# SALINE COUNTY OPIOID **NEEDS ASSESSMENT: KEY** TAKEAWAYS

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This executive summary highlights key findings from the survey.

#### WHO PARTICIPATED IN THE SURVEY?

Most participants reside in Salina (91%), identify as White (90%), are female (70%), and know someone who has overdosed (89%). The largest share of participants hold a bachelor's degree (29%), are between the ages of 35 and 49 (34%), and have a total household income of \$50,000 to \$89,000 (30%). Additionally, 11% of participants reported prescription opioid misuse, 17% reported past or current illicit opioid use, and 14% identified as people in recovery from substance use disorder.

#### BARRIERS TO CARE

Participants were asked to select the top three barriers to accessing care for substance use disorder from a list of 16 options. The most frequently cited barriers were the cost of or lack of health insurance and co-occurring mental health and substance use issues, each identified by 44% of participants.



31%

30%

19%

health insurance

Cost of or lack of Co-occurring mental health and substance use issues

Lack of treatment options

Fear of legal consequences

Fear of judgment from other people

#### **RESPONDING TO AN** OPIOID OVERDOSE

Participants were asked to imagine encountering someone experiencing an opioid overdose and to rate on a scale of 1 (strongly disagree) to 5 (strongly agree) how prepared they would feel.

I know what to do in the event of an opioid overdose	51%

**52%** I know how to administer naloxone

57% <mark>I know what the sign</mark>s and symptoms of an opioid overdose are.

I would be willing to administer 76% naloxone

I would be afraid of doing something 49%

I would be afraid of hurting the person 41% who overdosed

#### WHERE IS MORE **EDUCATION NEEDED?**

Participants were asked to determine the accuracy of nine statements by indicating whether each was true or false. These nine statements were based on common misconceptions about illicit opioids and related topics/issues.

- 96% knew fentanyl is often added to other
- · 92% knew naloxone reverses opioid overdoses.
- 76% knew naloxone is available without a prescription.
- 46% knew fentanyl test strips are legal in Kansas.
- 38% knew naloxone does not reverse methamphetamine or cocaine overdoses.
- 32% knew you cannot overdose from breathing air in a room with fentanyl.
- 23% knew you cannot overdose from merely touching fentanyl.

#### STIGMA IN SALINE COUNTY

Survey participants shared their perceptions of public stigma in Saline County toward people who use illicit opioids. The results strongly suggest that participants perceive the community as stigmatizing against individuals who use illicit opioids.

Perceptions of PWUO	% Agree	% Disagree
Cannot be trusted	90%	4%
Are dangerous	87%	4%
Are taken less seriously	80%	8%
Their illicit opioid use is a sign of personal failure	65%	15%
Are not datable	63%	12%
Would not be accepted as a close friend	60%	12%

#### **HOW SHOULD SALINE COUNTY SPEND ITS** OPIOID SETTLEMENT FUNDING?

Participants rated on a scale of 1 (strongly oppose) to 5 (strongly support) how Saline County should prioritize its opioid settlement funding across 17 strategies. While all strategies received support from most participants, the five highest-rated priorities were:

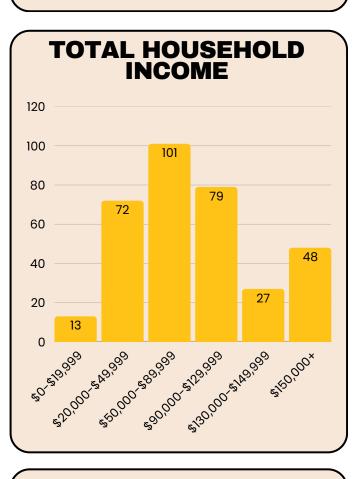
- 1. **Underage substance use prevention** (mean = 4.69, 94% in support)
- 2. **Support for children/families affected by SUD** (mean = 4.67, 93% in support)
- 3. Comprehensive treatment services (mean = 4.65, 92% in support)
- 4. Community education and awareness of the opioid epidemic (mean = 4.65, 92% in support)
- 5. Overdose response, aftercare, and follow-up (mean = 4.57, 89% in support)



# SALINE COUNTY OPIOID NEEDS ASSESSMENT: SURVEY PARTICIPANTS

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs
Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more information about who participated in the survey**.

	Age Range	#	%
	18-24	14	4%
ш	25-34	60	17%
AGI	35-49	119	34%
4	50-64	95	28%
	65-74	44	13%
	75+	14	4%
	Total	346	100%



# Prefer to self-describe Coparticipants (70%) identified as female 16 participants (5%) preferred not to disclose their gender; 5 participants (1%) self-described their gender.

RACE AND E	THNI	CITY
	#	%
American Indian or Alaska Native	10	3%
Asian	4	1%
Black or African American	11	3%
Hispanic or Latino	13	4%
Native Hawaiian or Pacific Islander	3	1%
White	310	90%
Prefer not to say	15	4%
Total	366	100%

#### **RECOVERY**

Participants were asked whether they identify as **people in recovery**. Among the 347 who answered, **50 (14%)** said they do.

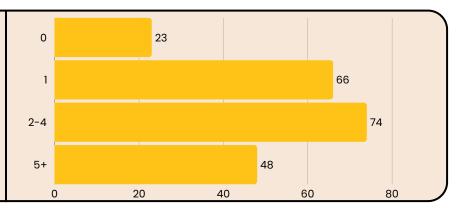
The most commonly reported substance(s) they are in recovery from include meth (n = 29, 60%), alcohol (n = 29, 60%), prescription opioids (n = 21, 44%), marijuana/cannabis (n = 19, 40%), and nicotine/tobacco (n = 15, 31%).

# KNOWING SOMEONE WITH SUBSTANCE USE ISSUES

Out of 349 respondents, 291 (83%) know at least one person experiencing drug or alcohol use issues. Among them, 37 (11%) know one person, 120 (34%) know 2-4 people, and 134 (38%) knew 5 or more people. 68% knew someone dealing with an opioid use issue specifically.

#### KNOWING SOMEONE WHO OVERDOSED

89% of participants know at least one person that has experienced a drug overdose within the last three years.



Participants were asked about their experiences with **prescription opioid use**. The largest group (n = 235, 68%) reported using prescription opioids as prescribed. Additionally, 74 (21%) stated they have never used prescription opioids, while **37 (11%) reported using them but experiencing difficulties with stopping or taking them as prescribed.** 

Participants were also asked about their experiences with **illicit opioid use**. Most (n = 286, 82%) reported never using illicit opioids, while **57 (16%) said they had used them in the past. Additionally, 4 (1%) reported occasional use, and 1 (0.3%) reported regular use.** 

EXPERIENCES WITH SUBSTANCE USE

For additional information about the findings of the survey, contact Ngoc Vuong at ngoc.vuong@wichita.edu.

# SALINE COUNTY OPIOID **NEEDS ASSESSMENT:** BARRIERS TO CARE

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This section provides more information about barriers to care in Saline County.

Which of the following do you believe are the biggest barriers to accessing substance use disorder treatment services in your county?  Please select the top three.	#	%
Cost of or lack of health insurance	202	44%
Co-occurring mental health and substance use issues	202	44%
Lack of treatment options (e.g., limited availability of inpatient, outpatient, or specialized services like medication-assisted treatment)	141	31%
Fear of legal consequences	134	30%
Fear of judgment from other people	87	19%
Self-judgment and shame	85	19%
Fear of losing employment	81	18%
Not knowing where to go for help	79	17%
Lack of support from friends and family	52	11%
Other (please specify)*	41	9%
Lack of service providers	38	8%
Long wait times	31	7%
Lack of privacy and confidentiality	21	5%
Lack of childcare	18	4%
Lack of transportation	15	3%
Fear of missing school	1	0%

#### HOW DO THE TOP THREE BARRIERS TO CARE DIFFER BY **DEMOGRAPHICS?**

#### **Gender**

• Both male and female participants identified the cost of or lack of health insurance and co-occurring mental health and substance use issues as the top two barriers to care. However, their third most common barrier differed: Men cited fear of legal consequences, while women pointed to a lack of treatment options.

#### **Total Household Income**

- \$0-\$19,999: Cost of or lack of health insurance, fear of legal consequences, and fear of losing employment
- \$20,000-\$49,999: Cost of or lack of health insurance, co-occurring mental health and substance use issues, and fear of legal consequences
- All household income brackets \$50,000-89,999 and above: Co-occurring mental health and substance use issues; cost of or lack of health insurance; and lack of treatment options

#### **Recovery Status**

 No differences were identified between people who indicated they are in recovery and other respondents in the top three barriers to care.

#### Age

- 18-24: Fear of legal consequences and co-occurring mental health and substance use issues (tied); fear of judgment from other people and cost of or lack of health insurance (tied); and lack of support from friends and family.
- 25-34 and 50-64: Co-occurring mental health and substance use issues; cost of or lack of health insurance; and fear of legal consequences.
- 35-49: Co-occurring mental health and substance use issues; cost of or lack of health insurance; and lack of treatment options.
- 65+: Cost of or lack of health insurance; co-occurring mental health and substance use issues; and fear of legal consequences.

Note: Due to small sample sizes of specific groups, racial/ethnic differences could not be analyzed.

# SALINE COUNTY OPIOID NEEDS ASSESSMENT: DRUG-RELATED PROBLEMS

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This section provides more information about the perceived severity of different drug-related problems in Saline County.

On a scale of 1 to 5, with 1 being not severe at all and 5 being most severe, how severe are these problems in your community?	Mean (Median)	Perceived Severity of Problem*	N (%) Not Severe At All	N (%) Mildly Severe	N (%) Moderately Severe	N (%) Highly Severe	N (%) Most Severe
Drug-related poverty or homelessness	3.79 (4)	Highly Severe	11 (3%)	35 (8%)	96 (23%)	154 (38%)	113 (28%)
Easily available drugs	3.71 (4)	Highly Severe	10 (3%)	38 (9%)	105 (26%)	159 (31%)	95 (23%)
Illicit opioid use	3.71 (4)	Highly Severe	9 (2%)	43 (11%)	104 (26%)	152 (37%)	99 (24%)
General illicit drug use	3.65 (4)	Highly Severe	10 (2%)	33 (8%)	131 (32%)	151 (37%)	84 (21%)
Drug-related theft, burglary, and property crimes	3.60 (4)	Highly Severe	11 (3%)	43 (11%)	117 (29%)	160 (39%)	117 (29%)
Nonmedical use of prescription opioids	3.58 (4)	Highly Severe	10 (2%)	51 (13%)	109 (27%)	165 (41%)	71 (17%)
Drug-related domestic crime	3.46 (3)	Moderately Severe	10 (2%)	47 (12%)	147 (36%)	152 (37%)	47 (12%)
Drug overdoses	3.45 (3)	Moderately Severe	15 (4%)	57 (14%)	135 (33%)	128 (31%)	72 (18%)
Drug-related violence	3.39 (3)	Moderately Severe	14 (3%)	61 (15%)	132 (33%)	151 (37%)	48 (12%)
Youth substance use	3.36 (3)	Moderately Severe	15 (4%)	70 (17%)	126 (31%)	144 (35%)	52 (13%)
Lack of support for people who use drugs	3.25 (3)	Moderately Severe	28 (7%)	75 (18%)	129 (32%)	114 (28%)	60 (15%)
Public illegal substance use	3.18 (3)	Moderately Severe	26 (6%)	92 (23%)	126 (31%)	106 (26%)	55 (14%)
Legal substance use	3.05 (3)	Moderately Severe	33 (8%)	97 (24%)	129 (32%)	103 (26%)	40 (10%)
Drug-related traffic accidents	2.89 (2)	Mildly Severe	27 (7%)	116 (29%)	168 (42%)	62 (15%)	31 (8%)
Public legal substance use	2.82 (2)	Mildly Severe	44 (10%)	111 (28%)	134 (34%)	90 (23%)	19 (5%)
Drug litter/discarded drugs	2.50 (2)	Mildly Severe	63 (16%)	159 (31%)	120 (30%)	50 (12%)	15 (4%)

<sup>\*</sup>Note: The perceived severity of a problem is determined by its median score, which is calculated by ordering all responses from lowest (1, not severe at all) to highest (5, most severe) and identifying the middle value.

# SUMMARY OF DRUG-RELATED PROBLEMS IN SALINE COUNTY

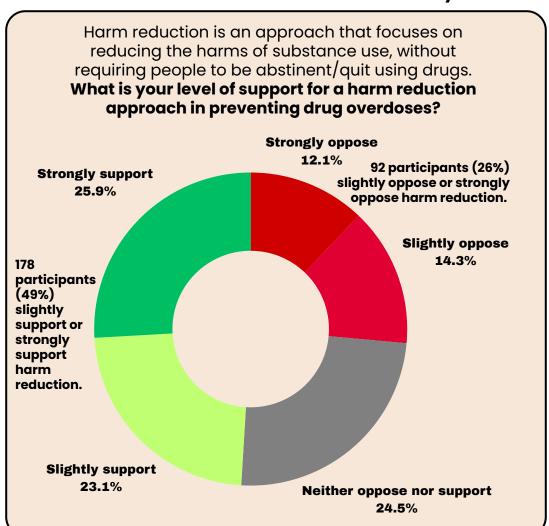
Participants rated the severity of 16 different drug-related problems in Saline County on a scale from **1** (not severe at all) to **5** (most severe). On average, 406 participants provided ratings for each problem. According to residents in Saline County who took the survey, there are six issues that are considered to be highly severe: (1) drug-related poverty or homelessness;

- (2) easily available drugs; (3) illicit opioid use; (4) general illicit drug use;
- (5) drug-related theft, burglary, and property crimes; and (6) nonmedical use of prescription opioids. Seven issues are considered to be moderately severe, including drug-related domestic crime, drug overdoses, and youth substance use that three issues (drug related traffic goodents).

and youth substance use. Just three issues (drug-related traffic accidents, public legal substance use, and drug litter/discarded drugs) were rated as mildly severe.

# **SALINE COUNTY OPIOID NEEDS ASSESSMENT: HARM REDUCTION**

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This section provides more information about attitudes toward harm reduction in Saline County.



#### WHAT ARE PARTICIPANTS' ATTITUDES TOWARD SPECIFIC HARM REDUCTION STRATEGIES?

To what extent do you oppose or support the following strategies?	Mean (Median)	Attitude toward Strategy*	N (%) Strongly Oppose	N (%) Slightly Oppose	N (%) Neither Oppose nor Support	N (%) Slightly Support	N (%) Strongly Support
Impaired driving prevention (designated drivers, rideshare, public transit)	4.63 (5)	Strongly Support	3 (1%)	5 (1%)	31 (9%)	44 (12%)	283 (77%)
Education on safer usage and overdose response	4.35 (5)	Strongly Support	14 (4%)	10 (3%)	42 (11%)	65 (18%)	233 (64%)
Medications for SUD	4.34 (5)	Strongly Support	9 (3%)	4 (1%)	52 (14%)	89 (24%)	211 (58%)
Naloxone distribution	4.31 (5)	Strongly Support	12 (3%)	18 (5%)	43 (12%)	65 (18%)	229 (62%)
Wound care kit distribution	4.28 (5)	Strongly Support	12 (3%)	7 (2%)	47 (13%)	99 (27%)	200 (55%)
Legal protections for people who seek or need emergency help during a drug overdose	4.19 (5)	Strongly Support	12 (3%)	20 (6%)	52 (14%)	84 (23%)	198 (54%)
Drug-checking supplies and services	4.18 (5)	Strongly Support	7 (2%)	21 (6%)	61 (17%)	75 (20%)	203 (55%)
Access to housing for homeless people that does not require them to be sober	3.04 (3)	Neither Oppose nor Support	80 (22%)	61 (16%)	67 (18%)	79 (22%)	79 (22%)
Syringe services programs (needle exchange)	3.02 (3)	Neither Oppose nor Support	101 (28%)	42 (11%)	59 (16%)	76 (21%)	87 (24%)
Safer smoking supplies distribution	2.94 (3)	Neither Oppose nor Support	78 (22%)	50 (14%)	113 (31%)	60 (17%)	62 (17%)
Safe consumption sites (safe injection sites)	2.56 (2)	Slightly Oppose	130 (36%)	61 (17%)	63 (17%)	62 (17%)	49 (13%)

\*Note: The level of support for a harm reduction strategy is determined by its median score. The

strongly support) and identifying the middle value.

For additional information about the findings of the survey, contact Ngoc Vuong at

ngoc.vuong@wichita.edu.

median is calculated by ordering all responses from lowest (1, strongly oppose) to highest (5,

### SALINE COUNTY OPIOID NEEDS ASSESSMENT: OPIOID-RELATED KNOWLEDGE

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This section provides more detail about participants' knowledge of opioids (fentanyl), naloxone, and related topics.

Participants were asked to determine the accuracy of nine statements by indicating whether each was true or false. These nine statements were based on common misconceptions about illicit opioids and related topics/issues.

common misconceptions about illicit opioids and related topics/issues.							
To the best of your knowledge, rate the following statements as either <i>true</i> or <i>fal</i> se.	N (%) True	N (%) False	N (%) I Don't Know	N (%) Correct Answer	N (%) Incorrect Answer		
Fentanyl is often added to other drugs, so people may not know they are taking it.	377 (96%)	5 (1%)	12 (3%)	377 (96%)	17 (4%)		
Naloxone is a drug that reverses the effects of opioids in the body.	364 (92%)	10 (3%)	21 (5%)	364 (92%)	31 (8%)		
In Kansas, you can only get naloxone/Narcan with a prescription.	25 (6%)	298 (76%)	71 (18%)	298 (76%)	96 (24%)		
Suboxone, buprenorphine, and methadone are medications that reduce opioid cravings and withdrawal symptoms.	282 (72%)	14 (4%)	96 (24%)	282 (72%)	110 (28%)		
In Kansas, fentanyl test strips, which detect whether a drug has fentanyl in it, are illegal.	51 (13%)	180 (46%)	164 (42%)	180 (46%)	231 (54%)		
In the State of Kansas, someone who calls 911 to help a person experiencing overdose is immune from prosecution, even if they possess or have used drugs themselves. However, they are not immune from prosecution if they are on probation, parole, or work release.	169 (43%)	57 (14%)	169 (43%)	169 (43%)	226 (57%)		
Naloxone can be used to reverse a methamphetamine or cocaine overdose.	135 (34%)	151 (38%)	107 (27%)	151 (38%)	242 (62%)		
You can easily overdose from merely breathing air in a room that has an opioid such as fentanyl.	160 (41%)	126 (32%)	107 (27%)	126 (32%)	267 (68%)		
You can easily overdose from merely touching an opioid such as fentanyl.	254 (65%)	92 (23%)	48 (12%)	92 (23%)	302 (77%)		

# SALINE COUNTY OPIOID NEEDS ASSESSMENT: INFORMATION SOURCES

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This section provides more detail about where participants get their information on opioids and other drugs.

# WHERE DO SALINE COUNTY RESIDENTS GET THEIR INFORMATION ABOUT OPIOIDS AND OTHER DRUGS FROM?

		FR	JIVI :			
How much do you rely on the following sources to get information on opioids and other drugs?	Mean (Median)	N (%) Never	N (%) Rarely	N (%) Sometimes	N (%) Often	N (%) Very Often
Friends	2.36 (2)	116 (30%)	98 (25%)	109 (28%)	50 (13%)	16 (4%)
Family	2.14 (2)	133 (34%)	121 (31%)	92 (24%)	32 (8%)	11 (3%)
Colleagues	2.80 (3)	89 (23%)	74 (19%)	99 (26%)	78 (20%)	48 (12%)
Academic or medical websites	3.23 (3)	52 (13%)	54 (14%)	100 (26%)	120 (31%)	63 (16%)
Government	2.59 (3)	95 (24%)	86 (22%)	114 (29%)	73 (19%)	21 (5%)
Radio	2.01 (2)	158 (41%)	109 (28%)	89 (23%)	23 (6%)	9 (2%)
News outlets	2.52 (3)	83 (21%)	103 (27%)	136 (35%)	50 (13%)	16 (4%)
Physical health care providers	2.80 (3)	79 (20%)	75 (19%)	115 (30%)	81 (21%)	37 (10%)
Mental health care providers	2.69 (3)	99 (26%)	71 (18%)	104 (27%)	79 (20%)	35 (9%)
SUD treatment providers	2.57 (2)	124 (32%)	74 (19%)	82 (21%)	57 (15%)	50 (13%)
Recovery groups	2.14 (2)	189 (49%)	66 (17%)	57 (15%)	36 (9%)	38 (10%)
Social media	2.42 (2)	108 (28%)	95 (25%)	116 (30%)	45 (12%)	21 (5%)
Nonprofits and community groups	2.41 (2)	111 (29%)	94 (24%)	109 (28%)	52 (14%)	18 (5%)

Survey participants rely on academic or medical websites, physical health care providers, their colleagues, mental health care providers, and the government the most to get information about opioids and other drugs.

Note: The cells shaded in yellow indicate the median score classification.

# SALINE COUNTY OPIOID NEEDS ASSESSMENT: OPIOID SETTLEMENT FUNDING

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **One survey question asked how the county should allocate funding it received through opioid litigation settlements to address the opioid epidemic and prevent drug overdoses. This section summarizes participants' attitudes toward 17 proposed strategies.** 

# WHAT ARE PARTICIPANTS' ATTITUDES TOWARD SPECIFIC OPIOID SETTLEMENT FUNDING STRATEGIES?

To what extent do you oppose or support the following strategies?	Mean	N (%) Strongly Oppose	N (%) Slightly Oppose	N (%) Neither Oppose nor Support	N (%) Slightly Support	N (%) Strongly Support
Underage substance use prevention	4.69	4 (1%)	2 (0%)	16 (5%)	55 (16%)	278 (78%)
Support for children and families affected by SUD	4.67	3 (1%)	7 (2%)	20 (6%)	44 (12%)	281 (79%)
Community education and awareness of the opioid epidemic	4.65	1 (0%)	3 (1%)	21 (6%)	70 (20%)	261 (73%)
Comprehensive treatment services (inpatient, outpatient, medications for SUD, counseling, detox, etc.)	4.65	4 (1%)	6 (2%)	17 (5%)	55 (16%)	273 (77%)
Overdose response, aftercare, and follow- up	4.57	7 (2%)	4 (1%)	28 (8%)	57 (16%)	259 (73%)
Access to treatment in jails and prisons	4.52	6 (2%)	8 (2%)	28 (8%)	67 (19%)	248 (70%)
Recovery programming, coaching, housing, and support services	4.51	4 (1%)	9 (3%)	29 (8%)	72 (20%)	240 (68%)
Linkages to integrated care (combined behavioral and ohysical health care)	4.50	5 (1%)	3 (1%)	42 (12%)	64 (18%)	239 (68%)
Screening and assessment for SUD	4.43	4 (1%)	7 (2%)	41 (11%)	84 (24%)	219 (62%)
Employment and vocational training and assistance	4.42	7 (2%)	4 (1%)	44 (12%)	79 (22%)	221 (62%)
Health and wellness (drug-free spaces, safe spaces, physical and mental wellbeing)	4.40	7 (2%)	10 (3%)	41 (12%)	73 (21%)	223 (63%)
Provider education and practice on safe orescribing, opioid stewardship, and pain management alternatives	4.39	7 (2%)	6 (2%)	51 (14%)	70 (20%)	222 (62%)
Re-entry support for iustice-involved individuals	4.37	7 (2%)	6 (2%)	50 (14%)	79 (22%)	213 (60%)
mproved access to harm reduction supplies	4.34	11 (3%)	17 (5%)	29 (8%)	80 (23%)	218 (61%)
Diversion programs to connect people to creatment instead of ncarceration	4.22	17 (5%)	16 (5%)	36 (10%)	91 (26%)	196 (55%)
Concrete wraparound supports (food, nousing, transportation, and childcare)	4.21	13 (4%)	16 (5%)	51 (14%)	78 (22%)	197 (55%)
Legal assistance	3.91	20 (6%)	25 (7%)	69 (20%)	93 (26%)	147 (41%)

Legal assistance

3.91

20 (6%)

25 (7%)

69 (20%)

93 (26%)

147 (41%)

All proposed strategies received support from at least 60% of participants. Notably, four strategies (youth substance use prevention, support for children and families affected by SUD,

90% support. These results affirm the importance of not just investing in one strategy but to have a comprehensive, layered approach.

For additional information about the findings of the survey, contact Ngoc Vuong at

ngoc.vuong@wichita.edu.

**community education and awareness**, and **comprehensive treatment services**) garnered over

# SALINE COUNTY OPIOID NEEDS ASSESSMENT: STIGMA IN SALINE COUNTY

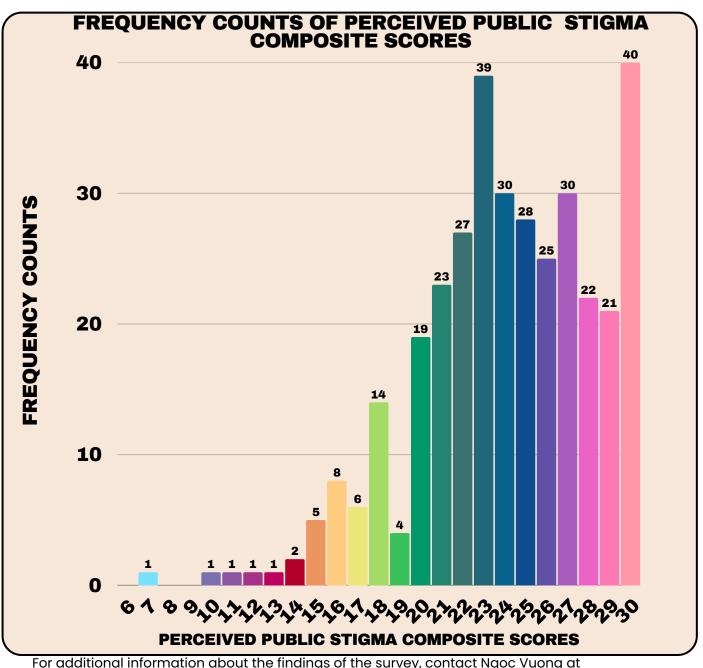
From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. One of the scales in the survey was a modified version of the Perceived Public Stigma Scale by Palamar et al. (2011), designed to assess participants' perceptions of how the community treats Saline County residents who use illicit opioids. This section summarizes those findings.

The next few questions will ask you about your perceptions of stigma against people who use illicit opioids in Saline County. For this survey, stigma refers to negative attitudes, behaviors, or beliefs. Please select from strongly disagree to strongly agree for each question.

Most people in Saline County	Mean	N (%) Strongly Disagree	N (%) Slightly Disagree	N (%) Neither Agree nor Disagree	N (%) Slightly Agree	N (%) Strongly Agree
Believe individuals who use illicit opioids cannot be trusted.	4.38	3 (1%)	10 (3%)	22 (6%)	131 (38%)	182 (52%)
Believe individuals who use illicit opioids are dangerous.	4.24	3 (1%)	11 (3%)	31 (9%)	155 (45%)	147 (42%)
Will take the opinions of someone who uses illicit opioids less seriously.	4.16	5 (1%)	24 (7%)	40 (12%)	118 (34%)	159 (46%)
Would not date someone who uses illicit opioids.	3.84	9 (3%)	33 (9%)	86 (25%)	93 (27%)	125 (36%)
Feel that illicit opioid use is a sign of personal failure.	3.76	18 (5%)	34 (10%)	68 (20%)	119 (34%)	108 (31%)
Would not accept someone who uses illicit opioids as a close friend.	3.75	8 (2%)	35 (10%)	95 (27%)	107 (31%)	102 (29%)

WHEN THE ITEMS IN
THE PERCEIVED
PUBLIC STIGMA
SCALE ARE TURNED
INTO A COMPOSITE
SCORE, THE AVERAGE
SCORE IS 24 (OUT OF
A POTENTIAL 30
POINTS).

THE RESULTS STRONGLY
SUGGEST THAT
PARTICIPANTS PERCEIVE
THE COMMUNITY AS
STIGMATIZING AGAINST
INDIVIDUALS WHO USE
ILLICIT OPIOIDS.



For additional information about the findings of the survey, contact Ngoc Vuong at ngoc.vuong@wichita.edu.

## SALINE COUNTY OPIOID NEEDS ASSESSMENT: OPIOID OVERDOSE RESPONSE

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. This section provides more information about participants' feelings of confidence and preparedness in responding to an opioid overdose.

Imagine if you came across someone who might be experiencing an opioid overdose. On a scale of 1 to 5, with 1 being strongly disagree and 5 being strongly agree, how much do you agree with each of the following statements?

<u> </u>								
Statements	Mean	N (%) Strongly Disagree	N (%) Slightly Disagree	N (%) Neither Agree nor Disagree	N (%) Slightly Agree	N (%) Strongly Agree		
I would be willing to administer naloxone	4.17	22 (6%)	15 (4%)	50 (14%)	68 (19%)	208 (57%)		
I know what the signs and symptoms of an opioid overdose are	3.38	58 (16%)	54 (15%)	44 (12%)	106 (29%)	101 (28%)		
I know how to administer naloxone	3.23	106 (29%)	33 (9%)	35 (10%)	49 (13%)	140 (39%)		
I know what to do in the event of an opioid overdose.	3.22	89 (25%)	47 (13%)	41 (11%)	67 (18%)	118 (33%)		
I would be afraid of doing something wrong.	3.20	73 (20%)	45 (13%)	64 (18%)	95 (26%)	84 (23%)		
I would be afraid the person who overdosed might be hostile or aggressive.	3.51	39 (11%)	39 (11%)	73 (20%)	122 (34%)	89 (25%)		
I would be afraid of hurting the person who overdosed.	2.93	84 (23%)	70 (19%)	62 (17%)	83 (23%)	64 (18%)		
I would be afraid of causing withdrawal symptoms in the person who overdosed.	2.24	147 (41%)	67 (18%)	88 (24%)	31 (9%)	28 (8%)		

76% of participants would be willing to administer naloxone.

57% of participants know what the signs and symptoms of an opioid overdose are. A little over 50% of participants know how to administer naloxone.

51% of participants know what to do in the event of an opioid overdose.

59% of participants are afraid the person who overdosed will be hostile or aggressive.

Nearly half of all participants reported they would be afraid of doing something wrong in the event of an opioid overdose.

41% of participants are afraid that they would hurt the person who overdosed.

17% of participants would be afraid of causing withdrawal symptoms.

For additional information about the findings of the survey, contact Ngoc Vuong at ngoc.vuong@wichita.edu.