



Arizona Department of Health Services

Overdose Data to Action (OD2A)

A Comparative Analysis Regarding Opioid Use Disorder and Stigma: Findings Across Different Years and Groups

August 2022



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Prepared for:

Arizona Department of Health Services

Prepared by:

Office of Evaluation and Partner Contracts
Wendy Wolfersteig, PhD, Director

Author:

María Aguilar-Amaya, D.M., Associate Director

Arizona State University
Southwest Interdisciplinary Research Center
Office of Evaluation and Partner Contracts
400 East Van Buren Street, Floor 8
Phoenix, AZ 85004



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EXECUTIVE SUMMARY

STUDY PURPOSE

The purpose of this evaluation was to conduct a comparative analysis across two years and different populations: community members and individuals suffering from SUD/OD along with their loved ones. The comparative analysis explored and examined how Arizona communities are informed about resources and services related to SUD/OD, MAT, and gauged perceptions of stigma related to those who suffer from SUD/OD.

INSTRUMENTS & SAMPLE SIZE

The comparative analysis was comprised of 45 participants from 2021 and 25 participants from 2022, all of whom completed a Likert-type survey comprised of 23 questions related to stigma, SUD/OD, naloxone, and MAT, and participated in a focus group discussion.



STIGMA SURVEY

The stigma survey findings indicated that 2022 participants had higher levels of agreement (agree or strongly agree) in comparison to 2021 participants on perceiving stigma and being in favor of carrying and administering naloxone. When comparing both sets of participants, the friends/family, and those suffering from SUD/OD said they had higher levels of disagreement (disagree or strongly disagree) with the statements related to MAT, indicating they are supportive of MAT being offered in their communities, MAT does not keep those receiving MAT addicted to drugs, and that they would not mind working with someone receiving MAT.

FOCUS GROUPS

Themes from 2022 participants mirrored those from 2021 with participants who saw a need to reduce stigma and increase education and awareness surrounding SUD/OD and stigma. Additional emerging themes from 2022 participants indicated an increase in fentanyl use, prescription opioids being a gateway to misuse and abuse of opioids, need for after care treatment support, need for emotional support from family and friends, and being well informed by physicians and pharmacists on the risks of addiction when prescribed an opioid.

RECOMMENDATIONS

Based on findings from the 2021 and 2022 evaluation, the recommendations made in the 2021 evaluation report are reiterated for this year, as the emerging themes from both sets of participants mirror one another. The recommendations include:

1. Systems Approach to Address Opioid Epidemic
2. Target Racial & Ethnic Minority Communities
3. Education & Awareness
4. Stigma Reduction Campaign

Introduction

The collaboration efforts in Arizona related to the opioid epidemic began with implementing the Rx Drug Toolkit and have continued through 2022 with funding from the Centers for Disease Control and Prevention (CDC). Since 2017, the Arizona Department of Health Services (ADHS) has partnered with Arizona State University's Southwest Interdisciplinary Research Center (SIRC) to conduct evaluation services on work related to funding from the CDC on the opioid epidemic. Since 2017, when Arizona's governor declared an opioid emergency, fentanyl (a drug more potent than morphine) has been the drug most involved in overdose fatalities with approximately 300 deaths since June 2017 (ADHS, 2022). Over the past five years, Arizona continues to see an increase in opioid overdose deaths, from 923 deaths in 2017 to 2,006 deaths in 2021 (ADHS, 2022). According to the Centers for Disease Control and Prevention (2022) "one in seven Americans reports experiencing a substance use disorder."

This report builds upon data findings from the 2021 ADHS Opioid Use Disorder and Stigma Evaluation Report. Findings from the 2021 focus groups indicated a need to hear the voices of friends and family, as well as individuals who are suffering or have suffered from opioid use disorder. While the methodologies used in this evaluation are similar to those used in 2021, the target populations differed and the findings provided in this report are used to compare the findings from 2021 to those from 2022. Whereas in 2021, the participants were community members, those who work in the field to provide services and the general public, in 2022 the voices of those directly impacted by substance use disorder/opioid use disorder (SUD/OD) and their families/friends were recruited as participants.

Methodology

SIRC evaluators conducted focus group, utilizing focus group questions (Appendix A), a demographic questionnaire (Appendix B), and a stigma survey (Appendix C) that was developed in previous years in partnership with ADHS staff. The demographic questionnaire and stigma survey were administered prior to the beginning of the focus group. All participants received a \$25 gift card for their

participation and time. Recruitment for 2021 and 2022 was conducted with the use of flyers for the focus groups and were distributed in English and Spanish to SIRC's and ADHS' network of partners. Eligibility for the 2022 participants included: (1) individuals who currently and/or have suffer(ed) from opioid use disorder, (2) family member of individuals who currently and/or have suffer(ed) from opioid use disorder, and (3) friends of individuals who currently and/or have suffer(ed) from opioid use disorder, (4) college students ages 18 to 25 years, (5) veterans, (6) mothers with children less than two years of age, and (7) American Indian/Alaska Native. Recruitment was by population group, however due to the low participation, focus groups were conducted with combined populations. The 2022 participants were recruited electronically during the months of February through June with the assistance of various ADHS, ASU, and county health department partnerships; social media (Facebook and Instagram) and local online news sources were also used. Despite numerous recruitment efforts, no Spanish-speaking individuals registered for a Spanish-speaking focus group.

Demographic Questionnaire, Stigma Survey, and Focus Groups

Demographic Questionnaire. The 2021 demographic questionnaire was comprised of seven questions; the data variables were: county of residence, agency type, years in the profession, gender, race, ethnicity, and education. The 2022 demographic questionnaire was comprised of 12 questions; the data variables were: county of residence, relationship to person suffering from SUD/ODU, number of years suffering from SUD/ODU, type of MAT, gender, race, ethnicity, education, employment, and relationship status. The questionnaires differed from one another, as the targeted participants were different; thus the need to capture different demographic information.

Stigma survey. The stigma survey questions were used in 2021 and 2022 and were based on a five-point Likert-type scale: 1-strongly disagree, 2-disagree, 3-neutral, 4-agree, 5-strongly agree. Participants also could select "Prefer Not to Answer." The stigma survey was comprised of 23 questions divided into three categories: (1) prescription drug misuse or abuse, (2) naloxone, and medication-

assisted treatment. Participants rated their level of agreement related to prescription drug misuse or abuse, naloxone, and medication-assisted treatment. The survey was available in English and Spanish; however, there were no Spanish-speaking participants. The questionnaire and survey were administered online using Qualtrics and were anonymous. Survey responses were not directly linked to the focus group participants.

Focus Groups. Participants were invited to participate in a 60–90-minute focus group via Zoom, or in person, and asked to share their opinion and experience(s) related to opioid misuse and abuse. The 2021 and 2022 focus group questions were designed to assess participants' knowledge, attitude, and opioid misuse and abuse behavior. The 2021 questions were developed by SIRC evaluators in partnership with ADHS staff. The 2022 questions used were adopted from the Maryland County Health Department and were developed to elicit participant opinions on general opioid use, community norms, enforcement, perceived risk of harm, and retail/social access. All participants opted to participate via Zoom, rather than in person. The purpose of the focus groups was to provide descriptive and meaningful accounts of opioid use disorder and stigma across Arizona through an in-depth understanding of the participants' lived experiences and critical dialogue.

Sample

2021 Participants: The target sample size was 100 adult participants who lived in Arizona and fell into one of the three identified populations: (1) medical providers, (2) law enforcement, and (3) adult 18 years or older. All focus groups were conducted during the months of June and July 2021. A total of 119 individuals expressed interest in participating and provided their contact information, but many did not follow-through. Thus, the targeted sample of 100 participants was not met; this may have been due to the short timeframe allotted for recruitment and conducting of the focus groups. A total of 45 individuals participated in the focus groups; 62 individuals The target sample size was 100 adult participants who lived in Arizona and fell into one of the three identified populations: (1) medical

providers, (2) law enforcement, and (3) adult 18 years or older. All focus groups were conducted during the months of June and July 2021. A total of 119 individuals expressed interest in participating and provided their contact information, but many did not follow-through. Thus, the targeted sample of 100 participants was not met; this may have been due to the short timeframe allotted for recruitment and conducting of the focus groups. A total of 45 individuals participated in the focus groups; 62 individuals

2022 Participants. The 2022 target population for data collection were adults who lived in Arizona and fell into one of the three identified populations: (1) individuals who currently and/or have suffer(ed) from opioid use disorder, (2) family member of individuals who currently and/or have suffer(ed) from opioid use disorder, and (3) friends of individuals who currently and/or have suffer(ed) from opioid use disorder and was expanded to include specific groups: (4) college students ages 18 to 25 years, (5) veterans, (6) mothers with children less than two years of age, and (7) American Indian/Alaska Native. The 2022 target sample size was 100 adult participants who lived in Arizona and fell into one of the identified populations. A total of 151 individuals expressed interest in participating and provided their contact information, but many did not follow-through. Thus, the targeted sample of 100 participants was not met. A total of 78 individuals were contacted and scheduled to participate in a focus group; however, only 32 showed up and of the 32, 25 were viable participants who completed the demographic questionnaire and stigma survey. The evaluation team scheduled 40 focus groups with various timeframes (morning, afternoon, evening, and weekends). Due to participants not showing up and low registration; only nine focus groups were conducted. A total of 25 Arizonans from rural and urban cities across Arizona participated in the focus groups. It should be noted that this sample does not include Spanish language participants.

Data Collection

In 2021, data were collected during the months of June and July. In 2022 data were collected during the months of February through June 2022. In both years, data collection was accomplished by

conducting focus groups over Zoom, which were recorded and transcribed. Demographic and stigma data were collected online via Qualtrics by copying and pasting the survey link into the Zoom Chat, where participants could access the survey. Qualtrics data were downloaded into Excel for data cleaning purposes and were then imported to SPSS for analysis. Data collected from the two instruments are reported in frequencies as descriptive statistics.

Participants' Demographics

Demographic information was collected from 61 participants in 2021 and 25 in 2022. In 2021 and 2022, the majority of participants resided in Maricopa County. By combining the participants from both years, 11 of the 15 counties are represented in the data analysis. The four counties which are not represented include: Apache, Cochise, Mohave, and Santa Cruz. Two participants in 2022 opted to not provide a response to the question related to their county of residence (see Table 1).

The 2022 participants were asked to share what category they most identified regarding SUD/OUD. Nearly half of participants indicated they were someone who currently suffers from opioid use disorder (32.0%) or that they previously suffered from opioid use disorder in the past (12.0%) (see Table 2). Participant type was not one of the demographic questions for the 2021 focus group participants, as it was not applicable due to the target population.

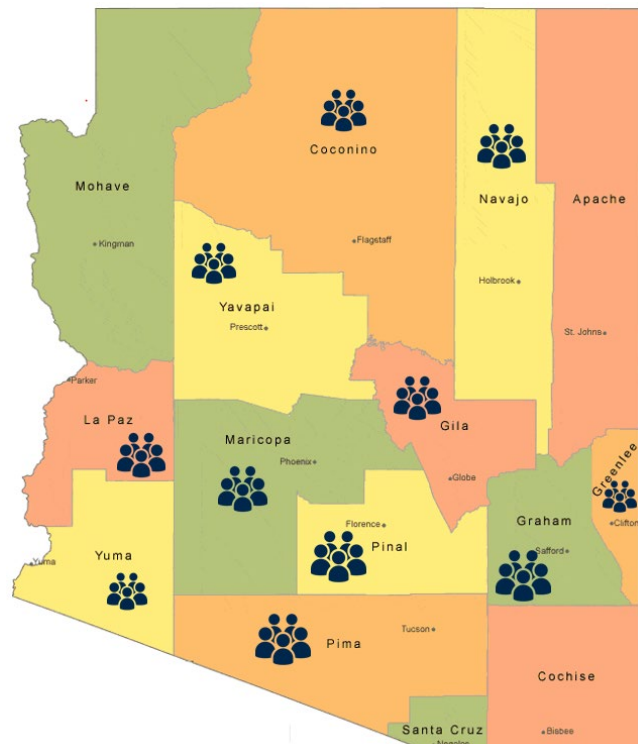


Table 1
County Residence

	2021 Community		2022 Self, Family, Friends	
	Number	Percent	Number	Percent
Apache	0	0	0	0.0
Cochise	0	0	0	0.0
Coconino	1	1.6	1	4.0
Gila	2	3.2	0	0.0
Graham	0	0.0	1	4.0
Greenlee	0	0.0	1	4.0
La Paz	1	1.6	0	0.0
Maricopa	38	61.3	17	68.0
Mohave	0	0.0	0	0.0
Navajo	4	6.5	0	0.0
Pima	7	11.3	3	12.0
Pinal	7	11.3	0	0.0
Santa Cruz	0	0.0	0	0.0
Yavapai	1	1.6	0	0.0
Yuma	1	1.6	0	0.0
No Response	0	0	2	8.0
Total	62	100.0	25	100.0

Table 2
Participant Type

	2022 Self, Family, Friends	
	Number	Percent
Family member of someone who currently suffers from OUD.	3	12.0
Family member of someone who suffered from OUD.	5	20.0
Close friend of someone who currently suffers from OUD.	3	12.0
Close friend of someone who suffered from OUD.	1	4.0
Someone who currently suffers from OUD.	8	32.0
Someone who suffered from OUD in the past.	3	12.0
No Response	2	8.0
Total	25	100

Participants were asked questions related to the number of years, they or a loved one, had been suffering from opioid use disorder. Years suffering/suffered with OUD was not one of the demographic questions for the 2021 participants as it was not applicable due to the target population. The number of years that an individual suffered from opioid use disorder ranged from less than one year to more than ten years, with the largest group (28.0%) indicating more than ten years; three participants (12.0%)

opted to not respond to this question (see Table 3). The majority of participants opted to not respond to the question related to the type of medication assisted treatment (MAT) received; those who did provide a response indicated Methadone (24.0%) or Buprenorphine (8.0%) was their type of MAT.

Table 3
Years with OUD

	2022 Self, Family, Friends	
	Number	Percent
Less than 1 year	1	4.0
More than 1 year, but less than 3 years	5	20.0
More than 3 years, but less than 5 years	4	16.0
More than 5 years, but less than 10 years	5	20.0
More than 10 years	7	28.0
No Response	3	12.0
Total	25	100.0

In 2021 the majority (58.1%) of participants identified as female as well as in 2022 (80.0%). In 2022, 24 participants opted to not answer the question regarding their race. The majority of participants were not Hispanic in 2021 (67.2%) or 2022 (72.0%). Participants were more likely to have an associate's degree or higher in 2021 (68.9%) and 2022 (72.0%). Both set of participants were more likely to be employed, and in 2022 a total of 72.0% of participants were in a relationship (see Tables 4 through 8). Relationship status was not one of the demographic questions for the 2021 focus group participants due to the target population. This question was asked to determine if the individual affected by OUD had some form of support.

Table 4
Gender

	2021 Community		2022 Self, Family, Friends	
	Number	Percent	Number	Percent
Female	36	58.1	20	80.0
Male	24	37.7	5	20.0
Other	1	1.6	0.0	0.0
Prefer Not to Say	1	1.6	0.0	0.0
Total	62	100.0	25	100.0

Table 5

Ethnicity

	2021 Community		2022 Self, Family, Friends	
	Number	Percent	Number	Percent
Hispanic/Latino	20	32.8	7	28.0
Not Hispanic/Latino	41	67.2	18	72.0
Total	61	100.0	25	100.0

Table 6

Highest Education Level

	2021 Community		2022 Self, Family, Friends	
	Number	Percent	Number	Percent
Less than High School	1	1.6	0	0.0
Some High School	1	1.6	1	4.0
High School/GED	5	8.2	1	4.0
Some College/No Degree	12	19.7	4	16.0
Trade School Certificate	0	0	1	4.0
Associate Degree	6	9.8	2	8.0
Bachelor's Degree	18	29.5	11	44.0
Master's Degree	12	19.7	5	20.0
Medical Degree	2	3.3	0	0.0
PhD/Doctorate	4	6.6	0	0.0
Total	61	100.0	25	100.0

Table 7

Employment

	2021 Community		2022 Self, Family, Friends	
	Number	Percent	Number	Percent
Full-time	0	0.0	14	56.0
Part-time	0	0.0	4	16.0
Employed	48	78.7	0	0
Self-employed	1	1.6	3	12.0
Disabled	0	0	1	4.0
Retired	3	4.9	3	12.0
Not Applicable/Employed	9	14.8	0	0.0
Total	61	100.0	25	100.0

Table 8
Relationship Status

	2022 Self, Family, Friends	
	Number	Percent
Single, not dating	4	16.0
Divorced, not in a relationship	3	12.0
Married	5	20.0
Living with significant other	10	40.0
In a relationship, but not living together	3	12.0
Total	25	100.0

Stigma Survey Findings

This year's findings provide a comparison to show the perceptions of community members who participated in the survey last year, to those individuals who participated this year who were suffering or who have suffered from SUD/ODU or were a family or friend of a loved one who is suffering or have suffered from SUD/ODU. A total of 61 participants completed the survey in 2021 and 25 participants completed the survey in 2022. The findings from the Stigma survey are reported according to each of the sections of the survey. Percentages are not shown for individuals who "Preferred Not to Answer" the question.

Prescription Drug Misuse or Abuse

The survey consisted of 13 statements related to prescription drug misuse or abuse on which participants could rate their level of agreement. The findings from community members in 2021 (Aguilar-Amaya, Gutierrez, Funke, and Diaz, 2021) indicated the following in relation to stigma and opioid use disorder:

When the statements were related to their individual perceptions, participants were less likely to agree with statements that were stigmatizing. It is important to note that while participants were less likely to agree with stigmatizing statements when it came to their own individual perceptions, they were also more likely to select "neutral" as a response.

Overall, the findings from this year (2022) indicated that the majority of participants who were friends/family or an individual who suffered/suffers from OUD had a higher level of agreement with various statements, indicating higher levels of perceived stigma. With regard to the first six statements related to stigma in the areas of maintaining distance, being near children, seen as unclean, living in community, talking to others, and fear, all participants who were friends/family or an individual who suffered/suffers from OUD had higher levels of agreement with the statements. Most notable, was the statement, *“People do not want those who misuse or abuse prescription drugs around their children,”* in which 96.0% of participants agreed or strongly agreed with the statement. Table 9 shows the findings from the survey statements related to stigma from 2021 community participants' level of agreement (agree or strongly agree) compared to those who in 2022 who suffered/are suffering from OUD and friends and family.

89.4% of 2021 participants agreed or strongly agreed that:
“People do not want those who misuse or abuse prescription drugs around their children.”



96.0% of 2022 participants agreed or strongly agreed that:
“People do not want those who misuse or abuse prescription drugs around their children.”

Table 9
Stigma Survey Statements 1-6

Stigma Survey Statement	Agree or Strongly Agree (2021 Community)	Agree or Strongly Agree (2022 Self, Family/Friends)
People keep their distance from those who misuse or abuse prescription drugs.	74.4%	88%
People do not want those who misuse or abuse prescription drugs around their children.	89.4%	96%
People think that those who misuse or abuse prescription drugs are unclean.	63.8%	88%
People prefer not to have those who misuse or abuse prescription drugs living in their community.	76.6%	88%
People do not want to talk to others who misuse or abuse prescription drugs.	65.9%	80.0%
People are afraid of those who misuse or abuse prescription drugs.	61.7%	84.0%

Overall, the findings from this year (2022) indicated that the majority of participants who were friends/family or an individual who suffered/suffers from OUD had significantly lower levels of agreement with various statements, indicating a sense of what they do not want to experience (denied

10.6% of 2021 participants and **24.0%** of 2022 participants agreed or strongly agreed that: “Individuals with opioid use disorder are to blame for their problems”.

employment and housing), see Table 10. Interestingly, community participants had a much lower level of agreement (10.6%) when compared to those who suffered/are suffering from OUD and friends and family (24.0%) with the statement that “*Individuals with opioid use disorder are to blame for their problems.*”

Table 10
Stigma Survey Statements 7-13

Stigma Survey Statement	Agree or Strongly Agree (2021 Community)	Agree or Strongly Agree (2022 Self, Family/Friends)
People with opioid use disorder are more dangerous than the general population.	34.7%	4.0%
Employers should be allowed to deny employment to a person with opioid use disorder.	42.3%	8.0%
I would be unwilling to have a person with opioid use disorder marry into my family.	37.8%	12.0%
Landlords should be allowed to deny housing to a person with opioid use disorder.	28.3%	8.0%
Individuals with opioid use disorder are to blame for their problem.	10.6%	24.0%
People who misuse or abuse prescription drugs cannot be trusted.	34.0%	32.0%
People are afraid to work with those who misuse or abuse prescription drugs.	78.7%	72.0%

Naloxone

There were six statements (14-19) related to naloxone in which participants could rate their level of agreement. Overall, the majority of community participants and friends/family of those who are suffering/have suffered from OUD indicated they agreed or strongly agreed with statements indicating that they would administer Naloxone, that Naloxone should be provided to patients with high risk for

overdose, and that it is crucial to have a naloxone kit around. Both sets of participants were more likely to disagree or strongly disagree with statements indicating that naloxone was dangerous and that administering naloxone or distributing naloxone kits enables prescription drug misuse or abuse. These findings indicated that both sets of participants are in favor of naloxone kits being distributed and administered, if necessary. Almost all (96.0%) of 2022 participants agreed or strongly agreed that *“It is important to have a naloxone kit around if you know of someone who misuses or abuses prescription drugs.”* Table 11 shows the combined total for participants' level of agreement being agreed or strongly agreed. Table 12 shows the combined total for participants' level of disagree or strongly disagree.

Percent of suspected non-fatal opioid overdose responses with naloxone administered (ADHS, 2022).

80%

Table 11

Naloxone Statements 14-19: Agree or Strongly Agree

Stigma Survey Statement	Agree or Strongly Agree (2021 Community)	Agree or Strongly Agree (2022 Self, Family/Friends)
I would administer Naloxone to someone that has experienced an opioid overdose.	78.2%	88.0%
Naloxone should be provided to patients at high risk of overdose.	73.9%	88.0%
It is important to have a naloxone kit around if you know of someone who misuses or abuses prescription drugs.	73.9%	96.0%

Table 12

Naloxone Statements 14-19: Disagree or Strongly Disagree

Stigma Survey Statement	Disagree or Strongly Disagree (2021 Community)	Disagree or Strongly Disagree (2022 Self, Family/Friends)
Administering Naloxone is dangerous.	54.4%	60.0%
Administering Naloxone enables the misuse or abuse of prescription drugs.	65.2%	72.0%
Distributing naloxone kits encourages the misuse or abuse of prescription drugs.	63.1%	68.0%

Medication-Assisted Treatment

There were four statements (20-23) related to medication-assisted treatment (MAT) in which participants rated their level of agreement and that gauged their perceptions about MAT. Similar to the findings related to prescription drug misuse and abuse, when participants indicated their level of agreement with statements, they were more likely to disagree or strongly disagree with stigmatizing statements. The findings from 2021 (Aguilar-Amaya, Gutierrez, Funke, and Diaz, 2021) indicated the following:

It is important to note that the statement indicating, "Medication-assisted treatment allows people to stay addicted to drugs," had the overall highest neutral response (37.0%) out of all 23 statements. These findings indicate that while participants favor MAT, they are still unclear if MAT keeps individuals addicted to drugs.

When comparing both set of participants, the friends/family, and those suffering/have suffered from SUD/ODU had higher levels of disagreement with the statements related to MAT, indicating they are supportive of MAT being offered in their communities and that MAT does not keep those receiving MAT addicted to drugs. Table 13 shows the combined total for participants' level of agreement being disagreed or strongly disagreed.

Table 13
MAT Statements 20-23

Stigma Survey Statement	Disagree or Strongly Disagree (2021 Community)	Disagree or Strongly Disagree (2022 Self, Family/Friends)
I do not think medication-assisted treatment should be offered in my community.	84.8%	88.0%
People receiving medication-assisted treatment are not productive members of society.	76.1%	84.0%
I don't want people receiving medication-assisted treatment working with or for me.	60.5%	88.0%
Medication-assisted treatment allows people to stay addicted to drugs.	52.2%	64.0%

Focus Group Findings

Based on data collected from the focus groups, a gap identified was that the voices of individuals suffering/had suffered from SUD/ODU and their family and/or friends were not at the table when decisions are made about their well-being. The identified gap led to the recruitment of these individuals for this year's evaluation. By identifying this gap, it was crucial to conduct a comparative analysis between the two groups of participants. In conducting a total of 24 focus groups around the state, data saturation was reached. Information and perceptions shared by the 2022 participants was very similar to what the 2021 participants shared. The emerging themes from both sets of participants were similar and in some cases overlapped.

Comparative Analysis of Findings

Data were analyzed to explore emerging themes amongst all of the focus groups in the areas of knowledge, attitudes, and behavior. Several themes emerged from the 2021 focus groups (community):

- Reducing/removing stigma.
- Increase training/awareness on the topic with educational resources.
- Remove barriers to care.

"Getting addicted to prescription opioids, then finding yourself unable to support that habit because the cost is too high, and you are forced to switch to less expensive opioids. The ones you find on the street." [2021 Participant]

Although the 2022 focus group questions were different than the prior year and had a different target population, some of the emerging themes that arose from the 2022 focus groups (individuals suffering/suffered from SUD/ODU and family and/or friends) aligned with the previous year's themes:

- Decrease stigma by changing the language used with individuals suffering from OUD.
- Increase training/awareness in the community, with providers, and family/friends.
- The need to receive after care support from the community, after completing treatment.

Other themes from this year's participants included:

- Seeing an increase in fentanyl being the drug of choice to replace opioids and heroin.

- Prescription opioids are a gateway to opioid misuse and abuse.
- The need to receive emotional support from family.
- The need to be well informed by physicians and pharmacists when opioids are prescribed.

Similar to the 2021 findings, the vast majority of participants were somewhat knowledgeable about the Good Samaritan Law, but were not knowledgeable about the Angel Initiative. Only one of the

"I just don't think some of these initiatives are advertised well enough. Because like, [name] was just saying, if we didn't know what they are, working in our field, well, probably maybe 50% of my neighbors don't either or people that I know." [2022 Participant]

2022 participants, knew about the Angel Initiative. Collectively, participants believed the best form of properly storing prescription opioids would be by putting them in a lock box. "Perceptions that individuals who suffer

from SUD and OUD are self-imposed remain high throughout Arizona communities" (Aguilar-Amaya, Gutierrez, Funke, Diaz, 2021, p. 24). Similar to the findings of 2021, this year's participants were also "sympathetic and empathetic to those who suffer from SUD and or OUD, through their experiences, many shared how professionals and the general public have stigmatizing views towards these individuals" (Aguilar-Amaya, Gutierrez, Funke, Diaz, 2021, p. 24).

"When you see someone get addicted, you know they are coping with emotional pain, maybe due to a severe loss in their life, and you know they got addicted to prescription drugs and ended up on heroin, but it started off with opioids and then fentanyl, and it just went down from there." [2021 Participant]

Figures 1 through 6 highlight some notable quotes from this year's focus group participants (individuals who suffer(ed) from SUD/OD and family and/or friends) in relation to fentanyl trends, access to opioids, naloxone experience, community support, provider support, and family/friends support.

Figure 1
Fentanyl Trends



"The new trend right now with that is the illegal fentanyl. I don't want to say it's the MS30, but I think it's M30s which are the Mexican Percocet. And when you don't have the resources up here for adequate detox, even just to help overcome the addiction, complete counseling services, there's more and more young kids that are being affected and then it trickles down into the children and the DCS system."

"It's getting even cheaper and cheaper the more that's coming in because heroin is not so prevalent. Now, it's more of the fentanyl pills, like she mentioned. And it's way cheaper. Like she said, you can get it \$5 or less compared to like heroin were like it's \$10 per point."

Figure 2
Access to Opioids



"Native Americans use because it's free to them; they go to IHS and get prescriptions for free...People on reservations live in multifamily units so it's easy to get someone else's opioid medication."

"Older people with pain on fixed incomes sell their Percocet's or their hydrocodone, oxycodone for income."

"Doctors make it known that in exchange for money they will issue a prescription for opioids."

"Doctors give them away so freely at pain clinics and emergency rooms."

"Getting them at Mexico pharmacies and selling them here."

Figure 3
Naloxone Experience

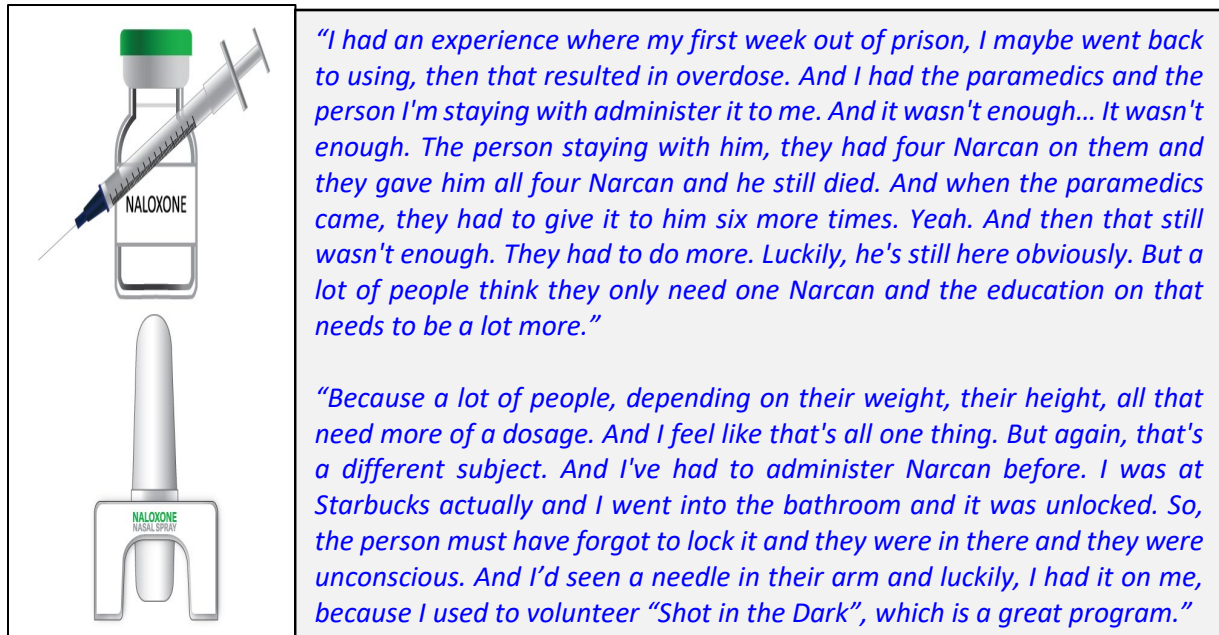


Figure 4
Community Support

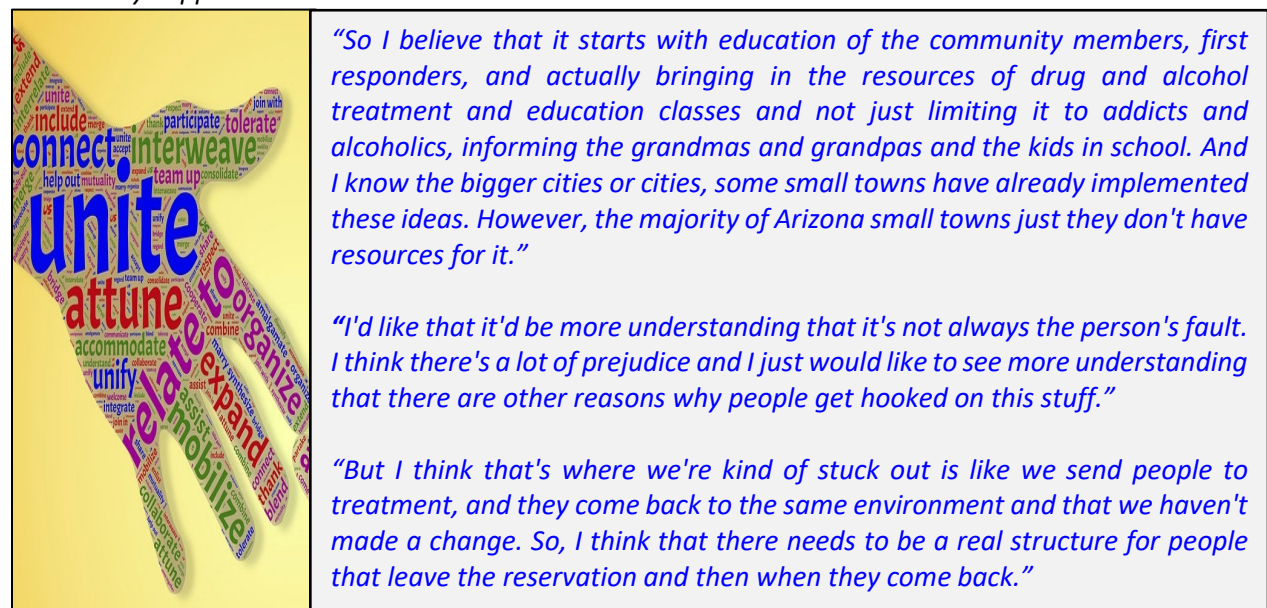


Figure 5
Provider Support



	<p><i>"Stigmatizing language really affects people's care. So, using the stigmatizing language would honestly change a lot in the relationship between provider and the patient. Being able to let your patient be honest with you and not take away this and that or treat them differently after they admit they're using prescriptions or I'm sure the doctor knows, but if they're misusing any type of opioid to let them be honest and not kick them out or refuse to treat them. I know so many people who they won't get their abscesses taken care of because they're so worried about getting judged and they've heard nurses and doctors talking crap about them. So, like, the conversation could change that would really make a huge difference, I think."</i></p>
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Figure 6
Family/Friends Support

	<p><i>"I think we as family and friends should at the very least feel a sense of obligation to educate ourselves to try to seek to understand what's happening to their loved one, having naloxone available, having the resources that could if you end up in that situation could save that person's life."</i></p> <p><i>"I mean people who are addicted to drugs, alcohol, nobody wants to wake up and be addicted. You just are. It's just a horrible disease and people just need help."</i></p>
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Recommendations

As the Arizona Department of Health Services continues to be engaged in movements towards combatting the opioid epidemic, the efforts have become stronger in attempting to identify effective strategies with proven results to reduce the number of overdoses, minimize stigma, and get the necessary resources and treatment to Arizona communities. Based on both groups of participants' responses during the focus groups and surveys, the recommendations suggested in the 2021 evaluation report are reiterated as the emerging themes as responses from both sets of participants across the two years, as they mirror one another. While great strides have been made throughout Arizona communities by providing education and awareness and some resources, there is still much work to be done in

combatting the opioid epidemic. Where noted, some recommendations are referenced from the previous year's list of recommendations.

1. **Education and Awareness:** As noted in the evaluation report of 2021, "county health departments should focus some efforts on providing education and awareness to their communities in the areas of the Angel Initiative" (Aguilar-Amaya, Gutierrez, Funke, Diaz, 2021, p. 24). With the exception of one participant in 2022, all others indicated that they knew nothing about this topic. Even participants who worked in behavioral health and the criminal justice field were not aware of the Angel Initiative. Additional areas of focus should include targeting physicians and family/friends with specific information on what those who suffer from SUD/ODU are coping with and support that they on their road to recovery.
2. **Stigma Reduction:** On its website, the Arizona Department of Health Services has information related to terminology that can be used to reduce stigma amongst individuals who suffer from SUD/ODU. ADHS should continue to encourage and assist county health departments in offering resource materials for their local providers, schools, and the overall general community. As noted in the evaluation report of 2021, "county health departments can collaborate with the ADHS and AHCCCS to explore ideas regarding a stigma campaign" (Aguilar-Amaya, Gutierrez, Funke, Diaz, 2021, p. 24). Additionally, partnering with individuals who suffer(ed) from SUD/ODU could prove to be beneficial as their lived experiences could provide detailed insights regarding messaging campaigns tailored to the themes that emerged with increased training and awareness to the community and providers about: reducing/removing stigma, fentanyl, risks of misusing/abusing prescription opioids, emotional support for individuals suffering from SUD/ODU, after care support services, and removing barriers to care.
3. **Interventions Focused on the Correlation Between Misuse of Prescription Opioids and Misuse of Opioids:** As noted in the 2021 evaluation report (Aguilar-Amaya, Gutierrez, Funke, Diaz, 2021,

pgs. 25-26), the practical evidence presented by community members across Arizona during these focus groups demonstrates the need for a systems approach to address the opioid epidemic in Arizona. With an emphasis on recognizing the potential effects that interventions focused on the misuse of prescription opioids have on the misuse of opioids, more generally to include heroin, fentanyl, and prescription drugs. According to several participants accounts in 2021, one frequent route to opioid-related mortality over the last several years has been:

"Getting addicted to prescription opioids, then finding yourself unable to support that habit because the cost is too high, and you are forced to switch to less expensive opioids. The ones you find on the street." Another participant stated: "When you see someone get addicted, you know they are coping with emotional pain, maybe due to a severe loss in their life, and you know they got addicted to prescription drugs and ended up on heroin, but it started off with opioids and the fentanyl, and it just went down from there."

4. **Targeted Evidence-Based Interventions:** As noted in the 2021 evaluation report Aguilar-Amaya, Gutierrez, Funke, Diaz, 2021, p. 26), the evaluation team was able to recruit members of local tribal communities across Arizona. Their stories provided a powerful narrative not often included in the discussion of Arizona's opioid epidemic. A reoccurring theme specific to tribal communities is lack of resources and historical trauma. Acknowledgment of societal determinants of health, such as racism and economic inequality, should be considered when discussing and addressing the risk for opioid and other substance use disorders in racial and ethnic minority communities. Participants stated the importance of steering away from narratives framing the current surge in opioid use as an "unusual/unseen/or a new crisis only happening in White, affluent communities." This ongoing narrative eliminates both the historical context and disparate treatment experienced by non-white SUD/ODs.

- a. **Target Specific Communities:** Recommendations include conducting targeted focus groups in racial and ethnic minority communities, including urban, rural, and tribal regions, to create targeted, culturally sensitive evidence-based interventions. A racial or ethnic impact assessment would further strengthen this recommendation to evaluate the effects of health policies and clinical practices on racial and ethnic minorities (Bailey et al., 2017; James & Jordan, 2018). It would be helpful to assess whether members of the communities most impacted by opioids and individuals in recovery from SUD/ODU can use their recovery journey to enhance services' and include this feedback in drug treatment policies.

Summary

The purpose of this evaluation was to explore and examine how Arizona communities are informed about resources and services related to opioid and substance use disorders, medication-assisted treatment, and to gauge perceptions of stigma related to prescription drug misuse and abuse by conducting a comparative analysis from the 2021 evaluation findings to the 2022 findings. The evaluation consisted of focus groups and interviews to determine themes and subthemes related to prescription drug misuse and abuse throughout Arizona communities. An online stigma survey was used to gauge perceptions related to individuals who misuse or abuse prescription drugs. The findings from the 2022 focus groups and stigma survey demonstrated the need for a continued systems approach to address the opioid epidemic in relation to education/awareness and stigma. Both sets of findings across the two years and different target populations supported one another showing the need for continued education, awareness of opioid issues, and the need for stigma reduction. In general, participants were in favor of naloxone kits being distributed and administered. Further, while both sets of participants recognized the stigma associated with individuals who suffer from SUD/ODU, participants from 2022 had higher levels of being supportive and less stigmatizing towards these individuals.

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Appendix A

Focus Group Questions

The focus group questions have been designed to solicit participants' lived experiences related to opioid misuse and abuse. The questions are categorized according to topics: (1) community, (2) access, and (3) law enforcement involvement. These following questions are about the use of prescription pain relievers, prescribed by a doctor, called opioids. When answering the questions, please do not include over-the-counter pain relievers such as aspirin, Ibuprofen, Tylenol, Advil, or Aleve when answering these questions. Examples of opioid pain relievers prescribed by a doctor or dentist include hydrocodone, Vicodin, Norco, Lortab, oxycodone, OxyContin, Percocet, and Percodan.

Community Specific

1. In your experience, what are the major differences between opioids and heroin? Is there a difference in the type of people who abuse prescription opioids? Heroin? Please explain.
2. What are some reasons that people in your community abuse prescription opioids? Heroin?
3. Have you noticed any new trends with prescription opioids and heroin use in your community?
4. What kind of involvement / support would you like to see from your community for individuals suffering from opioid use disorder?

Access to Opioids

1. How do people get access to prescription opioids legally? Illegally?
2. What did your doctor and/or pharmacist say about prescription opioids?
3. Do you have any ideas for better ways to store prescription drugs?
4. In your opinion, is there a different risk when abusing prescription opioids vs. heroin?
5. Have you or someone you know had any experience with Narcan/Naloxone? Please explain.
6. What kind of involvement / support do you believe an individual suffering from opioid use disorder should receive from medical providers?
7. What kind of involvement / support do you believe an individual suffering from opioid use disorder should receive from their family / friends?

Law Enforcement Involvement

1. What do you know about the Angel Initiative? What about the Good Samaritan law? Where did you learn about the initiative/law? What do you think about them?
2. In your opinion, what kind of involvement does law enforcement have in heroin and prescription drug misuse? Prevention? How about overdoses?
3. What kind of involvement would you like to see from law enforcement regarding opioid use prevention and opioid misuse?

Appendix B Demographic Questionnaire

The following information will be used for reporting purposes only and is optional. This information WILL NOT be used to identify you in any way. Thank you.

- 1) Which county do you reside in? _____
- 2) What category do you most identify with? (Select only one)
 - ☐ I am a family member of someone who currently suffers from opioid use disorder
 - ☐ I am a family member of someone who suffered from opioid use disorder in the past
 - ☐ I am a close friend of someone who currently suffers from opioid use disorder
 - ☐ I am a close friend of someone who suffered from opioid use disorder in the past
 - ☐ I am someone who currently suffers from opioid use disorder
 - ☐ I am someone who suffered from opioid use disorder in the past
- 3) How many years have you or your loved one suffered from opioid use disorder? (Select only one)
 - ☐ Less than 1 year
 - ☐ More than 1 year, but less than 3
 - ☐ More than 3 years, but less than 5
 - ☐ More than 5 years, but less than 10
 - ☐ More than 10 years
- 4) If you are currently receiving medication assisted treatment, what is your medication treatment?
 - ☐ Methadone
 - ☐ Buprenorphine
 - ☐ Naltrexone
 - ☐ Other
 - ☐ Not applicable
- 5) If you have previously received medication assisted treatment, what was your medication treatment?
 - ☐ Methadone
 - ☐ Buprenorphine
 - ☐ Naltrexone
 - ☐ Other
 - ☐ Not applicable
- 6) What is your gender? ☐ Male ☐ Female ☐ Transgender ☐ Other _____ ☐ Prefer not to answer
- 7) What race do you consider yourself to be? (Select all that apply)
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Pacific Islander
 - ☐ White
 - ☐ Don't know / Prefer not to answer
 - ☐ Other _____
- 8) What is your ethnicity? ☐ Hispanic or Latino ☐ not Hispanic or Latino
- 9) What is the highest level of education you have completed? (Select only one)
 - ☐ Some high school
 - ☐ High school/GED
 - ☐ Some college, no degree
 - ☐ Trade school degree/certificate
 - ☐ Associate's degree
 - ☐ Bachelor's degree
 - ☐ Master's degree
 - ☐ Medical degree
 - ☐ Juris Doctorate
 - ☐ PhD/Doctorate
- 10) What is your employment status? (Select only one)
 - ☐ Unemployed
 - ☐ Full-time
 - ☐ Part-time
 - ☐ Self-employed
 - ☐ Disabled
 - ☐ Retired
- 11) What is the type of agency that you work for? (Select one)
 - ☐ College
 - ☐ Faith-based
 - ☐ Government
 - ☐ Law
 - ☐ Medical
 - ☐ Non Profit
 - ☐ School
 - ☐ University
 - ☐ Social Services
 - ☐ Not employed
 - ☐ Other _____
- 12) What is your relationship status? (Select only one)
 - ☐ Single, not dating anyone
 - ☐ Divorced, not in a relationship
 - ☐ Legally separated, not dating anyone
 - ☐ Married
 - ☐ Cohabitate with significant other
 - ☐ In a relationship, but not living together

Appendix C Stigma Survey

Rx Drug Misuse & Abuse, Naloxone, and MAT Stigma Survey

Individual perceptions about prescription drug misuse and abuse and the distribution and administration of naloxone and medicated assisted treatment are important factors that could help determine what areas of training and awareness agencies need to focus; this survey is designed to assess these perceptions. Please rate the following set of statements as honestly and accurately as possible. Your responses are anonymous and cannot be linked back to you. There are three parts to the survey. The first part focuses on perceptions of prescription drug misuse and abuse, the second part focuses on perceptions of naloxone, and the third focuses on perceptions of medicated assisted treatment.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Prefer Not to Answer
Prescription Drug Misuse or Abuse							
1	People are afraid of those who misuse or abuse prescription drugs.	1	2	3	4	5	9
2	People do not want to talk to others who misuse or abuse prescription drugs.	1	2	3	4	5	9
3	People prefer not to have those who misuse or abuse prescription drugs living in their community.	1	2	3	4	5	9
4	People think that those who misuse or abuse prescription drugs are unclean.	1	2	3	4	5	9
5	People do not want those who misuse or abuse prescription drugs around their children.	1	2	3	4	5	9
6	People keep their distance from those who misuse or abuse prescription drugs.	1	2	3	4	5	9
7	People are afraid to work with those who misuse or abuse prescription drugs.	1	2	3	4	5	9
8	People who misuse or abuse prescription drugs cannot be trusted.	1	2	3	4	5	9
9	Individuals with Opioid use disorder are to blame for their problem.	1	2	3	4	5	9
10	Landlords should be allowed to deny housing to a person with Opioid use disorder.	1	2	3	4	5	9
11	I would be unwilling to have a person with Opioid use disorder marry into my family.	1	2	3	4	5	9
12	Employers should be allowed to deny employment to a person with Opioid use disorder.	1	2	3	4	5	9
13	People with Opioid use disorder are more dangerous than the general population.	1	2	3	4	5	9
Naloxone							
14	Distributing naloxone kits encourages the misuse or abuse of prescription drugs.	1	2	3	4	5	9
15	Administering naloxone enables the misuse or abuse of prescription drugs.	1	2	3	4	5	9
16	Administering naloxone is dangerous.	1	2	3	4	5	9
17	It is important to have a naloxone kit around if you know of someone who misuses or abuses prescription drugs.	1	2	3	4	5	9
18	Naloxone should be provided to patients at high risk of overdose.	1	2	3	4	5	9

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Prefer Not to Answer
19	I would administer Naloxone to someone that has experienced an Opioid overdose.	1	2	3	4	5	9
Medication Assisted Treatment (MAT)							
20	Medication assisted treatment (MAT) allows people to stay addicted to drugs.	1	2	3	4	5	9
21	I don't want people receiving medication assisted treatment (MAT) working with or for me.	1	2	3	4	5	9
22	People receiving medication assisted treatment (MAT) are not productive members of society.	1	2	3	4	5	9
23	I do not think medication assisted treatment (MAT) should be offered in my community.	1	2	3	4	5	9