Community Assessment for Public Health Emergency Response (CASPER):

Drug Overdose Awareness in Allegheny County, PA, 2018

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Introduction

The Allegheny County Health Department (ACHD) received a Medical Reserve Corps (MRC) Challenge Award from the National Association of County and City Health Officials (NACCHO) on February 8, 2018. This award was granted to ACHD to complete a Community Assessment for Public Health Emergency Response (CASPER) survey in conjunction with the MRC and the University of Pittsburgh's Graduate School of Public Health (GSPH). ACHD utilized the CASPER methodology to assess opioid overdose awareness in a large, highly burdened area of Allegheny County.

CASPER is a Center for Disease Control and Prevention (CDC) assessment tool designed to rapidly and efficiently survey the health of a community in the event of an emergency. It has been used nationwide to survey households after many natural and man-made disasters including hurricanes, drought, and chemical spills (Burrer et al., 2017; California Department of Public Health, 2016; Wallace, Poole, & Horney, 2016). CASPERs have also been conducted pre-disaster to practice the methodology and to assess disaster preparedness (Nyaku et al., 2014; Repp, Hawes, Rees, Vorderstrasse, & Mohnkern, 2018; Shay, Combs, Salvesen, DeTrizio, & Horney, 2014).

In 2018, Pennsylvania Governor Tom Wolf declared the opioid crisis a public health emergency. In 2016 and 2017, the southwestern counties of Pennsylvania continued to experience some of the highest rates of drug overdose death in the commonwealth. The most populated southwestern county, Allegheny County, experienced an elevated drug-related overdose death rate of 60 per 100,000 in 2017 in comparison to 43 per 100,000 statewide (OverdoseFreePA, 2018). Several Allegheny County hotspots with overdose

death rates exceeding 80 per 100,000 have been identified. ACHD chose to conduct a CASPER survey of opioid overdose awareness in a three ZIP code area (15203, 15210, 15211) with consistently elevated overdose death rates. This area represents the largest contiguous three ZIP code area with elevated death rates from 2016 to 2017 (Figure 1).

To be statistically valid, a CASPER should be conducted in an area that has between 800 and 1,000,000 housing units. The sampling frame established by the three zip-code area contains 22,085 occupied housing units. Additionally, a statistically valid CASPER requires the area to be homogenous by the topic of interest. Overdose deaths rates in this area are consistent, over 100 deaths per 100,000 persons (Hulsey, 2018).

The purpose of this CASPER survey was threefold: 1) To assess opioid overdose awareness in a highly burdened area of Allegheny County; 2) to provide educational materials and resource guides for overdose prevention, response and treatment; 3) to test the CASPER methodology and volunteer surge capacity. The results of this CASPER survey are being used to further develop interventions to fight this devastating issue.

Methods

CASPER background

The CASPER methodology was developed by the Center for Disease Control and Prevention (CDC) as a rapid needs assessment tool for post disaster situations. The method involves a two-stage cluster sampling design to obtain a goal of 210 surveys. Following this sampling methodology, and with at least an 80% response rate, weighted analysis can be conducted to generalize the results to the entire sampling frame.

Sampling frame

Allegheny County has 1,223,048 residents and 531,075 households, according to the 2017 estimates from the United States Census Bureau. For this CASPER, the goal was to identify an area highly burdened by overdose deaths. The largest continuous area of the county that has had consistently high overdose death rates from 2016 to 2017 included the South Pittsburgh neighborhoods of Mt. Washington, Southside, and Mt. Oliver (Figure 2). The three zip codes corresponding to these neighborhoods: 15211, 15203, and 15210 were chosen as the sampling frame.

Cluster sample selection

Clusters were selected using the CASPER toolbox developed by the CDC and ArcGIS (10.5.1) software (Centers for Disease Control and Prevention, 2012). The CASPER toolbox uses probability proportional to the number of housing units per block for block selection, so that census blocks with a greater number of housing units were more likely to be chosen than those with a smaller number of housing units. The toolbox selected one census block twice, and 28 census blocks once, for a total of 29 census blocks selected (Figure 3).

Field sample selection

For each selected census block, housing unit counts were obtained from the 2010 census. After determining the total number of housing units per census block, this number was divided by 7 to produce a value of n. The housing units were then numbered, with every nth house receiving number 1, indicating that these units should be surveyed in the first round. Each (n+1)th house was assigned number 2. This created a system of surveying

with approximately 7 houses per round. In the event that a housing unit from round 1 needed to be replaced, a unit from round 2 was used to replace it. This pattern continued until all housing units were assigned a number round.

Maps of each census block were created using ArcGIS (10.5.1), with housing units labeled by round number. Volunteers attempted to survey each housing unit assigned to round number 1. If a house was inaccessible, vacant, or unsafe, or if a potential respondent declined to participate, volunteers immediately chose a house from round 2 to replace it. If no one answered the door at a housing unit in round one, volunteers returned on the same day, at least two hours later, or on a different day, to attempt to contact the housing unit again. After no contact the second time, houses were replaced with a housing unit from the next number round. All housing units in a round were visited before volunteers moved on to contacting houses the subsequent round.

Survey development

The survey questionnaire was developed in collaboration with a wide variety of stakeholders and community organizations. ACHD received input from Allegheny County Department of Human Services, Congress of Neighboring Communities (CONNECT), City of Pittsburgh, Minority Emergency Task Force, Medical Reserve Corps Advisory Board, GSPH faculty, and additional volunteers.

Topics covered by the questionnaire included perception of the opioid crisis, knowledge of opioids, and awareness of naloxone. Awareness of signs and symptoms of overdose, overdose response, and drug and alcohol treatment facilities were also addressed. When the survey was piloted, it took approximately ten minutes to conduct.

Community outreach

The CASPER was advertised in the South Pittsburgh Reporter, a local newspaper of south Pittsburgh neighborhoods, the week before the CASPER took place to inform community members that volunteers from ACHD would be conducting a survey in their area. Between June 19th and June 21st, flyers were distributed to nearly all houses in the 29 census blocks to inform residents of the upcoming survey.

Volunteer recruitment and training

Volunteers were primarily recruited from the Allegheny County MRC, who were contacted via email, and from the University of Pittsburgh. Flyers were posted around the University of Pittsburgh campus advertising the volunteer opportunity. Emails were sent to students in GSPH's Epidemiology department and members of the volunteer organization Epi Gives Back, as well as members of the organization Student Public Health Epidemic Response Effort (SPHERE). Emails requesting volunteers were sent to all staff at ACHD.

Volunteers attended an optional two-hour introduction training the week prior to surveying. On the first day of surveying, those who did not attend this optional training session were paired with a volunteer who did. All volunteers received a two and a half hour just-in-time training on their first day of volunteering that covered the sampling method, surveying, the Survey123 app, interview tips, and safety.

On the day of surveying, volunteers were provided with the consent script to read at each approached housing unit, as well as paper copies of the surveys. Volunteers also were also equipped with interview tip reminders, a list of potentially asked questions and

answers, and instructions for the sampling methodology. Lists of addresses labeled with their corresponding round number, maps, and tracking forms for each census block were also provided. Volunteers had the phone number of the one of CASPER organizers to contact with any questions or concerns while in the field.

Data collection and analysis

Data were collected via paper survey or through an electronic app called Survey123, depending on the participant and surveyor's preferences. Surveys collected on paper were entered into the Survey123 app at the end of the day, at the volunteer hub.

Data were checked for identical duplicate entries, and to ensure that the addresses were appropriately coded to the correct census blocks. Data from the Survey123 app was exported to Microsoft Excel. Blank fields were coded as missing data. Microsoft Excel was used to conduct descriptive data analyses.

Results

Interview teams conducted 100 interviews for an overall completion rate of 47.6% (100/210). The cooperation rate was 44.1%, as interviews were conducted at 100 of the 227 housing units where contact was made. 100 interviews were conducted out of the 705 housing units where contact was attempted, for a contact rate of 14.2%.

Of the 705 housing units approached by volunteer teams, 123 were vacant or inaccessible. With these units eliminated, the contact rate increases to 100 interviews conduced out of 582 occupied housing units approached, or 17.2%. Definitions of completion rate, cooperation rate, and contact rate are provided in Table 1.

Census block characteristics

The number of housing units per block ranged from 5 to 191, with an average of 44. Seven census blocks had 14 or fewer housing units, and the median number of housing units per census block was 33.

Volunteer data

A total of 51 volunteers participated in surveying over four days. Of the 51 volunteers, 34 surveyed one day only, while the other 17 surveyed over multiple days. The primary sources of volunteers were members of the Allegheny County MRC (17) and students from the University of Pittsburgh (13). ACHD employees also contributed to the volunteer effort (8). Students were the most likely group to survey multiple days (9) and contributed the most volunteer hours to the project.

On Saturday June 23rd and Sunday June 24th, 14 and 9 teams, respectively, conducted surveys from 11am to 4pm, with an hour break for lunch. 5 teams conducted surveys on Sunday July 1st during the same time frame. 6 teams attempted to conduct surveys on Wednesday, June 27th between the hours of 1:00pm and 3:00pm.

Questionnaire results

When asked, "how big of a problem are opioids in this neighborhood?" 42% of surveyed households said opioids are a major problem, 25% said opioids are a minor problem, 10% said opioids are not a problem at all, and 23% of households said that they did not know. Responses varied by neighborhood. Of those in the Knoxville/Mt. Oliver

area, 67% of households responded that opioids are a major problem, while only 27% of households surveyed in Southside reported that opioids are a major problem (Table 2). Half of all surveyed households knew someone personally that has overdosed. (Table 3)

Overall most households were able to correctly identify which drugs are opioids; 83% correctly stated that heroin is an opioid, 89% correctly identified Oxycontin as an opioid, 67% correctly identified fentanyl as an opioid, 84% correctly stated that marijuana is not an opioid, and 58% knew that cocaine is not an opioid (Table 4).

Most surveyed households had heard of Narcan. However only 20% knew that Narcan and naloxone are the same drug, with Narcan a brand of the generic drug naloxone. Approximately half of surveyed households knew that an individual prescription from a physician is not required to purchase naloxone in the state of Pennsylvania. Less than half (46%) of respondents knew that administering naloxone to an unconscious person who is not overdosing would not cause harm.

Most surveyed households successfully identified the symptoms of an overdose. Almost all correctly responded that being unable to wake is a sign of an overdose, 88% responded that slow and shallow breathing is a sign of an overdose. Most participants were able to identify that skin turning bluish for people with light skin, and ashen or grayish for people with dark skin is a sign of an overdose (78%).

Almost all households stated that they would call 911 if they saw someone overdosing, and 83% would administer Narcan if they had it on hand. Just over half of households would perform chest compressions if the individual did not have a pulse, and 39% would perform rescue breathing if the individual were not breathing.

Only 20% of survey households stated that there are enough drug and alcohol treatment facilities in the South Pittsburgh area. Most households were open to the idea of more treatment facilities in their neighborhoods, with 70% supporting a recovery house in their neighborhood and 65% supporting a needle exchange program (Table 5). When asked, "if someone you care about was addicted to opioids, how confident are you that you would know how to help them?" one third of households responded that they were very confident (Table 6).

Discussion

Nearly 75% of surveyed households stated that opioids are a problem in their neighborhood, and about half knew someone personally who overdosed. This is not surprising given the recent increase in overdoses and overdose deaths in Allegheny County, as well as the high overdose death rates in the zip codes surveyed.

Although most households had heard of Narcan and knew its purpose, this survey revealed gaps in knowledge in the community. The majority of households did not know that an individual prescription from a physician is not required to purchase naloxone in Pennsylvania. In May of 2015, Dr. Karen Hacker, Director of the Allegheny County Health Department signed a standing order for Naloxone to ensure County residents have access to naloxone. In March of 2016, Dr. Rachel Levine, the Secretary of Health of Pennsylvania, did the same. With this standing order in place, naloxone can be purchased from Pennsylvania pharmacies without an individual prescription.

Only half of respondents knew that administering naloxone to an unconscious person who is not overdosing would not cause harm, and the majority of surveyed

households did not know that Narcan and naloxone are the same drug. These results suggest a need for community education about naloxone, including what it is, where to obtain it, and how and when to administer it.

Of note, the majority of respondents supported needle exchange and recovery houses in their neighborhoods. This suggests that our partners in the county should considering opening harm reduction centers or recovery houses these areas. However, this data is likely biased, as those willing to have conversations about opioids with representatives from the health department are likely more supportive of needle exchange programs and recovery houses than those who did not participate in the survey.

Limitations

The biggest limitation faced by this CASPER was the low response rate. Out of 705 housing units approached, 100 surveys were conducted, yielding a contact rate of 14.2%. In the published literature, previous CASPER contact rates range from 23% to 91% (Repp et al., 2018; Wallace et al., 2016). A number of factors may have contributed to the low response rates of this CASPER.

First, successful contact was only made at 32% of housing units attempted. Vacant and inaccessible housing units accounted for 123 of the units attempted (17%). Many of these houses were abandoned or condemned, and volunteers were unable to access two large apartment buildings. At 355 housing units, surveyors received no response when ringing the doorbell or knocking. This CASPER was conducted primarily on Saturday and Sundays. Residents may not have been home, or may have been busy, when contact was attempted.

Second, the week before the CASPER survey was conducted, educational flyers were distributed to houses in the 29 census blocks to make residents aware of the upcoming survey. The flyers contained information about the purpose of the survey, the date of the survey, and what volunteers would be wearing. It is not possible to know whether these flyers impacted the response rate. Only 30% of housing units that responded to the survey stated that they had prior knowledge of the survey, so many housing units may not have seen or read the flyer. Some residents may have seen the advertising and choose not to open their doors because they were not interested in participating.

Third, when doors were answered, 44% of the housing units participated in this survey. This may have been due to the sensitive nature of the opioid topic. Some potential participants may have misunderstood the survey intent and felt that they could not contribute information if they were not familiar with the opioid crisis in the area. A few households were not able to participate due to language barriers, or not having anyone over the age of 18 present. Others may have declined to participate due to the time commitment (ten minutes). Participants were offered a reusable grocery bag for their participation in the survey, but a different incentive may have increased response rates.

Fourth, the number of housing units in each block was low. Previous CASPERs have eliminated small census blocks, or combined blocks to reach a minimum number of housing units per block (California Department of Public Health, 2016; Repp et al., 2018; Wallace et al., 2016) The smallest block selected for this CASPER contained just 5 housing units, 2 of which were abandoned, so obtaining the targeted 7 surveys for this block was impossible.

Another limitation was a malfunction with the Survey123 app, which led to missing data for three questions on 40 questionnaires. If survey data were also recorded on paper in addition to the electronic version, the missing data was added manually. However, the final dataset has 17 entries that are missing the responses to three questions.

Feedback and dissemination of results

Through this project, ACHD successfully deployed surge capacity volunteers. A total of 51 volunteers contributed 250 hours to the CASPER survey. Volunteers provided positive feedback about their experience with the project via a volunteer survey and at a meeting to receive feedback.

After the conclusion of the CASPER survey and analysis of results, ACHD hosted a community meeting in Mt. Oliver. The meeting was advertised in the 29 targeted census blocks and through emails to ACHD employees and GSPH students and faculty. ACHD staff discussed the results of the CASPER survey and conducted basic CPR training and Narcan training. Results of the CASPER survey were also presented at a meeting with the South Pittsburgh Coalition of Peace and a meeting with the Allegheny County Department of Health and Human Services.

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Table 1:

Measure	Definition	CASPER Results	
Completion rate	Number of completed interviews / Number of goal interviews (210)	100 / 210	47.6%
Cooperate rate	Number of completed interviews / Number housing units where contact was made	100 / 227	44.1%
Contact rate	Number of completed interviews / Number of housing units where contact was attempted	100 / 705	14.2%

Table 2: How big of a problem are opioids in your neighborhood?

	Major	Minor	Not a problem	Don't know/ refused/missing
Overall	**42 (42%)**	**25 (25%)**	**10 (10%)**	**23 (23%)**
Southside	8 (27%)	9 (30%)	2 (7%)	11 (37%)
Mt. Washington	16 (40%)	14 (35%)	6 (15%)	4 (10%)
Knoxville/Mt. Oliver	10 (67%)	1 (7%)	1 (7%)	3 (20%)
Carrick	8 (53%)	1 (7%)	1 (7%)	5 (33%)

Table 3: Do you personally know someone who has overdose on opioids?

	Yes	No	Don't know/refused
Overall	**49 (49%)**	**47 (47%)**	**4 (4%)**
Southside	14 (47%)	14 (47%)	2 (7%)
Mt. Washington	20 (50%)	19 (48%)	1 (3%)
Knoxville/Mt. Oliver	11 (73%)	4 (27%)	0 (0%)
Carrick	4 (27%)	10 (67%)	1 (7%)

Table 4: Questionnaire Results (N=100)

	Yes n	No n	Don't Know/ Refused/Missing n
Which of the following are opioids:			
Heroin	83*	6	11
Cocaine	30	58*	12
Marijuana or Weed	11	84*	5
Oxycontin or Oxy	89*	3	8

Fentanyl	67*	5	28
Have you heard of Narcan:	79	20	1
Is Narcan an overdose reversing drug that can save lives?[a]	73 (90%)*	3 (4%)	5 (6%)
Are Naloxone and Narcan are two different drugs?[a]	20 (24%)	18 (21%)*	47 (55%)
Do people need a prescription to get Narcan in Pennsylvania?	21	49*	30
If you give Narcan to a person who is unconscious but not overdosing, will it hurt them?	28	46*	26
Which of the following people should carry Narcan?			
People who use opioids	82	16	2
Friends and family of people who use opioids	90	7	3
EMS	95	4	1
Police	92	7	1
Firefighters	92	8	0
Everyone	46	47	7
Is the following a sign or symptom of an overdose?			
Unable to wake	94*	1	5
Breathing is very slow and shallow, erratic, or has stopped	88*	5	7
For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen	78*	5	17
If you saw someone overdosing, would you:			
Call 911?	97	0	3
Administer Narcan?	83	9	8
Perform Chest Compressions?	55	18	27**
Perform Rescue Breathing?	39	33	28**
What actions should be taken to combat the opioid crisis?			
Improved access to treatment	88	9	3
Prevention education for children?	94	3	3
Harsher drug sentencing	30	58	12
More lenient drug sentencing	39	48	13
Community education events	89	9	2
Improved access to Narcan	84	9	7

* Correct answer
** Missing data due to app malfunction
[a] Nested question: question not asked of all 100 survey participants

Table 5: Drug and Alcohol Treatment Results

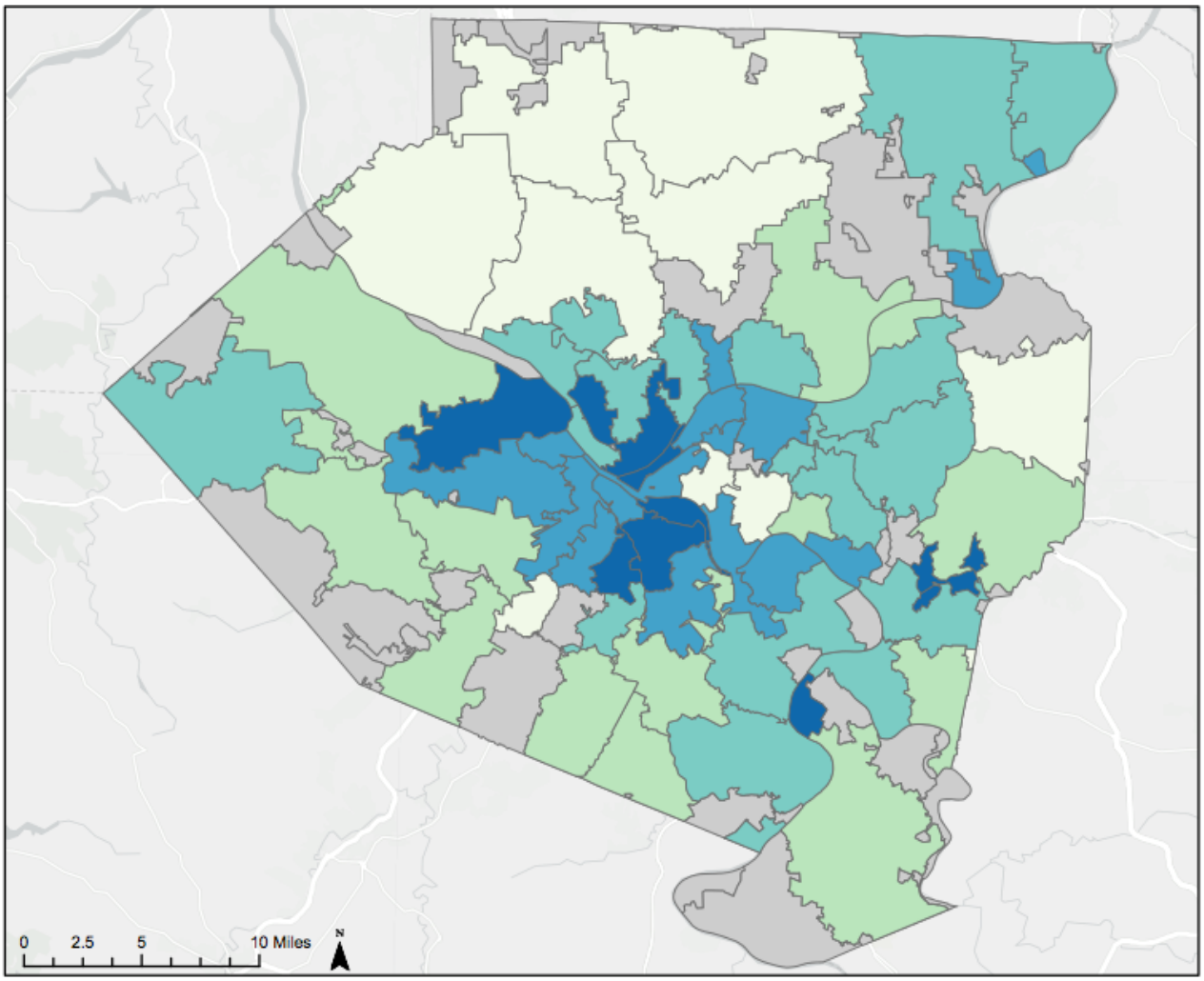
	Yes	No	Don't know/Refused/Missing
Do you think there are enough drug and alcohol treatment options for people who need them in this area?			
Overall	**20 (20%)**	**36 (36%)**	**44**(44%)**
Southside	3 (10%)	14 (47%)	13 (43%)
Mt. Washington	10 (25%)	13 (33%)	17 (42%)
Knoxville/Mt. Oliver	6 (40%)	5 (33%)	4 (27%)
Carrick	1 (7%)	4 (27%)	10 (67%) **
Would you support having a recovery house or a ¾ house in your neighborhood?			
Overall	**70 (70%)**	**19 (19%)**	**11 (11%)**
Southside	22 (74%)	4 (13%)	4 (13%)
Mt. Washington	25 (62%)	10 (25%)	5 (13%)
Knoxville/Mt. Oliver	9 (60%)	5 (33%)	1 (7%)
Carrick	14 (93%)	0 (0%)	1 (7%)
Would you support having a syringe or needle exchange program in your neighborhood?			
Overall	**65 (65%)**	**23 (23%)**	**12 (12%)**
Southside	23 (77%)	4 (13%)	3 (10%)
Mt. Washington	26 (65%)	10 (25%)	4 (10%)
Knoxville/Mt. Oliver	8 (53%)	6 (40%)	1 (7%)
Carrick	8 (53%)	3 (20%)	4 (27%)

**Missing data due to app malfunction

Table 6: If someone you care about was addicted to opioids, how confident are you that you would know how to help them?

	Very confident	Someone confident	Not at all confident	Don't Know/Refused
Overall	**33 (33%)**	**47 (47%)**	**14 (14%)**	**6 (6%)**
Southside	10 (33%)	12 (40%)	5 (17%)	3 (10%)
Mt. Washington	14 (35%)	18 (45%)	7 (18%)	1 (3%)
Knoxville/Mt. Oliver	4 (27%)	8 (53%)	2 (13%)	1 (7%)
Carrick	5 (33%)	9 (60%)	0 (0%)	1 (7%)

Figure 1: 2017 Overdose Rates per 100,000 Individuals



Zip Code	Rate	Zip Code	Rate	Zip Code	Rate	Zip Code	Rate	Zip Code	Rate	Zip Code	Rate
15222	333.9	15216	98.5	15207	79.9	15214	62.7	15102	30.5	15101	16.5
15140	333.9	15144	96.6	15220	79.0	15137	58.7	15238	30.4	15239	14.3
15007	309.6	15227	95.9	15132	74.5	15215	55.5	15112	30.4	15090	14.1
15064	261.8	15014	94.2	15235	72.3	15065	51.8	15108	29.9	15116	13.9
15051	216.9	15205	91.5	15126	71.3	15025	50.2	15145	28.0	15232	8.8
15225	184.5	15120	89.8	15221	70.8	15146	49.4	15129	27.5	15668	7.6
15148	177.7	15224	88.7	15084	69.1	15106	48.6	15003	25.3	15057	7.2
15136	160.2	15030	88.7	15147	69.0	15131	48.5	15332	24.5	15642	6.6
15045	156.1	15104	88.5	15233	67.4	15139	47.6	15243	22.4	15012	6.3
15212	143.4	15201	86.5	15208	67.3	15037	45.9	15024	22.2	15228	5.7
15035	140.9	15142	86.0	15202	66.0	15218	43.3	15217	22.0	15241	4.9
15203	140.7	15204	84.0	15229	65.1	15071	40.2	15143	20.3	15068	2.6
15210	131.0	15219	83.9	15122	64.6	15017	37.0	15213	19.5		
15226	100.2	15223	82.9	15209	64.3	15236	37.0	15237	19.1		
15211	99.3	15206	80.4	15234	64.0	15110	35.9	15044	18.5		

- ≤25/100,000
- ≤50/100,000
- ≤75/100,000
- ≤100/100,000
- >100/100,000
- Excluded (<3 ODs)

Figure 2: Sampling Frame

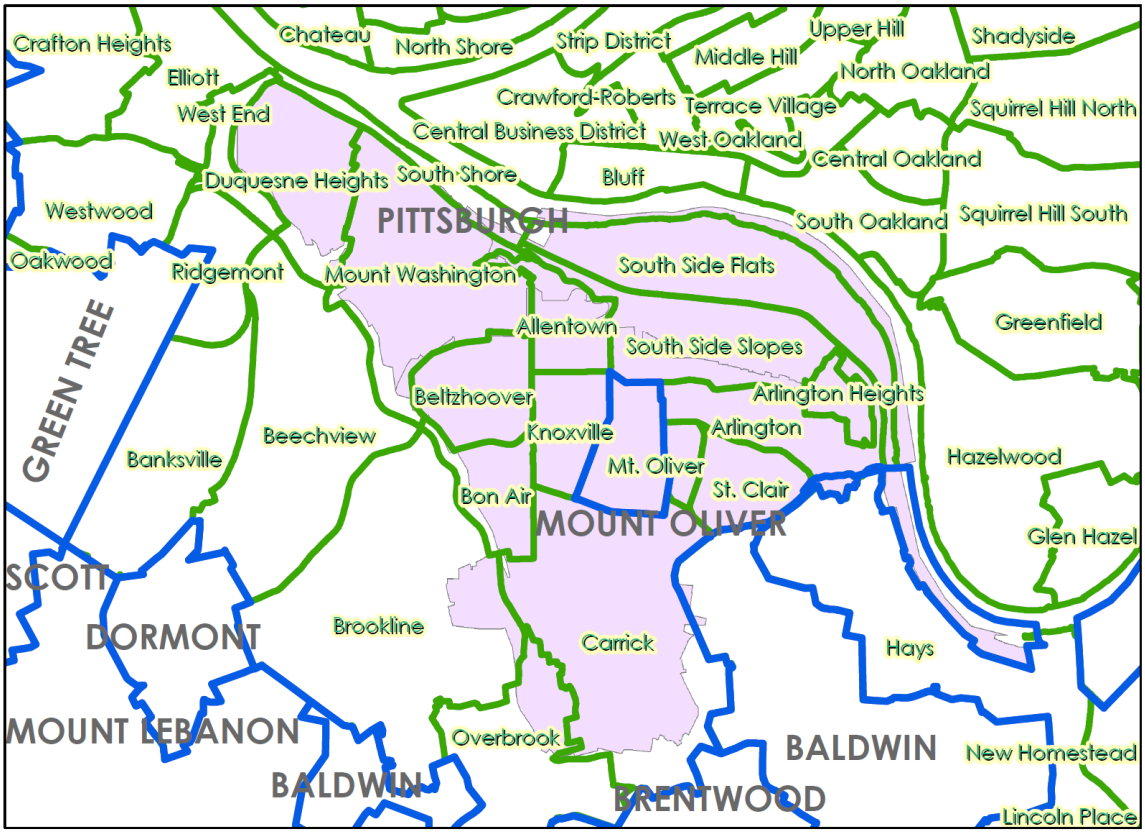
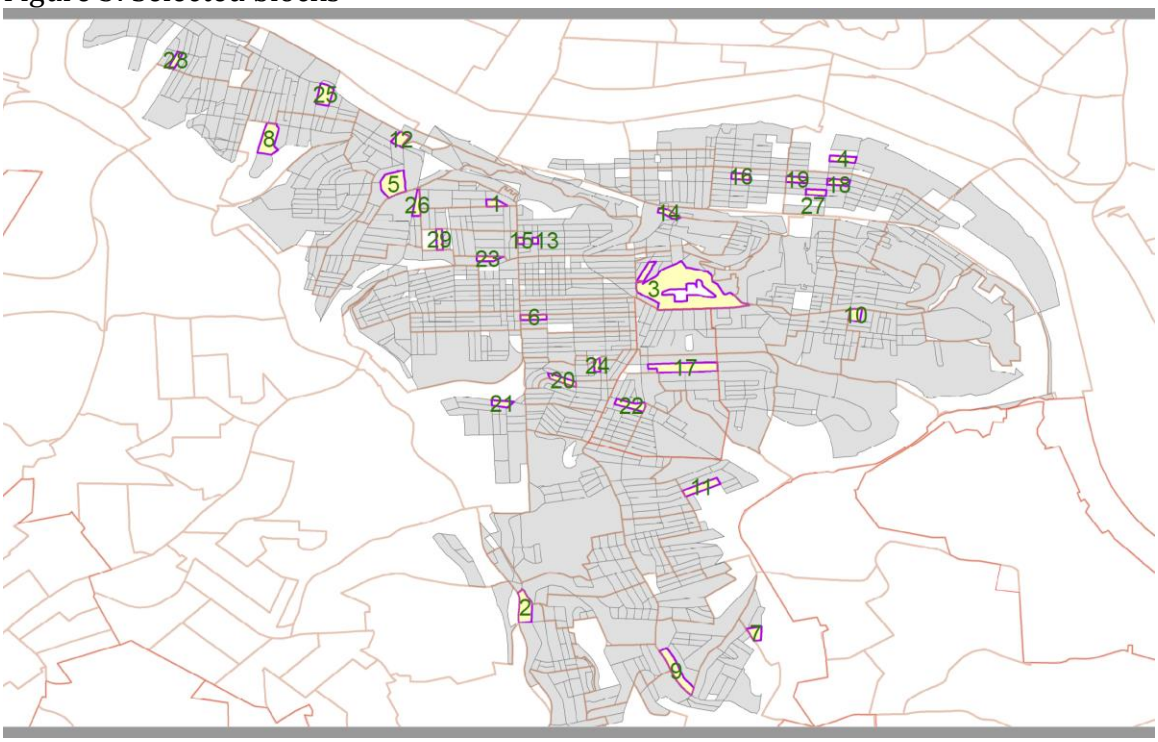


Figure 3: Selected blocks



Appendix 1: Consent Script

Consent Script

Community Assessment for Public Health Emergency Response
Good morning/afternoon sir/madam, my name is _____ and this is _____.
We are part of a survey team from the Allegheny County Health Department.
[SURVEYOR: Give print-out of the Health Officer letter to the participants]

- ✓ We are talking to randomly selected households to find out what people in your community think about the opioid epidemic. By participating in this survey, you will be helping the Allegheny County Health Department address this problem.

- ✓ This is a household survey. If you agree to participate, you will be asked to answer on behalf of everyone who lives in your household to the best of your ability. This survey asks about the opioid crisis. If you are not sure about a question, you can ask me to explain or say 'I don't know.' If you do not feel comfortable answering, you do not have to answer. You may also stop the survey at any time.

- ✓ The survey should take approximately 10 minutes to complete. Your answers will be kept private, and you can refuse to take part in the survey or refuse to answer any of the questions. Nothing will happen to you or your household if you choose not to take part in the survey.

- ✓ At the end of the survey, we will share with you information on what you can do to prevent opioid overdoses. If you have any questions about this survey feel free to ask.

If you would like to confirm that we were sent by the Allegheny County Health Department, you can call XXXX.
[**SURVEYOR: WAIT FOR RESPONDENT TO CLEARLY ANSWER YES OR NO after each question below**]

1. **Would you like to participate in this survey?** ☐Yes ☐ No

2. **Do you live in this home?** ☐Yes ☐ No
   If "NO" Is there someone else who lives in this home that we can speak to? ☐Yes ☐ No

3. **Are you at least 18 years or older?** ☐Yes ☐ No
   If "NO" Is there someone else who lives in this home that we can speak to? ☐Yes ☐ No

[**CONDUCT INTERVIEW IF RESPONDENT ANSWERED YES TO ALL THREE QUESTIONS**]
[**IF NOT, ask them: "Could we leave any of this information (give packet) to share with your household? Thank you very much for your time.**]

Appendix 2: Survey instrument

CASPER Survey

June 2018

Allegheny County Health Department

*** Note for surveyors – underlined text is background only - not to be read aloud*

Bold text is to be read aloud

Follow Consent Form for questions 1 - 3

1. **Would you like to participate in this household survey?**
   a. Yes
   b. No
   c. Refused
2. **Do you live in this home?**
   a. Yes
   b. No
   c. Refused
3. **Are you 18 years or older?**
   a. Yes
   b. No
   c. Refused

End of Consent Form

Start of Survey

4. **Did you hear about this survey prior to this interview?**
   a. Yes
   b. No
   c. Don't Know
   d. Refused

As you may already know, several medications and drugs are called opioids. We would like to get a sense of how much information or misinformation is available about opioids.

5. **Which of the following are opioids? Please answer yes or no after I read each option**:
   - ☐ **Heroin** Yes No Don't know
   - ☐ **Cocaine** Yes No Don't know
   - ☐ **Marijuana or weed** Yes No Don't know
   - ☐ **Oxycontin or "Oxy"** Yes No Don't know
   - ☐ **Fentanyl** Yes No Don't know

Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl, and pain medications prescribed by doctors.

A large area around South Pittsburgh and Mount Oliver have been hit hard by the opioid crisis. We would like to know how you feel about this problem in your neighborhood.

6. **How big of a problem are opioids in this neighborhood?** (please read the following options)
    a. 1 – Not at all a problem
    b. 2 – Minor problem
    c. 3 – Major problem
    d. Don't know
    e. Refused

Now let's move on to some questions about Narcan.

7. **Have you heard of Narcan?**
    - ☐ Yes
    - ☐ No If no, skip to prompt below #9
    - ☐ Don't know
    - ☐ Refused

8. **True or False - Narcan is an overdose reversing drug that can save lives.**
    - ☐ True
    - ☐ False
    - ☐ Don't know
    - ☐ Refused

9. **True or False - Naloxone and Narcan are two different drugs.**
    - ☐ True
    - ☐ False
    - ☐ Don't know
    - ☐ Refused

    Narcan is a brand name of a drug called naloxone. It can save lives and it does reverse overdoses, but only for opioids. So for example, if someone were overdosing from pure cocaine, naloxone would not work. However, drugs are often mixed together. When in doubt – use naloxone.

10. **Do people need a prescription to get Narcan in Pennsylvania?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

    Anyone in PA can legally purchase naloxone without an individual doctor's prescription.

11. **If you had Narcan with you, do you think you could administer or give it to a person overdosing?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

    If no,

    a. **Would you be interested in learning how to use Narcan?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

12. **If you give Narcan to a person who is unconscious but isn't overdosing, do you think it will hurt them?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

    When in doubt, give naloxone. It will not harm someone who isn't experiencing an opioid overdose.

13. **Who do you think should carry Narcan? Please answer yes or no after I read each option**:
    - ☐ **People who use opioids** Yes No Don't know
    - ☐ **Family and friends of people who use opioids** Yes No Don't know
    - ☐ **EMS workers or paramedics** Yes No Don't know
    - ☐ **Police officers** Yes No Don't know
    - ☐ **Firefighters** Yes No Don't know
    - ☐ **Everyone** Yes No Don't know
    - ☐ Other: _____
    - ☐ Don't know
    - ☐ Refused

Overdose Response

Now we are going to discuss the signs and symptoms of an overdose. At the end we will review the correct answers. Please answer Yes or No to each of these signs and symptoms to indicate whether you think each is a sign of an overdose or not (please circle):

Signs and Symptoms				
Unable to wake	**Yes**	**No**	**Don't know**	**Refused**
Breathing is very slow and shallow, irregular, or has stopped	**Yes**	**No**	**Don't know**	**Refused**
For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen.	**Yes**	**No**	**Don't know**	**Refused**

All of these are signs and symptoms of an overdose.

Now, I'm going to read you a set of statements about responding to an overdose. Please give your opinion (please circle):
If you saw someone overdosing:

Would you call 911?	**Yes**	**No**	**Don't know**	**Refused**
Would you give them Narcan if you had it on hand?	**Yes**	**No**	**Don't know**	**Refused**
If you saw someone overdosing who did not have a pulse, would you perform chest compressions?	**Yes**	**No**	**Don't know**	**Refused**
If you saw someone overdosing who was not breathing, would you perform mouth-to-mouth resuscitation or rescue breathing?	**Yes**	**No**	**Don't know**	**Refused**

At the end of the survey, we will go over some educational materials that describe what to do when you see someone overdosing.

Now let's discuss opioid use disorder treatment.

14. **If someone you care about was addicted to opioids, how confident are you that you would know how to help them? Are you (Please read the following):**
    - ☐ **Very confident**
    - ☐ **Somewhat confident**
    - ☐ **Not at all confident**
    - ☐ Don't Know
    - ☐ Refused

15. **Which of the following would you do to help? Please answer yes or no to each option. (Go through each option below and then ask them if they have any other suggestions and record under 'other':**
    - ☐ **Google treatment options** Yes No Don't know
    - ☐ **Call Allegheny County Department of Human Services Hotline** Yes No Don't know
    - ☐ **Call 24-hour PA opioid treatment hotline** Yes No Don't know

- ☐ **Ask a friend or family member for advice** Yes No Don't know
- ☐ **Ask a medical professional for advice** Yes No Don't know
- ☐ **Not get involved** Yes No Don't know
- ☐ Other: _____
- ☐ Don't know
- ☐ Refused

16. **Do you think there are enough drug and alcohol treatment options for people who need them in the South Pittsburgh, Mount Oliver area?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

17. **People coming out of treatment often look for housing that's specifically for other sober people in recovery. Would you support having a recovery house or ¾ house in your neighborhood?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

    If the individual does not know what a ¾ house is: **A 3/4 house is a transitional living center designed to help those just out of treatment centers get back on their feet. It is very similar to a halfway house insofar as it serves as a shelter for those who have nowhere else to turn after finishing rehabilitation.**

18. **Have you heard of a needle exchange?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

    If the individual needs more information about needle exchange: **Needle exchanges Are community-based programs that provide sterile needles and syringes free of cost to drug users in order to prevent infections such as HIV and Hepatitis. We will provide more information at the end about a needle exchange program in Pittsburgh.**

19. **Would you support having a syringe or needle exchange program in your neighborhood?**
    - ☐ Yes
    - ☐ No
    - ☐ Don't know
    - ☐ Refused

20. **Which of the following actions should be taken in your community to combat the opioid epidemic. Please answer yes or no to each option (**Go through each option below and then ask them if they have any other suggestions and record under 'other'**:**

- ☐ **Improved access to treatment** Yes No Don't know
- ☐ **Prevention education for children** Yes No Don't know
- ☐ **Harsher drug sentencing** Yes No Don't know
- ☐ **More lenient drug sentencing** Yes No Don't know
- ☐ **More community educational events** Yes No Don't know
- ☐ **Improved access to Narcan** Yes No Don't know
- ☐ Other: _____
- ☐ Don't know
- ☐ Refused

21. Do you know someone personally who has overdosed on opioids?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

If the person chooses to elaborate, please enter notes here: _____
_____
_____
_____

Household Information

Finally, we just wanted to collect some basic demographic information about your household.

22. Including yourself, how many people live in this household?

a. _____ (##)
b. Don't Know
c. Refused

23. **Including yourself, please list everyone's ages:**

_____

24. What races are represented in your household?

d. Asian
e. Black/African American
f. White
g. Other: _____

25. Is anyone in your household Hispanic?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Thank you very much for your time.
Provide the participant with all brochures (ACHD materials, Prevention Point Materials) and guide them through the materials as trained.
Do you have any questions?
If you have any follow up questions after today, please call the Allegheny County Health Department.
Provide the ACHD phone number (412-578-ACHD) which is on the back of the brochures.

Thank you again for your help!
To be completed after the survey. Some of this information will be prepopulated in the Survey123 app.

Date:	Start Time:	Team Number:
Cluster Number:	Survey Number:	Interviewer Initials:
Type of Structure: FOLLOW TRACKING FORM OPTIONS ☐ Single family ☐ Multiple unit ☐ Apt. over Retail ☐ Large 5+ Apt. Other: _____		

Other notes (visual assessments, other notes from conversation, etc.):
_____
_____
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