



JCOIN 026: AmeriSpeak Brief Stigma Survey

Survey 1: Opioid Use Disorder Perceptions, Knowledge, and Stigma of the General Population Results

NORC (February 2020). The general public's views towards opioids and core JCOIN items: An AmeriSpeak Omnibus General Population Survey 1. Chicago, IL: NORC

Pilot Survey Content & Analysis

Fielded February 27 – March 2, 2020

Sample size = 1,036



Overview of Pilot Survey Questions

- 5 Sections of Questions on:
 - Disagreement/agreement on policies related to opioid use disorder (OUD) and treatment of people with OUD
 - Disagreement/agreement with personal discrimination and stigma statements related to people with current/post OUD
 - Disagreement/agreement with punishment of people with OUD and access to treatment while incarcerated or on parole
 - Disagreement/agreement with statements (factual and not) about OUD, people with OUD, treatment of OUD
 - Personal and family/friends experience with opioids, overdose, and criminal justice system

Analysis Methodology

- Performed Z-transform on each question to standardize the two response scales
 - Strongly disagree
 - Somewhat disagree
 - Neither disagree nor agree
 - Somewhat agree
 - Strongly agree
- Developed scales for:
 - Stigma related to OUD
 - Policies to benefit people with OUD
 - Criminality of OUD
 - Discrimination against people with OUD

- Do not agree at all
- Slightly agree
- Somewhat agree
- Strongly agree
- Completely agree

- Convert scale z-scores back to a 5-point disagree/agree scale
- Perform cross-tabulations of scale scores and characteristics

Key Demographics

Amerispeak Standard Profile Data:

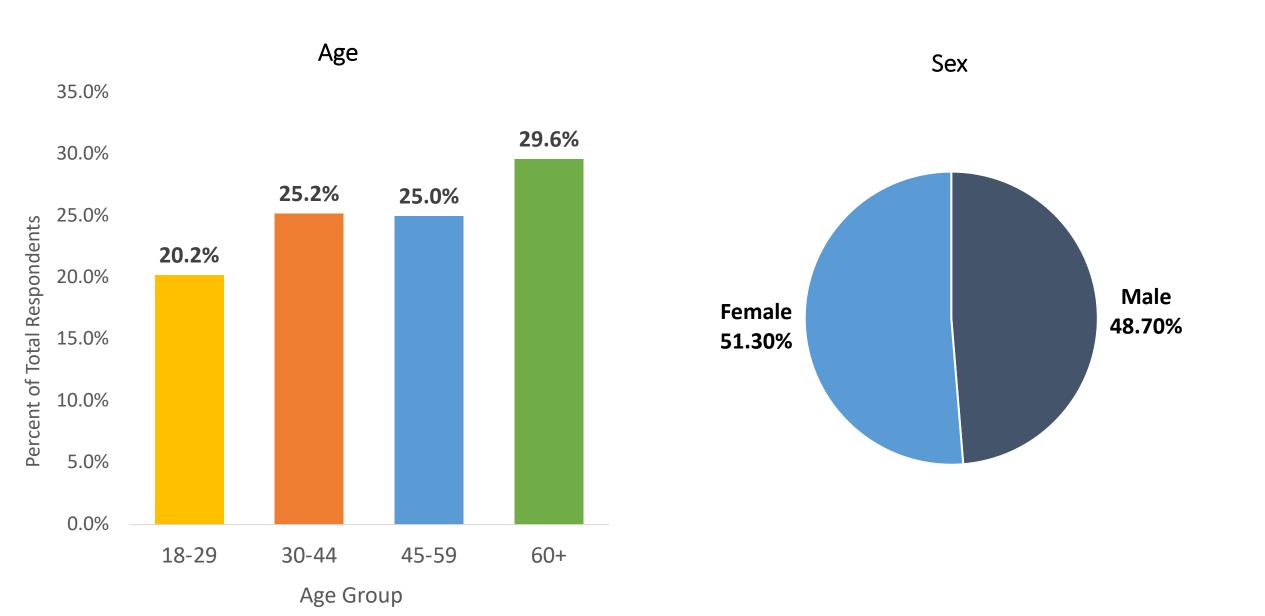
- Sex (M/F)
- Age
- Race/ethnicity
- Education level
- Housing Type
- Ownership of Living Quarters
- Marital status
- Employment status
- Household income

- Region
- Metropolitan Statistical Area (urban/rural)
- State
- Number in household and age
- Internet Access at Home
- Home Phone Service

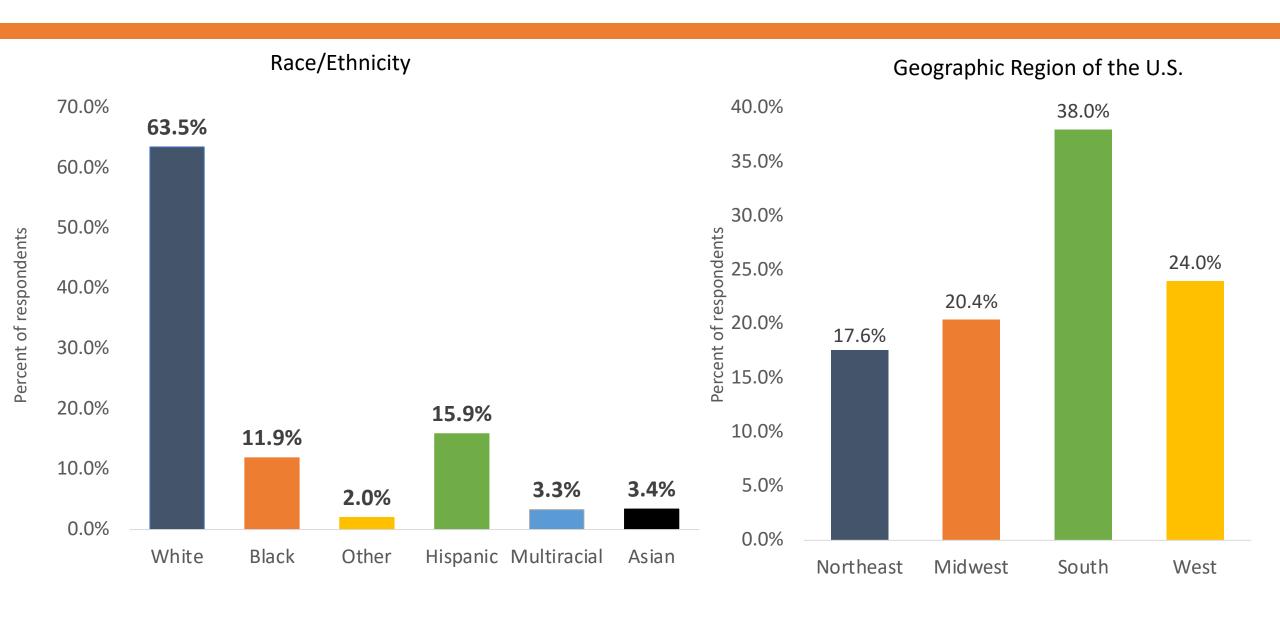
Results: Demographics



Characteristics of Pilot Survey Respondents

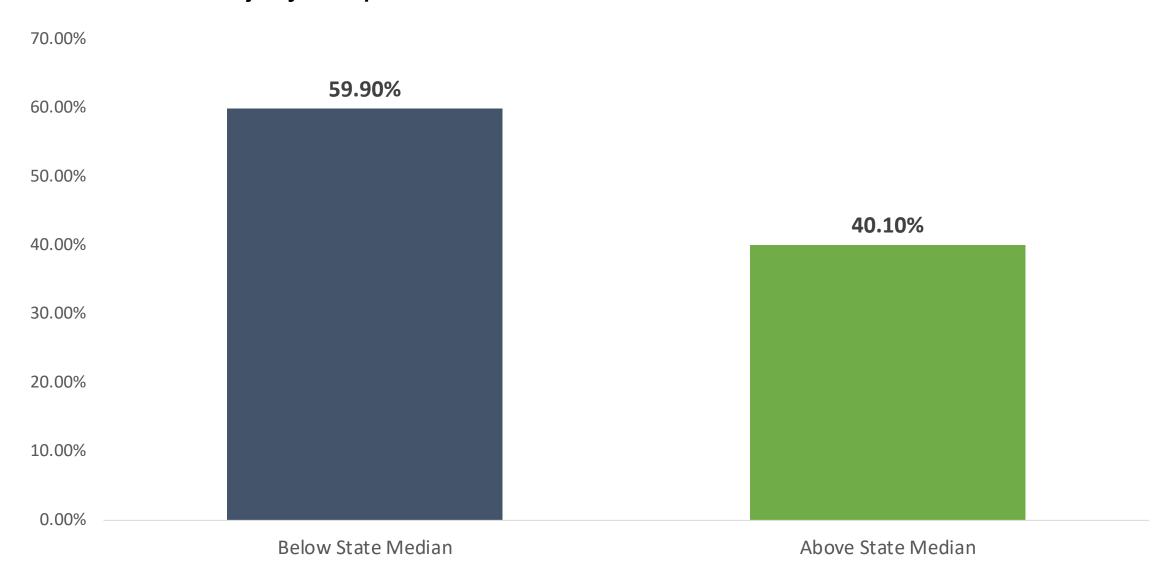


Characteristics of Pilot Survey Respondents

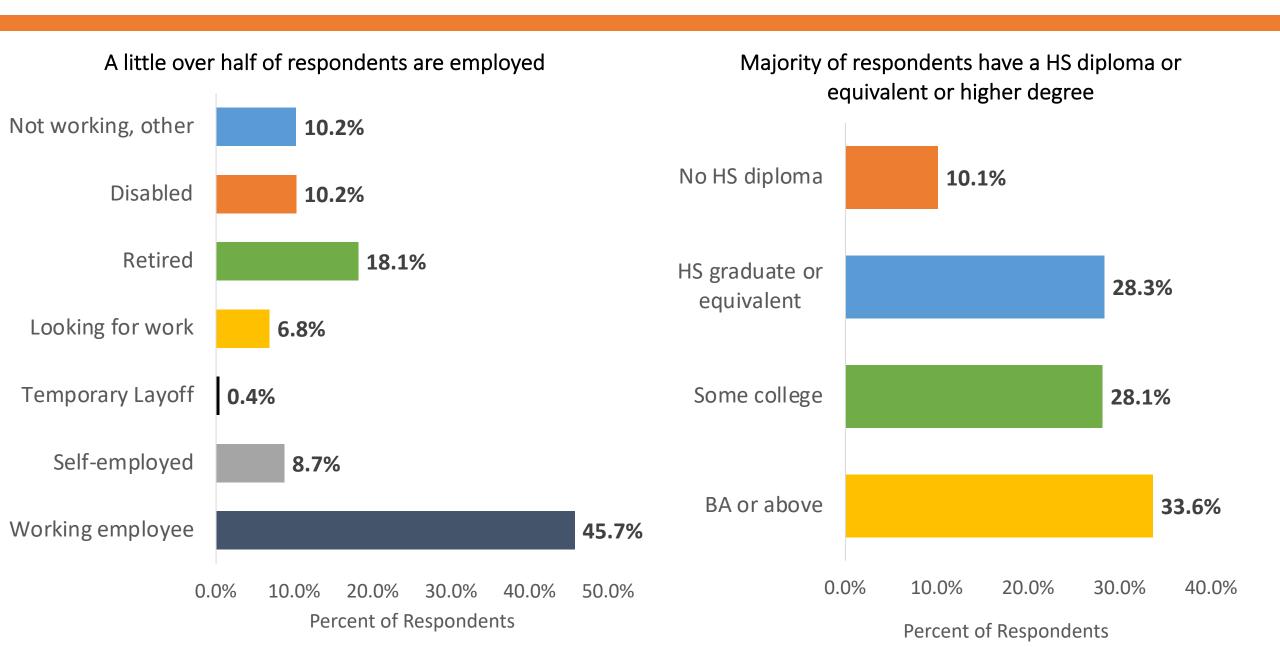


Income

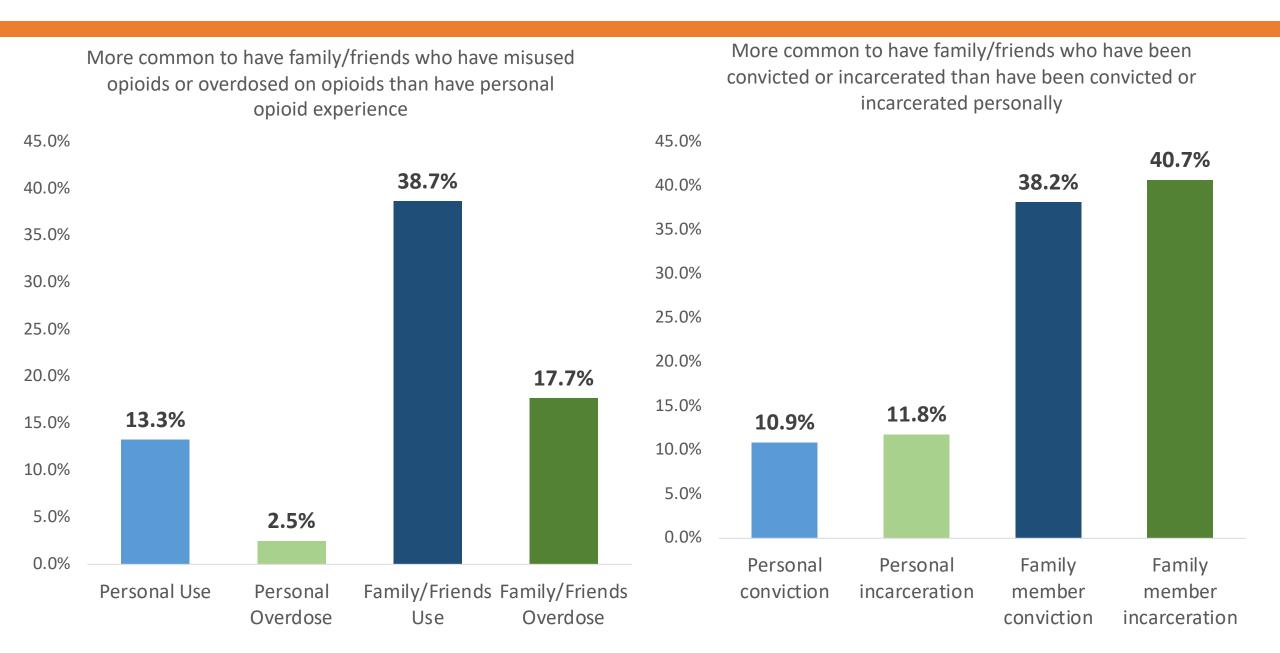
The majority of respondents' household income is below the state median



Employment Status and Education Level of Pilot Survey Respondents



Opioid Use and Criminal Justice Experience



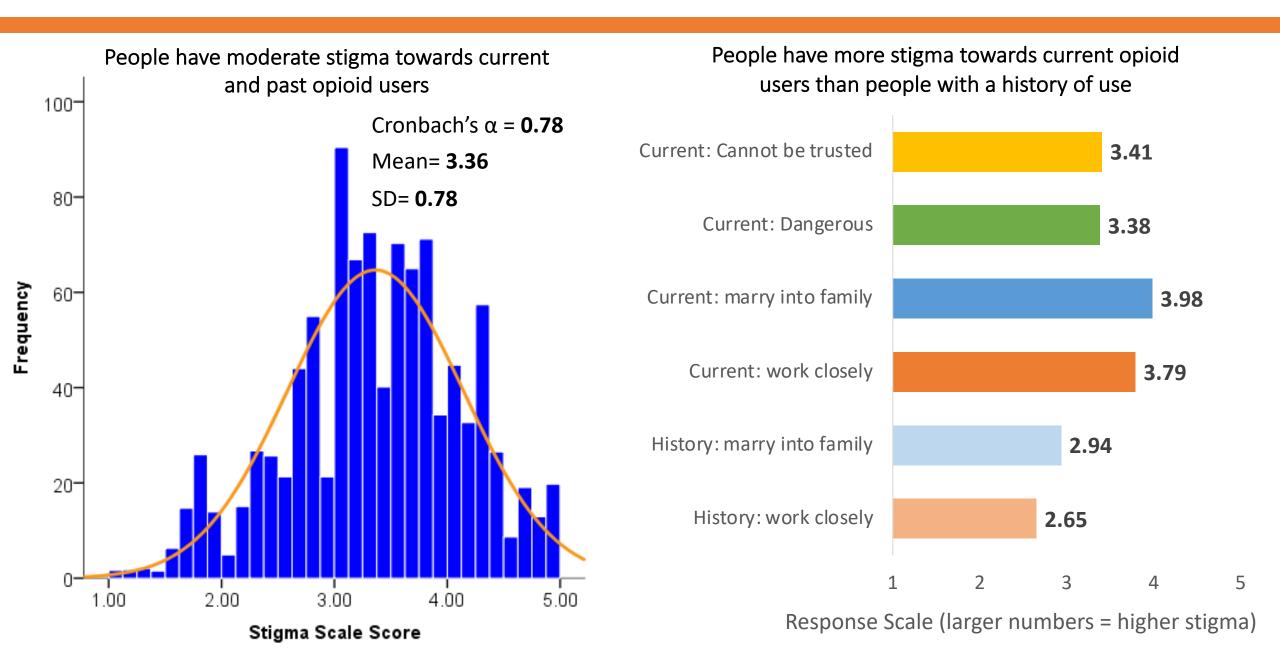
Results: Proposed Scales



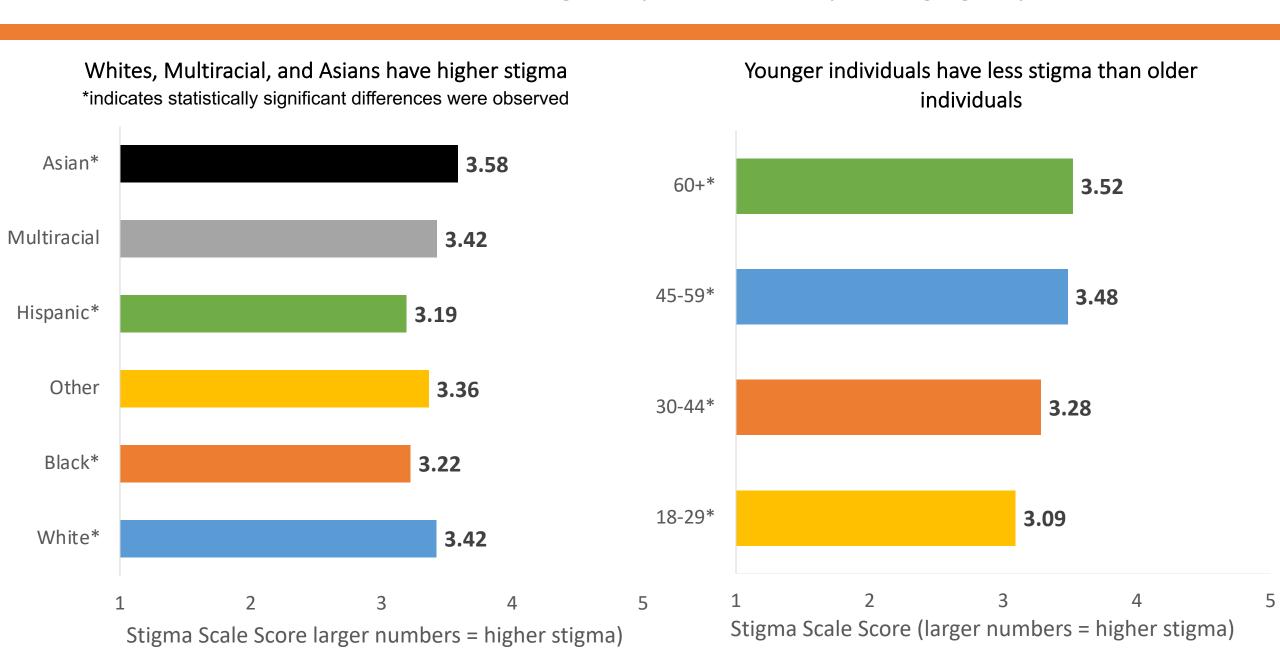
Stigma Scale

- A. I would be willing to have a person with a **past history** of opioid use disorder/addiction start **working closely** with me on a job.
- B. I am comfortable having a person with a **past history** of opioid use disorder/addiction **marry into my family**.
- C. I would be willing to have a person with a **current** opioid use disorder/addiction start **working closely** with me on a job.
- D. I would be willing to have a person with a current opioid use disorder/addiction marry into my family.
- E. People with a current addiction to opioids/prescription pain medications are more dangerous than the general population.
- F. A person who is currently addicted to opioids/prescription pain medication cannot be trusted.

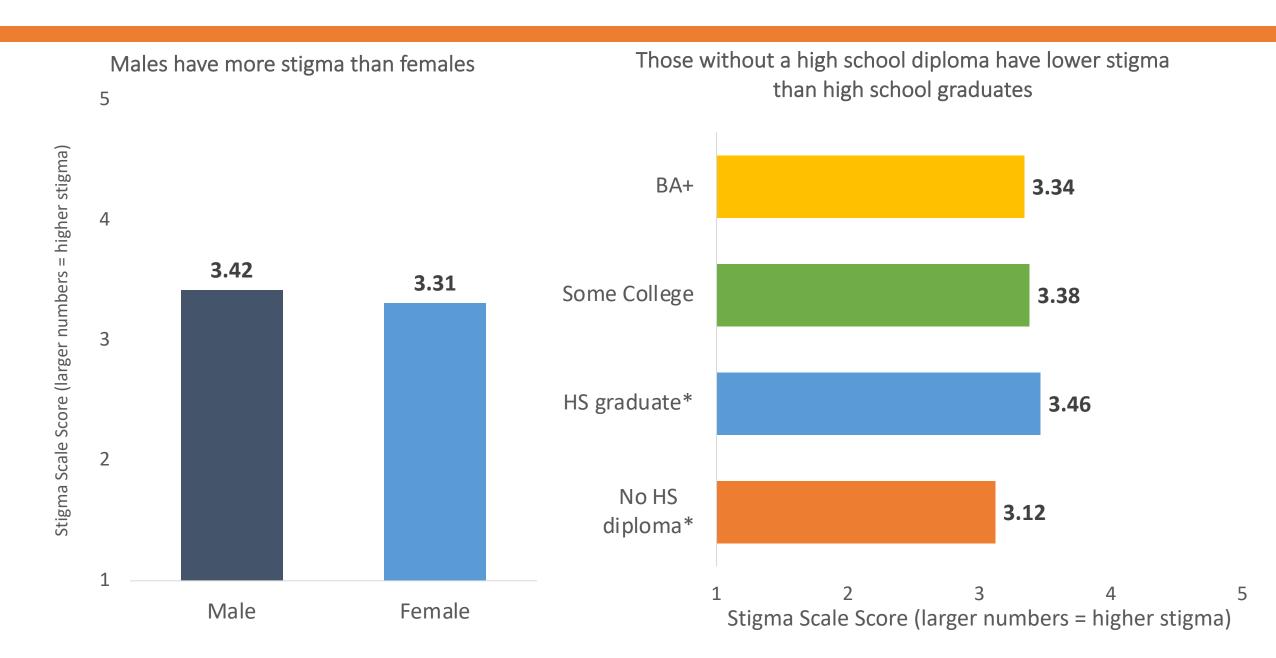
Stigma Scale Scores



There are differences in stigma by race/ethnicity and age groups.



There are differences in stigma between gender and education level



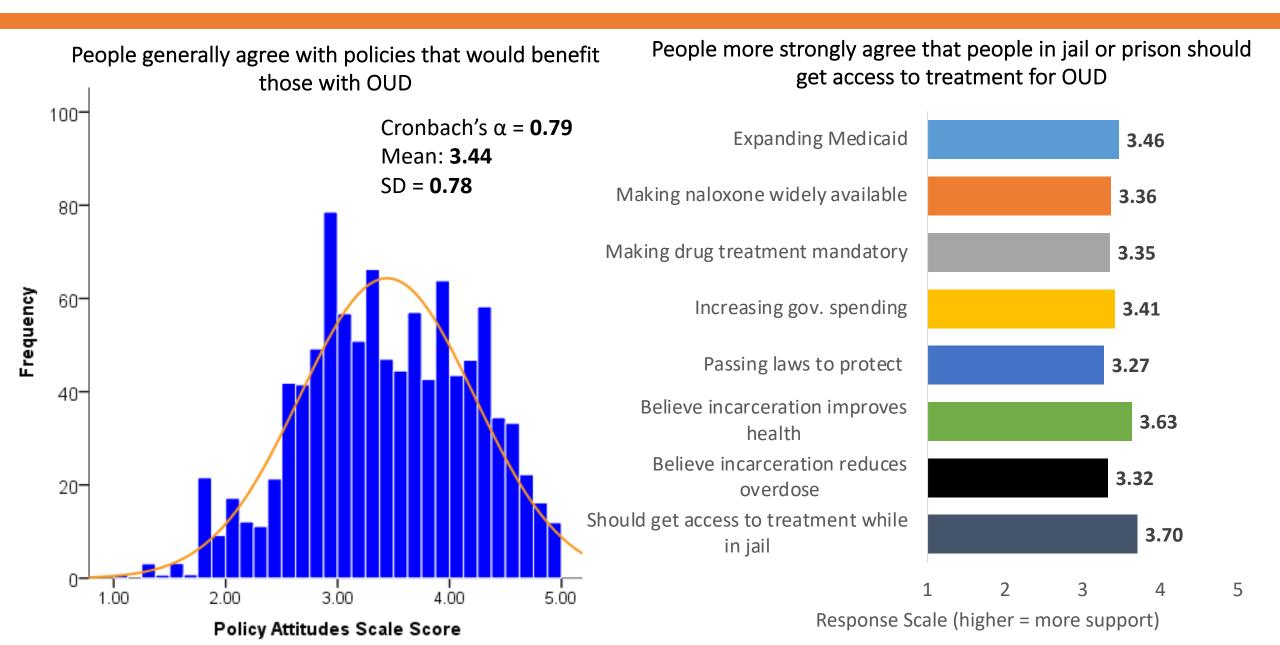
Additional Stigma Scale Cross-tabulations

Characteristic	Finding		
Personal opioid misuse experience	People who have ever misused opioids have less stigma than people who never misused		
Family opioid misuse experience	No statistically significant difference		
Personal history of incarceration or conviction	People with a criminal justice history have less stigma than those with no criminal justice history		
Family history of incarceration or conviction	No statistically significant difference		
Income	Those who make above their state median income have more stigma than those who make below		
Employment Status	Retired people have more stigma than any other employment status		
Region	No statistically significant difference		
Medicaid State Expansion	No statistically significant difference		

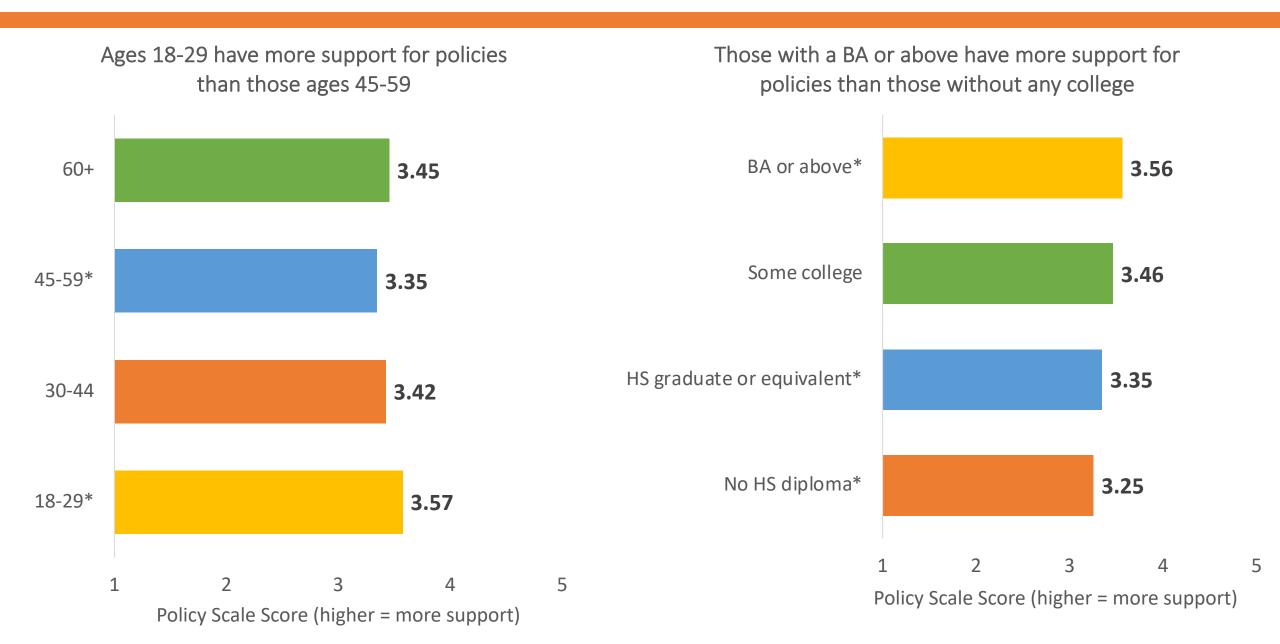
Policy Attitudes Scale Items

- 1. I favor expanding Medicaid insurance benefits for low income families to provide coverage for treatment of opioid use disorders/addiction problems, including addiction to prescription pain medications.
- 2. I favor making naloxone (also known as "Narcan"), a medication that can quickly reverse the effects of a person experiencing an opioid overdose, widely available and affordable without a prescription.
- 3. I believe that making drug treatment mandatory is an effective way to help people with an opioid use disorder.
- 4. I favor increasing government spending to improve treatment of opioid use disorder/addiction.
- 5. I favor passing laws to protect people from criminal charges for drug crimes if they seek medical help for experiencing an opioid/prescription pain medication problem.
- 6. I believe that incarceration/jail is an effective way to improve the health of people with an opioid use disorder.(item reverse coded for scale)
- 7. I believe that incarceration/jail is an effective way to reduce the risk of overdosing for people with an opioid use disorder.(item reverse coded for scale)
- 8. I believe that people in jail/prison with an opioid use disorder/addiction problem should get access to medication for opioid use disorder (e.g., methadone, buprenorphine, or naltrexone)

Policy Scale Scores



Support for policies benefitting those with OUD differs by age and education



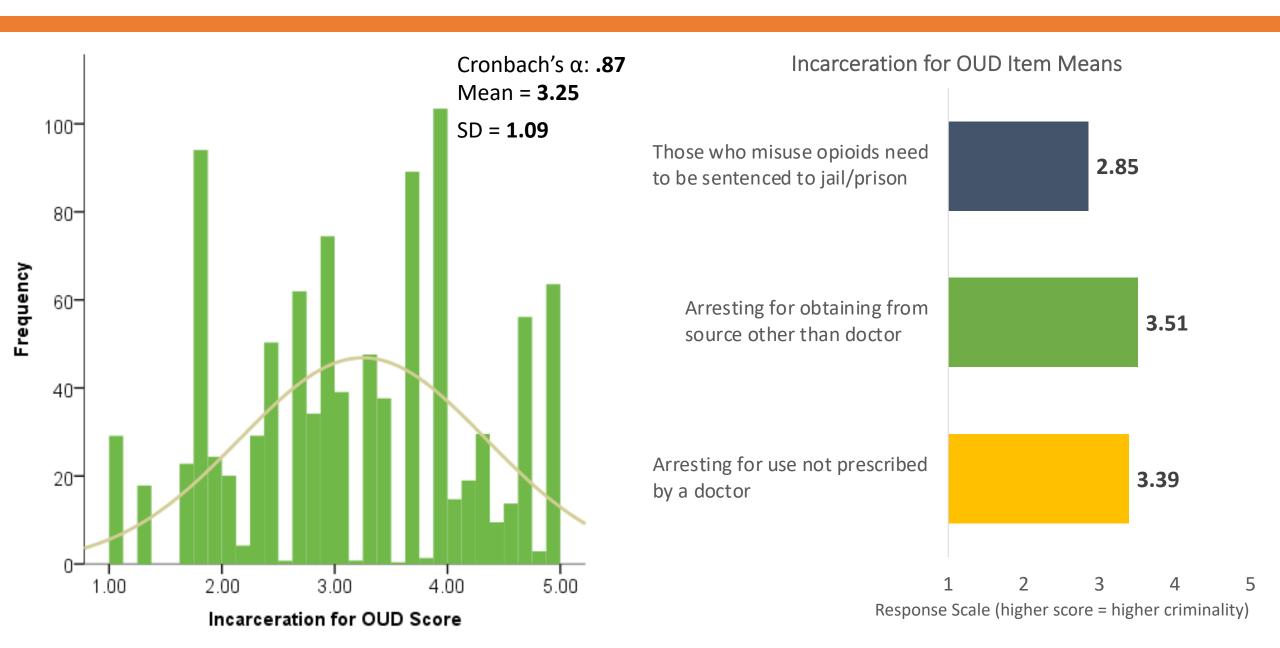
Additional Policy Scale Cross-tabulations

Characteristic	Finding		
Personal opioid misuse experience	Participants with personal opioid misuse have more support for policies that benefit those with OUD than those without		
Family opioid misuse experience	Participants with family/friend experience with opioid misuse have more support for policies that benefit those with OUD than those without		
Personal history of incarceration or conviction	eople with a personal criminal justice history have more support for plicies that benefit those with OUD than those without		
Family history of incarceration or conviction	People with a family criminal justice history have more support for policies that benefit those with OUD than those without		
Income	Support for policies that benefit those with OUD is higher among those with incomes below their state median		
Race	No statistically significant difference		
Sex	No statistically significant difference		
Employment Status	No statistically significant difference		
Region	No statistically significant difference		
Medicaid State Expansion	No statistically significant difference		

Criminality Scale Items

- 1. I favor arresting and prosecuting people who obtain opioids/pain medication from sources other than a medical provider.
- 2. I favor arresting and prosecuting people who use opioids in a way not as prescribed by a doctor.
- 3. People found guilty of misuse of opioids/prescription pain medication need to be sentenced to jail or prison.
- Individuals who are incarcerated with an opioid use disorder/addiction should get access to evidence-based treatment while incarcerated.
- 5. Individuals who are on parole or probation with an opioid use disorder/addiction should get access to evidence-based treatment.

3-Item Criminality Scale



Criminality Scale Cross-tabulations

Characteristic	Finding		
Personal opioid misuse experience	People who have personally misused opioids have lower support for punitive policies for those with OUD.		
Family opioid misuse experience	People whose family members or close friends have misused opioids have lower support for punitive policies for those with OUD.		
Personal history of incarceration or conviction	No significant difference		
Family history of incarceration or conviction	No significant difference		
Income	No significant difference		
Race	No significant differences		
Sex	No significant differences		
Employment Status	No significant differences		
Region	No significant differences		
Medicaid State Expansion	No significant difference		

Discrimination Scale

- Four items about discriminatory policies captured acceptance of discrimination toward people with OUD/misuse
 - Schools dismiss students
 - Physicians deny treatment
 - Employers deny employment
 - Landlords deny housing
- Statistically significant differences between groups:
 - People ages 18-29 have less acceptance of discrimination than older age groups
 - Individuals who have personally misused opioids have less acceptance of discrimination

Mean: 3.13

SD = .88

Cronbach's $\alpha = .71$

Knowledge and Belief Items

- 16 knowledge and belief items
- Factor analysis resulted in one 5-item knowledge and beliefs scale
- Mean = **2.59** Std. Dev. = **.78** Cronbach's α = **.72**

- Disregard of OUD as a medical condition:
 - Lack self control
 - Moral failing
 - Quit anytime
 - Medication is a hoax
 - Substituting drug abuse
- We found significant differences in our measure of disregard for OUD as a medical condition by education, income, age, race, sex, and employment status

Key Takeaways

Demographics	Scales					
	Stigma	Policy	Criminality	Discrimination	Knowledge	
Race/ethnicity	*				*	
Age	*	*		*	*	
Sex	*				*	
Education	*	*			*	
Income	*	*			*	
Personal criminal justice history	*	*				
Personal opioid misuse	*	*	*	*		
Family/friend criminal justice history		*				
Family/friend opioid misuse		*	*			

STIGMA:

- Lack of knowledge of OUD as a medical condition (+), age (+), personal experience with opioid misuse (-), and a personal experience with the criminal justice system (-) associated with stigma
- Compared to Whites, being Asian (+) and Black (-) affected stigma.

CRIMINALITY:

 Lack of knowledge of OUD as a medical condition (+), exposure to opioid misuse (-), being Black (-), age(+), male (+) associated with viewing opioid use as a criminal activity.

POLICY:

• Lack of knowledge of OUD as medical condition (+), exposure to opioid misuse (-), having a BA degree or above (-), being Black (-) and non-Hispanic Other (-) associated with opposing policies that increase access and treatment of OUD

Young Adults (19-29) have moderate stigma and less discriminatory views around OUD: Paper submitted to Journal of Adolescent Health

- YA respondents reported mid-level stigma mean stigma score 3.03 (sd=0.69)
- YAs have lower levels of discrimination toward people who misuse opioids mean score 2.80 (sd=.81)
- Age (+), income (+), and family opioid misuse (-) are significantly associated with <u>stigma</u>.
- Age (+), education (+), employment (-), and family or friend history of opioid misuse (-) was significantly associated with acceptance of discrimination.
- Lifetime personal opioid misuse (+) and criminal justice experience (-) were associated with <u>supportive policy attitudes</u>.