

Opioid Misuse Resource and Needs Assessment *for Fayette County, Kentucky*

Lexington-Fayette Urban County Government
Department of Social Services



LEXINGTON

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Prepared by the



College of
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Executive Summary

The opioid epidemic has had a significant impact on service sectors in Fayette County. This resource and needs assessment was designed to (1) characterize the impact of the epidemic on health and behavioral health providers, first responders, and other services in Lexington and Fayette County, (2) identify the strengths of the service delivery system within Fayette County to respond to the opioid epidemic, and (3) identify unmet needs or barriers to accessing available resources among service providers and individuals who misuse opioids. To accomplish these goals, existing data from multiple sources were collected, an online survey was distributed to service providers in healthcare, behavioral treatment and substance use treatment, first responders, and other services (e.g., needle exchange, HIV or hepatitis C [HCV] testing), and qualitative interviews were conducted with service providers and individuals who misuse opioids.



Opioid Overdose in Fayette County

In 2017, the Lexington Division of Fire and Emergency Services reported 1,567 EMS encounters for an opioid-related overdose (including heroin).¹⁰ Of these encounters, 70% were transported and treated. Naloxone (Narcan® is a brand name of intranasal naloxone) was administered on 76% of encounters involving an opioid-related overdose.¹⁰ First responders working

The opioid epidemic has had a tremendous impact on the first responder workforce including Lexington police, fire, and EMTs.

in both the Lexington Division of Fire and Emergency Services and the Lexington Police Department carry naloxone and administered 2,515 doses in 2017.^{12,13} In an effort to combat the ongoing opioid epidemic, the Lexington Police Department has seized increasing amounts of heroin over the last 10 years, with a total of 11,871 grams seized in 2017 compared to 8.5 grams in 2008.¹⁷

There has been a nearly 1,400-fold increase in the amount of heroin seized by the Lexington Police Department in the last 10 years.

Overdose deaths occurring in Fayette County among both residents and non-residents have increased steadily over the last few years with a total of 187 overdose deaths in 2017.^{6,7} Most notably, the percentage of overdose deaths involving opioids is higher in Fayette County (82%^{7,8}; calculated by adding overdose deaths involving heroin and fentanyl and subtracting the number of cases involving both substances and dividing the result by the number of all overdose deaths) than in Kentucky overall. In addition, the number of individuals receiving medical care in an emergency department or inpatient hospitalization in Fayette County following an overdose has also increased in the last few years with 1,432 emergency department

Overdose deaths in Fayette County among residents and non-residents have increased steadily in the last few years.

visits and 993 hospitalizations in 2017.⁹ These data not only highlight that the opioid epidemic is ongoing, they also demonstrate that Fayette County bears the burden of service delivery not only for Fayette County residents but also for many other counties throughout the state. In Fayette County, non-residents accounted for 34% of overdose deaths, 29% of emergency department visits following an overdose, and 54% of inpatient hospitalizations following an overdose.

Service Delivery Strengths

Several strengths were identified in the capacity of the service delivery system in Fayette County to respond to opioid misuse. Most service providers (94%) felt that those in their profession should receive specialized training related to opioid misuse. Service providers reported receiving specialized training including continuing education, in-service trainings, training specifically on substance use treatment, and how to use naloxone. However, healthcare providers reported screening for substance use disorders in 77% of their cases, but 23% “never” screen for substance use disorders. More than 90% of service providers who participated in the survey (n = 275) agreed that there are resources available in Fayette County to help individuals who misuse opioids. Service providers reported generally providing individuals who misuse opioids with referrals including information on how to obtain naloxone, substance use treatment, the needle exchange, and HIV/HCV testing. While the frequency of referrals varied across service provider fields, very few providers reported “never” providing referrals (0-14%). About two thirds of behavioral health and service providers in other fields (e.g., harm reduction) reported “always” providing a referral to individuals who misuse opioids and the majority of first responders (76%) provided a referral “sometimes.”

There are a number of strengths in the Lexington and Fayette County service delivery system to address the opioid problem.

Behavioral health treatment providers who responded to the online survey reported providing a range of substance use treatment services including outpatient treatment, inpatient treatment, medication-assisted treatment (MAT), behavioral treatment, peer-support, and self-help groups. Several provide other services including quick response teams (i.e., teams of professionals who reach out to an individual shortly after they have experienced an overdose to provide counseling and treatment resources), transitional housing, 12-step programming, case management, and prenatal and medical care. Many individuals who misuse opioids reported attending self-help meetings (89%) and substance use treatment programs (44%), including medication-assisted treatment (67%).

Fayette County has several innovative programs designed to increase access to substance use treatment. The University of Kentucky has a bridge clinic that provides evidence-based treatments for opioid use disorder, including offering transitional care for individuals who present to the University of Kentucky emergency department and want to enroll in medication-assisted treatment. Bluegrass (bluegrass.org) has a 24-hour helpline designed to help individuals find substance use treatment. Bluegrass also offers a walk-in clinic on weekdays where an individual can start the process of receiving treatment the same day. KentuckyOne Health St. Joseph Hospitals along with Our Lady of Peace offer

assessments and referrals to substance use treatment in their emergency departments. KentuckyOne Health St. Joseph Hospital also has an assessment and referral center that offers no-charge walk-in assessments outside of the emergency department. The Lexington Division of Fire and Emergency Services also has an innovative Community

There are a number of innovative programs targeting the opioid epidemic including the UK bridge clinic and the Community Paramedicine Team.

Paramedicine Team and one of their roles in the community is to help individuals who misuse opioids navigate into substance use treatment.

Legislation changes have also allowed for the operation of a needle exchange program at the

Lexington-Fayette County Health Department, the Good Samaritan Law, which provides some legal protections for individuals seeking medical care for someone else in the case of an overdose, and increased community access to naloxone. Despite the intention of these legislative changes, barriers still exist that may prevent individuals from accessing the needle exchange, fully understanding the Good Samaritan Law, and from receiving training on how to use naloxone and obtaining a naloxone kit.

Service Delivery Needs

With the recognition that the service delivery system in Fayette County numerous existing strengths to address the opioid epidemic, findings from this assessment also identified several needs. One of the most prominent needs was the burden on existing services. First responders, compared to other service providers, reported the most significant burdens on their day-to-day job associated with the opioid epidemic. First responders view that almost half of the incidents they see on the job involve an opioid-related overdose and that the majority of individuals refuse care. They also reported concerns about their safety with the increased risk of exposure to drugs such as fentanyl and carfentanyl, which can result in the first responder overdosing. All service providers reported that opioid misuse has contributed to burnout in their profession, indicating a need for support to address the emotional toll of the opioid epidemic on service providers.

The opioid epidemic has had a tremendous impact on all service sectors in Fayette County.

All respondents from service providers to individuals who misuse opioids reported that there is a need for increased access to substance use treatment in Fayette County, including the need to address barriers to treatment including affordability and insurance issues. In addition to increasing the availability of treatment, respondents also identified that Fayette County needs better treatment wrap-around services such as employment and affordable housing, including sober living. Another important area noted by a number of respondents included education, particularly among young people and family members.

Opportunities to Strengthen Opioid Epidemic Response

With the strengths of the service delivery system in Fayette County considered with the identified needs and barriers to accessing resources considered together, several opportunities to strengthen the response to the opioid epidemic in Fayette County were identified. These opportunities include expanding access to and the acceptability of substance use treatment, increasing awareness and education related to opioid misuse and available resources, and improved engagement and coordination among community partners (e.g., those providing harm reduction and recovery resources).

Opportunities include expanding substance use treatment, increasing awareness and education, and improving community engagement.

Section 1: Scope of the Opioid Problem

Prevalence

Data from the 2015-2016 National Survey on Drug Use and Health estimate that approximately 17,000 Kentuckians over 18 used heroin in the last year.¹ Based on data from the 2018 Kentucky Treatment Outcome Study, which included 1,224 individuals enrolled in publicly-funded substance use treatment between July 2015 and June 2016, 46% of clients (approximately 559 individuals) reported misusing opioids other than heroin in the 12 months prior to treatment.² One quarter of clients (25%) reported misuse of opioids other than heroin in the month before treatment. Heroin use was lower in this population with 14% reporting heroin use within the 12 months prior to treatment (approximately 173 individuals) and 6% reporting heroin use in the last month. More women than men reported using all opioids.

Prescription opioid misuse has decreased among clients seeking substance use treatment with a peak in fiscal year (FY) 2012 when 47% of clients reported past 12-month prescription opioid misuse. Between FY 2014 and FY 2016, 37-38% of clients reported prescription opioid misuse. In FY 2013, 14% of clients reported heroin use, an increase from 9% in fiscal year 2012. Between FY 2013 and FY 2016 12-14% of clients reported heroin use.²

Despite this decrease in the treatment seeking population, the opioid epidemic has had a tremendous impact on other service sectors in Kentucky, particularly those in the larger urban area of Lexington and Fayette County. For example, in Fayette County, the number of individuals seeking care in a hospital or emergency department for a reason other than overdose, who were diagnosed with an opioid use disorder increased from 992 in 2012 to 1,579 in 2016.³

The number of individuals seeking care in a hospital related to opioid misuse increased by two-thirds in recent years.

Factors Associated with Opioid Misuse

Kentucky All Schedule Prescription Electronic Reporting (KASPER)

The rate of prescriptions for opioid medications dispensed in Fayette County per 1,000 residents has generally declined from 2013 to 2017 (Table 1). Despite the decline, the number of doses dispensed is equal to about nine doses of oxycodone and 14 doses of hydrocodone for every Fayette County resident in 2017.⁴

Table 1. Opioid medications dispensed in Fayette County per 1,000 residents

Year	Oxycodone		Hydrocodone	
	Prescriptions Dispensed	Doses Dispensed	Prescriptions Dispensed	Doses Dispensed
2013	146	10,418	359	20,540
2014	151	10,476	341	18,973
2015	161	10,351	305	16,994
2016	152	9,953	281	15,571
2017	136	9,008	249	13,743

Medication Assisted Treatment (MAT) is the use of FDA-approved medications to treat withdrawal symptoms and cravings caused by chemical imbalances in the brain that are associated with opioid use disorder.⁵ Opioids used for MAT are tracked through KASPER. Prescribing practices for buprenorphine-based MAT have been reported in several ways across years, but in general prescriptions for buprenorphine have increased as prescriptions for methadone have decreased (Table 2).⁴

Table 2. Medication Assisted Treatment medications dispensed in Fayette County per 1,000 residents

Year	Suboxone/Buprenorphine-Naloxone/Buprenorphine ^a		Methadone	
	Prescriptions Dispensed	Doses Dispensed	Prescriptions Dispensed	Doses Dispensed
2013	73	1,515	12	1,610
2014	76	1,973	10	1,401
2015	90	2,224	10	1,261
2016	98	2,162	9	1,057
2017	111	2,288	8	887

^a Categorized as Suboxone in 2013-2014, Buprenorphine-Naloxone in 2015, Buprenorphine in 2016-2017

Consequences of Opioid Misuse

Opioid-Involved Overdose Deaths

The number of overdose deaths in Fayette County among both residents and non-residents have steadily increased from 2012 through 2017 (Table 3).^{6,7} In 2017, there were 1566 overdose deaths in Kentucky, 254 involved heroin and 704 involved fentanyl.⁷ Over time, overdose deaths involving heroin and fentanyl have accounted for an increasing number of overdose deaths of Fayette County residents. Deaths involving heroin, fentanyl, or the combination of both account for the majority (82%^{7,8}) of drug overdose deaths of Fayette County residents compared to approximately 61% for Kentuckians overall⁷. In addition, 30% of overdose deaths that occurred in Fayette County were residents of other counties in 2017. County supported services (e.g.,

The number of overdose deaths in Fayette County has increased steadily since 2012.

first responders, coroner) may be required in the case of an overdose death regardless of the patient’s county of residence.

Table 3. Overdose Deaths in Fayette County Among Residents and Non-Residents

Year	Drug Overdose Deaths		Overdose Deaths Involving Heroin		Overdose Deaths Involving Fentanyl	
	Fayette Residents	Non-Residents	Fayette Residents	Non-Residents	Fayette Residents	Non-Residents
2012	54	20	11	5	<5	<5
2013	63	23	36	7	<5	<5
2014	84	28	41	6	14	8
2015	106	35	45	6	48	15
2016	115	48	47	16	57	33
2017	123	64	27	15	87	31

Opioid-Related Hospitalizations and Emergency Department Visits

While most reports include the number of Fayette County residents receive healthcare following drug overdoses, healthcare facilities in Lexington/Fayette County serve residents from surrounding counties in addition to the residents of Fayette County. The number of patients served by hospitals within Fayette County was assessed to determine how many non-residents received healthcare within Fayette County. Five hospitals (Baptist Health Lexington, KentuckyOne Health Saint Joseph East, KentuckyOne Health Saint Joseph Hospital, UK Healthcare Good Samaritan Hospital, and University of Kentucky Hospital) were identified as providing care to patients who are suspected to have overdosed. Table 4 shows the number of emergency room patients treated for a drug overdose and the number of patients who were hospitalized for a drug overdose between 2013 and 2017.⁹ Consistently, about 70% of the patients receiving care for a drug overdose in Fayette County emergency rooms are residents of Fayette County. In the case of drug overdose hospitalizations in Fayette County hospitals, less than 50% of patients are Fayette County residents. These data demonstrate that patients from other

More than 50% of drug overdose hospitalizations in Lexington are patients who live outside of Fayette County.

counties come to Fayette County for more serious medical complications that required hospitalization (e.g., endocarditis) following a drug overdose.⁹

Table 4. Drug overdose emergency department visits and hospitalizations

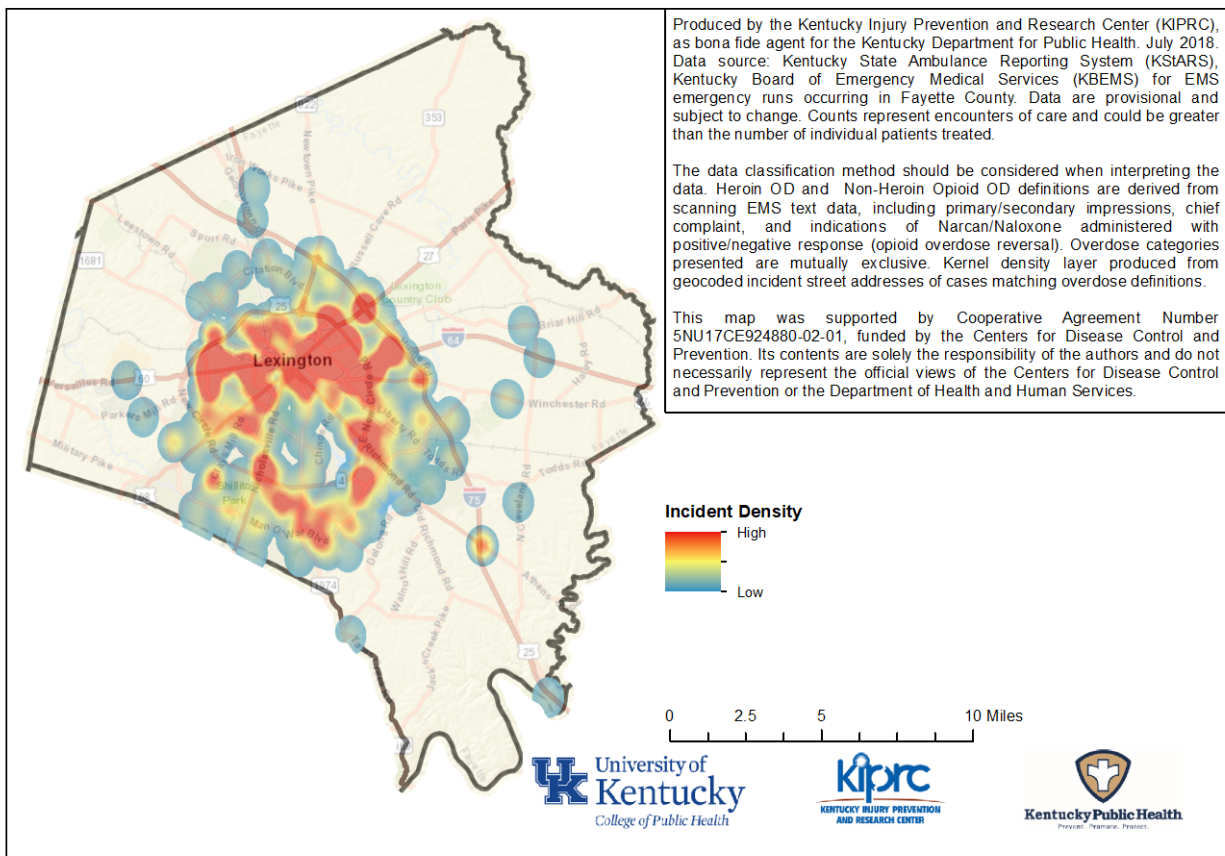
Year	Drug Overdose Emergency Department Visits			Drug Overdose Hospitalizations		
	Number of Fayette County Residents	Number Non-Residents	Total Served in Fayette County Hospitals	Number of Fayette County Residents	Number Non-Residents	Total Served in Fayette County Hospitals
2013	427	190	617	350	388	738
2014	529	230	759	376	379	755
2015	721	297	1,018	414	495	909
2016	900	370	1,270	417	585	1,002
2017	1,021	411	1,432	456	537	993

Opioid-Related EMS Encounters

In 2017, out of 40,850 EMS encounters 857 were categorized as a heroin-related overdose and 710 as other opioid-related overdose (approximately 4%).¹⁰ While data are not available for opioid specific EMS runs in previous years, first responder perspectives discussed later in this report suggest that this is an increase from previous years, and that while documented as only 4% of the total EMS encounters, the perception from EMS and other first responders is that opioid-specific runs require significantly more resources.

Out of the EMS runs for an opioid-related overdose, 70% were transported and treated, 29% refused transport, and 1% resulted in a death. The transport refusal rate is higher in runs for an opioid-related overdose (29%) compared to non-opioid-related overdoses (14%) and non-drug-overdose-related runs (19%). The majority of individuals treated for an opioid-related overdose were between 18-44 years of age (74%), white (89%), and male (62%). Figure 1 shows EMS encounter densities based on incident location for heroin overdoses.¹¹

Figure 1. 2017 Fayette County EMS Encounter Density for Heroin Overdose, Based on Incident Location^a



^aData were derived from EMS encounter text data, including chief complaint, primary and secondary impressions, and whether the individual’s condition improved following administration of naloxone.

Naloxone Administered by First Responders

The number of naloxone doses administered by the Lexington Division of Fire and Emergency Medical Services more than tripled between 2013 and 2017 (Table 5).¹² Naloxone was administered on 76% EMS encounters involving an opioid-related overdose in 2017. When naloxone was administered, usually 1 dose was given, but often (31%) multiple doses were required.¹⁰ In response to increasing numbers of overdoses, the Lexington Police Department started carrying naloxone in September 2016. LPD officers administered 149 doses of naloxone in 2017.¹³

Table 5. Naloxone Doses Administered by Lexington Division of Fire and Emergency Medical Services

	2013	2014	2015	2016	2017
Naloxone Doses	653	867	1,214	1,550	2,366

Neonatal Abstinence Syndrome (NAS)

NAS is defined as “the collection of signs babies experience in withdrawal from drugs they were chronically exposed to in utero.”¹⁴ The most recent available data indicate that 47 Fayette County residents were discharged from an inpatient hospital stay with a diagnosis of NAS in 2016.¹⁵ This represents a rate of 11.7 births with a diagnosis of NAS for every 1,000 live births of Fayette County residents.¹⁶ There were 1,115 hospital discharges of Kentucky residents with a diagnosis of NAS and overall Kentucky has a rate of 23.3 births with a NAS diagnosis per 1,000 live births.¹⁴

Drug Seizures and Arrests

Along with healthcare consequences of opioid misuse, the criminal justice system has also experienced a significant impact of the opioid epidemic. Data from the Lexington Police Department (LPD) across the last 10 years show fluctuations in the amount of prescription opioids that were seized, but exponential increases in the amount of heroin seized (Table 6; Figure 2).¹⁷ In addition, LPD started recording fentanyl seizures in 2017 with 4,400 grams seized.¹⁷

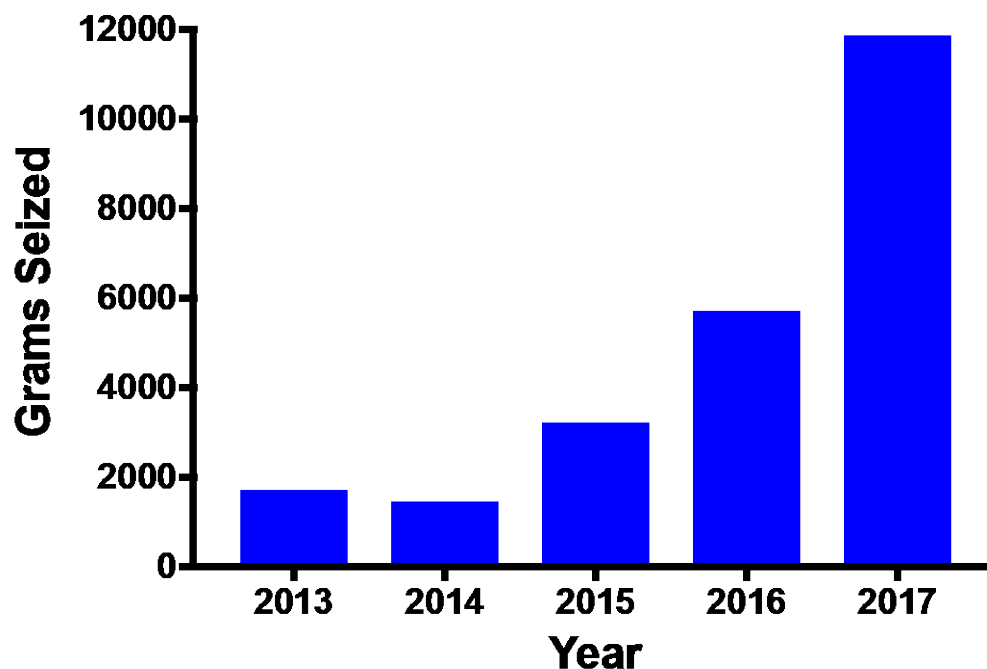
Data from the Lexington Police Department shows exponential increases in heroin seizures in the past decade.

Table 6. Opioids Seized by the Lexington Police Department

	Prescription Opioids (grams) ^a	Heroin (grams)
2008	791.0	8.5
2009	1,289.8	19.0
2010	790.0	23.0
2011	187.3	89.9
2012	409.7	242.2
2013	785.7	1,735.0
2014	560.1	1,477.0
2015	1,331.0	3,235.0
2016	13.0	5,730.0
2017	31.9	11,871.0

Source: Commander B. Maynard, Lexington Police Department; ^a Prescription opioids are typically measured in milligrams, but were converted to grams for comparison purposes (milligrams x 0.001 = grams)

Figure 2. Grams of Heroin Seized in Fayette County (source: Commander B. Maynard, Lexington Police Department)



The most recent data available indicate that the number of heroin arrests in Fayette County dramatically increased from 96 in 2012 to 319 in 2013 then have remained relatively stable with 335 in 2016,¹⁸ despite the increasing amounts of heroin seized in the last few years. These arrests are related to “the violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use.”¹⁹

Heroin arrests have tripled between 2012 and 2016.

Summary

The opioid epidemic has had a significant effect on several service sectors in Fayette County. The number of individuals seeking medical care following an overdose and number of overdose deaths has increased, despite legislation and other efforts to reduce opioid misuse. Within Fayette County, opioids are involved in a larger proportion of overdose deaths compared to Kentucky overall. Opioid misuse is burdening all levels of the service delivery system from healthcare to first responders. The service delivery system in Fayette County also provides services to more than just the residents of Fayette County. For example, more than half of the individuals seeking advanced medical care following an overdose reside outside of Fayette County. When allocating resources, Fayette County should consider the increased impact of opioid misuse within the county compared to Kentucky overall and the additional services that are provided to residents of other counties.

Section 2: Methods

Purpose and Objectives

The opioid resource and needs assessment for Fayette County focused on two main objectives: (1) to describe the current capacity for services available to respond to the opioid epidemic, and (2) to identify needs of the service delivery system to respond to the opioid epidemic in Fayette County.

Objective 1: Describe the current capacity for services available to respond to the opioid epidemic. Objective 1 was accomplished by gathering information on the resources and services available in Fayette County to address opioid misuse and the utilization of available resources.

Objective 2: Identify needs of the service delivery system to respond to the opioid epidemic in Fayette County. Objective 2 was accomplished by collecting data on the perceived availability of resources and services, as well as service delivery needs including barriers to accessing resources, and the possible burden on service providers.

Approach

This resource and needs assessment utilized a mixed-methods approach to provide an overview of the current service capacity in Fayette County and to identify targeted need areas for additional resources. Data collection approaches included: (1) secondary data analysis of existing data sources, (2) an online survey with Fayette County service providers, (3) qualitative interviews with Fayette County service providers, (4) qualitative interviews with individuals who misuse opioids and live or use services in Fayette County. Detailed methodology is provided in Appendix A.

Participants and Data Collection

Online Survey of Fayette County Service Providers

Participants included service providers working in healthcare, substance use treatment, behavioral health, first responders, and other services (e.g., harm reduction, emergency shelters, social services). Eligible service providers needed to report being at least 18 years of age and working in Fayette County, Kentucky. Service providers, other than those in social services (e.g., providing services to children), also had to report providing professional services to individuals who misuse opioids. Social service providers were excluded from the requirement of providing professional services to those who misuse opioids, since they may work with children, who need services due to someone else's opioid misuse. Table 6 shows the demographics for service providers who participated in the online survey.

Table 6. Demographics of Fayette County Service Providers – Online Survey (n = 287)

Variable	Count	Percent
Age		
18 to 34 years old	116	40%
35 to 44 years old	98	34%
45 to 54 years old	54	19%
55 to 64 years old	19	7%
Race		
White/Caucasian	253	88%
Black/African-American	22	8%
All other races/Prefer not to answer	12	4%
Gender		
Male	190	66%
Female	94	33%
Other/Prefer not to answer	3	1%
Work Classification		
Healthcare	21	7%
Substance Use Treatment/Behavioral Health	50	18%
First Responder	196	68%
Other Services	20	7%

Qualitative Interviews with Fayette County Service Providers

Service providers were asked in the online survey if they would be willing to participate in a one-on-one interview with the researchers about the impact of opioid misuse on their job and services they provide to individuals who misuse opioids. Individuals who indicated that they would be willing to participate in the qualitative interviews were contacted by one of the researchers to schedule and conduct the interview. Individuals who were randomly selected within each field and agreed to participate (n = 33) were mostly white (91%), about half were male (58%), almost half were between 35 – 44 years of age (46%), and had comparable representation from healthcare (30%), substance use treatment and behavioral health (30%), and first responders (37%).

Qualitative Interviews with Individuals Who Misuse Opioids

Individuals who have misused opioids were required to be at least 18 years of age. Other inclusion criteria included self-reported using opioids to get high within the last year and either living in Fayette County or utilizing services related to their substance use (e.g., needle exchange, substance use treatment) within Fayette County. Individuals who reported a current prescription for an opioid medication were included if they self-identified taking the medication to get high (e.g., taking more than prescribed intentionally to get high). For classification purposes, current misuse of opioids was defined as having used opioids to get high within the last month. For individuals who reported currently being homeless or not stably housed, they were considered living in Fayette County if they were staying in or utilizing an emergency shelter in Fayette County. Demographics for the

individuals who misused opioids and volunteered to participate in a qualitative interview are shown in Table 7.

Table 7. Description of Individuals Who Misuse Opioids (n = 27)

Variable	Count	Percent
Age	Average: 43.9 years	
18 to 34 years old	4	15%
35 to 44 years old	10	37%
45 to 54 years old	8	30%
55 to 64 years old	5	18%
Race		
White/Caucasian	22	81%
Black/African-American and/or Hispanic/Latino	5	19%
Gender		
Male	12	44%
Female	15	56%
Opioid Misuse Screening and Patterns of Use		
Current use of opioids to get high ^a	17	63%
Days used in the last 30 days		
None	10	37%
Up to 20 days	10	37%
More than 20 days	7	26%
Last opioid used to get high		
Heroin/Illicit opioids	10	37%
Prescription opioids	15	56%
Combination/No Preference	2	7%
Other opioids used to get high ^b		
Heroin/Illicit opioids	7	25%
Prescription opioids	21	75%
Live in Fayette County ^c	25	93%
Services/Resources Used in Fayette County	22	81%
Medication-Assisted Treatment	8	36%
Needle Exchange	2	9%
Medical and Mental Healthcare	5	23%

^a Current use was defined as use within the last month; ^b Participants who indicated both heroin/illicit and prescription opioids were counted in each row (n = 28 responses total); ^c Participants who reported staying in a shelter in Fayette County were included as living in Fayette County

Summary

Information on the current service capacity and resource needs in Fayette County to respond to the opioid epidemic was collected using multiple approaches. An online survey was administered for local service providers, which included 287 individuals working in healthcare, in substance use treatment/behavioral health, as a first responder, or in another type of service profession. A subset of service providers (n = 33) also participated in qualitative interviews, sharing their perceptions on the impact the opioid epidemic has

had in Fayette County. In addition, information was collected from individuals who reported current or recent opioid misuse (n = 27) through qualitative interviews. Finally, analysis of existing data was performed to supplement the information collected through the online survey and qualitative interviews.

Section 3: Identified Resources

Based on findings from the online survey and one-on-one interviews, there are a number of viable resources in Fayette County to strengthen capacity to respond to the ongoing opioid epidemic. This section overviews identified resources in the areas of training, screening and identification, the referral process, available treatment and services, perspectives on the Good Samaritan Law, and community access to naloxone.

Training

The majority of service providers who participated in the survey (94%) felt that professionals who do the type of work that they do should receive specialized training related to opioid misuse, regardless of field of work. The majority of first responders (91%) and substance use treatment providers (81%) reported that they have the training to respond to opioid-related calls. Among first responders specifically, 97% indicated that they have received naloxone administration training. In addition, 87% indicated that they actively carry naloxone while they are working. Healthcare providers were the least likely to view that people in their profession had the training to address opioid misuse (43%). Service providers who completed an interview reported receiving specialized training including continuing education, in-service trainings, training specifically on substance use treatment, and how to use naloxone (n = 33).

Screening and Identification

The majority of healthcare providers report screening for substance use disorders (including opioid use disorder; 77%). About 23% of healthcare providers surveyed indicated that they “never” screened for substance use disorders. The majority (86%) of healthcare providers indicated that they have someone at their facility who helps to connect patients to substance abuse treatment, if requested.

Referral Process

Fayette County has several services available to address opioid misuse, including substance use treatment programs, a needle exchange at the Lexington-Fayette County Health Department, free or low cost HIV and HCV testing, and expanded access to naloxone. More than 90% of service providers who participated in the survey (n = 275) agreed that there are resources available in Fayette County to help individuals who misuse opioids. As shown in Table 8, when a client who misuses opioids is identified, the frequency of referrals varies slightly across service sector. As expected, behavioral health providers are more likely to consistently make a referral than other service providers.

Table 8. Service Provider Referral Frequency When Encountering an Individual Who Misuses Opioids

	Always	Sometimes	Never
Healthcare providers	50%	41%	9%
Behavioral health providers	67%	33%	0%
First responders	10%	76%	14%
Other service providers	63%	37%	0%

In addition, a related strength is that the majority of service providers indicated that they are familiar with places to make referrals for individuals who misuse opioids (80%). As shown in Table 9, service providers were asked how often they supply information on different available resources in Fayette County when they encounter an individual who misuses opioids. Specifically, they were asked about whether they provide information about where to get substance use treatment, information about the needle exchange, and information about where to get tested for HIV and/or HCV. Service providers, who do not work in healthcare, were asked if they provide information about how to obtain naloxone, and healthcare providers were asked if they provide a prescription for naloxone when they encounter an individual who misuses opioids. Findings varied slightly by service sector, but the majority of referrals and/or resources were for treatment services or self-help groups.

Table 9. Service Provider Referrals by Resource Type

	Information on where to obtain naloxone (or, providing a script)	Information on treatment services and self-help	Information on needle exchange	Information on where to get tested for HIV/HCV
Healthcare providers	71%	67%	38%	33%
Behavioral health providers	58%	86%	49%	47%
First responders	26%	66%	31%	9%
Other service providers	83%	100%	92%	92%

Substance Use Treatment and Related Resources

Using existing city and countywide directories, 53 programs in Fayette County were identified as providing substance abuse treatment or related resources (Appendix B). Out of the behavioral health treatment providers who responded to the online survey (n = 47), 31 provide outpatient treatment, 26 provide inpatient treatment, 30 offer medication-assisted treatment (MAT), 29 provide behavioral treatment, 34 offer peer-support, and 29 offer self-help groups. Eight provide other services including quick response teams (i.e., teams of professionals who reach out to an individual shortly after they have experienced an overdose to provide counseling and treatment resources), transitional housing, 12-

step programming, case management, and prenatal and medical care. Many individuals who misuse opioids reported attending self-help meetings (89%) and substance use treatment programs (44%), including medication-assisted treatment (67%).

Fayette County has several innovative programs designed to increase access to substance use treatment. The University of Kentucky has a bridge clinic that provides evidence-based treatments for opioid use disorder, including offering transitional care for individuals who present to the University of Kentucky emergency department and want to enroll in medication-assisted treatment. Bluegrass (bluegrass.org) has a 24-hour helpline designed to help individuals find substance use treatment. Bluegrass also offers a walk-in clinic on weekdays where an individual can start the process of receiving treatment the same day. Kentucky One Health and St. Joseph Hospitals along with Our Lady of Peace offer assessments and referrals to substance use treatment in their emergency departments. St. Joseph also has an assessment and referral center that offers no-charge walk-in assessments outside of the hospital emergency department.

Fayette County operates an innovative program through the Lexington Division of Fire and Emergency Services called the *Community Paramedicine Team (CPT)* to further assist with referrals to care. The CPT consists of dual-role fire fighter/paramedics. Since the program's inception, one of the roles for the CPT is to help individuals who misuse substances to access substance use treatment. The CPT responds to overdose calls and receives referrals from other service providers in the community. The CPT works to build relationships with individuals who misuse opioids and are utilizing ambulance services to determine if they are ready for treatment and, if so, help them find placement in a treatment program. The CPT also works with other service providers to build relationships so they can better connect individuals who misuse opioids to services that they need, including substance use treatment. When an individual refuses treatment, the CPT will follow-up with the individual to reassess their needs and readiness for treatment. This service not only reduces the burden of other first responders to assess whether the individual needs substance use treatment and how to best refer the patient to treatment but also helps individuals navigate into treatment when they are ready.

The Lexington-Fayette County Health Department operates the needle exchange (following the passage of Kentucky SB192), provides HIV and HCV testing, offers referrals to substance use treatment, and provides free naloxone (when available). Referrals to the health department for any of these services gives the opportunity for an individual to receive other services as necessary. During the process of exchanging needles, health department workers assess the individual's needs for additional services and provide access to these services as appropriate. Service providers are available during the needle exchange hours to provide referrals to substance use treatment, HIV and/or HCV testing, and a short course on how to use intranasal naloxone and a free intranasal naloxone kit to take home. Most of the individuals who misuse opioids who participated in the qualitative interview had heard positive views of the needle exchange (n = 14), even though only a couple reported that they had used the needle exchange themselves. Seven individuals reported negative perspectives of the needle exchange, which were typically resentment about needles being freely provided, that the program

could facilitate intravenous use, and concerns about privacy and/or confidentiality. Only a few individuals (n = 5) reported barriers to utilizing the needle exchange, including a lack of time, lack of knowledge, and being able to obtain needles from other sources more easily.

The Good Samaritan Law

The Good Samaritan Law that was included in Kentucky SB192 can also be considered a resource to respond to the opioid epidemic in Fayette County. Passed in 2015, the law was intended to protect individuals who call for medical assistance in the case of an overdose from being charged with or prosecuted for a criminal offense related to the possession of a controlled substance or paraphernalia. Among first responders, only about 30% expressed positive views about the legislation suggesting that the law “gives people a little breathing room to be able to help someone who needs it” and “...it allows victims to seek help rather than suffering in order to avoid prosecution”. The majority, however, believed that the negative outweighed the positive suggesting that the law prohibits police from being able to “hold people responsible for their own actions” and that “addicts take advantage of the law and continue to use – enables opioid addiction”. One respondent indicated, “...it [Good Samaritan Law] seemed to reduce our responses as people or acquaintances present administer Narcan themselves without calling 911 more often”. Individuals who misused opioids also reported concerns about reaching out for help due to fear of prosecution. “Yes, you are always afraid to do the right thing, you are afraid to call the police when someone is overdosing, you are afraid you will end up going to jail, that if the cops come, they will end up taking you to jail because you were trying to help someone... I have heard of the Good Samaritan Law, I am telling you the Good Samaritan Law doesn’t work.”

Community Access to Naloxone

Kentucky SB192 (2015) also expanded community access to naloxone, including allowing certified pharmacists to prescribe and dispense naloxone. Almost all individuals who misuse opioids reported knowledge of naloxone (including Narcan; 93%), but most had not received training on how to use intranasal naloxone (70%) or an intranasal naloxone kit (78%). Only five individuals reported that they have used naloxone on someone else who was overdosing (19%) and only a couple reported also calling 911. Ten individuals reported they have witnessed naloxone administered by someone else, but six of these incidents was naloxone administered by a first responder and three additional individuals reported that 911 was called. The majority of individuals did not know where to get naloxone (65%, n = 26) and did not know that naloxone was available at pharmacies without a prescription (78%).

Summary

Fayette County and its service providers have actively responded to the opioid epidemic using a variety of approaches. Fifty-three programs in Fayette County currently providing substance use treatment or related resources were identified. Despite these many resources, service providers do not consistently share this information with individuals who misuse opioids. Most healthcare providers indicated that their facilities have individuals who help patients connect to substance use treatment, as needed. However, only about half of patients are screened for possible substance use disorder.

Fayette County innovations in treatment approaches include a Community Paramedicine Team which was implemented to work directly with individuals who misuse opioids in the community, encouraging and assisting them to initiate treatment. In addition, state legislation has facilitated the opening of a needle exchange program in Lexington, which not only provides clean needles but also other needed services related to the opioid epidemic such as HIV/HCV testing. State legislation has also made naloxone more widely available in the community. The vast majority of first responders reported receiving training on naloxone administration and most carry naloxone with them while on duty. The Good Samaritan Law was also created as part of legislative changes, which while intended to increase reporting of overdose and related risks, first responders generally viewed the Good Samaritan Law as serving as a barrier to public safety. These perspectives highlight the need for increased education around the Good Samaritan Law.

Section 4: Identified Needs

With the recognition that the service delivery system in Fayette County has numerous existing strengths to address the opioid epidemic, findings from this assessment also identified several needs. This section overviews identified needs among service providers in healthcare, behavioral healthcare, and first responders related specifically to the opioid epidemic, as well as needs identified by individuals who misuse opioids.

Burden on Existing Resources

The majority of service providers who responded to the survey (95%) reported that the increase in opioid misuse has led to unprecedented burdens on available resources in Fayette County. When asked how the opioid epidemic has changed the way they do their jobs, most respondents indicated that they face tremendous burdens related to time and resources related to the opioid response. Example responses included:

- “I am constantly tied up with the behavioral problems of these patients and the frustrations from my nursing staff not able to care for their other patients.” [Healthcare provider]
- “I have actually seen an increase in the amount of individuals who abuse opioids who also endorse suicidal ideation. This isn’t just a substance abuse problem. It’s a complex issue that requires much more resources and research to fully understand the epidemic.” [Behavioral health provider]
- “We spend an inordinate amount of time on this issue [opioid abuse]”. [Social service provider].
- “The opioid epidemic has significantly increased our work load.” [Harm reduction specialist].
- “Almost everything I do has some nexus to the opioid epidemic.” [First responder]

Across all the service providers, first responders appear to be the group perhaps experiencing the most significant burden in their day-to-day job as a result of both increased use of opioids and changes in policies related to opioid response. Based on the perspectives from first responders including EMS, fire, and police officers, about half (44%) of the incidents that arise in their jobs are related to someone misusing opioids. In addition, they noted that on average, nearly half of those calls (41.5%) involve an opioid overdose. Despite these high rates, individuals are transported to the hospital only about 25% of the time, due largely to their refusal of continued care. These discrepancies between perceived number of encounters and the number documented in EMS data described in Section 1 demonstrate the impact these encounters are having on first responders.

Among first responders, there was an overwhelming response that the opioid epidemic has had a tremendous impact on their work. One police officer noted, “It hasn’t changed the way I do my job, but it has changed the needs of the people that I serve.” Most noted

that they continued to do their jobs and “serve” in accordance with their duties, but the opioid epidemic has led to a significant change in the types of calls they respond to and the client population they interact with. They also noted a significant increase in the volume of calls they respond to, as well as the paperwork and resources associated with calls involving overdoses.

A common response was related to increased concerns about their own safety compared to years ago. They now have to regularly worry about exposure to high-risk drugs like fentanyl and carfentanyl, as well as needle sticks during searches. “Exposure is a constant worry. We are responding to more and more overdoses, and we often see the same faces over and over again.” In addition, they have seen an increase in the number of crimes like burglary and theft that are also associated with opioids, particularly heroin. Another common response was related to the fact that first responders now carry naloxone. One police officer noted, “I feel like a medic when I am not”.

While no service providers specially identified support for service providers as a need in Fayette County, their responses indicate that the increase in opioid misuse in Fayette County has had a significant impact on them and their jobs. Across all fields, almost all service providers reported that opioid misuse has negatively affected their profession (94%, n = 275).

Increased Need for Provider Self-Care

Service provider perspectives on whether opioid misuse has contributed to burnout, which is a component of compassion fatigue, among individuals in their field varied based on profession. The majority of healthcare providers (86%) agreed that the increase in opioid misuse has contributed to burnout in their field. Among first responders 58% felt that the increase in opioid misuse contributed to burnout among their colleagues. One fire fighter/paramedic said, “...since there probably is a marked increase in runs quantitatively, I would say, burnout happens as a rule of thumb...” Providers working in substance use treatment (42%) and other services (47%) also agreed that the increase in opioid misuse has contributed to burnout. The Professional Quality of Life Scale (ProQOL)^{20,21} was administered as part of the online respondent survey. Of those who responded to the ProQOL, 48% of healthcare providers, 15% of substance use treatment providers, 23% of first responders, and 32% of other service responders indicated high levels of burnout. These scores are higher than those of 75% of other professionals who have responded to this scale in other studies.²⁰ Taken with the self-reported burnout among service providers, these scores suggest that more support is needed to address the emotional toll of the opioid epidemic.

Increased Need for Substance Use Treatment

Across all service sectors, service providers indicated that the one service needed in Fayette County to respond to the opioid epidemic is more substance use treatment. Despite the strengths of the existing service delivery system, there is an increased need for “more treatment”. Specifically, responses noted in the survey across service sectors include the need for increased:

- Medical detoxification
- Residential treatment, particularly ones that allow medication-assisted treatment
- Sober living facilities
- Case management
- Co-occurring mental health treatment

Fayette County behavioral health providers indicated on the survey that less than half (42.6%) of their clients seeking treatment for opioid use reside in Fayette County. While several responses were given for where clients reside, the majority of non-Fayette County residents were reported to live in surrounding counties such as Clark, Jessamine, Madison, and Woodford Counties.

Respondents also noted that, while additional treatment is needed, Lexington-Fayette County Urban Government, in partnership with community stakeholders and treatment providers, also needs to prioritize increasing access to the existing services. A number of service providers and individuals who misuse opioids noted barriers to services included insurance and affordability, as well as transportation and ID card issues.

In addition to increasing the availability of treatment, service providers and individuals who misuse opioids also identified that Fayette County needs better treatment wrap-around services such as employment and affordable housing, including sober living. Another important area noted by a number of respondents included education, particularly among young people and family members. One respondent noted, “We need education at the youth level. Not DARE. Something that will actually work and get the point across that this stuff is dangerous.” The need for support for families and children of individuals who misuse opioids was also identified by service providers.

Increased Need for HIV/HCV Services and Education

Harm reduction specialists indicated that about a quarter (24%) of their client population is HIV positive and about a third (36.8%) is HCV positive. While they noted that the number of HIV positive clients has remained steady over the last few years, 88% reported that they have seen a significant increase in the number of clients testing positive for HCV. All harm reduction specialists (100%) who responded to the survey suggested that the surge of HCV cases was attributed to the opioid epidemic and specifically to high-risk injection practices. One respondent noted, “Because individuals that use needles for opioids have higher rates of HCV, we have higher rates. But, we find it hard to link them to confirmatory testing and treatment.” Among individuals who misuse opioids, the majority knew where to get tested for HIV (93%) and HCV (81%). The majority had also received testing for HIV (96%) and HCV (74%). However, most individuals who received HIV (69%) and HCV (60%) testing reported that they did not receive any other referrals or resources. A few individuals who misused opioids identified the need for information about and access to HCV treatment.

Increased Need for Policy Change

Among survey respondents, across service sectors, only 22% indicated that substance use was best handled through the criminal justice system. Many first responders, specifically, suggested that more strict penalties should be considered for drug traffickers. One respondent noted, "If drug dealers would get longer jail sentences, it would help cut down on the supply. It won't fix the issues, but it could help with making the drug harder to obtain." Service providers across all fields identified that Fayette County should consider innovative changes to the criminal justice system to respond to opioid misuse, including diversion programs, drug drop-off locations, decriminalization, safe injection facilities, and the use of controlled medications so people know what they are using rather than heroin, which can contain more harmful additives.

Summary

Information collected from Fayette County service providers and individuals who misuse opioids point to several needs in order to more effectively respond to the opioid epidemic. The need for more substance use treatment was a frequent theme heard from survey and interview respondents. Although several treatment resources exist, the need for more varied types of treatment services, including wrap-around services, were indicated. Both service providers and individuals who misuse opioids reported barriers to treatment such as cost, transportation, and availability. Responses from service providers suggest the need to explore ways to help prevent burnout among those whose professional lives have felt the burden of the opioid epidemic. The need for more education around opioid misuse. Trainings for service providers, prevention education for youth, and wider community education around opioid misuse including the administration of naloxone were identified needs. Finally, several respondents expressed the importance of implementing new and innovative approaches in addressing the opioid epidemic, particularly within the criminal justice system.

Section 5: Summary and Next Steps

Summary of Existing Data

Opioid misuse has led to a tremendous burden for all levels of the service delivery system in Fayette County from healthcare to first responders. The number of individuals seeking medical care following an overdose and number of overdose deaths have increased, despite legislation and other efforts to reduce opioid misuse. Within Fayette County, opioids are involved in a larger proportion of overdose deaths compared to Kentucky overall. Fayette County also provides services to residents of other counties, including inpatient medical care and response following an overdose. This increases the importance of identifying not only the number of residents receiving services related to opioid misuse but also the number of individuals who received services to best capture the impact of opioid misuse on the service delivery system in Fayette County.

Summary of Identified Resources

Fayette County and its service providers have actively responded to the opioid epidemic using multiple approaches, including innovative programs. Within Fayette County a variety of substance use treatment programs are available including medication-assisted treatment, outpatient and inpatient treatment, and self-help groups. In addition, state legislation has facilitated the opening of a needle exchange program in Fayette County, which not only provides clean needles but also other needed services related to the opioid epidemic such as HIV/HCV testing. Individuals can also receive free HIV/HCV testing at other agencies within Fayette County. State legislation has also made naloxone more widely available in the community.

Summary of Identified Needs

Information collected from Fayette County service providers and individuals who misuse opioids point to several needs in order to more effectively respond to the opioid epidemic. The need for more substance use treatment was a frequent theme heard from survey and interview respondents including the need for more varied types of treatment services and the reduction of reported barriers to treatment (e.g., cost, transportation, and availability). There is a need to explore ways to help prevent burnout among those whose professional lives have felt the burden of the opioid epidemic. The need for more education around opioid misuse including trainings for service providers, prevention education for youth, and wider community education around opioid misuse including the administration of naloxone was also identified.

Opportunities to Strengthen Our Community's Response to the Opioid Epidemic

Based on the findings of this report, a number of opportunities are apparent to strengthen our community's response to the opioid epidemic fall into three categories: (1) access to substance use disorder treatment, (2) awareness and education, and (3) engagement and coordination. Through partnership with LFUCG key community stakeholders, first responders, and health and behavioral health providers, we envision progress to reducing the significant burden of the opioid epidemic on our community. In addition, while this report focuses on the opioid epidemic, the recommendations outlined below will strengthen the response within Fayette County to the broader problem of substance misuse.

Category I: Access to Substance Use Treatment

- Establish a position (s) to follow-up with individuals who access services related to opioid misuse to help them navigate the system to better address their needs, whether that is substance use treatment, insurance, healthcare, harm reduction, or other resources.
- Identify locations where first responders can take individuals who are seeking help for substance use disorder treatment.
- Continue the Lexington Division of Fire and Emergency Medical Services' Community Paramedicine Program.
- Continue to apply for state and federal awards to expand and enhance evidence-based opioid and other drug treatment and other services related to the opioid epidemic.
- Increase access to medication assisted treatment (MAT) programs, including encouraging MAT initiation in the emergency department, when appropriate.
- Increase access to all levels of substance use disorder treatment, including medical detox, outpatient, intensive outpatient, residential, recovery and medication assisted treatment.
- Increase substance use disorder screenings in healthcare settings from primary care to emergency departments.

Category II: Awareness and Education

- Make available concise resource and service guides for service providers and individuals who misuse opioids.

- Encourage burnout and compassion fatigue prevention activities among first responders and other service providers involved in responding to treating individuals with substance use disorder.
- Identify data that measure the impact opioid misuse has on Fayette County and plan for the systematic collection of these data on an annual basis.
- Provide/distribute information on the Good Samaritan Law (SB192), the legislation that, in some cases, exempts from prosecution for the possession of a controlled substance or drug paraphernalia, if seeking assistance with drug overdose.
- Provide substance use disorder prevention education for youth.
- Provide community education regarding opioid misuse.

Category III: Engagement and Coordination

- Reinforce community outreach to reduce stigma and promote understanding of substance use disorder thus fostering a community where individuals with substance use disorder are comfortable reaching out for help.
- Reconvene the heroin workgroup to encourage people to come together on a regular basis to discuss possible solutions to the access issues and educational needs raised in the report.
- Improve communication between community agencies that provide services to those with substance use disorder and their families.
- Work with employment assistance programs to share information with those coming out of treatment programs in search of work.
- Identify affordable housing options, including sober living, for individuals completing treatment.
- Provide support for families and children of individuals who misuse opioids.
- Increase access to naloxone.
- Reduce barriers and concerns of individuals who could potentially benefit from but do not utilize services offered by the Fayette County Health Department's Needle Exchange Program.

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Appendix A: Detailed Methodology

Secondary Data Collection

Data from Fayette County were compiled from publicly available reports from agencies such as the Kentucky Injury Prevention and Research Center (KIPRC), Kentucky State Police, and Kentucky Office of Drug Control Policy. In addition, for any reports that included only data for Kentucky overall the researchers contacted the agency that produced the report to determine if data were available for Fayette County. The researchers worked with KIPRC to collect data related specifically to service delivery to address opioid misuse within Fayette County.

Participants and Data Collection

Online Survey of Service Providers

Service providers were defined as individuals who provide services/resources/care in their profession that may be utilized by individuals who misuse opioids related to their opioid misuse. Service providers were identified using publicly available resource lists, including United Way of the Bluegrass resource lists, Get Help Lex, Find Help Now KY, and the Center for Disease Control List of where to get tested for HIV and HCV. Organizations providing services (e.g., hospitals, health department) were contacted to determine if there was a person who would need to approve and distribute the cover letter with survey link or if they had a list of providers for the researchers to contact. State-wide professional organizations were contacted to have the contact letter for the study distributed to their member lists. Physicians liaisons at the University of Kentucky assisted with contacting healthcare providers.

Service providers were sent an email with a cover letter briefly describing the purpose of the study, who was conducting the research, and a link to the online survey. Approximately two weeks after the initial cover letter was sent, a reminder email was sent that also included the description of the study and survey link. For organizations that we were unable to contact anyone either by email or phone, a letter containing the same information as the contact email was mailed to the organization.

The online survey was administered to service providers using Qualtrics software. In Qualtrics, participants were asked to provide their written consent to participate in the research by clicking a button indicating they would like to continue, signing their name digitally, and typing their name (Appendix D). Participants who agreed to continue with the study were automatically directed to a separate survey link through Qualtrics that contained the study questions. This allowed for participants to provide written consent, but still keep their answers anonymous. Within Qualtrics, further protections were used to protect the confidentiality of participants, including not collecting data on the IP address of the participant or how they received the survey link. The survey instrument is included in Appendix E. The Professional Quality of Life Scale (ProQOL)^{20,21} was used in the online survey to assess compassion satisfaction, burnout, and compassion fatigue/secondary

trauma. In this survey, participants were required to indicate whether or not they are 18 years of age, if they work in Fayette County, Kentucky, and whether or not they provide professional services to individuals who misuse opioids. If they answered that they were under 18, did not work in Fayette County, Kentucky, or did not provide professional services to individuals who misuse opioids (excluding those working in social services), the survey closed and thanked them for their participation. A section of questions was provided to all service providers, including demographics, some true/false statements, the ProQOL, and some open-ended questions. Following those items, participants were shown additional questions specifically related to their field of work. Participants were allowed to skip any questions or end their participation at any time. Any incomplete responses closed after 7 days and were recorded as an incomplete response. All responses that were completed through the screening questions verifying that the participant was at least 18 years of age, their field of work, whether or not they work in Fayette County, Kentucky, and provide professional services to individuals who misuse opioids were included in the analyses.

Participants had the opportunity to be included in a drawing for one of 400 \$10 Amazon gift cards. Contact information for the gift card drawing was collected within the same survey where participants provided consent to protect confidentiality while responding to the study questions.

Participants included service providers working in healthcare, substance use treatment, behavioral health, first responders, and other services (e.g., harm reduction, emergency shelters, social services). Eligible service providers needed to report being at least 18 years of age and working in Fayette County, Kentucky. Service providers, other than those in social services, also had to report providing professional services to individuals who misuse opioids. Social service providers were excluded from the requirement of providing professional services to those who misuse opioids, since they may work with children, who need services due to someone else's opioid misuse.

Qualitative Interviews with Service Providers

Service providers were asked in the online survey if they would be willing to participate in a one-on-one interview with the researchers about the impact of opioid misuse on their job and services they provide to individuals who misuse opioids. Individuals who indicated that they would be willing to participate in the qualitative interviews were contacted by one of the researchers to schedule or conduct the interview. A stratified random selection within the fields of work was used to select participants to contact about completing the interview. Participants received a \$20 Amazon gift card for their participation. Demographics for the service providers who completed interviews are shown in Tables 2. Interview questions for service providers are included in Appendix F.

Individuals who were randomly selected within each field and agreed to participate (n = 33) were mostly white (91%), about half were male (58%), almost half were between 35 – 44 years of age (46%), and worked in healthcare (30%), substance use treatment and behavioral health (30%), or served as a first responder (37%).

Qualitative Interviews with Individuals Who Misuse Opioids

Individuals who have misused opioids were recruited using flyers posted within Fayette County, Kentucky (Appendix G), ads posted on online bulletin boards (e.g., Craigslist), and word of mouth. Locations for posting flyers within the community were selected in proximity of service providing organizations (e.g., needle exchange, emergency shelters, day shelters) and community organizations that provide resources were also approached to post flyers at their locations.

Interested individuals who called were first read a phone script describing the study and were asked for their verbal confirmation that they agreed to participate. Participants were then asked if they would agree to have the phone call recorded for data collection purposes. Participants were asked screening questions first to determine eligibility of reporting use of opioids to get high within the last year, and living in Fayette County, Kentucky or using services (e.g., needle exchange, treatment programs, healthcare) within Fayette County, Kentucky. Participants were asked the interview questions and encouraged to provide more details when applicable. All data were collected during one phone call that took approximately 20 minutes. Participants received a \$20 Walmart gift card for their participation.

Individuals who have misused opioids were required to be at least 18 years of age. Other inclusion criteria included self-reported using opioids to get high within the last year and either living in Fayette County or utilizing services related to their substance use (e.g., needle exchange, substance use treatment) within Fayette County. Individuals who reported a current prescription for an opioid medication were included if they self-identified taking the medication to get high (e.g., taking more than prescribed intentionally to get high). For classification purposes, current misuse of opioids was defined as having used opioids to get high within the last month. For individuals who report currently being homeless or not stably housed, they were considered living in Fayette County if they were staying in or utilizing an emergency shelter in Fayette County. Demographics for the Individuals Who Have Misused Opioids who completed interviews are shown in Table 2. The interview questions for individuals who misuse opioids are included in Appendix I.

Data Analysis

Descriptive statistics were the primary analyses used in this resource and needs assessment. For any category that contained fewer than 5 respondents, the data were combined with another group to protect confidentiality. The ProQOL was scored based on the recommendations in the manual, including scoring missing items as 0 and any questionnaire with missing data on more than 3 items was excluded from the analyses.^{20,21} Content analysis was used for the qualitative interviews.

Limitations

One limitation of this report is that the sample of service providers is not random. The survey link for service providers was distributed to organizations and individuals identified as providing services to individuals who may include those who misuse opioids within Fayette County. The sample represents those who self-selected to participate in the survey. Also, we asked organizations to distribute to their staff, which means we are unable to determine a response rate, since we do not have data on the number of individuals who received the survey link. In addition, individuals who misuse opioids also represent a convenience sample of those who elected to call and complete the interview. All interviews were conducted over the phone, thus individuals who were interested in participating needed to have access to a telephone.

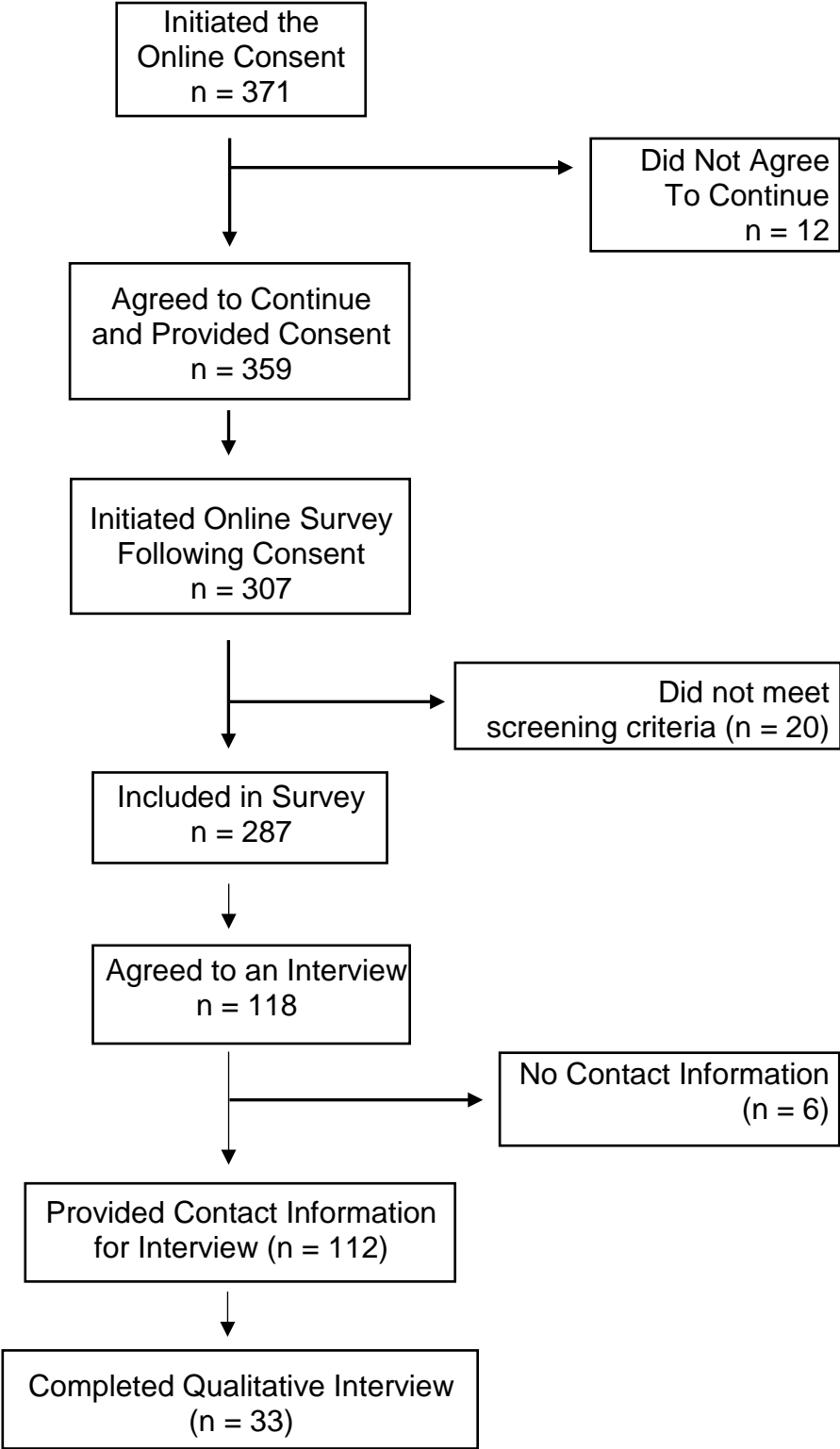
Individuals who misuse opioids were asked screening questions to determine if they self-reported opioids to get high within the last year, however these reports were not biologically verified.

Appendix B: Identified Substance Use Treatment Programs and Resources

Programs were identified using GetHelpLex.org, FindHelpNowKY.org, the Alcohol and Other Drug Entity and Behavioral Health Service Organization Facility Directory, and recommendations from professionals working with individuals who misuse opioids.

- 2nd Chance PLLC
- 360 Change
- AADAR-Baker
- Adolescent Health and Recovery Treatment and Training
- ARC Counseling Center
- Beaumont Behavioral Health
- Behavioral Health Group (BHG)
- Bluegrass Family Consultants (1st Choice Healthcare)
- Bluegrass.org - Fayette Co. Det. Center Substance Abuse Treatment Program
- Bluegrass.org - Narcotics Addiction Program
- Bluegrass.org - Newtown Counseling Center
- Bluegrass.org - Quick Response Team
- Bluegrass.org - Schwartz Center
- Caring Recovery
- Center for Counseling Health and Wellness
- Chrysalis House
- Clark & Clark
- Clark Switzer (psychotherapist)
- Clayton Hall & Associates
- Counseling Associates of Lexington
- Crossroads Counseling Services
- David Maynard
- Essential Healing IOP
- Hope Center for Men (George Privett Recovery Center)
- Hope Center Recovery Program for Women
- Jason Thomas
- JoyRich Health Care Center
- KVC Kentucky
- Lexington Center for Opioid Dependence
- Lexington VA Medical Center
- Liberty House-Lexington
- Lighthouse Ministries
- New Day Recovery Center
- New Life Counseling
- Offices of Paul Dalton
- Oliver Winston Behavioral Urgent Care
- Oxford House Fayette
- Oxford House Kaya
- Oxford House Keeneland
- Oxford House University
- Rebound Recovery Center
- Refuge for Women
- Resurrection Treatment Clinics
- SelfRefind
- Shepherd's House
- Specialized Alternatives for Families and Youth of KY
- Stephen B. Lamb
- The Ridge Behavioral Health System
- UK Department of Outpatient Psychiatry
- Un-Shackled by Love
- United Behavioral Health
- Van Hoose and Associates
- Windows of Discovery

Appendix C: Flow-Chart of Service Provider Sample



Appendix D: Service Provider Informed Consent



Combined Consent and Authorization to Participate in a Research Study

KEY INFORMATION FOR FAYETTE COUNTY OPIOID MISUSE NEEDS ASSESSMENT:

You are being invited to take part in a research study about the services available in Fayette County, Kentucky to address opioid misuse and unmet needs of service providers.

WHAT IS THE PURPOSE, PROCEDURES, AND DURATION OF THIS STUDY?

By doing this study, we hope to learn about the services currently available in Fayette County, Kentucky to address opioid misuse and the unmet needs of service providers. Your participation in this research will last about a half-hour for the online survey and one hour for the in-person interview. You may refuse to answer any questions and may choose to end your participation at any time.

WHAT ARE REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

You may choose to participate in this study to provide information about the current service capacity to address opioid misuse in Fayette County. You will have the opportunity to be entered into a drawing for the possibility to win one of 400 \$10 gift cards following the online survey. If you elect to participate in the in-person interview, you will be given a \$20 gift card for your time. For a complete description of benefits, refer to the Detailed Consent.

WHAT ARE REASONS YOU MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?

The potential risks related to participation in this study are minimal. There is the risk of a breach of confidentiality, however protections are in place to minimize this risk and keep your personal information private. For a complete description of risks, refer to the Detailed Consent.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any services, benefits or rights you would normally have if you choose not to volunteer.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?

The person in charge of this study is Erika Pike, PhD, of the University of Kentucky, Department of Behavioral Science. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study her contact information is: erika.pike@uky.edu or 859-257-3704.

If you have any questions, suggestions or concerns about your rights as a volunteer in this research, contact staff in the University of Kentucky (UK) Office of Research Integrity (ORI) between the business hours of 8am and 5pm EST, Monday-Friday at 859-257-9428 or toll free at 1-866-400-9428.

DETAILED CONSENT:

ARE THERE REASONS WHY YOU WOULD NOT QUALIFY FOR THIS STUDY?

You will not qualify for the research study if you are under 18 years of age and/or do not provide professional services to individuals with opioid use disorders in Fayette County, Kentucky.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research procedure involves two parts. The first is an online survey that can be completed anywhere where you have internet access and should take no more than 30 minutes to complete. The second part is an optional in-person interview, which would be conducted at a location and time that is convenient for you. The interview should take approximately one hour. If you choose to take part in both the online survey and interview, the total amount of time you will be asked to volunteer for this study is approximately 1.5 hours.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to complete an online survey with questions related to professional services provided to individuals who misuse opioids, the impact of opioid misuse on your ability to perform your job, and any needs you have related to your job. The survey should take less than 30 minutes to complete.

You will also have the opportunity to provide your contact information to complete an in-person interview related to the impact of opioid misuse on your job and any unmet needs you have related to providing services to individuals who misuse opioids. The interview will be scheduled for a time and location that is convenient for you and should take approximately one hour to complete.

You may skip any questions on the online survey and/or interview that you would prefer not to answer and may end your participation at any time.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

The risks associated with participation in this research are minimal. There is the risk that someone may find out you participated in the research or your responses. In order to protect your confidentiality, all of your responses will be identified only with a unique code and will be stored on a password protected computer or in a locked cabinet in a locked office. The online survey software is designed to protect the confidentiality of those who complete the survey and will remove any IP address information or links to the contact information to which the survey link was sent. Only the research team will have access to the information you provide as part of this research.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

You will not get any personal benefit from taking part in this study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs for you to participate in this research study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We will make every effort to protect the information you provide as part of this research. However, there is the risk that someone may find out you participated in the research or your responses. In order to protect your confidentiality, all of your responses will be identified only with a unique code and will be stored on a password protected computer or in a locked cabinet in a locked office. The online survey software is designed to protect the confidentiality of those who complete the survey and will remove any IP address information or links to the contact information to which the survey link was sent. Only the research team will have access to the information you provide as part of this research. When we write about or share the results from the study, we will write about the combined information. We will keep your name and other identifying information private.

CAN YOU CHOOSE TO WITHDRAW FROM THE STUDY EARLY?

You can choose to leave the study at any time. You will not be treated differently if you decide to stop taking part in the study. If you choose to leave the study early, data collected until that point will remain in the study database and may not be removed.

ARE YOU PARTICIPATING, OR CAN YOU PARTICIPATE, IN ANOTHER RESEARCH STUDY AT THE SAME TIME AS PARTICIPATING IN THIS ONE?

You may take part in this study if you are currently involved in another research study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will have the opportunity to be entered into a drawing for one of 400 \$10 gift cards for taking part in the online survey. If you elect to participate in the in-person interviews, you will receive a \$20 gift card. The opportunity to be entered into the drawing following the online survey and the gift card for the qualitative interview will be available to you regardless of whether or not you complete the study. If you earn \$600 or more by participating in research, it is potentially reportable for tax purposes.

WHAT IF NEW INFORMATION IS LEARNED DURING THE STUDY THAT MIGHT AFFECT YOUR DECISION TO PARTICIPATE?

You will be informed if the investigators learn new information that could change your mind about staying in the study. You may be asked to sign a new informed consent form if the information is provided to you after you have joined the study.

WHAT ELSE DO YOU NEED TO KNOW?

If you volunteer to take part in this study, you will be one of about 1000 people to do so.

Lexington-Fayette Urban County Government is providing financial support for this study and has approved all questionnaires. However, the Lexington-Fayette Urban County Government is not involved directly in data collection, will not have access to your personal information, and will not know whether or not you participated in this study.

INFORMED CONSENT SIGNATURE PAGE

You are a participant or are authorized to act on behalf of the participant. This consent includes the following:

- Key Information Page
- Detailed Consent

You may print this consent form for your records. If you choose to print this page, you must do so before clicking "I consent, begin the study."

Signature of research subject

Date

Printed name of research subject

Printed name of [authorized] person obtaining informed consent/HIPAA authorization

Date

Signature of Principal Investigator or Sub/Co-Investigator

Appendix E: Online Survey Questions – Service Providers

LFUCG Opioid Needs and Resource Assessment Online Survey Questions

Online Survey Questions

1. Age (first specify participant is at least 18 years of age)
 - a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-54
 - e. 55-64
 - f. 65 or older

2. Race
 - a. White/Caucasian
 - b. Black/African American
 - c. Asian
 - d. Hispanic/Latino
 - e. American Indian/Alaskan Native
 - f. Native Hawaiian/Pacific Islander
 - g. Multiple Races/Other (*write in a response*)

3. Gender
 - a. Male
 - b. Female
 - c. Transgender
 - d. Non-Binary/Other (*write in a response*)

4. Do you work in Fayette County, Kentucky? (*must respond "yes" to continue*)

5. How would you classify the area you work in? (*answer will determine which additional specific questions for each profession the individual is shown*)
 - a. Primary Health Care (specify occupation – doctor, nurse, PA, pharmacist, other – specify)
 - b. Emergency Medicine (specify occupation – doctor, nurse, PA, pharmacist, other – specify)
 - c. Substance Abuse Treatment or Behavioral Health (specify occupation – substance abuse treatment, mental health care, other – specify)
 - d. First Responder (specify occupation – EMT, paramedic, fire fighter, police officer, dispatcher)
 - e. Harm Reduction Services (specify occupation – needle exchange, HIV/HCV testing, other – specify)
 - f. Other County-Supported Services (e.g., emergency shelters; specify occupation)
 - g. Social Services (specify occupation)

6. Do you provide professional services to populations that include individuals who misuse opioids? (*must respond "yes" to continue, unless working in Social Services*)

Response options: Definitely False; Probably False; Neither True nor False; Probably True; Definitely True

1. People in my profession have the training to address opioid misuse
2. I have received training to help me specifically identify and treat opioid misuse

LFUCG Opioid Needs and Resource Assessment
Online Survey Questions

3. Professionals who do the type of work that I do should be given specialized training related to opioid misuse
4. There are resources available in Fayette County to help people who misuse opioids
5. I am familiar with places to make referrals for people who misuse opioids
6. I don't know how someone would find help for opioid misuse
7. Communities should offer resources to help people who misuse opioids
8. Opioid misuse is best handled through the criminal justice system
9. It isn't my job to address opioid misuse
10. Opioid misuse has had no effect on my profession
11. I see more clients/patients/people in my profession because of opioid misuse now than I used to
12. The opioid problem has made it more difficult for me to perform my job duties
13. I need more training to address opioid misuse in my professional role
14. The impact of opioid misuse on my profession has had no impact on my ability to perform my job duties
15. In my job, I often see the same people who misuse opioids repeatedly
16. Opioid misuse is a significant problem in Fayette County
17. The increase in opioid use has led to increased burdens on available services in Fayette County
18. The increased misuse of opioids has led to burnout among my colleagues
19. There are not enough resources available to address opioid misuse in Fayette County
20. What do you wish others knew about how opioid misuse affects your job?
21. How would you rate the severity of the opioid epidemic in Fayette County compared to the crack epidemic? (significantly more severe; slightly more severe; no difference; slightly less severe; significantly more severe)
22. What additional comments do you have related to opioid misuse or the opioid epidemic in Fayette County?
23. Do you have any stories, anecdotes, or memorable cases related to opioid misuse that you'd like to share? (please do not include any names or identifiers)

Professional Quality of Life Scale (compassion satisfaction/fatigue inventory; ProQOL 2009)

Instructions: When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].

LFUCG Opioid Needs and Resource Assessment
Online Survey Questions

8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Health Care

1. Do you screen patients for substance use disorders, including opioid use disorder? (never; sometimes; about half of time; most time; always)
2. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources? (never; sometimes; about half of time; most time; always)
3. What referrals or resources do you give to people who misuse opioids? (select all that apply)
 - a. Narcan/naloxone prescription; Information about treatment services; Information about the needle exchange; Information about where to get tested for HIV/HCV; Connections to professionals who can help them obtain resources; Other (Specify)
4. Does your facility have anyone on staff who helps connect patients to treatment programs, if requested? (yes/no option) If yes, what is the position title of the person who connects patients to treatment programs?
5. What is the one service that you think is needed most in Fayette County to address the opioid problem?
6. How has the increase in opioid misuse in Fayette County changed the way that you do your job?

LFUCG Opioid Needs and Resource Assessment
Online Survey Questions

Harm Reduction Services (e.g., needle exchange, HIV/HCV testing)

1. What harm reduction services are provided at the agency where you work?
 - a. Needle exchange; HIV/HCV testing; Other (Specify)
2. What is the title of your work position?
3. What percent of your clients misuse opioids?
4. What percentage of your clients are HIV positive?
5. What percentage of your clients are HCV positive?
6. How has the number of clients who test positive for HIV changed in the last couple of years?
(significant increase; slight increase; neither increased nor decreased; slight decrease; significant decrease)
7. How much do you think the opioid epidemic has contributed to the change in HIV results?
(Significantly increased positives; slightly increased positives; neither increased nor decreased positives; slightly decreased positives; significantly decreased positives)
8. How has the number of clients who test positive for HCV changed in the last couple of years?
(significant increase; slight increase; neither increased nor decreased; slight decrease; significant decrease)
9. How much do you think the opioid epidemic has contributed to the change in HCV results?
(Significantly increased positives; slightly increased positives; neither increased nor decreased positives; slightly decreased positives; significantly decreased positives)
10. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources? (never, sometimes; about half of time; most of the time; always)
11. What referrals or resources do you give to people who misuse opioids? (select all that apply)
 - a. Information about treatment services; Information about the needle exchange; Information about where to get tested for HIV/HCV; Information about where to get Narcan/naloxone; Other (Specify)
12. What is the one service that you think is needed most in Fayette County to address the opioid problem?
13. How has the increase in opioid misuse in Fayette County changed the way that you do your job?

Behavioral Health/Treatment Providers

1. What kinds of treatment are offered at your facility? (select all that apply)
 - a. Inpatient treatment; Outpatient Treatment; Behavioral Therapy; Medication Assisted Therapy; Peer Recovery Support; Self-Help Groups; Other (Specify)
2. Where do your referrals come from?

LFUCG Opioid Needs and Resource Assessment
Online Survey Questions

3. Do you have a waiting list? If yes, how many people are currently on it? What is the average number of people who are on the waiting list? On average, what is the wait time between being placed on the waiting list and being admitted into treatment?
4. Are treatment slots prioritized? (yes/no option)
 - a. If yes, how are treatment slots prioritized?
14. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources? (never, sometimes; about half of time; most of the time; always)
5. What referrals or resources do you give to people who misuse opioids? (select all that apply)
 - a. Information about self-help groups; Information about the needle exchange; Information about where to get tested for HIV/HCV; Information about where to get Narcan/naloxone; Other (Specify)
6. What is the demographic make-up of your client population?
 - a. Age: Under 18; 18-24; 25-34; 35-44; 45-54; 55-64; 65 or older
 - b. Race: White/Caucasian, Black/African American, Hispanic/Latino, Other/Multiple Races (Specify)
 - c. Gender: Percentages for Male, Female, and Other (e.g., transgender, non-binary)
 - d. Average household income: Less than \$10,000; \$10,000-\$19,999; \$20,000-\$29,999; \$30,000-\$39,999; \$40,000-\$49,999; \$50,000-\$59,999; \$60,000-\$69,999; \$70,000 or more
 - e. Education: Less than High School; High School Graduate or GED; Some college; 2 year degree; 4 year degree; Professional Degree; Graduate Degree
 - f. Employment: Unemployed, not looking for work; Unemployed, seeking looking for work; Employed Part-Time; Employed Full-Time; Retired; Student; Disabled
7. What percentage of your clients who are seeking treatment for opioid use disorder reside in Fayette County?
8. What other counties do clients seeking treatment for opioid use disorder primarily reside?
9. What is the one service that you think is needed most in Fayette County to address the opioid problem?
10. How has the increase in opioid misuse in Fayette County changed the way that you do your job?

First Responders (e.g., EMS, fire, police, dispatchers)

1. What percentage of incidents that arise in your job involve someone misusing opioids?
2. What percentage of the time does the incident involve an overdose?
3. When you have an incident involving someone misusing opioids, what percentage of the time do you transport the person to the hospital?
4. Have you received any specialized training to help you respond to the opioid epidemic? (yes/no option)

LFUCG Opioid Needs and Resource Assessment
Online Survey Questions

- a. If yes, what kind of specialized training have you received?
 - b. If no, what training do you think would help you professionally respond individuals who misuse opioids?
5. Have you received training about how to administer Narcan? (yes/no)
 6. Do you carry Narcan while you are working? (yes/no)
 7. Are you aware of Fayette County's Good Samaritan Law? (yes/no option)
 - a. If yes, what are your thoughts on the Good Samaritan Law?
 8. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources? (never, sometimes; about half of time; most of the time; always)
 9. What referrals or resources do you give to people who misuse opioids? (select all that apply)
 - a. Information about treatment services; Information about the needle exchange; Information about where to get tested for HIV/HCV; Information about where to get Narcan/naloxone; Other (Specify)
 10. What is the one service that you think is needed most in Fayette County to address the opioid problem?
 11. How has the increase in opioid misuse in Fayette County changed the way that you do your job?

Other County-Supported Services (e.g., emergency shelters)

1. What field do you work in?
2. What percentage of clients misuse opioids?
3. How has the increase in opioid misuse affected the number of clients you see? (Significantly decreased; slightly decreased; no change; slightly increased; significantly increased)
4. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources? (never, sometimes; about half of time; most of the time; always)
5. What referrals or resources do you give to people who misuse opioids? (select all that apply)
 - a. Information about treatment services; Information about the needle exchange; Information about where to get tested for HIV/HCV; Information about where to get Narcan/naloxone; Other (Specify)
6. What is the one service that you think is needed most in Fayette County to address the opioid problem?
7. How has the increase in opioid misuse in Fayette County changed the way that you do your job?

LFUCG Opioid Needs and Resource Assessment
Online Survey Questions

Social Services

1. What percentage of children are displaced from their homes due to opioid misuse?
2. How has the percentage of children displaced from their homes due to opioid misuse changed in the last couple of years? (Significantly increased, slightly increased, no change, slightly decreased, significantly decreased)
3. There are resources to help support caregivers who take in displaced children for reasons related to opioid misuse. (Definitely False; Mostly False; Neither True or False; Mostly True; Definitely True)
4. There are resources to support children who have been displaced from their home for reasons related to opioid misuse. (Definitely False; Mostly False; Neither True or False; Mostly True; Definitely True)
5. More resources are needed for caregivers and children affected by opioid misuse. (Definitely False; Mostly False; Neither True or False; Mostly True; Definitely True)
6. What percentage of children, who are not displaced from their home, but are receiving some form of social services support are directly affected by opioid misuse?
7. There are resources to support children who have been affected by opioid misuse. (Definitely False; Mostly False; Neither True or False; Mostly True; Definitely True)
8. What is the one service that you think is needed most in Fayette County to address the opioid problem?
9. How has the increase in opioid misuse in Fayette County changed the way that you do your job?

Appendix F: Qualitative Interview – Service Providers

LFUCG Opioid Needs and Resource Assessment
Service Provider Interview

Study ID Number: _____ Date: _____ Interviewer: _____

Qualitative Interview Questions – Service Providers

1. Demographics:
Age: _____ Race: _____ Gender: _____
2. Area the participant works in:
 - a. Health Care (specify occupation – doctor, nurse, PA, pharmacist, other – specify)
 - b. First Responder (specify occupation – EMT or paramedic, fire fighter, police officer, dispatcher)
 - c. Social Services (specify occupation)
 - d. Behavioral Health/Substance Use Treatment
3. Have you received training to help you address opioid misuse as part of your professional role? If yes, what kind of training? If no, do you think you would benefit from additional or specialized training?
4. What do you see as your professional role in addressing opioid misuse?
5. In your job, do you see the same individuals who use opioids more than once?
6. What is the impact of the opioid epidemic on your profession or your ability to perform your job?
7. What impact has opioid misuse had on feelings like burnout, empathy, compassion fatigue in your profession?
8. How does the severity of the opioid epidemic in Fayette County compare to the crack epidemic or other public health epidemics?
9. What is the one service that you think is needed most in Fayette County to address the opioid problem?
10. How has the increase in opioid misuse in Fayette County changed the way that you do your job?
11. What additional comments do you have related to opioid misuse or the opioid epidemic in Fayette County?
12. What do you wish others knew about how opioid misuse affects your job?
13. Do you have any stories, anecdotes, or memorable cases related to opioid misuse that you'd like to share? (please do not include any names or identifiers)

Health Care

1. Do you screen patients for substance use disorders?
 - a. If yes, specifically opioid use disorder?

LFUCG Opioid Needs and Resource Assessment
Service Provider Interview

Study ID Number: _____ Date: _____ Interviewer: _____

2. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources?
3. What referrals or resources do you give to people who misuse opioids?
 - a. Some options: Narcan/naloxone prescription; Information about treatment services; Information about the needle exchange; Information about where to get tested for HIV/HCV; Connections to professionals who can help them obtain resources; Other (Specify)
4. What effects has increased opioid misuse had on your job or the patients you see?
5. In what situations at your job do you encounter individuals who misuse opioids?

First Responders (e.g., EMS, fire, police, dispatchers)

1. What field do you work in?
 - a. EMS; Police; Fire; Dispatcher; Other (Specify)
2. What percentage of incidents that arise in your job involve someone misusing opioids? How has this percentage changed in the last couple of years?
3. What kinds of incidents do you encounter that involve individuals who misuse opioids (e.g., overdoses)? How often is the individual transported to a hospital?
4. Have you received any specialized training to help you respond to the opioid epidemic?
 - a. If yes, what kind of training?
 - b. If no, what training do you think would help you professionally respond individuals who misuse opioids?
5. What are your thoughts on Narcan? Do you carry it? Have you received training on how to administer it?
6. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources?
 - a. If yes, what referrals or resources do you give?
 - i. Some options: Information about treatment services; Information about the needle exchange; Information about where to get tested for HIV/HCV; Other (Specify)

Social Services

1. What percentage of children are displaced from their homes due to opioid misuse? How has this percentage changed in the last couple of years?
2. What kinds of resources are available to help support caregivers, who take in displaced children?

LFUCG Opioid Needs and Resource Assessment
Service Provider Interview

Study ID Number: _____ Date: _____ Interviewer: _____

3. What kinds of resources are available to help support children who have been displaced from their home?
4. Are any resources specifically related to children displaced due to opioid misuse either for caregivers or the children? If yes, what kinds of resources are available?
5. Other than being displaced from their home, what other ways are children, who are receiving social services support, affected by opioid misuse?
6. What resources are available for children who are affected by opioid misuse, but are not displaced from their home?

Behavioral Health/Treatment Providers

1. What kinds of treatment are offered at your facility?
 - a. Some options: Inpatient treatment; Outpatient Treatment; Behavioral Therapy; Medication Assisted Therapy; Peer Recovery Support; Self-Help Groups
2. Where do your referrals come from?
3. Do you have a waiting list?
 - a. If yes:
 - i. How many people are currently on it?
 - ii. What is the average number of people who are on the waiting list?
 - iii. On average, what is the wait time between being placed on the waiting list and being admitted into treatment?
4. Are treatment slots prioritized?
 - a. If yes, how are treatment slots prioritized?
5. When you encounter a patient who misuses opioids, how often do you provide them with referrals/resources?
6. What referrals or resources do you give to people who misuse opioids?
 - a. Some options: information about self-help groups; Information about the needle exchange; Information about where to get tested for HIV/HCV; Information about where to get Narcan/naloxone; Other (Specify)
7. What percentage of your clients who are seeking treatment for opioid use disorder reside in Fayette County?
8. What other counties do clients seeking treatment for opioid use disorder primarily reside?

Appendix G: Individuals who Misuse Opioids Recruitment Flyer

UNIVERSITY OF KENTUCKY RESEARCH

Opioid Use Research

Researchers with the University of Kentucky Department of Behavioral Science are conducting a study to better understand the service needs of individuals who use opioids. All information obtained will be kept confidential.

You may be eligible to participate if you:

- Are at least 18 years of age
- Currently use opioids or have used opioids in the past

The research will consist of a phone interview that should take no longer than 20 minutes. Eligible volunteers may receive a gift card for their participation.

For more information, contact:

Erika Pike

Phone: (859) 257-3704

Email: erika.pike@uky.edu



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For more information on research studies see, www.UKclinicalresearch.com.

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Appendix H: Phone Script for Interviews with Individuals who Misuse Opioids

Consent Script
Fayette County Opioid Misuse Needs and Resource Assessment
Opioid Users
March 21, 2018

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research project to better understand what services and resources are available in Fayette County to address opioid misuse, if anything prevents individuals from using services or resources that are available to address opioid misuse, or any unmet needs among individuals who misuse opioids. If you volunteer to take part in this evaluation and you are eligible, you will be one of about 50 individuals to do so through the University of Kentucky.

WHO IS DOING THE STUDY?

The person in charge of this project is Erika Pike, Ph.D. of the University of Kentucky. There are also other people on the research team assisting with the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this research is to understand the services and/or resources are being used in Fayette County to address opioid misuse and anything that prevents individuals from using services. The research is also designed to better understand what services or resources are needed to address opioid misuse.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

You should not take part in the research if you do not want to participate.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

Data collection for this evaluation will take place by phone. The interview should take no more than 20 minutes and this is the total amount of time you will be asked to volunteer for this study.

WHAT WILL YOU BE ASKED TO DO?

You are being asked to complete a phone interview about what services and/or resources you have used, anything that has prevented you from getting any services or resources that you may need, and unmet needs that you may have related to your opioid misuse. You will also be asked some questions about your opioid use history.

You may skip any questions that you would prefer not to answer and may end your participation at any time.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

Because all data for this evaluation project will take place over the phone, there is the slight risk of a breach of confidentiality if someone near you hears your responses. We encourage you to be in a private, confidential space during the phone calls. Some of the interview questions that you will be asked are sensitive and personal, including drug use. Talking about your past and present situations may make you feel uncomfortable. In addition, we may reveal information to the proper authorities if you indicate that you have abused a child, or you pose a danger to yourself, or to someone else.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this research. However, your participation may provide benefit to society by providing information related to service and resource use and needs among substance users.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide not to take part in this study, your decision will have no effect on the quality of services you receive.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to participate in the research, there are no other choices except not to take part in the data collection.

WHAT WILL IT COST YOU TO PARTICIPATE?

There is no charge to you for participating in the study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

Your information will be combined with information from other people taking part in the study. When we write about the research project to share it in reports to the sponsor, the Lexington-Fayette Urban County Government, we will write about the combined information we have gathered and some quotes. You will not be identified in these write-ups. We may publish the results of this study; however, we will keep your name and other identifying information private. You will need to provide your social security number. This is in order for you to be compensated for your time. If you do not provide this number, you will not be compensated. If you earn \$600 or more by participating in any research, it is potentially reportable for tax purposes.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, we may reveal your information to the proper authorities if we believe you have abused a child, or you pose a danger to yourself or to someone else. In addition, someone at the University of Kentucky or the Lexington-Fayette Urban County Government may look at or copy records, but these records will not identify you. When results of this study are published, your name will not be used.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to continue. No one will think badly of you or treat you differently if you decide not to take part in this study. If you withdraw from the study early, data collected to that point will be kept.

ARE YOU PARTICIPATING OR CAN YOU PARTICIPATE IN ANOTHER RESEARCH STUDY AT THE SAME TIME AS PARTICIPATING IN THIS ONE?

You may take part in this study if you are currently involved in another research study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will receive a \$20 gift card for taking part in the phone interview. In order to receive your gift card, you will be asked for a verified mailing address to send the gift card receipt. We will mail you the receipt and a self-addressed envelope for it to be returned. The gift card will then be mailed to you.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the person in charge of the study, Dr. Erika Pike (859-257-3704). If you have questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428. If you would like a copy of this consent form we will mail one to you.

WHAT IF NEW INFORMATION IS LEARNED DURING THE STUDY THAT MIGHT AFFECT YOUR DECISION TO PARTICIPATE?

If the researcher learns of new information in regards to this study, and it might change your willingness to stay in this study, the information will be provided to you. You may be asked to sign a new informed consent form if the information is provided to you after you have joined the study.

WHAT ELSE DO YOU NEED TO KNOW?

There is a possibility that the data collected from you may be shared with other investigators in the future. If that is the case the data will not contain information that can identify you unless you give your consent/authorization or the UK Institutional Review Board (IRB) approves the research. The IRB is a

committee that reviews ethical issues, according to federal, state and local regulations on research with human subjects, to make sure the study complies with these before approval of a research study is issued.

The Lexington-Fayette Urban County Government (LFUCG) is providing financial support for this study.

Agree to participate: _____ YES _____ NO

Appendix I: Qualitative Interview Questions – Individuals who Misuse Opioids

Study ID Number: _____ Date: _____ Interviewer: _____

Qualitative Interview Questions – Individuals who Misuse Opioids

Demographics:

Age: _____ Race: _____ Gender: _____

Screening Questions

1. Have you used opioids to get high?
2. Do you currently use opioids to get high or did you use in the past?
3. When did you last use an opioid to get high?
4. What did you use? How much did you use? How did you use?
5. What other opioids have you used to get high? How much would you use on an average day?
6. How many days have you used opioids to get high in the last 30 days?
7. How long have you been using opioids to get high at least once a month?
8. When did you first use opioids to get high?
9. Do you live in Fayette County?
10. Have you used any resources in Fayette County related to your opioid use (ER, needle exchange, treatment, etc?)

Phone Interview Questions

1. Has anybody ever suggested you get treatment for your opioid use?
 - a. Have you tried to go to substance use treatment in Fayette County?
 - b. If yes, how many times and when? What types of programs did you consider?
 - c. Did you receive treatment?
 - i. If no, why not?
 - d. Have you received medication assisted treatment, such as methadone or buprenorphine (Suboxone)?
 - i. If yes, can you tell us about your experience with this treatment?
 - ii. If no, is it because you have not been interested in medication assisted treatment or you were unable to get this kind of treatment?
 - e. What keeps you from getting treatment (distance, transportation, cost, insurance, etc.)?
2. Have you attended self-help groups, such as AA or NA meetings?
 - a. When was the last time you went to a meeting?
 - b. How often do you attend self-help meetings?
 - c. What do people think about self-help meetings?
 - i. If no, why not?
 - d. Did anything keep you from attending meetings when you wanted to go (time of meeting, location, transportation)?
3. Are you familiar with Narcan? (The drug that can help people recover from an overdose)
 - a. Have you learned how to use Narcan to reverse an overdose?
 - b. Have you had a Narcan kit, in case you needed it for yourself or someone else?
 - c. Have you ever used Narcan on someone who overdosed?
 - a. Was 911 called?
 - d. Have you ever been in a situation where you saw Narcan used?
 - a. Was 911 called?
 - e. What do people think about Narcan?
 - f. Do you know where you can get Narcan?
 - g. Did you know that you can get Narcan from some pharmacies without a prescription?
 - a. Have you tried to get Narcan from a pharmacy?
 - b. If yes, did anything prevent you from getting Narcan in this way?

Study ID Number: _____ Date: _____ Interviewer: _____

- h. Has anything stopped you from getting Narcan when you needed it?
4. Have you gone to the needle exchange at the Health Department?
 - a. What do people think about the needle exchange?
 - b. Does anything keep you from using the needle exchange (location, hours, transportation, concerns about your privacy)?
5. Do you know where people can go if they want to get a test for HIV?
 - a. Have you ever been tested for HIV (**Note: we are not asking results**)?
 - i. Did the person who did your test give you resources or refer you for other services?
 - b. Has anything stopped you from getting tested for HIV?
 - c. Did you know that there are people who can help connect patients to care or notify partners that they should also get tested?
6. Do you know where people can go if they want to get a test for Hepatitis C?
 - a. Have you ever been tested for Hepatitis C (**Note: we are not asking results**)?
 - i. Did the person who did your test give you resources or refer you for other services?
 - b. Has anything stopped you from getting tested for Hepatitis C?
7. Have you been treated by first responders like emergency medical technicians, police, or fire fighters for a reason related to your opioid use?
 - a. Did the first responders talk to you about your opioid use, give you resources, or refer you to other services?
 - b. Do you think people would be open to hearing about resources or services from first responders?
 - c. Has anything stopped you from calling 911 or reaching out for help in an emergency for yourself or others?
8. Have you been treated by in the emergency room or hospital for a reason related to your opioid use?
 - a. Did any medical staff talk to you about your opioid use, give you resources, or refer you to other services?
 - b. Were you interested in how to get treatment?
 - i. Did anyone help connect you to treatment?
 - c. Did anything prevent you from going to the emergency room or hospital when you needed to?
9. Do you know where to get medical care, if you needed it for any condition related to your opioid use?
 - a. Have you accessed medical care for any condition related to your opioid use?
 - b. Has anything stopped you from getting medical care when you needed it?
10. Are there other services or resources that you need, but have not been able to get?
11. What's one thing you wish people knew about opioid misuse?
12. Is there anything we missed, that you'd like to talk about or any stories you'd like to share (please do not mention anyone's name)?

Appendix J: Online Survey Responses

Age

	18-24	25-34	35-44	45-54	55+
Healthcare (n = 21)	0%	14%	43%	33%	10%
Substance Use Treatment (n = 50)	6%	26%	18%	24%	26%
First Responders (n = 196)	3%	40%	39%	17%	1%
Other Providers (n = 20)	10%	60%	20%	5%	5%
Total (n = 287)	3%	37%	34%	19%	7%

Gender

	Male	Female	Other/Prefer not to Answer
Healthcare (n = 21)	43%	57%	0%
Substance Use Treatment (n = 50)	14%	84%	2%
First Responders (n = 196)	87%	12%	1%
Other Providers (n = 20)	15%	85%	0%
Total (n = 287)	66%	33%	1%

Race/Ethnicity

	White/Caucasian	Black/African-American	Other
Healthcare (n = 21)	90%	5%	5%
Substance Use Treatment (n = 50)	84%	12%	4%
First Responders (n = 196)	90%	6%	4%
Other Providers (n = 20)	75%	20%	5%
Total (n = 287)	88%	8%	4%

People in my profession have the training to address opioid misuse

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	43%	14%	43%
Substance Use Treatment (n = 48)	81%	11%	8%
First Responders (n = 188)	85%	11%	4%
Other Providers (n = 19)	68%	11%	21%
Total (n = 276)	80%	11%	9%

I have received training to help me specifically identify and treat opioid misuse

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	71%	5%	24%
Substance Use Treatment (n = 48)	86%	8%	6%
First Responders (n = 188)	88%	8%	4%
Other Providers (n = 19)	58%	21%	21%
Total (n = 276)	85%	8%	7%

Professionals who do the type of work that I do should be given specialized training related to opioid misuse

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	95%	5%	0%
Substance Use Treatment (n = 48)	90%	8%	2%
First Responders (n = 188)	95%	3%	2%
Other Providers (n = 19)	95%	0%	5%
Total (n = 276)	94%	4%	2%

There are resources available in Fayette County to help people who misuse opioids

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	81%	5%	14%
Substance Use Treatment (n = 48)	92%	6%	2%
First Responders (n = 187)	93%	4%	3%
Other Providers (n = 19)	95%	0%	5%
Total (n = 275)	92%	4%	4%

I am familiar with places to make referrals for people who misuse opioids

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	81%	0%	19%
Substance Use Treatment (n = 48)	96%	4%	0%
First Responders (n = 187)	75%	13%	12%
Other Providers (n = 19)	84%	5%	11%
Total (n = 275)	80%	10%	10%

I don't know how someone would find help for opioid misuse

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	14%	10%	76%
Substance Use Treatment (n = 48)	4%	8%	88%
First Responders (n = 188)	12%	11%	77%
Other Providers (n = 19)	0%	0%	100%
Total (n = 276)	10%	10%	80%

Communities should offer resources to help people who misuse opioids

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	90%	10%	0%
Substance Use Treatment (n = 48)	98%	2%	0%
First Responders (n = 186)	81%	12%	7%
Other Providers (n = 19)	100%	0%	0%
Total (n = 274)	86%	10%	4%

Opioid misuse is best handled through the criminal justice system

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	14%	10%	76%
Substance Use Treatment (n = 48)	8%	38%	54%
First Responders (n = 188)	28%	42%	30%
Other Providers (n = 18)	0%	11%	89%
Total (n = 275)	22%	37%	41%

It isn't my job to address opioid misuse

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	0%	14%	86%
Substance Use Treatment (n = 48)	6%	6%	88%
First Responders (n = 188)	13%	24%	63%
Other Providers (n = 19)	10%	16%	74%
Total (n = 276)	10%	20%	70%

Opioid misuse has had no effect on my profession

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	0%	0%	100%
Substance Use Treatment (n = 47)	6%	9%	85%
First Responders (n = 188)	4%	1%	95%
Other Providers (n = 19)	0%	5%	95%
Total (n = 275)	4%	2%	94%

I see more clients/patients/people in my profession because of opioid misuse now than I used to

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	90%	0%	10%
Substance Use Treatment (n = 48)	83%	15%	2%
First Responders (n = 188)	87%	11%	2%
Other Providers (n = 19)	68%	21%	11%
Total (n = 276)	85%	12%	3%

The opioid problem has made it more difficult for me to perform my job duties

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	76%	10%	14%
Substance Use Treatment (n = 48)	23%	31%	46%
First Responders (n = 187)	56%	29%	15%
Other Providers (n = 19)	31%	16%	53%
Total (n = 275)	50%	27%	23%

I need more training to address opioid misuse in my professional role

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	67%	14%	19%
Substance Use Treatment (n = 48)	50%	25%	25%
First Responders (n = 188)	38%	28%	34%
Other Providers (n = 19)	84%	11%	5%
Total (n = 276)	45%	25%	30%

The impact of opioid misuse on my profession has had no impact on my ability to perform my job duties

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	19%	10%	71%
Substance Use Treatment (n = 48)	46%	29%	25%
First Responders (n = 187)	47%	23%	30%
Other Providers (n = 19)	32%	32%	36%
Total (n = 275)	44%	23%	33%

In my job, I often see the same people who misuse opioids repeatedly

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	76%	19%	5%
Substance Use Treatment (n = 48)	88%	12%	0%
First Responders (n = 188)	96%	3%	1%
Other Providers (n = 19)	78%	11%	11%
Total (n = 276)	92%	7%	1%

Opioid misuse is a significant problem in Fayette County

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	95%	5%	0%
Substance Use Treatment (n = 48)	98%	2%	0%
First Responders (n = 188)	98%	2%	0%
Other Providers (n = 19)	95%	5%	0%
Total (n = 276)	98%	2%	0%

The increase in opioid use has led to increased burdens on available services in Fayette County

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	95%	5%	0%
Substance Use Treatment (n = 48)	90%	10%	0%
First Responders (n = 188)	97%	3%	0%
Other Providers (n = 19)	89%	11%	0%
Total (n = 276)	95%	5%	0%

The increased misuse of opioids has led to burnout among my colleagues

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	86%	14%	0%
Substance Use Treatment (n = 48)	42%	27%	31%
First Responders (n = 188)	58%	26%	16%
Other Providers (n = 19)	47%	32%	21%
Total (n = 276)	57	25%	18%

There are not enough resources available to address opioid misuse in Fayette County

	Agree	Neither Agree Nor Disagree	Disagree
Healthcare (n = 21)	95%	5%	0%
Substance Use Treatment (n = 48)	81%	15%	4%
First Responders (n = 188)	51%	28%	21%
Other Providers (n = 19)	79%	0%	21%
Total (n = 276)	62%	22%	16%

Professional Quality of Life Scale (ProQOL)

	Compassion Satisfaction ^a			Burnout ^b			Secondary Trauma ^c		
	Bottom 25%	Middle 50%	Top 25%	Bottom 25%	Middle 50%	Top 25%	Bottom 25%	Middle 50%	Top 25%
Healthcare (n = 21)	14%	57%	29%	4%	48%	48%	9%	48%	43%
Substance Use Treatment (n = 45)	11%	40%	49%	47%	38%	15%	18%	47%	35%
First Responders (n = 177)	31%	48%	21%	28%	49%	23%	24%	51%	25%
Other Providers (n = 19)	16%	53%	31%	26%	42%	32%	16%	53%	31%
Total (n = 262)	25%	48%	27%	29%	47%	24%	21%	50%	29%

^a Cut off scores based on the ProQOL manual²⁰: bottom 25% were below 44, top 25% above 57; ^b Cut off scores based on the ProQOL manual²⁰: bottom 25% were below 43, top 25% above 56; ^c Cut off scores based on the ProQOL manual²⁰: bottom 25% were below 42, top 25% above 56



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