



**Emergency Response Behavior Assessment in Relation to Opioid Use Disorder and Opioid Related Overdoses  
Baseline Survey of First Responders**

*The following survey will help the Lackawanna Opioid Coalition understand the type and amount of stigma currently residing in the attitudes and behaviors of first responders in our community. Your answers from this survey will be kept confidential and will only be reported as a group. The answers will indicate the type of training and education that will best reduce present stigma relating to opioid use disorder and overdoses amongst first responders.*

**A. Background**

A.1 Please indicate the date of survey:

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MM DD YYYY

A.2 Please indicate your age:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

A.3 Please indicate your gender

- Male
- Female
- Non-binary/third gender
- Prefer to self-describe:
- Prefer not to answer

A.4 Please indicate your race:

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black/African American
- Hispanic
- White/Caucasian
- Other

A.5 Please indicate your highest completed level of education:

- Some High School
- High school or GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

A.6 Please indicate your first responder discipline:

- EMS
- Fire
- Police

A.7 Please describe the majority of your shifts (select more than one if applicable):

- Daytime Weekdays
- Daytime Weekends
- Nighttime Weekdays
- Nighttime Weekends

A.8 Please indicate the best description of the area in which you serve:

- Urban
- Suburban
- Rural
- Mixed

A.9 Please indicate your length of time serving as a first responder: [Click here to enter text.](#) years

A.10 Please indicate your zip code of residence: [Click here to enter text.](#)

## B. Glossary

*Administer:* to provide or apply<sup>1</sup>

*Medication Assisted Treatment (MAT):* Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies<sup>2</sup>

*Naloxone:* is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose<sup>3</sup>

*Overdose:* Injury to the body that happens when a drug is taken in excessive amounts. An overdose can be fatal or non-fatal<sup>4</sup>

*Prescription Opioid:* medications that can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer<sup>5</sup>

*Substance Use Disorder:* disorder caused by the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home<sup>6</sup>

*Viable:* capable of working, functioning, or developing adequately<sup>7</sup>

## C. Confidence in Emergency Response Operations

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<sup>1</sup> <https://www.merriam-webster.com/dictionary/administer>

<sup>2</sup> <https://www.cdc.gov/drugoverdose/opioids/index.html>

<sup>3</sup> <https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

<sup>4</sup> <https://www.cdc.gov/drugoverdose/opioids/index.html>

<sup>5</sup> <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

<sup>6</sup> <https://www.samhsa.gov/disorders/substance-use>

<sup>7</sup> <https://www.merriam-webster.com/dictionary/viable>

Please indicate how confident you are in applying the following in your emergency response operations:

Emergency Response Behavior	1 No Confidence	2 A little Confidence	3 Average Confidence	4 Confident	5 Very Confident
C.1 Conducting an evidence-based screen for potential substance use disorder with any patient.					
C.2 Understanding how to have a conversation with a patient that would likely motivate the patient to engage in healthier behavior such as reduce their drinking or access substance use disorder assessment or treatment services.					
C.3 Communicating with a patient who is irritated about the questions you are asking.					
C.4 Providing a patient with a referral to substance use disorder treatment services that involves a “warm hand off”.					
C.5 Properly treating an individual who experienced an overdose.					
C.6 Understanding the role of your county’s Single County Authority (SCA) in assisting patients’ access to substance use disorder treatment.					
C.7 Properly administering naloxone to an individual who experienced an overdose.					
C.8 Understanding who to contact in your county that can help your patient access substance use disorder treatment.					
C.9 Knowing the number and type of substance use disorder treatment programs in your county.					
C.10 Knowing what Screening, Brief Intervention and Referral to Treatment (SBIRT) is.					
C.11 Understanding how confidentiality is handled in Pennsylvania in the sharing of clinical information between entities such as managed care organizations and substance use disorder treatment providers with patients that have a substance use disorder.					
C.12 Knowing why a patient may seek to take a sedative who is regularly using opioids either legitimately (via a prescription) or illicitly.					

C.13 Understanding the recommended patient behaviors that will support or sabotage his/her recovery.					
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**D. Attitudes in Emergency Response**

Please indicate the degree to which you agree with the following statements:

Attitude	1 Strongly Disagree	2 Disagree	3 Uncertain	4 Agree	5 Strongly Agree
D.1 If a person is addicted to a prescription opioid they can stop using it if they really want to.					
D.2 An individual with a substance use disorder is irresponsible.					
D.3 Increasing access and utilization of naloxone is a good solution to the current opioid epidemic.					
D.4 Increasing access and utilization of naloxone provides people with a substance use disorder an excuse to continue use.					
D.5 Substance use disorder treatment isn't very effective.					
D.6 People will be more likely to abuse opioids if they have access to naloxone.					
D.7 Not everyone can become addicted to pain medications.					
D.8 An individual with a substance use disorder is selfish.					
D.9 I would willingly administer naloxone in an overdose situation.					
D.10 If a patient is resistant to what you are saying, you cannot motivate them to change their mind or behavior.					
D.11 I can easily spot a patient with a substance use disorder.					
D.12 I believe naloxone should be administered to every individual who is experiencing an overdose.					

D.13 I believe there should be a limit to how many times an individual can receive naloxone for an overdose.					
D.14 I treat patients who have overdosed the same as those who have not overdosed.					
D.15 I am more likely than my colleagues to willingly administer naloxone in an overdose situation.					
D.16 An overdose related to prescription medications is different than an overdose related to heroin.					
D.17 Individuals who receive rehabilitation or treatment will use or overdose again.					
D.18 Medication-assisted treatment (i.e. Methadone, Suboxone, Vivitrol) is a viable form of treatment for substance use disorder.					
D.19 If I thought my friend had a substance use disorder I would stay away from them.					
D.20 Individuals with a substance use disorder are likely to be dangerous.					
D.21 An individual with a substance use disorder should have the same right to a job as anyone else.					
D.22 It is important for individuals with a substance use disorder to be part of a supportive community.					
D.23 Abstinence based therapy is the only successful form of treatment for substance use disorders.					
D.24 Using words like 'addict', 'junkie', and 'abuser' are harmless. No one gets hurt.					
D.25 There should be a limit to how many times an individual can receive naloxone for an overdose.					