Rural Community Attitudes and Perceptions on Opioid Overdose and Access to Naloxone

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Background

- Prior to COVID-19, Opioid Use Disorder (OUD) and opioid-related overdoses were a major public health concern with opioid overdose related death rates increasing[1].
- Rural communities have higher overdose rates than urban areas, as well as tending to underdiagnose and undertreat OUD[2,3].
- Additionally, there are higher barriers to receiving FDA approved OUD care in rural areas.
  - Provider-focused restrictions include:
    - Limited number or lack of providers[4]
    - Few opioid specialty clinics in rural communities[4]
    - Lack of available buprenorphine treatment at federally qualified health centers (FQHCs) in rural communities[4]
  - Consumer-focused barriers include:
    - Higher burden of travel on patients
    - Higher perceived cost of care
- Naloxone is available from community-based programs and pharmacies and some states have implemented naloxone access laws that have significantly increased naloxone dispensing rates[6,7].
  - Naloxone availability has not increased to match overdose rates[8].
- For there to be increased naloxone utilization and dispersal in communities, there must be community buy in and willingness of individuals to administer naloxone to someone suspected of having an opioid overdose[9,10].
- Individuals in rural communities already face higher barriers to care, including increased travel times and decreased likelihood of policies allowing EMS to administer naloxone, that can impact response times of emergency services[11,12].

Objectives

Obtain a baseline of layperson attitudes towards and understanding of OUD and naloxone in rural Colorado communities.

Methods

- This study utilized a quantitative survey of laypeople within rural communities who hold positions withing community organizations, such as schools, libraries, and post offices.
- The survey was provided to individuals via a QR code through community meetings regarding opioid use disorder and distributed by leaders of community organizations.
- The survey included questions regarding demographics, Likert scales regarding perceptions towards OUD and naloxone, as well as Yes/No and open-ended questions.
  - Likert scale responses were analyzed using a Whitney Mann analysis comparing responses between individuals who identified as working within healthcare compared to lay person responses.
  - Open ended questions were analyzed for recurring themes and again separated based on employment within healthcare compared to other industries as self-reported in the survey.

Results

- 17 individuals responded to the survey
  - 12 of the total 17 survey respondents identified as working within the healthcare industry.
  - The non-healthcare respondents reported employment in the following industries: primary/secondary education, non-profit organization, government and public administration, and homemaker.

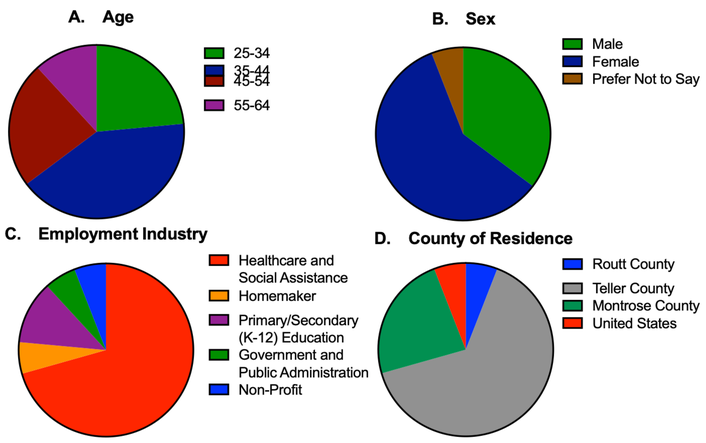


Figure 1.
Demographics of survey respondents as self-reported including age (A.), sex (B.) and industry of employment (C.) and county of residence (D.)

Results

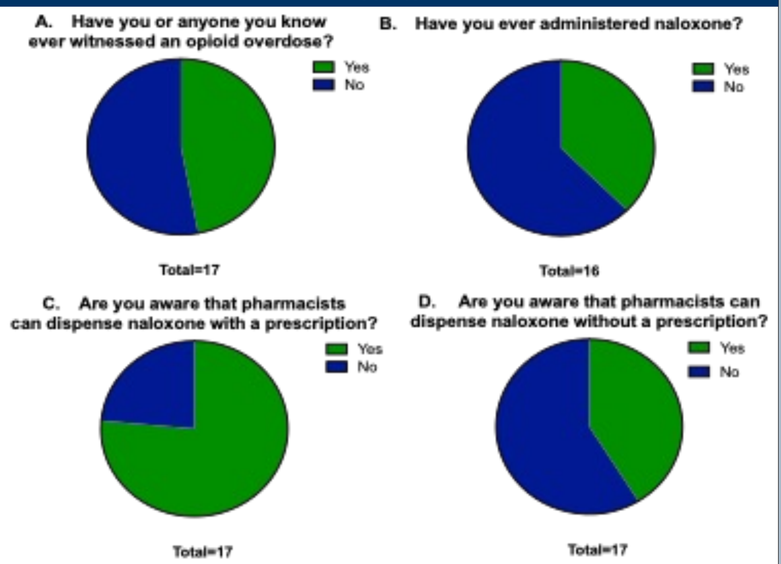


Figure 2.
Respondent's prior experience with opioid overdose (A.), naloxone administration (B.) and current Colorado law surrounding the dispensing of naloxone in pharmacies (C. and D.).

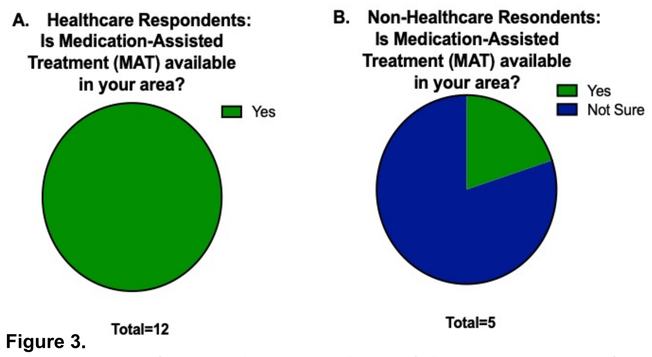


Figure 3.
The breakdown of individuals in the healthcare field who were aware of MAT in their area prior to the survey (A.) compared to the number of individuals who worked outside of the healthcare field who were aware of MAT services in their area (B.).

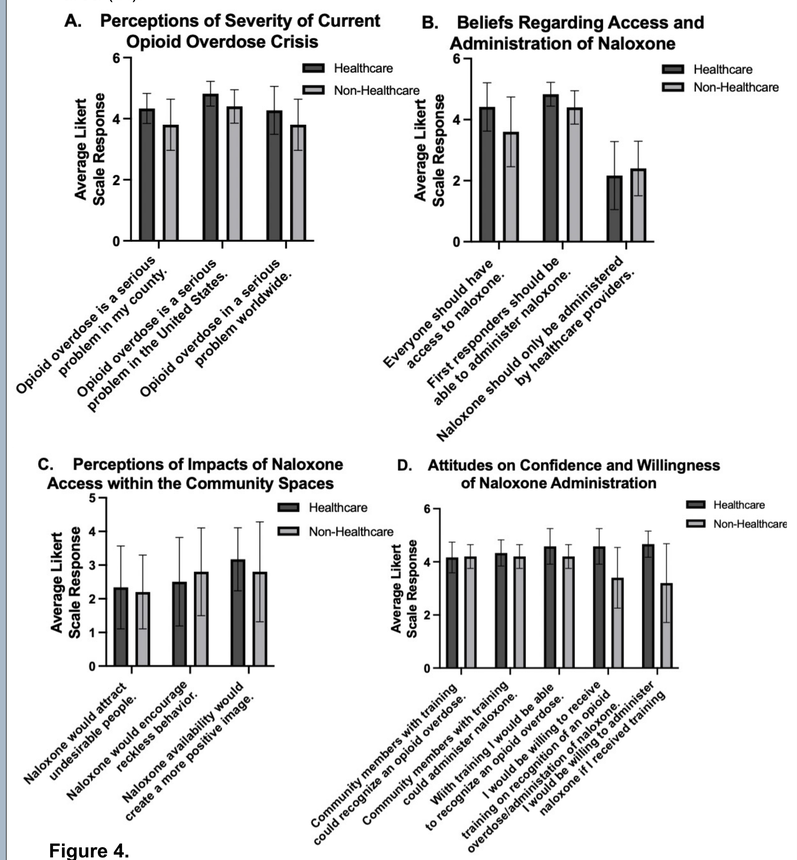
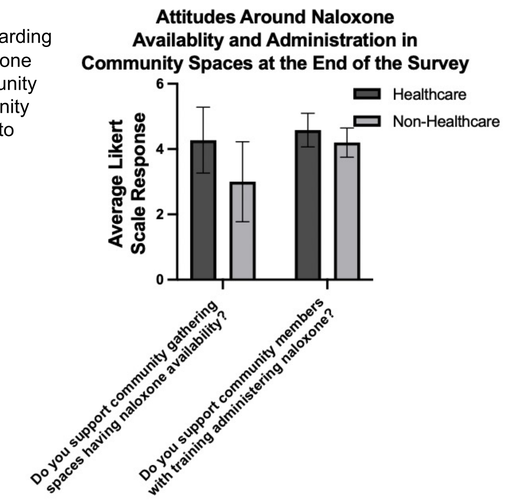


Figure 4.
Comparison of healthcare vs non-healthcare respondent answers regarding current status of the opioid overdose crisis severity (A.), beliefs regarding who should have access to and the ability to administer naloxone at the start of the survey (B.), the impacts that broader access to naloxone would have in the community (C.) and attitudes regarding confidence and willingness of self and community members to recognize an opioid overdose and administer naloxone.

Results

Figure 5.
End of survey responses regarding beliefs around whether naloxone should be available in community spaces and if trained community members should be allowed to administer naloxone.



Conclusions

- Individuals who work in healthcare trended to have more positive attitudes regarding naloxone and higher confidence in their ability to recognize an opioid overdose and appropriately administer naloxone.
- Laypersons who participated in this survey tended to have a lower knowledge regarding OUD, naloxone, and resources available within their community.
- Further administration of the survey across a wider geographic region would be required to be able to draw conclusions regarding how best to educate individuals in rural communities regarding naloxone access and administration.
- The results from this study are not adequately representative to extrapolate ideas regarding the willingness of rural community members to have naloxone within community spaces, similar to AEDs, to be used as needed in case of an opioid overdose.

Limitations

This survey had a low number of responses. This is in part because of the challenges of attempting to administer a survey to individuals in community spaces during COVID-19. An additional limitation is that geographic region of the responses is not equally divided as the majority of the respondents were from Teller County. Those individuals who identified as working in the healthcare industry were only located in Teller County, which may factor into how they responded to the survey compared to individuals working within healthcare in other rural locations in Colorado.

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