

How Do Colorado Public Libraries Respond to Patron Queries About Opioid Use Disorder? A Secret Shopper Study.

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Background

The United States continues to battle an opioid epidemic, with over 75,000 Americans dying of an opioid overdose in 2020.¹ Colorado's age-adjusted fatal overdose rate increased over 400% between 2000 and 2020, with 959 deaths in 2020.² Emergency overdose reversal with Naloxone is a key component of reducing morbidity and mortality associated with opioid misuse.³ Previously only available with a prescription, Colorado's 2015 naloxone standing order allows any Colorado resident to obtain naloxone from a pharmacy without a prescription.⁴

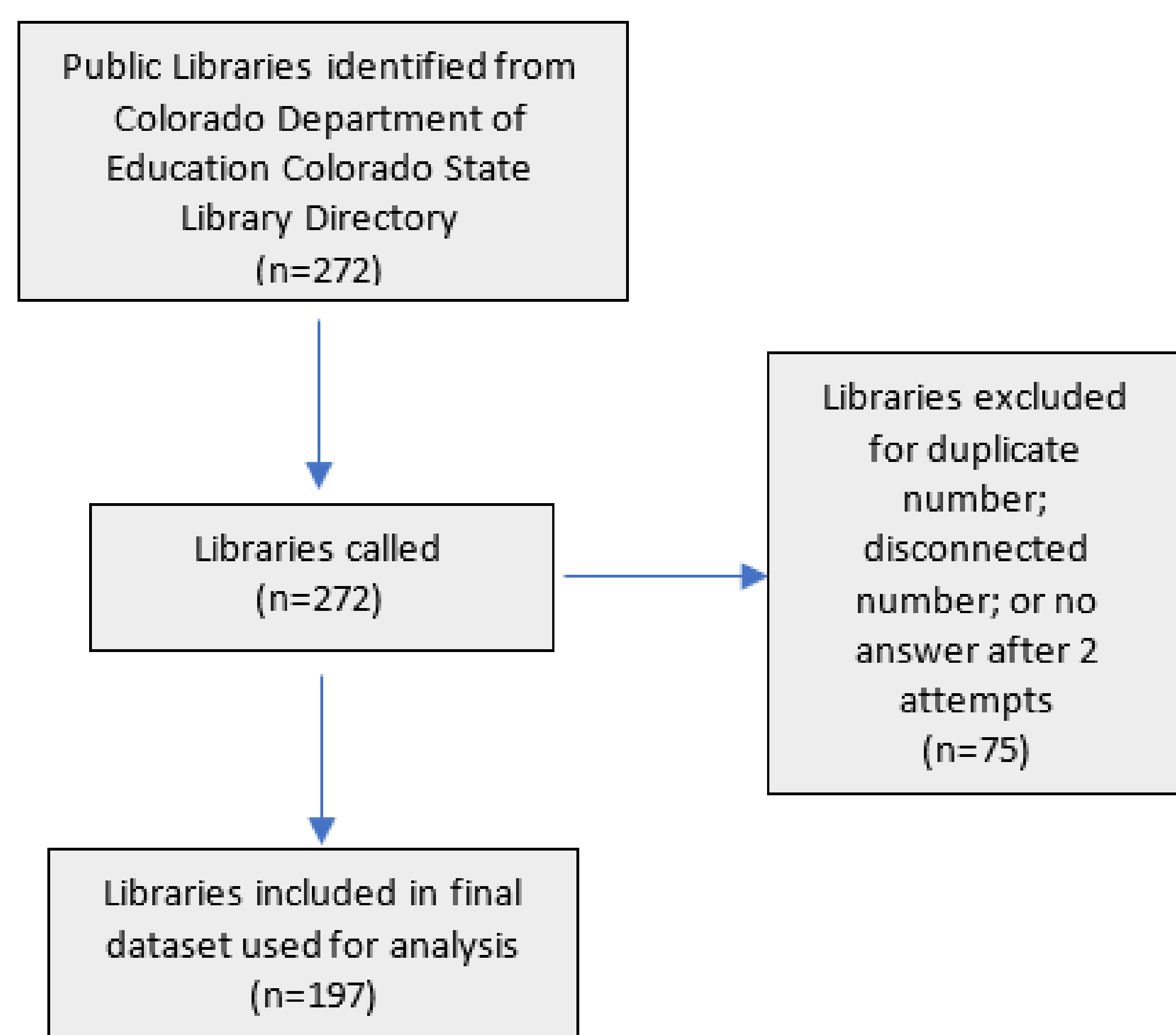
The CDPHE distributed more than 10,000 doses of naloxone to community providers in 2020.⁵ State libraries across the U.S. have partnered with health departments and nonprofit organizations to combat opioid misuse by providing naloxone training for staff, hiring peer navigators, and organizing community classes.⁶ Between 2017-2019, the Denver Public Library administered naloxone 25 times in response to patron overdoses in DPL facilities through their Community Resources Program.⁷

Wong et al.'s 2021 study had "secret shopper" patrons call public libraries in Pennsylvania to ask a brief series of questions about opioid addiction resources and naloxone information.⁸ The descriptive analysis showed that while most libraries offered referrals to evidence-based resources, there was limited knowledge of Pennsylvania's naloxone standing order.

Our objective was to imitate this study with a goal of evaluating the results of Colorado librarians' awareness of opioid addiction resources to provide to patrons.

Methods

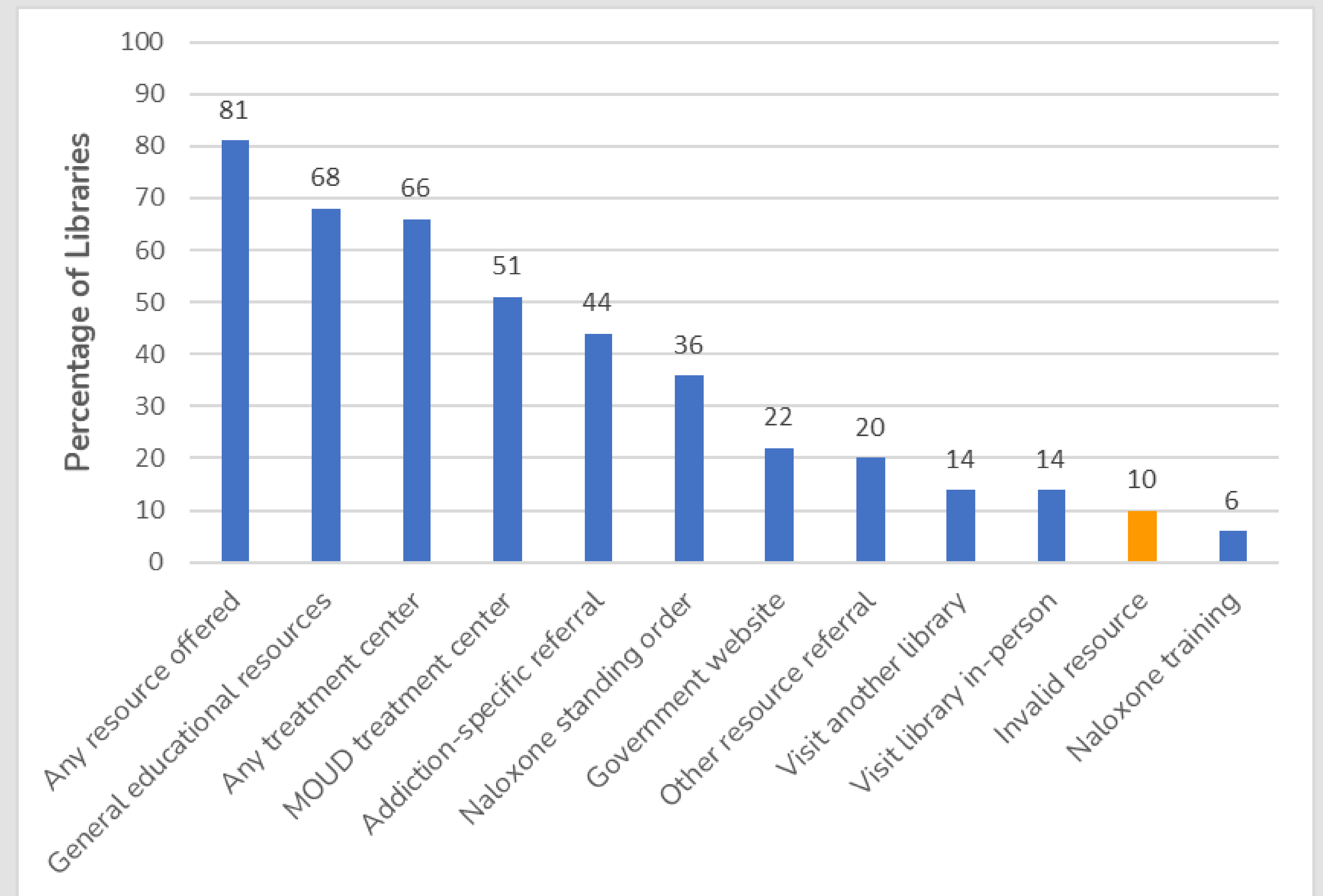
Figure 1: Processes for identifying Colorado libraries included in analysis.



Secret Shopper Script

- Auditor placed a telephone call to each library
- Upon reaching a staff member, secret shopper read the following standardized script:
 - Hello, may I be connected to a reference librarian?
 - (If no)*, is there anyone who can tell me about the library's resources?
 - I'm calling to see if the library has any resources or information about opioid addiction and treatment.
 - Do you know of any services or centers nearby that offer opioid addiction treatment?
 - I've heard about people using Narcan© on people who overdose – do you know where I can get that?
 - OK, thank you for the time and information.

Figure 2. Range of resources provided by Colorado public library staff in response to patron queries about opioid addiction resources.



Results

Of the 197 libraries contacted, 86 (47%) had a reference librarian available to take the call and 150 (81%) offered any resource. Nearly 70% of libraries provided general education resources (e.g., books, databases) requiring an in-person visit to the library to obtain and use the resources. Two of every three libraries (66%) provided referral to treatment centers, with 93 (51%) of these treatment centers offering medications for opioid use disorder (MOUD). These treatment centers and their ability to prescribe MOUD were verified with an online search by the research team. Over half (51%) of libraries directed the caller to an addiction-specific referral service. While 67 (36%) of respondents referred to Colorado's naloxone standing order, only 12 (6%) offered a referral to naloxone training. Information about naloxone was the most frequent "invalid resource" provided.

Discussion

Over a third (36%) of the libraries mentioned the state of Colorado's naloxone standing order. This is more than double the percentage observed by Wong et al., where only 16% of Pennsylvania libraries referred to the state's standing order. In further comparison, while Colorado librarians provided valid addiction-specific referrals much more frequently than librarians in Pennsylvania (42% vs. 7%), Pennsylvania libraries provided referrals to any treatment center more frequently than Colorado libraries (82% vs. 66%). While Colorado and Pennsylvania are hardly comparable on most metrics related to the opioid epidemic, in the absence of data from more comparable regions, the contrasting responses offer interesting perspectives on the range of replies.

Conclusions

Implementation of OUD-related resource training in public libraries for dissemination across the state could enhance the availability of substance use resources to community members seeking health information. Partnerships between public libraries, public health agencies, and harm reduction entities could provide opportunities for enhanced community engagement with addiction treatment.

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