



CITY OF PHOENIX

COMMUNITY OPIOID SURVEY

April 2023

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Executive Summary

In partnership with ASU's Substance use and Addiction Translational Research Network (SATRN@ASU), the City of Phoenix Office of Public Health conducted and analyzed a survey of community members to understand their experiences, knowledge, and attitudes regarding opioid- and substance use disorder-related issues, as well as support for possible initiatives funded through opioid settlement funds. The Phoenix community is heavily impacted by problems related to opioids and addiction, with many individuals encountering overdose situations and knowing people who struggle with problematic substance use. In some parts of the city, high rates of open use in public settings are a source of frustration. Desire to help is high, but knowledge of how to find resources and what to do in a crisis situation is considerably lower. On average, opioid-related factual knowledge is moderately high, and substance use disorder-related stigma is moderate, with room for improvement in each. Respondents expressed strong support for a broad range of possible initiatives spanning the domains of substance use disorder treatment, prevention, and harm reduction; none were consistently opposed.

Background

In August 2021 the City of Phoenix, along with cities and towns across Arizona as well as all 15 counties, signed on to the One Arizona Opioid Settlement Memorandum of Understanding ("One Arizona MOU"). The One Arizona MOU outlines the distribution of an estimated \$542 million dollars that Arizona will receive over 18 years as part of lawsuits filed against pharmaceutical companies and distributors. In total, 56% of the settlement dollars received by the state will be disbursed to local governments. The City of Phoenix will receive 21.28% of the funds received by Maricopa County. The annual funding varies from year to year; overall, it is estimated the City will receive between 3 and 4 million dollars a year.

Under the One Arizona MOU, funds must be used for future opioid strategies that are nationally recognized. Approved uses include evidence-based and -informed strategies regarding:

- Treatment of Opioid Use Disorder (OUD)
- Support for people in treatment and recovery
- Support for people who have or are at risk of developing Opioid Use Disorder
- Prevention of overdose deaths and other harms
- Prevention of opioid misuse

To develop a plan for use of settlement funds within the City of Phoenix, the Office of Public Health recommended a comprehensive needs assessment. The Maricopa County Department of Public Health (MCDPH) led two assessments over the course of 2023: an assessment with substance use and mental health service providers (July 2023); and an assessment with people who use drugs (PWUD; October 2023). To complement these assessments the City of Phoenix led surveys of city staff and a community-wide survey with Phoenix residents. The aim of the Phoenix Community Opioid Survey was to document the perspectives, experiences and needs of the Phoenix community, for consideration in deciding how to invest the city's opioid settlement dollars.

Methodology and Survey Sample

Survey respondents were recruited August through October of 2023. The survey was promoted in English and Spanish through online platforms including LinkedIn, Instagram, Facebook and NextDoor. In addition, the survey promotional flyer was shared through neighborhood associations, community partners and networks, and with library card holders. Staff from the Office of Public Health promoted the survey through community events and presentations.

A total of **765** individuals completed the online survey, providing a 4% margin of error for percentage estimates on questions with categorical answers, and fairly narrow 95% confidence intervals around mean estimates for scale-type survey questions; the latter are included in all relevant graphs. Thus, the number of respondents in the study sample is appropriate for representing the Phoenix population.

Of all survey respondents, 42% described themselves as living in Phoenix, 40% as working in Phoenix, and 15% as both living and working in Phoenix. Just under 5% did not respond to this question and were listed as unknown.

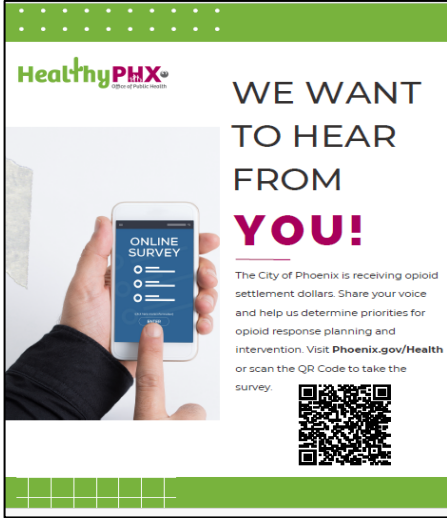
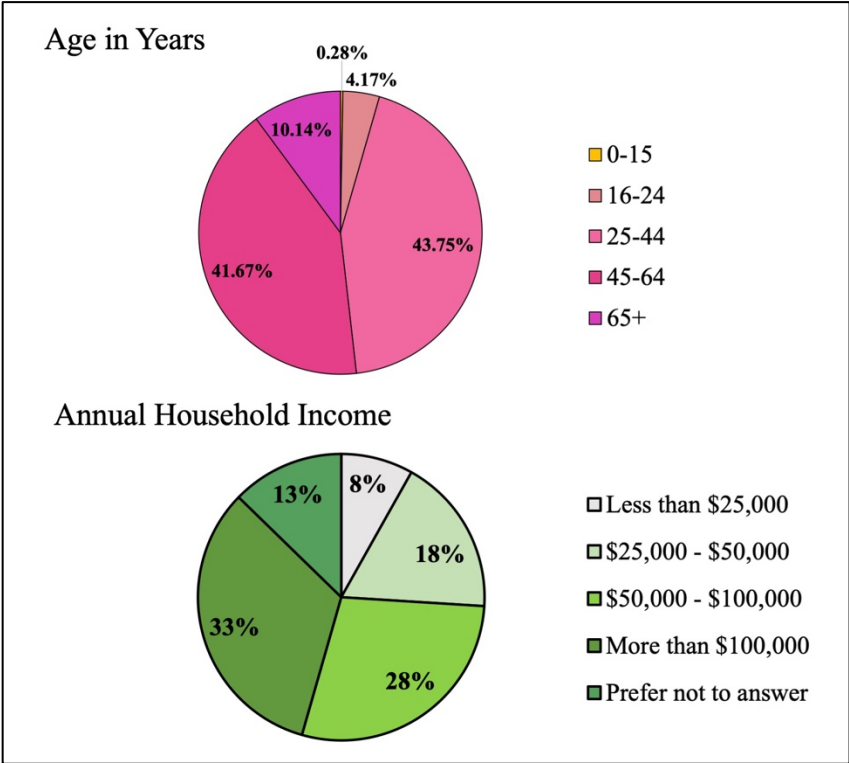


Figure 1. Sample Age and Income Distributions

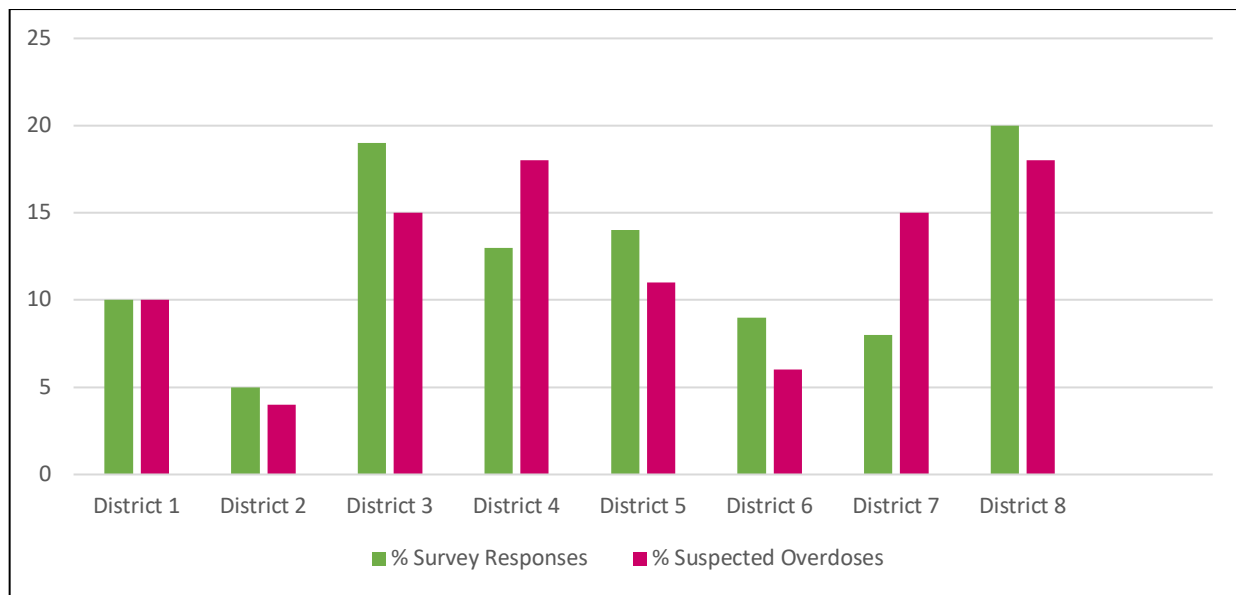


Overall, survey respondents were representative of the Phoenix adult population. There was over-representation of women (69% of participants), as is typical of online surveys. Another 21% identified as male, and 2% as non-binary; the rest declined to answer the question about gender. There was broad representation in the survey in terms of income levels and range of ages (see Figure 1). Most respondents were 25-65 years old, corresponding with the age categories most affected by fatal overdose in Phoenix.

When considering race/ethnicity, about 30% of respondents indicated Hispanic or Latino origin, 53% identified as non-Hispanic White, 3% Black/African-American, 2% Asian, and 2% American Indian/Native American/Alaskan Native/Pacific Islander.

There was good distribution across Phoenix zip codes, and all council districts of the city were represented. Percentages of survey respondents from City of Phoenix council districts were similar to percentages of suspected opioid overdoses (see Figure 2); this suggests that participation in the survey was roughly proportional to local impact by opioid-related concerns across the city.

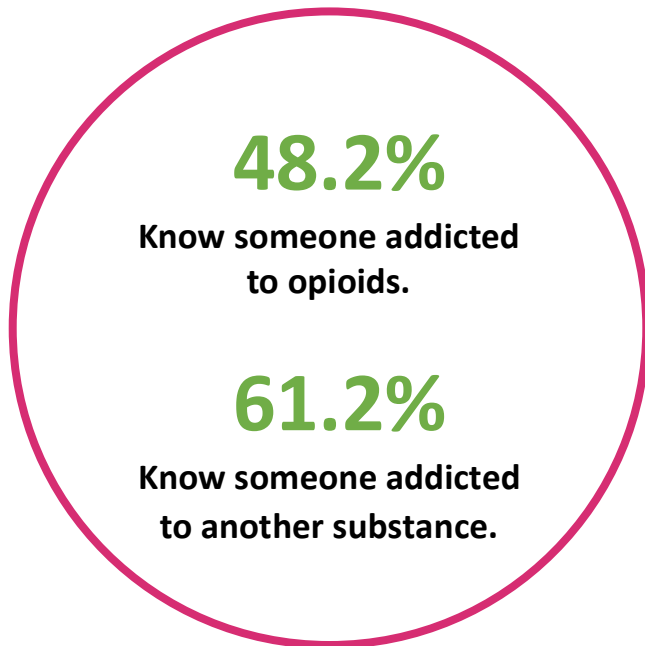
Figure 2. Survey Participation and Suspected Overdoses by Council District



Survey Results

Survey questions were developed and administered using Qualtrics Survey Software. Questions were intended to assess personal experiences with opioid use, addiction, and overdose; knowing what to do if someone close to you were struggling with addiction; perception of drug-related problems in the community; opioid-related knowledge and information sources; attitudes toward substance use disorder and people experiencing addiction; feelings about intervening in an overdose situation; support for possible City of Phoenix initiatives related to substance use disorder treatment, prevention, harm reduction, and community safety; and interest in attending trainings on substance use disorder-related issues. An open-ended question also invited respondents to share preferences and suggestions regarding opioid settlement fund initiatives.

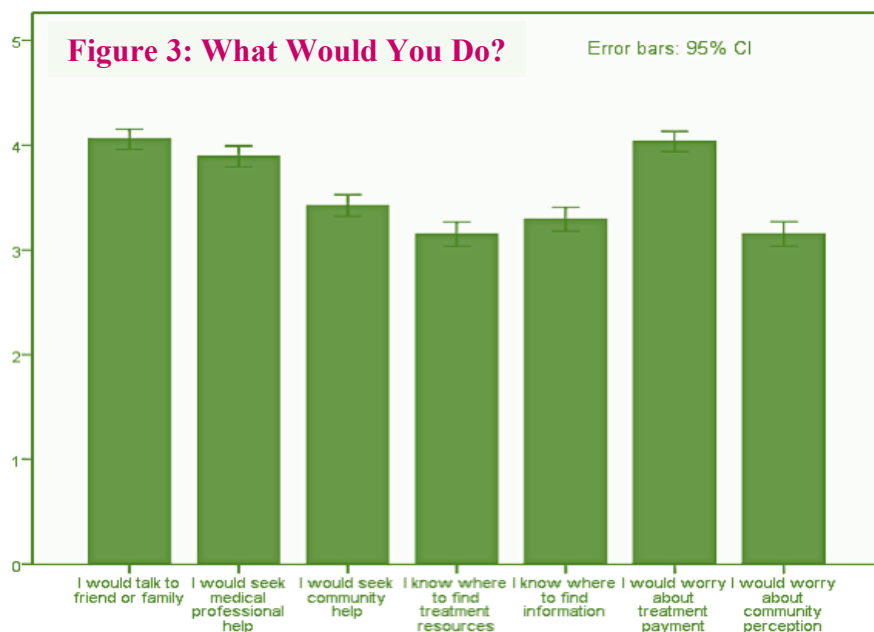
Personal Experiences



Personal experience with opioids, addiction/substance use disorder, and likely overdoses was high among survey respondents. Nearly half of respondents knew at least one person who had struggled with opioid addiction; and most knew at least one person who had experienced addiction to another substance (e.g., alcohol, stimulants). More than 40% of respondents had encountered someone at least once in the past three years who appeared to have overdosed: 13.3% only once; 16.3% from 2-5 times; and 13% more than 5 times. This was typically a stranger, but 9.8% of respondents had encountered a family member's overdose, and for 15.2% of respondents it was a friend or acquaintance. Among all respondents 70% feel opioid use is a serious problem in Phoenix.

Would You Know What to Do?

Seven questions asked what respondents thought they would do if someone close to them were struggling with addiction/substance use disorder (see Figure 3). Response options ranged from 1 = strongly disagree to 5 = strongly agree. Respondents' confidence that they would know where to find information and resources was modest, with mean ratings just over the midpoint of the scale. Respondents thought they would be most likely to talk with friends or family, followed closely by a medical professional; they were somewhat less likely to seek community help. Respondents anticipated being highly concerned about how they would pay for treatment, and less concerned about perception among the community.



Drug-Related Problems in the Community

Fifteen items asked about drug-related problems in respondents' communities, asking how severe these problems were (see Table 1). Respondents reported significant concerns about most of the problems, with mean severity ratings over 4 on the 5-point scale. Exceptions were discarded drug materials and legal substance use. Distributions of ratings across the sample suggest that concerns about opioid use, overdoses, and drug-related poverty and homelessness may be limited to a subset of the sample; this likely reflects concentration of these issues in certain parts of the city. Ratings of other problems showed distributions consistent with more widespread concerns. Overall, these ratings suggest that the Phoenix community is highly impacted by issues surrounding substance use disorder.

Table 1: Ratings of Drug-Related Problems in Respondent's Community

	Mean
Opioid use	4.49
Overdoses	4.45
Drug-related poverty, homelessness	4.42
General illegal drug use	4.34
Drug-related theft, burglary, property crime	4.30
Public illegal substance use	4.26
Drug-related violence	4.23
Easily available drugs	4.19
Lack of support for people who use drugs	4.15
Drug-related traffic accidents	4.14
Drug-related domestic crime	4.10
Youth substance use	4.07
Discarded drug materials	3.94
Legal substance use	3.66
Public legal substance use	3.44

Opioid-Related Knowledge and Information Sources

Nine true/false items were used to assess respondents' factual knowledge regarding opioids, opioid overdose, and opioid treatment and intervention (see Table 2). Unlike the items measuring attitudes (see below), these items have a clear, factually correct answer established by medical evidence and/or Arizona state law. Responses were scored as correct or incorrect, and the total

number of correct answers was summed for each respondent. Total scores on the knowledge check ranged from 1 to 8 points, with a mean of 5.90 ($SD = 0.62$). On average, respondents are moderately knowledgeable about opioid-related issues, but with ample room to learn.

Table 2: Knowledge Check Items

- You can easily overdose from touching an opioid drug, such as fentanyl (false)
- Prescription painkillers such as Vicodin, Percocet, and OxyContin are opioid drugs. (true)
- Naloxone/Narcan is a drug that mimics the effects of opioids in the body. (false)
- In the State of Arizona, someone who calls 911 to help a person experiencing overdose is immune from prosecution, even if they possess or have used drugs themselves. (true)
- Buprenorphine is a medication that reduces opioid craving and withdrawal symptoms. (true)
- In Arizona, naloxone/Narcan can only be obtained by prescription. (false)
- Fentanyl is often added to other drugs, so people may not know they are taking it. (true)
- Naloxone/Narcan can be used to reverse a methamphetamine or cocaine overdose (false)

Respondents also rated their reliance on different sources of information regarding opioids and other drugs. They reported relying most strongly on medical and academic websites; family, friends, and colleagues; and other news media. This was followed by primary care providers, TV and radio, social media, other entertainment media, and other sources (harm reduction organizations and community meetings); podcasts were the lowest-rated information source. Notably, ratings of obtaining information from academic/medical websites, podcasts, personal contacts, and “others” predicted higher factual knowledge.

Attitudes Regarding Opioids and People Who Use Drugs

Ten items were used to assess respondents’ beliefs, feelings, and attitudes regarding drugs and people who use them. Respondents indicated their level of agreement with each item on a scale from 1 = strongly disagree to 5 = strongly agree. Unlike the knowledge-check items above, these items focus on assessing personal beliefs and perspectives. Half of the items were negatively worded, expressing negative beliefs and feelings (e.g., “people who use drugs are dangerous to my community”); the remaining items were positively worded (e.g., “saving the lives of people who use drugs is more important than insisting on abstinence”).

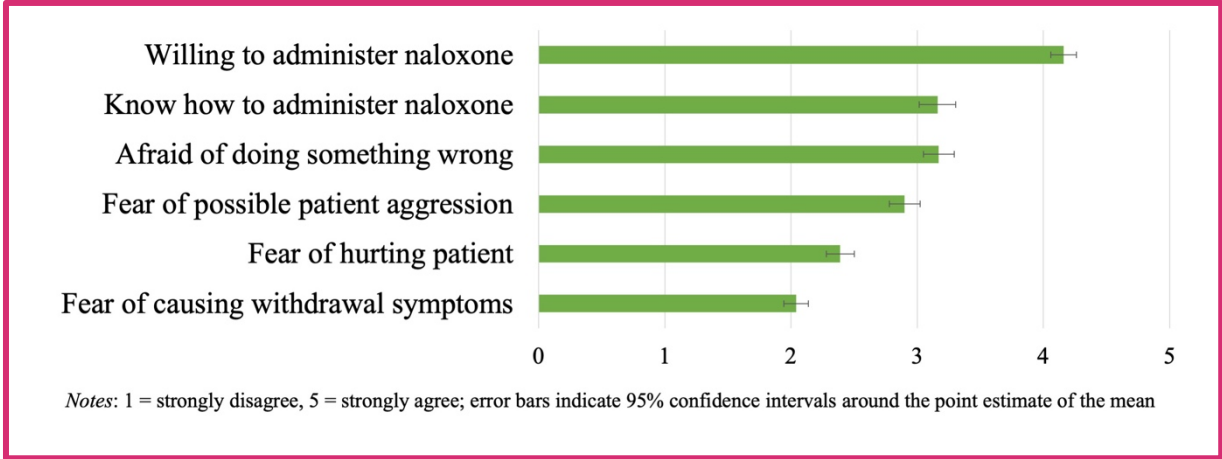
The mean stigma scale score was 2.42 ($SD = 0.84$) on the five-point scale, indicating low-moderate average levels of substance use disorder stigma. Individuals who reported knowing someone who was/had been addicted to opioids or another drug reported significantly lower stigmatizing attitudes, consistent with the “contact hypothesis” in which personal contact with members of a stigmatized group tend to have less negative attitudes toward that group.

Responding to Possible Drug Overdose

Respondents answered six questions on their feelings about responding to someone who might be experiencing opioid overdose (see Figure 4). Willingness to administer naloxone (nasal spray trade name Narcan), a medication that blocks opioid receptors in the brain so that opioid drugs cannot reach them, was very high (mean = 4.16, standard deviation = 1.21 on the 5-point scale).

However, respondents reported substantially lower knowledge of *how* to administer naloxone (mean = 3.16, *SD* = 1.71), as well as moderate fears of doing something wrong (mean = 3.17, *SD* = 1.45) and of possible aggression by the patient after they revive (mean = 2.90, *SD* = 1.44). This suggests that offering free, high-quality, easily accessible training on responding effectively to possible overdose situations, including naloxone administration, would be a valuable investment.

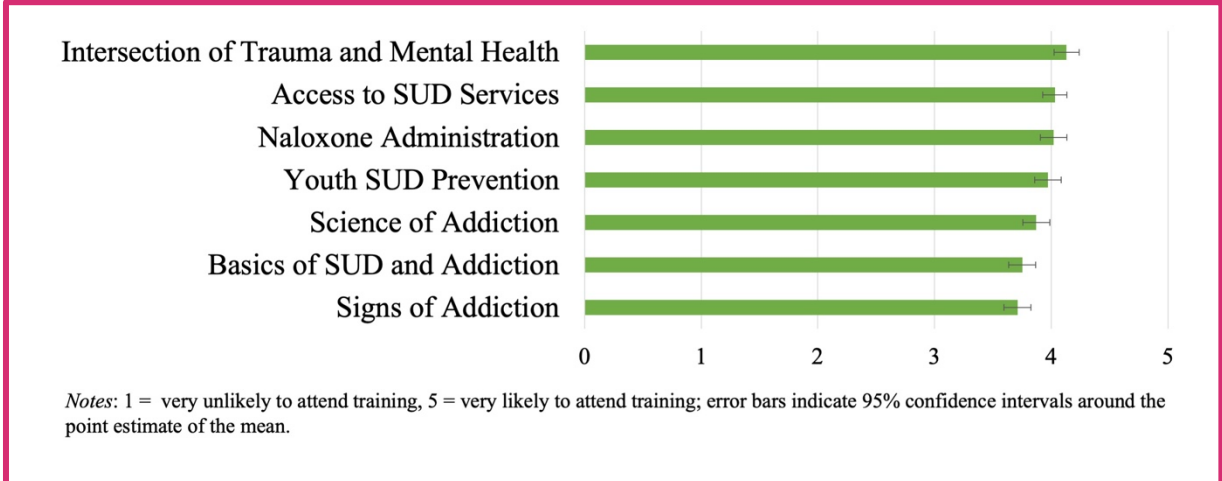
Figure 4. Responding to Opioid Overdose



Preferred Community Training Topics and Modalities

Respondents were asked to rate their likelihood of taking/attending trainings on seven topics related to substance use disorder and addiction, on a scale from 1 = very unlikely to 5 = very likely. All topics received comparably high ratings, within a quarter-point of 4.0 (see Figure 4). Respondents reported greater likelihood of attending online trainings (either live or self-paced) rather than in-person trainings.

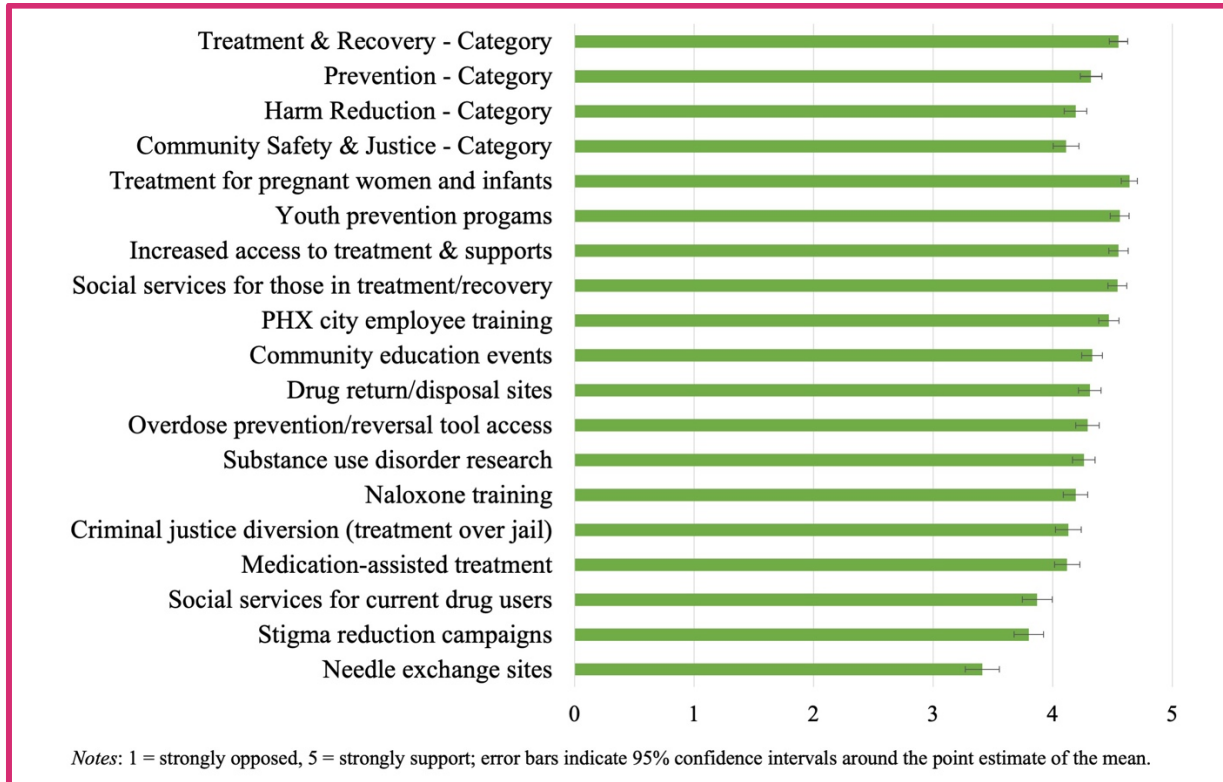
Figure 5. Likelihood of Attending Trainings



Support for Opioid Settlement Fund Initiatives

Respondents were also asked to rate their support for 19 possible City of Phoenix initiatives, funded by opioid settlement income to the city, on a scale from 1 = strongly opposed to 5 = strongly support. All individual initiatives received positive support, with mean ratings from 3.41 (needle exchange) to 4.64 (treatment for pregnant women and infants); mean ratings did not indicate consistent opposition to any initiative (see Figure 6).

Figure 6. Support for Initiatives Funded by Opioid Settlement Income



Four of the items were designed to assess support for broad categories of aims, as distinct from support for specific activities. All four categories received strong support, with means exceeding 4.0 on the 5-point scale: Treatment and Recovery (4.55), Prevention (mean = 4.32), Harm Reduction (mean = 4.19), and Community Safety and Justice (mean = 4.11).

In addition to items assessing support for stated initiatives, the survey included an open-ended item inviting respondents to share priorities in their own words. Of the total sample, 322 respondents answered this question. Coding of these qualitative data revealed 30 distinct investments that were nominated by more than two respondents (see Table 3; SUD = substance use disorder; MOUD = medication for opioid use disorder).

Analysis of the most common freely-nominated initiatives reveals a few themes. First is the need to **expand access to evidence-based SUD treatment** that is free, low-cost, or covered by Medicaid and other health insurance payors. This includes inpatient/rehab facilities, intensive outpatient care providers, and medication for opioid use disorder.

Second, **prevention programs for youth and families** are seen as a top priority. Notably, these are suited to city-level investment as schools are likely venues for implementation.

Table 3: Freely-Nominated Initiatives

	#
Increase free/affordable inpatient SUD care	42
Youth prevention programs	37
Housing support/affordable housing	33
Harm reduction – general	32
Increased law enforcement	28
“Housing First” (not requiring abstinence)	26
Increase free/affordable outpatient SUD care	25
Stigma reduction/SUD education campaign	25
Needle exchange & safe smoking supplies	19
Mental health treatment & services	18
Substance use decriminalization/justice diversion	18
Employment assistance	17
Police SUD/MH crisis response: train or partner	16
Provide “wraparound” social supports – general	14
Supervised consumption sites	13
Increase MOUD accessibility	13
Informational resources (i.e., how to find help)	10
Free drug checking/testing	8
Force people into treatment (or jail)	8
Trauma-informed public service	7
Community outreach	7
Stop drugs from entering U.S./close the border	5
Culturally-adapted treatment programs/centers	4
Harm reduction education – general	4
Health services for people using drugs - general	4
Community investment/development	3
Free naloxone, overdose response training	2
Train community health workers in SUD issues	2
Improve public transit	2
Justice system re-entry programs	2

Third, there was widespread support for providing **mental health care, housing, employment assistance, and “wraparound” support for social determinants of health** to address the root causes of developing and sustaining substance use disorder. The “housing first” approach, in which drug abstinence is not required to remain housed, was the 6th most frequently mentioned initiative. Notably, some version of “housing first” was mentioned by respondents whose comments suggested conservative as well as liberal perspectives regarding people who use drugs; among the former, the aim was to reduce encounters with open substance use in their communities.

Fourth, there was widespread support for **harm reduction**, including needle exchange and safe smoking programs; supervised consumption sites; free drug checking/testing; and free naloxone supplies and overdose response training. There was support for supervised consumption from some respondents whose comments suggested conservative perspectives, also aiming to reduce drug use and paraphernalia in public (parks, sidewalks, near schools). Aligned with the harm reduction perspective, **public campaigns to reduce stigma surrounding substance use disorder** were the 8th most commonly nominated investment.

Fifth, there was considerable support for **initiatives involving law enforcement**, although respondents did not all agree on what this should look like. Some participants simply wanted to see more police hired to enforce drug laws. Others advocated for training police to manage

substance use and/or mental health crisis incidents in more effective ways, and/or partnering police with social workers or community health workers who can provide this expertise. Calls to decriminalize drug use/encourage justice system diversion programs were also common.

Conclusion

The aim of the City of Phoenix Community Opioid Survey was to assess the community's knowledge, attitudes and feelings related to opioid and substance use, as well as gain feedback from the community on areas of priority investment and/or importance for use of the City's opioid settlement funds. Overall, the survey is broadly representative of the demographics and districts of the Phoenix community, and provides valuable insights for consideration in substance use response planning.

The following are key findings from the survey:

- Phoenix community members are strongly impacted by opioids, and by substance use disorder generally: Most respondents personally know someone struggling with addiction; over 40% have encountered a likely overdose in the past three years; and 70% consider opioid use to be a serious problem in Phoenix. Ratings of community problems associated with drug use are high.
- The Phoenix community demonstrates moderate-to-high knowledge about substance use disorder and reports moderate stigma toward people dealing with addiction.
- Respondents want to help, but often lack knowledge of how to do so effectively. Confidence in the ability to find information and resources to help someone struggling with substance use disorder, to pay for treatment, and to provide aid to someone who has overdosed is somewhat low.
- Support was high for a wide range of initiatives addressing substance use disorder, across treatment, prevention, harm reduction, and community safety. No initiatives were consistently opposed.

In combination with findings from other needs assessments conducted by the City of Phoenix Office of Public Health and the Maricopa County Department of Public Health, these findings will inform the City's strategic planning for initiatives funded through the opioid settlements, aimed at reducing substance use disorder and associated harms.