

Policy Evaluation of Michigan's Statewide Naloxone Standing Order

Community Survey Method and Key Findings

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Calvin University Center for Social Research



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Background and Purpose

The Michigan Department of Health and Human Services (MDHHS) received a grant from the Center for Disease Control (CDC) to better understand and address the opioid crisis in Michigan. As part of the grant, the Calvin University Center for Social Research (CSR) conducted an evaluation of Michigan's statewide naloxone standing order, focusing on its implementation and impact in Kent County, Michigan. The naloxone standing order allows people to get naloxone at participating pharmacies without an individual prescription. Naloxone, better known by the brand name Narcan, is a drug that can prevent death in the case of an opioid overdose.

CSR identified eight indicators of success for the naloxone standing order through interviews with 11 key informants and focus groups with 29 stakeholders. These indicators are listed in **Table 1**. Next, CSR searched for existing data sources that could be used to measure each of the indicators of success. Only indicators 1a, 4, and 7 could be measured through existing data sources. Then, CSR designed new evaluation tools to measure the remaining indicators of success for which there were no existing data sources. These evaluation tools were implemented between fall 2020 and summer 2021.

As listed in **Table 1**, the community survey was designed to measure indicators of success 2b, 3a, 3b, and 5.

Table 1 Indicators of success of the naloxone standing order and their data sources

#	Indicator of success	Data source(s)
1a	Pharmacy involvement: Enrollment in SO	Naloxone Standing Order Report (MDHHS)
1b	Pharmacy involvement: Pharmacist training	Pharmacist survey
1c	Pharmacy involvement: Pharmacists recommending naloxone	Pharmacist survey
2a	Pharmacist awareness of the SO, OD symptoms, & naloxone administration	Pharmacist survey Pharmacy secret caller study
2b	Pharmacist stigma about opioid use and having naloxone	Pharmacist survey Pharmacy secret caller study Community survey
3a	Public awareness of naloxone, the SO, OD symptoms, & naloxone administration	Community survey
3b	Public stigma about opioid use and having naloxone	Community survey
4	Naloxone prescriptions filled through SO	Naloxone Standing Order Report (MDHHS)
5	Rate of people who keep naloxone on hand	Community survey
6	Successful reversal	None
7	Opioid overdose death rate	Michigan Resident Death File (MDHHS)
8	Comprehensive and standardized data collection and reporting	% of indicators 1-7 with a data source

Method

Survey Design

Several considerations affected our choices for survey design:

1. We kept the survey as brief as possible to reduce the survey drop-out rate.
2. We included information about naloxone and the standing order to educate survey respondents.
3. We created online and paper survey formats, and the survey was available in both English and Spanish to make it as accessible as possible.
4. We included a demographics section to allow comparison of results by respondent characteristics.
5. Survey responses were anonymous to protect respondents' identity and increase their comfort answering questions honestly.

The [survey](#) can be viewed online. The survey was reviewed and approved by the Calvin University Institutional Review Board (IRB).

Participant Recruitment

All people who live, work, study, or frequent Kent County, Michigan and who are 18 years of age or older were eligible to participate. Although recruitment focused on Kent County, Michigan, we did not actively exclude participants who are not currently connected to Kent County from participating.

We used several methods to recruit participants:

1. Participants were recruited through Facebook and Instagram advertisements, targeting people who are at least 18 years old and live in Kent County, Michigan.
2. Participants were recruited through flyers posted on bulletin boards at Kent County businesses and organizations that allow flyers about community activities and services. These organizations included coffee shops, restaurants, stores, community centers, colleges, and universities. Flyers included a QR code that could be scanned using a smartphone to link to the online survey.
3. Participants were recruited through partnerships with local organizations, especially members of the Kent County Opioid Task Force (KCOTF). These organizations were invited to promote the survey by
 - a. Sending a link to the online survey to individuals on their contact lists or listservs.
 - b. Making social media posts about the survey, including a link to the online survey.
 - c. Posting a recruitment flyer on a bulletin board at their organization.
 - d. Having a stack of printed surveys available to community members who visit their organization. Potential participants could choose to take a paper survey, fill it out, and return it via mail. Printed surveys included prepaid business reply mail postage.

655 people completed the survey from January to June 2021. Most survey respondents were recruited through partnerships with KCOTF member organizations, including harm reduction, recovery, and healthcare organizations. As such, respondents were very likely more knowledgeable about the opioid crisis and naloxone than the general public.

Data Visualizations

[Interactive data visualizations](#) of the study’s results can be viewed on Tableau Public.

Key Findings

Given that many survey respondents were recruited through organizations that are part of the Kent County Opioid Task Force, the survey sample likely shows more knowledgeable about opioids and naloxone than the general public knows. Additionally, the sample may be likely to show less stigma toward people who use opioids or have naloxone than the general public. Finally, it is likely that survey respondents were more apt to keep naloxone on hand than the general public. In other words, results of this survey may well overestimate favorable responses (i.e., knowledge, carrying naloxone) and underestimate unfavorable responses (i.e., stigma), making this a conservative benchmark for the indicators of success of the standing order.

Public Expectation of Pharmacist Stigma

The survey included two items assessing public expectation of pharmacist stigma about opioid use and having naloxone (success indicator 2b). These items are listed in **Table 2**, along with the percentage of respondents who indicated that they *strongly agree* or *agree* with item 1 and the percentage of respondents who indicated that they *strongly disagree* or *disagree* with item 2 (an item indicating no concern about pharmacist stigma). 29.0% of respondents expected that pharmacists would have stigma. When converted to a 0-100 scale in which higher scores are better, **success indicator 2b has a score of 71.0** (100.0 - 29.0) from the community survey; this indicator is also measured in the pharmacist survey and the pharmacy secret caller study.

Table 2 Community survey items measuring public expectation of pharmacist stigma

#	Item	Excluding “no answer” responses	Including “no answer” responses
1	If I asked for naloxone at a pharmacy, the pharmacist would judge me	35.8%	32.8%
2	I would feel comfortable asking for naloxone at a pharmacy (reverse-scored)	26.9%	25.2%
	Average of items measuring public expectation of pharmacist stigma	31.4%	29.0%

Public Awareness

The survey included five items assessing public awareness of naloxone, the standing order, overdose symptoms, and naloxone administration (success indicator 3a). These items are listed in **Table 3**, along with the percentage of respondents who indicated that they *strongly agree* or *agree* with items 1-4 and the percentage of respondents who indicated that they *strongly disagree* or *disagree* with item 5 (an inaccurate statement). 60.4% of respondents indicated awareness of naloxone and related topics. Based on these results, success indicator 3a has a score of 60.4.

Table 3 Community survey items measuring public awareness

#	Item	Excluding “no answer” responses	Including “no answer” responses
1	Before taking this survey, I was familiar with naloxone	85.1%	84.6%
2	People can get naloxone at a pharmacy even if they don’t have a prescription from their doctor	66.3%	49.2%
3	I can recognize the physical symptoms of an opioid overdose	60.6%	58.3%
4	I can administer naloxone in an opioid overdose situation	59.7%	54.7%
5	Naloxone can reverse the effects of all kinds of drug overdoses (reverse-scored)	62.7%	55.1%
	Average of items measuring public awareness	66.9%	60.4%

Public Stigma

The survey included three items assessing public stigma about opioid use and having naloxone (success indicator 3b). These items are listed in **Table 4**, along with the percentage of respondents who indicated that they *strongly agree* or *agree* with items 1-2 and the percentage of respondents who indicated that they *strongly disagree* or *disagree* with item 3 (an item indicating no stigma). 11.2% of respondents indicated stigma toward people who use opioids or have naloxone. When converted to a 0-100 scale in which higher scores are better, success indicator 3b has a score of 88.8 (100.0 - 11.2).

Table 4 Community survey items measuring public stigma

#	Item	Excluding “no answer” responses	Including “no answer” responses
1	People who use opioids take more from society than they give	16.4%	15.7%
2	Having naloxone available enables ongoing drug use	9.1%	8.7%
3	I believe naloxone should be available to everyone (reverse-scored)	9.8%	9.3%
	Average of items measuring public stigma	11.8%	11.2%

Rate of Keeping Naloxone on Hand

The survey included one item assessing the rate of people who keep naloxone on hand in their everyday life (success indicator 5). This item is listed in **Table 5**, along with the percentage of respondents who indicated that they *strongly agree* or *agree* with the item. 11.3% of respondents indicated that they keep naloxone on hand in their daily lives. Based on these results, success indicator 5 has a score of 11.3.

Table 5 Community survey item measuring the rate of people who keep naloxone on hand

#	Item	Excluding “no answer” responses	Including “no answer” responses
1	I keep naloxone on hand	11.5%	11.3%

Questions, Feedback, and Requests for Support

Please reach out if you have questions or would like to use these evaluation tools in another jurisdiction. We are ready to offer free support through summer 2022. Please email csr@calvin.edu or laura.luchies@calvin.edu.