Opioid Overdose Survey to Inform Family Toolkit: Summary

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The opioid epidemic sweeping the United States has had a profound effect on Ohio and Ohio families. According to the Governor's Cabinet Opioid Response Team, deaths from drug overdose rose 32.8% from 2015 to 2016 with opiates such as fentanyl contributing substantially to these fatalities (Governor's Cabinet Opiate Action Team, 2018). Ohio leads the nation for heroin and synthetic drug overdoses (Sausser, 2017), and the impact on children and families cannot be overstated. There has been an 11% increase since 2010 in children requiring a foster care placement with these children staying in placement 19% longer due to parent opioid recovery (Public Children Services Association of Ohio, 2017). Also since 2010, there has been a 62% increase of children in foster care being placed in the care of a relative (Public Children Services Association of Ohio, 2017). Opioid addiction and sometimes overdose death of a loved one is traumatic, but it can be especially devastating to a child, especially a child that witnessed the overdose. The children and their families need help dealing with the overdose event and aftermath. The College of Social Work, with support from the College of Pharmacy, is developing an Opioid Overdose Family Support Toolkit to help families recognize the needs of these affected children, provide guidance on how to help them, and identify public and private resources for direct help.

To aid the development of an Opioid Overdose Family Support Toolkit, an online survey was developed by College of Social Work master's level students. The survey intends to gain insight into the existing and desired needs and experiences of those affected by the ongoing opioid epidemic in Ohio. The survey was conducted during the autumn of 2017, and the results are herein summarized.

Figure 3

Survey Participant Information

The survey was publicly available and promoted via College of Social Work social media, direct request to various public health and opioid advocacy groups, and individual requests. Only completed surveys were considered resulting in 191 respondents. Although the focus of our efforts is to develop a toolkit for use in Ohio, we did not eliminate the 19 respondents who live in states other than Ohio as the experiential information provided is relevant. As shown in Figure 1, the majority of the respondents in Ohio reside in the Central (36.8%), Southwest (31.3%) and Northeast (21.5%) regions. The Southeast and Northwest regions are underrepresented with only 6.1% and 4.3%, respectively, of the respondents. Nine Ohio respondents did not provide county information. (University, 2014)

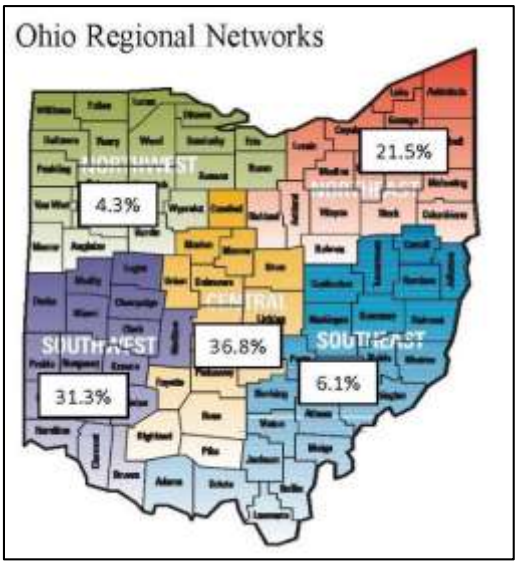
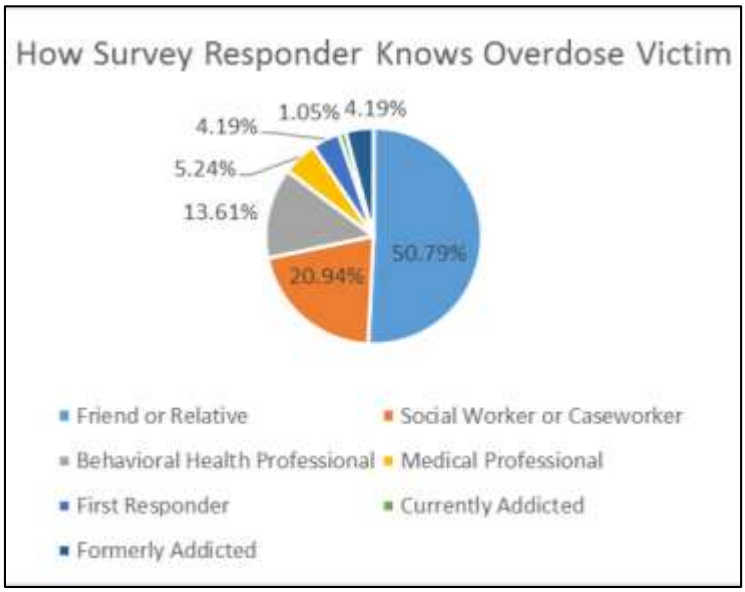


Figure 1: Percentage of Ohio Respondents by Region (Map from The Center for Evidence Based Practices, 2014)

The typical respondent is 45 years old, White (97.91%), female (85.86%), post-secondary educated (89.01%), and a friend or relative of the overdose victim (50.79%). As illustrated in Figure 2, the majority of other respondents have a professional relationship with the overdose victim or social contact through former or current addiction. Over 89% have post-secondary

Figure 2



education experience ranging from some college (23.04%), bachelor degree (32.46%), to graduate degree (33.51%). The respondents' ages vary from 19 to 73 years old with a mean age of just over 45 years. Sixty-one of the respondents provided specific relationship information, and the majority had a personal relationship with the victim (Figure 3). Additional information provided by respondents describing the opioid overdose victim was that the victims' ages ranged from as young as 18 up to 58 years of age, and employment information for the opioid overdose victims showing employment status ranging from unemployed to professional levels.

Figure 3

Opioid Overdose Victim Employment Status

17% - Construction/Laborer

10% - Professional

8% - Student

45% – Unemployed

20% - Not Reported/Unknown

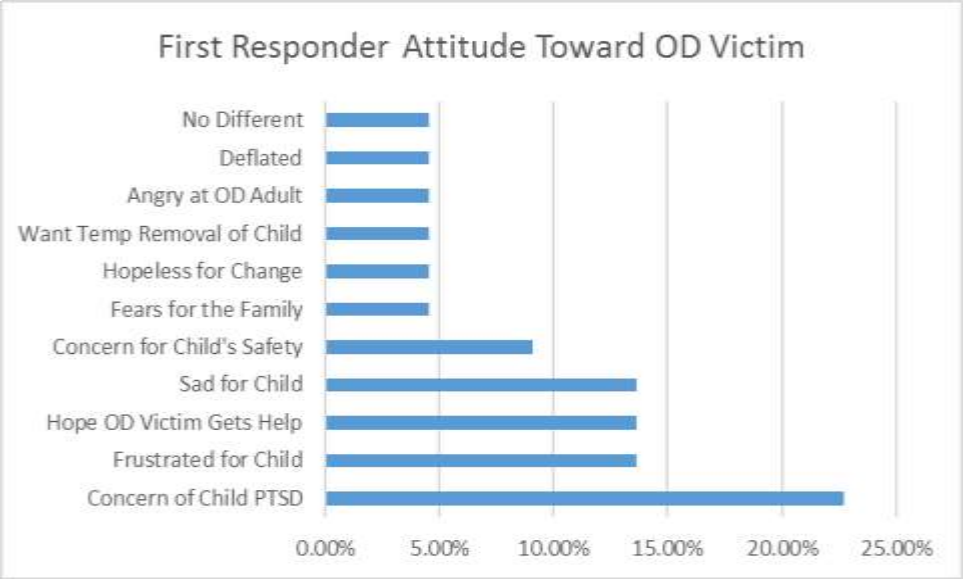
The survey was designed to obtain specific information based on the relationship of the respondent to the opioid overdose victim and whether naloxone was administered. Health and service professionals were asked about response protocols that those with a family or social relationship with the victim were not asked. For incidents where naloxone was administered, additional questions were asked.

Service Professional Specific Information

Service professionals seek to remove child witnesses ASAP to ensure child safety and reduce further trauma.

We wanted to determine if there is a specific response protocol for overdose situations when children are present. We found that there is not one specific practice but the general intent is to protect children from witnessing the event and securing the safety of the child after the event. We also were interested in ascertaining service professionals' sentiment toward overdose victims when children are present. Almost 82% of the service professionals expressed negative sentiment toward the overdosed adult, and less than 14% expressed hope that the overdose victim gets help to be with the children. Figure 4 shows the specific responses.

Figure 4



Overdose Event Impact

All responders were provided the opportunity to report how the overdose event has impacted them and any bystanders. Table 1 details the impact the overdose event has on first responders, and Table 2 shows their impression of how bystanders have been affected.

Table 1

Impact of Overdose Event on First Responder	Percentage Affected
Negative – PTSD, anger, anxiety, fear	61%
Educational – Gained insight into addiction	13%
Positive – Moved to engage in recovery	3%
No impact provided	23%

Table 2

Reported Impact of Overdose Event on Bystander	Percentage Affected
Negative – PTSD, anger, anxiety, fear	55%
Negative – Family relational issues	5%
Hopeful – Hopeful OD will be cause for change	5%
Unsure of impact	35%

We also wanted to know how the responders have dealt with the emotional aftermath of witnessing an overdose event. Although the majority reported the overdose event to be traumatic, only 45.83% sought mental health services. For those who did utilize mental health services, 55% found them to be helpful. Some respondents related the latent impact when the adrenal response during the crisis subsides, and the reality of the situation arises. Others related the conflict of saving the life of someone who will return to abusing drugs, and how normalized a life of addiction has become for children of parents with addiction. As to bystanders seeking mental health services, 68% did not know if services were used or needed, 21.05% received counseling, and 10.53% did not utilize mental health services.

Although more than 61% of first responders and at least 50% of bystanders suffered as a result of witnessing an OD, the majority did not seek mental health services.

The narratives provided by family members and friends convene on the themes of fear, trauma, anxiety, and heartbreak. The overdose event was re-lived by some. Others related how ineffective they feel because they could not help their loved one. Some live in constant fear of receiving the call that their loved one finally succumbed, while others discussed the devastation of receiving that notification and how the entire family has been affected. Responders are grateful for naloxone, but many still live in a state of vigilance by constantly checking on their affected loved one.

Family and friends related feelings of anxiety and fear, heartbreak and devastation. Two related how each of their loved one died of an opioid overdose within a few days of completing rehab. Another lost a son who was in a sober living home at the time.

Naloxone

We wanted to determine the availability of naloxone, how prepared people feel to use it, and if it worked as expected. We found that less than 47% have either purchased or have access to naloxone. The majority of those that have naloxone obtained it to be helpful in the event of an overdose. Of those having access to naloxone, the majority (83%) received training. Table 3 outlines how training was received. Only 38 of the 191 respondents witnessed the administration of naloxone to an overdose victim, with 4 of those being the one to administer

Of those having naloxone, 83% received training in how to administer, but most wished they were given a better understanding of how naloxone works and what to expect.

naloxone. Nine found the experience of naloxone not to be as expected as they anticipated a quick, positive outcome; see Table 4 for more details.

Table 3

Percent of Respondents	Source of Naloxone Training
50%	Part of opioid addiction training
20%	Administering pharmacist
20%	Other
10%	On the job

Table 4

Number of Respondents	Reason Naloxone Administration Did Not Meet Expectations
5	Multiple doses needed
3	Overdose victim died
1	CPR also needed

We also asked those who witnessed naloxone administration if there was anything that would have been beneficial to know before this event and the responses centered on wishing they have been trained and carried naloxone while having a better understanding of how naloxone works and what to expect.

Supporting Families

To better understand the needs for families and children who have witnessed an overdose, we asked for identification of existing and desired supports for the families and children, tools utilized by professionals to assist children, and opioid overdose and naloxone training. We also wanted to know about online supports that are helpful. Discussion of each category follows.

Supports

Family support groups for addiction, as well as grief and loss, was the support mentioned the most at 44.44%, with almost 28% of these responders utilizing Nar-Anon/Al-Anon.

What survey responders use:

- Support Groups
  - Online
  - Nar-Anon/Al-Anon
  - Other
- Therapy/Counseling

Therapy/counseling was the second most identified support at 25.56%. There is a desire for first responders to become trauma-informed to be better able to support children and families on the scene (10%), and for the

development of support systems within the schools (7.78%). The remainder expressed there is an overall lack of support, and more options are needed.

Tools

Survey responders want education and information to be provided by service professionals/first responders to children and adults who are present (23.68%). Taking children to counseling or a support group is desired by 22.36% while almost 7% want a counselor at the scene to work with the children. Some were not sure what to do (5.26%), and almost 15% want more training. The current protocol of removing/distracting children was mentioned by 25%.

What survey responders want:

- Trauma Informed First Responders
- Information & Education Provided to Witnesses at the Scene
- Counselor at the Scene
- Support Systems at Schools
- Support Groups for the Children and Families
- Protocol for When Children are Present
- More Training
- More Services
- More Options
- Better Public Education about Addiction
- More Addiction/Recovery Services
- Better Insurance Coverage
- Address First Responder Compassion Fatigue and Lack of Empathy
- More Funding

Training

Receiving in-person training at the point of purchase about signs of opioid overdose, when and how to use naloxone, and what to expect along with a corresponding handout is the preference for 40% of respondents. Almost 43% wants video instruction (29.63%) and online training (13%). Additional options identified are training at work, in schools, at doctor offices, and treatment programs. Using media, social media, public information events, and billboards were also mentioned.

Online

Many of the survey responders use online support groups formed by family members affected by loved one's opioid addiction. The government provided, and more formalized NGO

online resources are also utilized. Provision of a comprehensive list of online resources was requested.

Other

The survey allowed for other considerations. The need for better education for the public and in schools about addiction, how addiction changes behavior, and the effect of combining drugs is desired. The problems obtaining treatment due to insurance barriers, lack of funding, and not enough facilities need to be addressed. Family and child-focused support groups for family addiction and dealing with overdose induced trauma are needed. First responder counseling to promote empathy and deal with compassion fatigue should be provided. Survey responders also want information about keeping children safe and how to help.

What else is needed?

- Public and school education about addiction
  - How addiction changes behavior
  - Effects of combining drugs
- Increase in addiction treatment facilities
- Removal of insurance barriers to addiction treatment
- Family and child focused support groups addressing family addiction and trauma
- Education about keeping children safe
- Information about how to help affected children and families

Limitations

The results of this survey are limited due to the lack of respondents that better represents the diversified population that is affected by opioid addiction and overdose. Additional insight from the first responder community is also warranted. To help counter these limitations specific

efforts to include first responders and other groups and areas not adequately represented are included in the review process of the resulting family support toolkit.

References

Center for Evidence-Based Practices at Case Western Reserve University. (2014). *Ohio Regional Networks*. Retrieved from https://www.centerforebp.case.edu/client-files/pdf/ohioregionsmap.pdf

Governor's Cabinet Opiate Action Team. (2018). *Data and Statistics*. Retrieved from http://fightingopiateabuse.ohio.gov/Data-Statistics

Public Children Services Association of Ohio. (2017). *The Opioid Epidemic's Impact on Children Services in Ohio*. Retrieved from http://www.pcsao.org/pdf/advocacy/OpiateBriefingSlides.pdf

Sausser, A. (2017). Snowball Effect of Opioids on Ohio's Child Welfare System. Retrieved March 18, 2018, from https://chronicleofsocialchange.org/opinion/snowball-effect-of-opioids-on-ohios-child-welfare-system