 shows the remaining eight statements, 42-64% overall agreement.

Most respondents with less than five years experience (82%) felt they knew enough about the physical and psychological effects of opioid use to carry out their roles (S3, S4) and that they could find someone to help formulate the best approach for clients/patients who use opioids (S13). They were least confident (27%) that they could provide long-term counsel (S6).

Among respondents with five to ten years' experience, all agreed that they had knowledge of opioid use problems (S2, S5, S1). Only one-quarter agreed with statements 20 and 21 that generally "one can get satisfaction from working" and "it is rewarding to work" with people who use opioids.

Respondents with ten to twenty years experience had the highest agreement among the experience levels, 60-100% agreement with statements. They all agreed with nine of the 22 statements: having knowledge of opioid use and related problems (S2, S5, S3, S4, S1) and equal respect for clients/patients who do/do not use opioids (S16), finding help (S13), being able to ask clients/patients about their opioid use (S8) or any relevant information (S10). While most believed they had the right to ask, statement 9 was among the lowest agreed statements (clients/patients believing they had the right to ask). Other statements with the lowest support included providing help and counsel (S15, S6), and desire and satisfaction working with people who use opioids (S14, S21).

Agreement among respondents with more than twenty years of experience was highest (89%) around knowledge of opioid use and opioid-related problems (S2, S5, S1), working well with people who use opioids (S18), and having the right to ask about opioid use (S8). Less than half (44%) felt their patients believe they had the right to ask about their opioid use (S9), that they could find help on professional responsibilities (S12), and that this is generally rewarding work (S21).

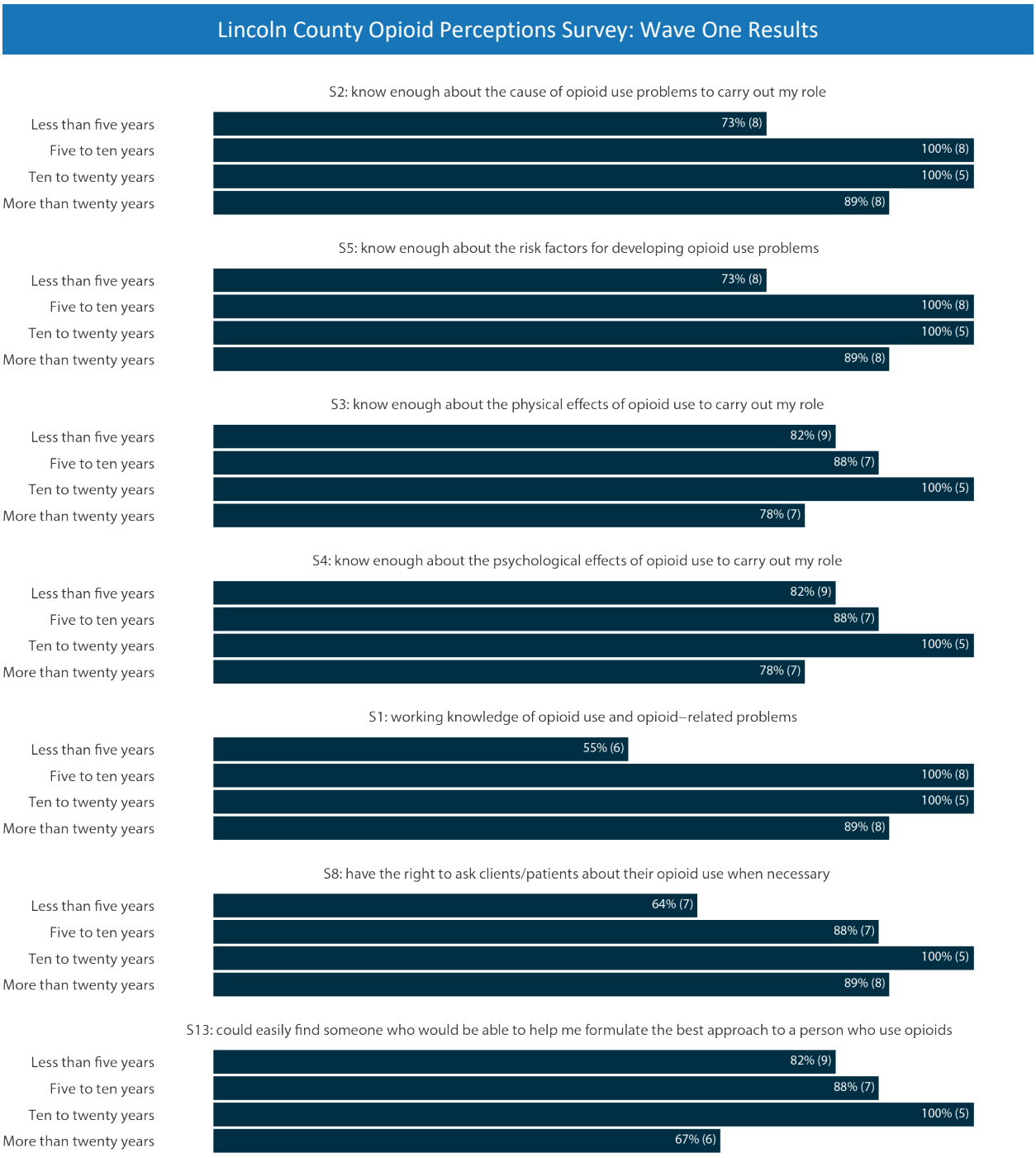

Figure 8: Respondents' agreement with statements by level of experience, part one.

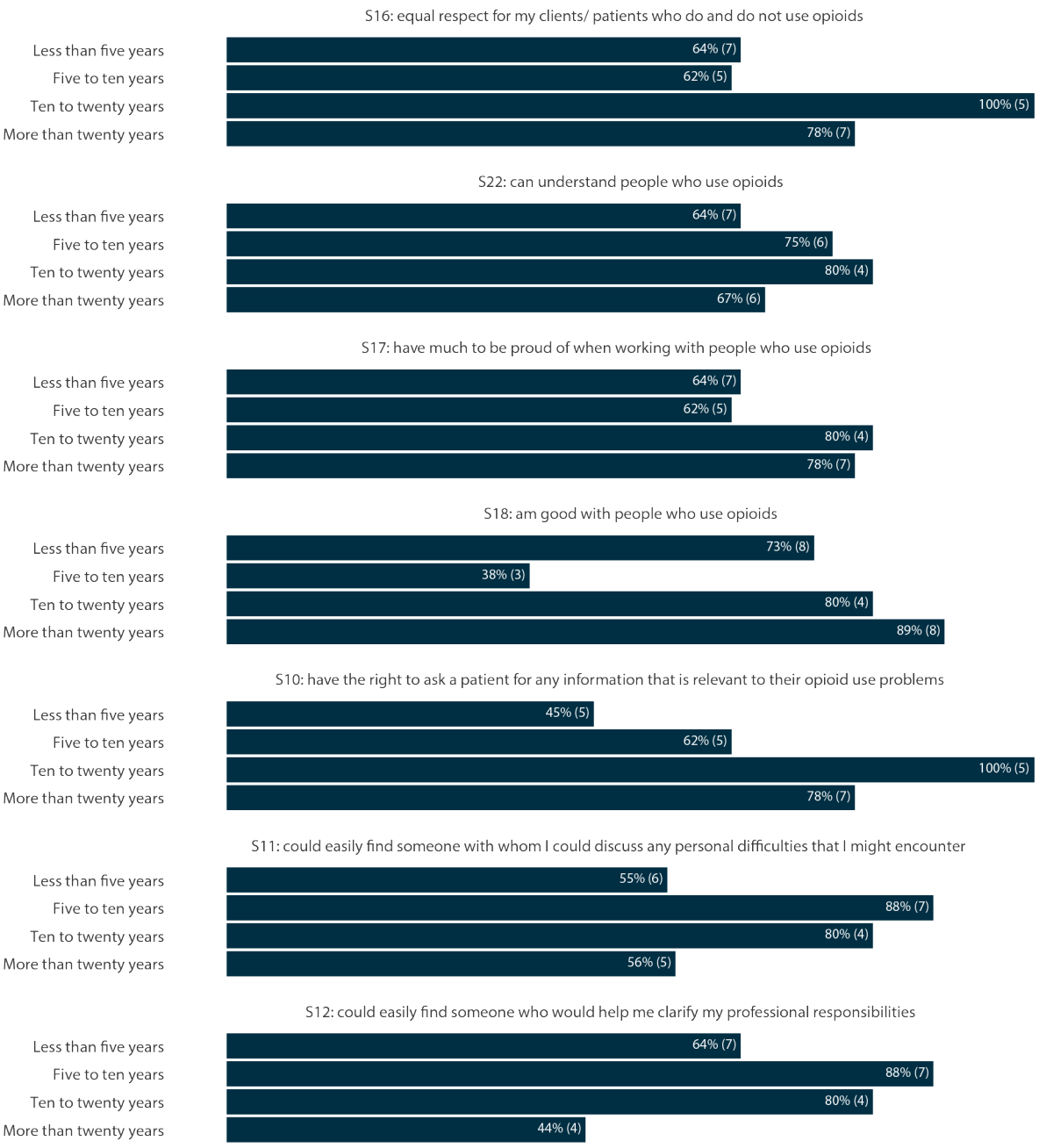

Figure 9: Respondents' agreement with statements by level of experience, part two.

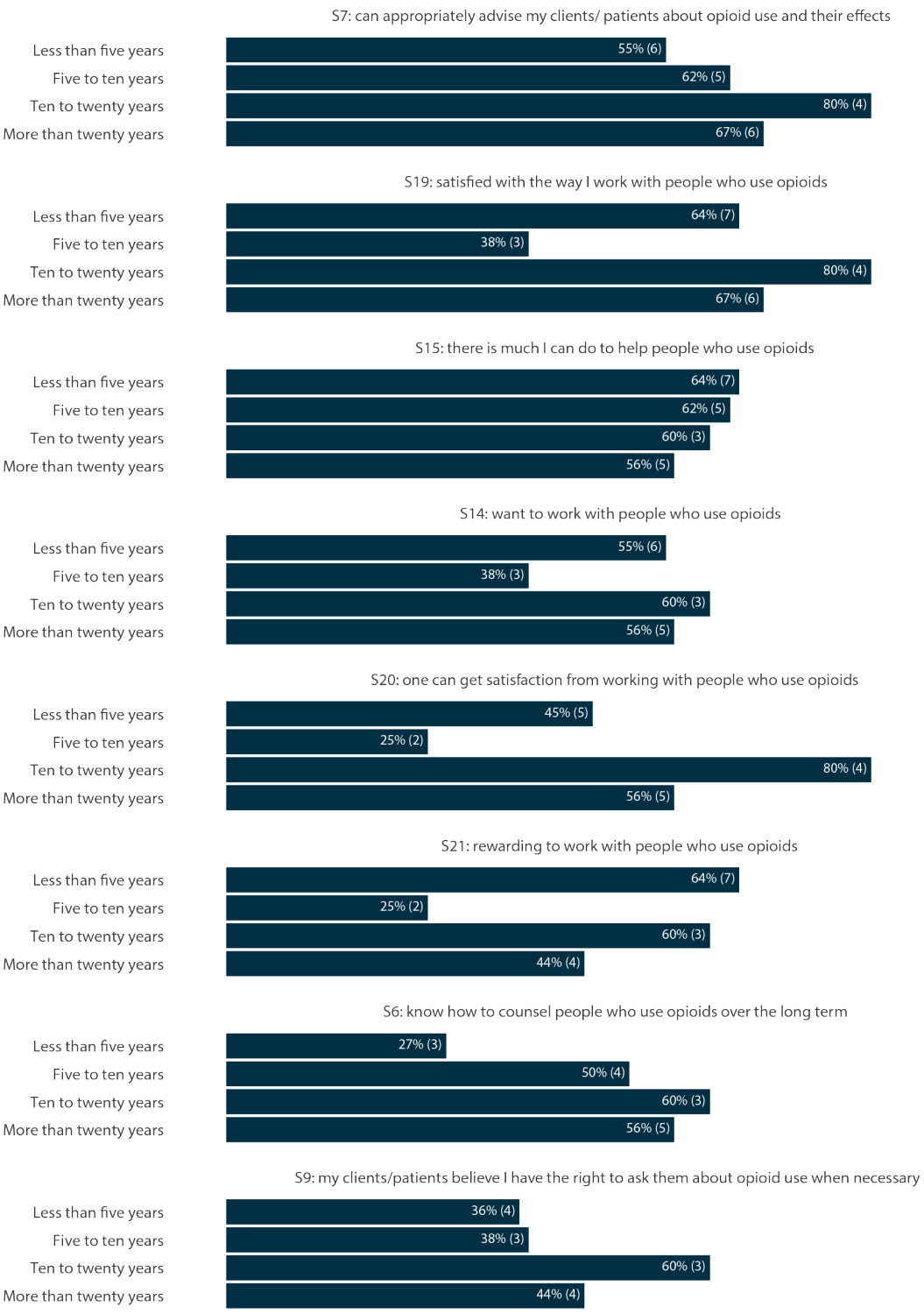

Figure 10: Respondents' agreement with statements by level of experience, part three.

Next steps

This document presents the results of Wave One of the Opioid Perceptions Survey in Lincoln County, Missouri. We plan to administer three more waves over two years to capture perceptions over time.

As a community with many partners and members in Lincoln County, MO, there are strengths to be leveraged as well as opportunities for growth and engagement. CORE will continue to partner and engage with Behavioral Health Providers, First Responders, Medical Providers, Service Providers, the larger community, and others to strengthen treatment, prevention, and recovery services and resources.

Strengths

Overall, respondents expressed positive perceptions around working with individuals who use opioids in a non-therapeutic way: average 2.8 in Wave One on a 7-point scale with lower scores indicating more positive perceptions.

Across roles and levels of experience, respondents frequently agreed that they had the necessary knowledge to carry out their work with people who use opioids.

Opportunities

While many respondents believed that they had the right to ask their clients/patients about their opioid use when necessary, respondents were less likely to agree that their clients/patients had the same belief. This could lead to less confidence in approaching the topic with clients/patients. This could be reflected in fewer respondents having confidence in their ability to long-term counsel or find reward or satisfaction in their work. This suggests that practitioners would benefit from efforts to address their personal well-being and confidence, and guidance on managing these conversations.

Opportunities for support can be tailored for specific roles. First Responders and Medical Providers could utilize guidance regarding satisfaction with their work with people who use opioids in a non-therapeutic way. Behavioral Health Providers need support with personal difficulties they encounter in this field. Medical Providers and Service Providers need more support in developing their skills in advising and counseling people who use opioids.

Respondents with less than five years experience were least confident they could provide long-term counsel, similar to respondents with ten to twenty years experience. This shows that regardless the experience a person might have, this is a challenging field to navigate and skill development around providing guidance or counsel when needed could be welcome. As experience level increased, respondents were less likely to believe there is much they can do to help people who use opioids.

The reports of satisfaction and reward across survey respondents' role and experience indicate that providers working in this field need increased support to manage these feelings.

If you would like a copy of the full or brief reports for Wave One, for questions, or to become more involved, please email Jaidan Adams at jadams@prevented.org. Reports are also available on CORE's website.

Appendix A - Survey Questions

Survey instrument comprised of 22 statements adapted from the Drug and Drug Problems Perceptions Questionnaire (DDPPQ)[1] to fit the purpose of a survey focused on opioids.

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 clients/patients about opioid use and their effects.
8. I feel I have the right to ask clients/patients questions about their opioid use when necessary.
9. I feel that my clients/patients 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 clients/patients 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.

---

[1] 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

Appendix B - Analyses

As in the DDPPQ, statements 15-18 were worded negatively and the scales were reversed for analyses as disagreement with these statements is comparable to agreement with the positively worded statements.

An average statement rating for a survey respondent provides insight into perceptions around opioid use. With a scale of 1 to 7 indicating agreement to disagreement, a lower number would indicate less stigma when working with individuals (clients/patients) who use opioids in a non-therapeutic way. Respondents' answers were averaged across the 22 statements.

Percentages presented in the body of the report were calculated based on the number of respondents providing their agreement (1-3) with each statement. Neutral was represented by choosing mid-point 4 on the 7-point scale and disagreement with statements by 5-7.

Due to the small number of respondents with less than one year experience, analyses presented show a single experience level of less than five years of experience, combining respondents with less than one year of experience and those with one to five years of experience.

Appendix C - Overall Perceptions

Appendix C shows percentages of all respondents agreeing (colored dark blue asin the main report), neutral (light gray), or disagreeing (dark gray) with a statement. Each stacked bar totals to 100%, with the number of respondents agreeing/neutral/disagreeing shown in parentheses. Statements are organized by overall Wave One percent agreement in descending order; statements with the highest agreement (indicating more positive perceptions) are presented first.

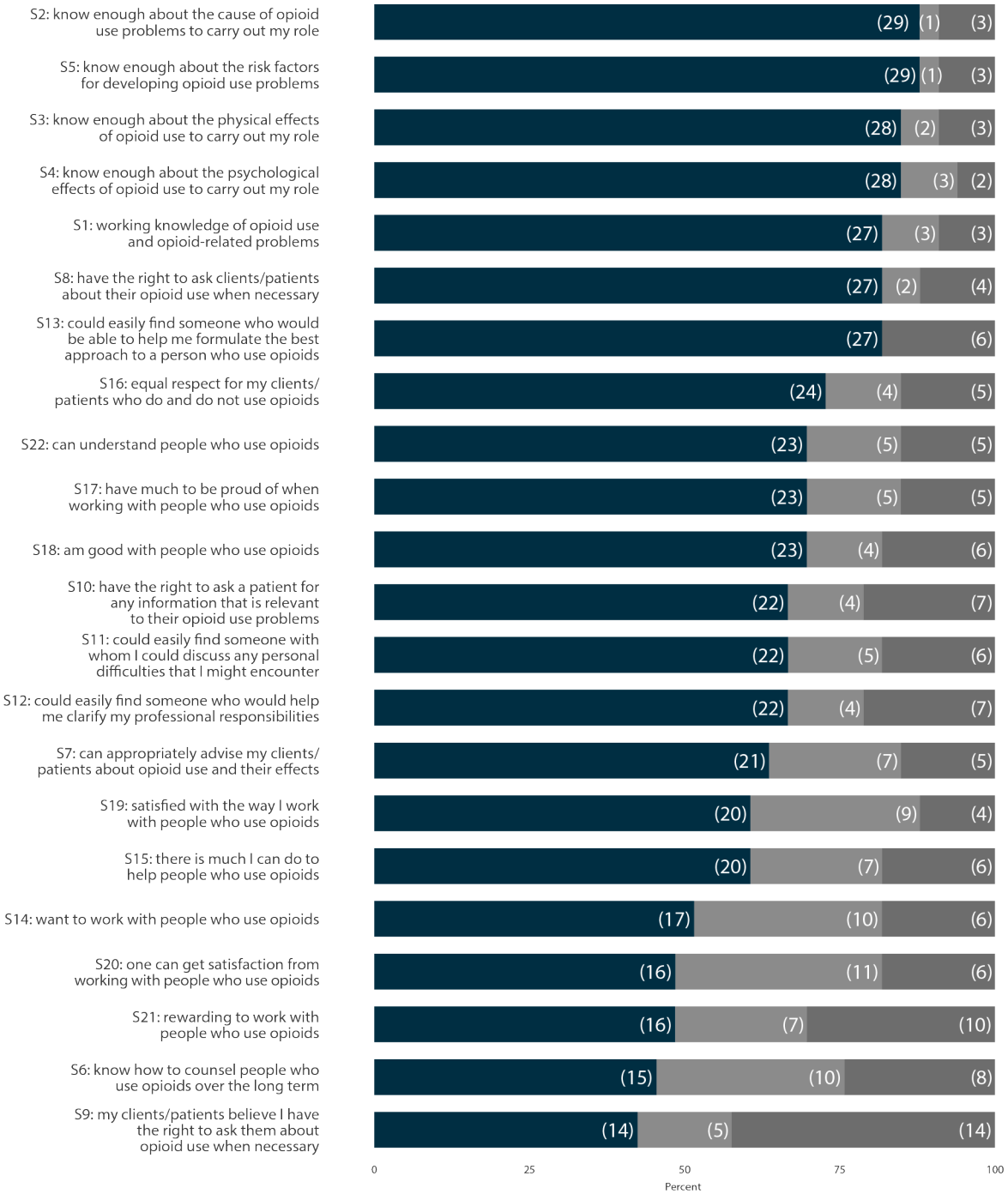

Figure 11: Respondents' agreement, neutrality, and disagreement with the statements.

Appendix D - Perceptions by Role

Appendix D shows percentages of respondents in each role agreeing (colored dark blue as in the main report), neutral (light gray), or disagreeing (dark gray) with a statement. Each role's stacked bar totals to 100%, with the number of respondents agreeing/neutral/disagreeing shown in parentheses. Statements are organized by overall Wave One percent agreement in descending order; statements with the highest agreement (indicating more positive perceptions) are presented first.

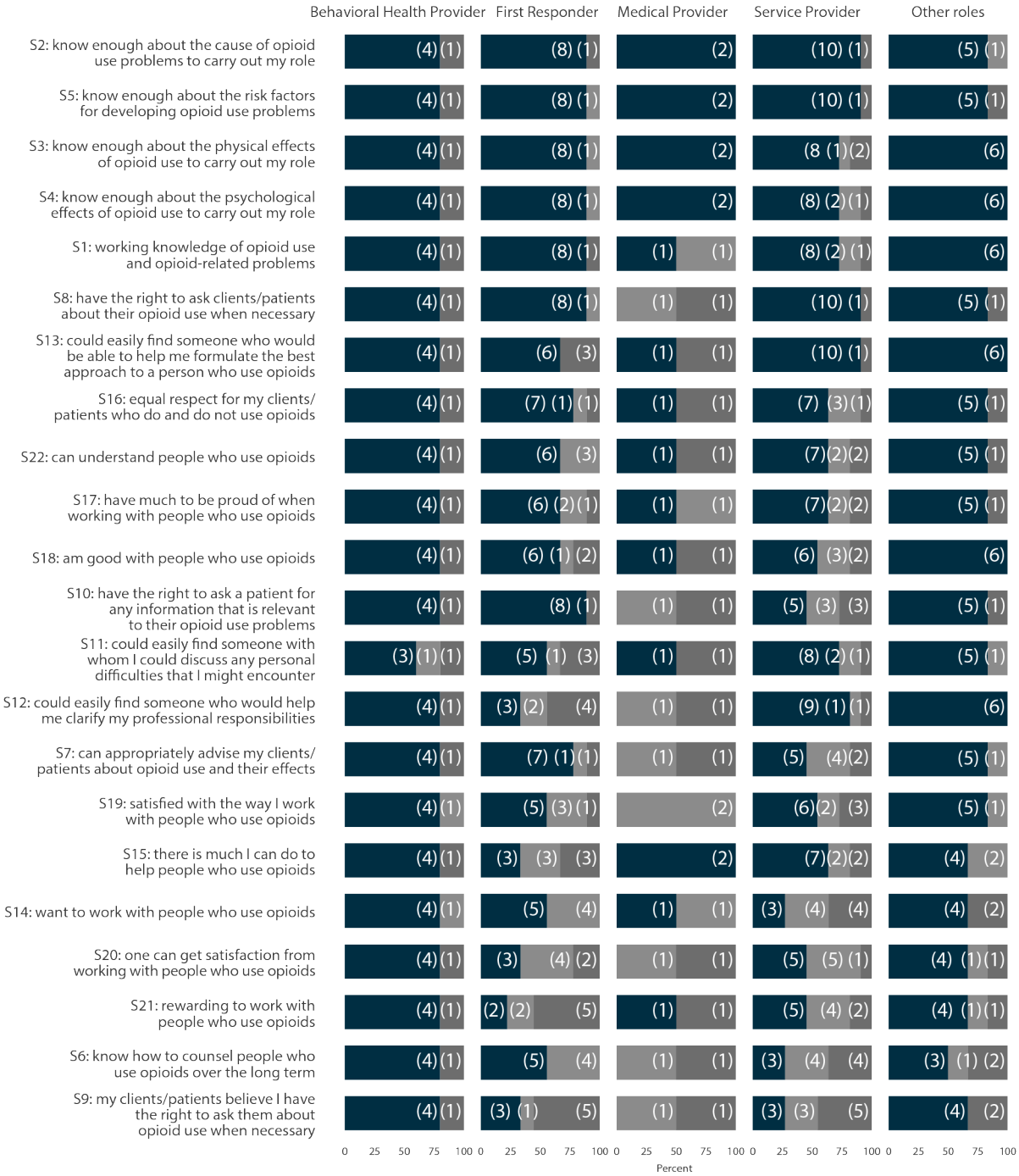

Figure 12: Respondents' agreement, neutrality, and disagreement with statements, by role.

Appendix E - Perceptions by Experience

Appendix E shows percentages of respondents in each experience level agreeing (colored dark blue as in the main report), neutral (light gray), or disagreeing (dark gray) with a statement. Each experience's stacked bar totals to 100%, with the number of respondents agreeing/neutral/disagreeing shown in parentheses. Statements are organized by overall Wave One percent agreement in descending order; statements with the highest agreement (indicating more positive perceptions) are presented first.

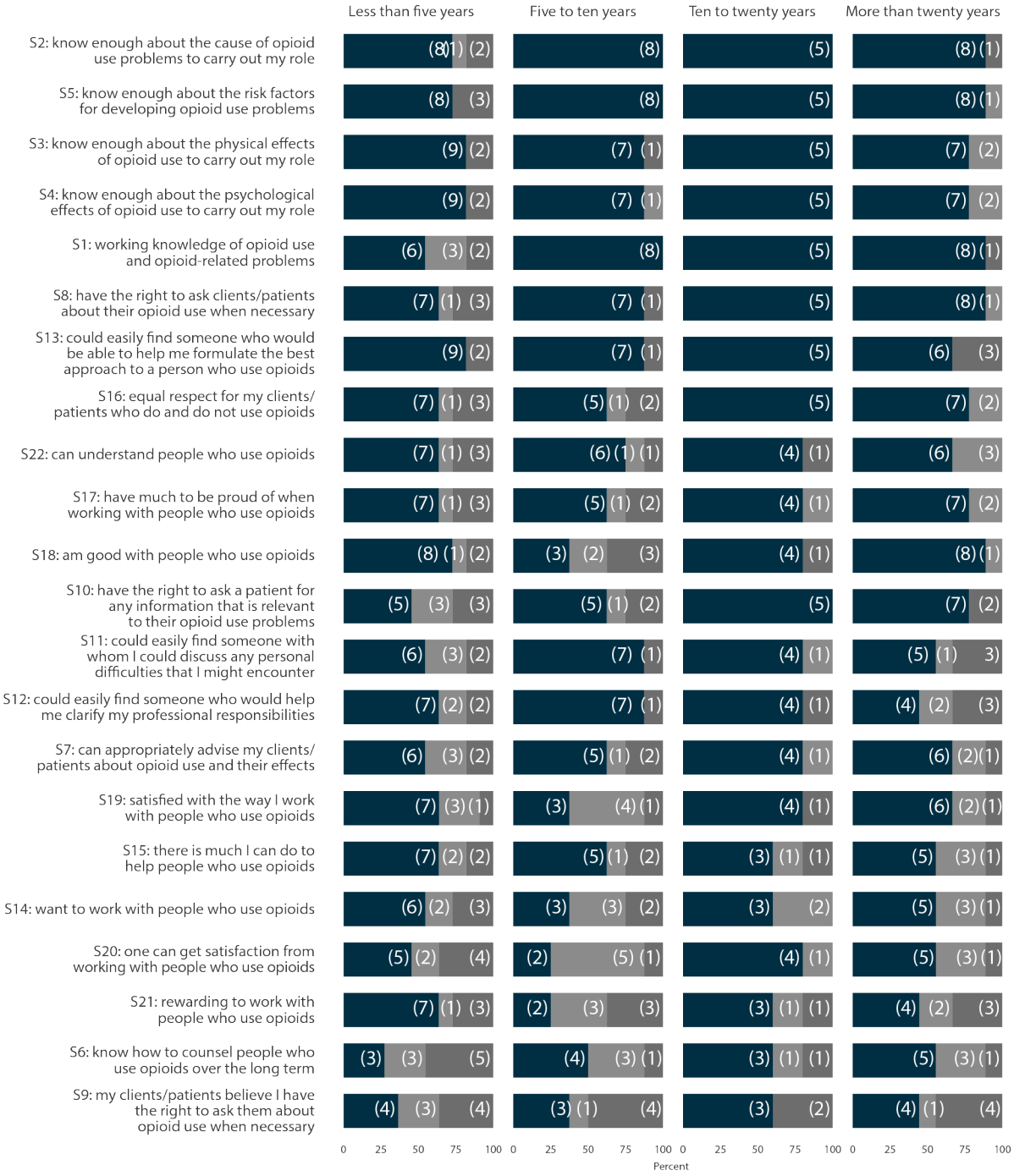

Figure 13: Respondents' agreement, neutrality, and disagreement with statements, by experience.