BEHAVIORAL HEALTH RESOURCES AND TECHNICAL ASSISTANCE PROGRAM

# Maryland Public Opinion Survey on Opioids, 2019 Summary Report

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Prepared by:

Nicole Sealfon, MPH Associate Director

Michelle Taylor, PhD Post-Doctoral Fellow

Meg Robertson, MPH Research Specialist

Shardai Jones, MPH Research Specialist

Vanessa Michel Research Specialist

Yoscar Ogando, PharmD Post-Doctoral Fellow

> Victoria Wolf, PharmD Student

Zachary Leppert, PharmD Student

And

Fadia T. Shaya, PhD, MPH Professor and Executive Director Principal Investigator

Behavioral Health Resources and Technical Assistance Program BHRT@rx.umaryland.edu

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## **Executive Summary**

This report provides a summary of findings from the 2019 Maryland Public Opinion Survey on Opioids (MPOS). This is the third MPOS collected in Maryland to capture statewide perceptions, attitudes, beliefs and practices surrounding prescription opioids and heroin. In 2018, there were 379 deaths linked to prescription opioids in Maryland (1). Heroin fatalities have risen steadily over the last five years to its peak of 1,212 in 2016, but heroin fatalities have decreased to 830 in 2018 (1). In an effort to reduce opioid misuse and overdose deaths, Maryland has continued to implement the Opioid Misuse Prevention Program (OMPP) in 22 jurisdictions. OMPP is funded by the Maryland Department of Health's Office of Population Health Improvement and implemented in collaboration with University of Maryland's School of Pharmacy (UMSOP).

Approximately 6,000 Marylanders participated. Key findings include:

- **Opioid Misuse**: A quarter of respondents reported using prescription opioids without a doctor's permission and 7.61% reported using heroin. First time opioid misuse was most likely to start during the young adult years. Almost half of those who reported prescription opioid misuse took an opioid to relieve physical pain.
- Retail and Social Availability: Those who reported opioid misuse indicated that opioids are most commonly accessed through their friends and relatives. The majority of respondents identified proper storage and disposal methods, but only a small percentage of those with a prescription opioid utilized the methods appropriately.
- **Discussing Opioid Risks with Healthcare Providers**: An overwhelming majority of respondents have not had some discussions with their doctor or pharmacist about the potential risks of prescription opioids.
- **Treatment Barriers**: The most common barriers reported were the cost of treatment, lack of insurance coverage, long waitlists for treatment centers, and the large number of steps in the treatment process.

After a brief overview of the opioid misuse problem in Maryland, this report presents highlights of the MPOS findings. Opioid misuse rates are provided, followed by findings on pertinent factors that may impact misuse such as availability and perceptions of risk.

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## Background

Substance misuse is one of the most pressing public health challenges throughout the United States. In recent years, opioid misuse and addiction have dominated the discussion of substance misuse. Sustainable approaches to addressing this problem have become a top priority for many state and local public health organizations. In Maryland, stakeholders have developed surveillance systems, identified at-risk populations, implemented innovative and evidence-based programs, and convened committees and workgroups in an effort to decrease opioid misuse and overdose rates.

The 2016-2017 National Survey on Drug Use and Health (NSDUH) reported that 3.9% of Maryland residents over the age of 12 misused a prescription pain reliever in the past year. This is a slight decrease from the 2015-2016 survey which showed 4.2% misuse in this population (1). The trend of a modest decrease in misuse of prescription pain relievers was seen across all age groups reported in the survey. In general, Marylanders were slightly less likely to have misused prescription pain relievers in the past year compared to all Americans across all age brackets, with the exception of the 18-25 age group (1). This age group is also notable for its relatively higher rates of past year prescription pain reliever use (7.32%), which is over double the rate for adults older than 26 (1) (Table 1).

	Maryland 2016-2017 Past year prescription drug misuse (%)	2016-2017 United states rates (%)	Comparators 2015-2016 Maryland rates (%)	2016-2017 Heroin misuse (%)
12+	3.9	4.17	4.15	0.54
12 to 17	3.05	3.31	3.4	0.05
18 to 25	7.32	7.13	7.82	1.03
18+	3.98	4.26	4.22	0.58
26+	3.47	3.79	3.66	0.52

 Table 1. Prescription drug misuse rates in Maryland and the United States from 2016-2017 NSDUH.

According to the 2017 "Annual Overdose Death Report" from Maryland's Behavioral Health Administration (current name changed to Maryland Department of Health), the number of opioid-related deaths more than tripled in just 10 years, from 2007 (628 deaths) to 2017 (2009 deaths). Despite an increase in attention and resources, the number of opioid-related deaths has not decreased in any given year since 2010, and current estimates suggest that this trend did not change in 2018 (2). However, there has been a change in the types of opioids that are causing overdose deaths. Heroin-related deaths decreased from their 2016 levels (2,3) and fentanyl, an opioid which can either be diverted from prescription use or made illicitly, has surpassed heroin as the number one overdose agent in Maryland with a total of 1,594 deaths in 2017 (3). Since 2007, prescription opioid overdoses have remained relatively stable and accounted for fewer overdoses than their illicit counterparts (3) (Figure 1). Despite these trends, there is still a heightened interest in understanding the epidemiology around prescription opioids since there is an opportunity to eliminate overdoses deaths through adequate prevention efforts. In addition, prescription opioids often serve as 'gateway' drugs. A 2013 study found that 79.5% of heroin users had misused prescription pain relievers before using heroin (4).



Figure 1. Data from the Maryland Behavioral Health Administration annual overdose death report

Even as the fight against the opioid epidemic has recently received significant media attention and been supported by funding, it is still important to keep a watch on the misuse of other substances such as alcohol that may cause a public health threat. The number of alcohol-related fatalities (including fatalities as a result of polysubstance use) in Maryland increased by over 300% from 2010 to 2016 (5) and in 2016, alcohol-impaired driving fatalities accounted for 31% of all driving fatalities in Maryland (6). According to the 2016-2017 National Survey on Drug Use and Health (NSDUH), "past-month" alcohol use in individuals older than 12 was higher in Maryland than nationally, but approximately the same for individuals 12-20 (51.21% vs 53.30% and 19.50% vs 19.12%, respectively)(7). In addition to monitoring alcohol, it is also critical to monitor cannabis use to assess its public health impact. In 2015, one third of high school students in Maryland reported having ever used cannabis (8). While recreational cannabis use is illegal in Maryland, a comprehensive medical cannabis program was passed by the state legislatures in 2014. The first cannabis dispensaries became operational in late 2017 (9). As of May 2019, nearly 100,000 patients were registered users of medical cannabis (10).

Given the pervasiveness of substance misuse in Maryland, it is important to evaluate the culture around drugs to better understand where resources need to be placed to optimize prevention and treatment. The continuous monitoring of attitudes, beliefs, and use of drugs is imperative for improving public health policies and programs. The Maryland Public Opinion Survey (MPOS) is designed to provide state and local jurisdictions with data to evaluate and assess attitudes and behaviors related to substance misuse and to target interventions to meet the needs of their communities.

## **Survey Rationale and Methods**

The Maryland Public Opinion Survey (MPOS) is an ongoing annual survey designed and implemented by BHRT, to evaluate prescription and non-prescription opioid misuse in Maryland. The survey is unique due to its focus on obtaining data at the jurisdiction level. This survey allows Maryland jurisdictions to track changes in patterns, attitudes, and sources of opioid use and misuse in both their smaller communities and in the state as a whole. The data from this survey are also used by Maryland Opioid Misuse Prevention

Program (OMPP) jurisdictions to inform programs aimed at reducing opioid misuse and its associated harms.

The survey was launched online for six weeks during February and March 2019, consistent with the timeframe of previous survey years to maintain comparability of data. Participants were recruited online via Facebook advertisements and the survey implemented through Qualtrics. Eligible participants included only adult, Maryland residents. Respondents were asked questions about opioid misuse in their personal lives as well in their communities. These questions touched on a wide range of issues related to the opioid epidemic such as initiation of use, source of opioid, perception of risk, awareness of treatment options, and proper storage and disposal. The survey utilized Likert scale type questions to quantify attitudes about various topics, but also had open answer questions, which were double-coded by researchers for analysis purposes. As an incentive to complete the survey, respondents were entered in weekly raffles for a \$50 gift card, and in a \$100 final raffle.

The major limitation of the survey was the use of a convenience sample rather than a truly random sample. The survey was advertised online via Facebook to recruit participants, which creates issues of self-selection bias and bias against non-social media users. Data from the Facebook analytics tool suggests that these ads were more effective at recruiting some demographics than others, namely woman and older adults. Weighted data analysis was used to compensate for underrepresentation of certain demographics; however, the smaller numbers for some demographics limited the validity of inter-group comparability. Another limitation is the self-reported nature of the survey, which introduces issues of subjective understanding of the questions, social desirability bias, and survey fraud.

Institutional Review Boards at the University of Maryland Baltimore and the Department of Health reviewed and granted this study exempt status.

### **Respondent Demographics**

By the conclusion of the survey, we had received 5,930 responses. The proportion of respondents in the 50-64 year old age group is overrepresented based on Maryland census data, but the distribution among the other age groups corresponds with the state census data (Table 2). While all 24 jurisdictions had representation, participation varied widely ranging from 0.46% in Somerset County to 11.72% in Anne Arundel County (Figure 2).

Table 2. MPOS Respondents Demographics						
*Source: US Census, 2017						
	MPOS State					
	%	%*				
Gender						
Female	77.39	51.6				
Male	20.41	48.4				
Other	0.41	-				
Age						
18-25	13.15	13.8				
26-34	18.01	13.2				
35-49	26.05	21.7				
50-64	33.29	19.6				
65+	9.48	12.3				



## **Highlight of Survey Findings**

## **Opioid Misuse and Initiation**

Several questions were asked regarding personal nonmedical use of prescription opioids and heroin. For the purposes of this survey, 'nonmedical use of prescription opioids' or NMUPO was defined as (1) taking a prescription opioid that was not prescribed to or that did not belong to the respondent or (2) using prescription opioids to get high (Table 3). One in four respondents reported using prescription opioids that had not been prescribed to them. Additionally, one in seven respondents reported using prescription opioids, for the purpose of getting high, although they had obtained these opioids through a legal prescription.

#### Table 3. Lifetime Nonmedical Use of Prescription Opioids

	In your lifetim taken a prescr was not prescr	e, have you ever iption opioid that ribed to you?	In your lifetime, have you ever taken a prescription opioid that was prescribed to you but only for the experience, feeling they caused, or to get high?	
Response	n	Percent	n	Percent
Never	3862	74.51	4399	85.43
Yes, within the past 30 days	76	1.47	24	0.47
Yes, more than 30 days ago but within the past 12 months	151	2.91	71	1.38
Yes, more than 12 months ago	1094	21.11	655	12.72
Total	5183	100	5149	100

To assess the identified behaviors related to the nonmedical use of prescription opioids or NMUPO, respondents were asked questions about the reason why they used prescription opioids that were not prescribed to them and why they used heroin. The results revealed a few top responses: 1) to relieve physical pain (48.50%) and 2) to feel good/get high (20.16%). When asked why they used heroin, respondents' standout responses were to feel good/get high (30.55%) and because they were addicted (30.55%) (Figure 3).



Figure 3. Reasons why respondents used heroin/prescription opioids NOT prescribed to them

The following comments highlight personal anecdotes to reasons why respondents used prescription opioids not prescribed to them and why they used heroin.

"I recently had a very painful breast abscess that required multiple minor procedures and ending in a rather large surgery to remove half of my breast. During this entire period, I was only prescribed 50 Percocet [pills] (30 after my hospital stay, and 20 after surgery). When I requested a refill of the 20 [Percocet pills], the surgeon said no, the infectious disease doctor said to go to my PCP and my PCP said to go to the surgeon. As a result, my pain went unmanaged, and I ended up asking my brother for some of his chronic pain pills. While I no longer need to take any pain meds other than OTC pain meds - I was desperate to find pain meds when I was hurting."

"I suffered for three years, in severe pain. When doctors didn't know what else to do with me, they referred me to pain management at 27 years old. I was prescribed Oxycodone and OxyContin on my very first visit. I was never weaned off. It was never even a discussion or option. ...When it [pain] got to be too severe, I was offered pain relief from a relative with a prescription. I don't feel ashamed that I accepted it, nor do I feel that I did anything wrong."

"Substance abuse is rampant here as well as other states. It really is a priority to me as I lost a nephew to heroin because of chronic back pain and the inability to get and afford opioids. My son's brother-in-law died of heroin overdose as well."

### Age of Initiation

Using the same definition of nonmedical use of prescription opioids, respondents were asked about their age of initiation. The results revealed that age of initiation for NMUPO and heroin was greatest among the 18-25 year old age group (Figure 4). Prevention programs that target youth, environments, and the people that surround them can help to educate and guide these age groups from initial opioid misuse.



Figure 4. Age of initiation for heroin and prescription opioid

### Perception and Attitudes about Opioid Misuse

High levels of concern is shown in the results of the questions regarding opioid misuse across jurisdictions with over half of the respondents concerned about both prescription opioids and heroin use in their communities. A comparison of the 2015 and 2018 responses shows that these levels of concern have increased slightly over the past 3 years (Table 4).

Table 4	Concern	about	Opioid	Misuse
---------	---------	-------	--------	--------

How concerned are you with:	Very concerned (%)	Concerned (%)	Somewhat concerned (%)	Not at all concerned (%)
Prescription opioid abuse in your community				
2015	52.2	25.7	15.7	6.4
2018	54.13	25.23	14.35	6.29
Heroin abuse in your community				
2015	62.7	20.1	11.5	5.7
2018	62.40	21.86	10.69	5.05

The MPOS asked several questions about which drug is "safer" to use to get high. According to respondents, many believe that it is more dangerous to get high off prescription opioids compared to other substances. Among of MPOS respondents, 38.78% perceived that prescription opioids are safer to get high with than heroin (Figure 5). This indicates a 35% increase from the 2016 MPOS survey results (28.62%, 2016).

Many respondents had contradicting views about what substance is "safer" to use to get high:



Figure 5. Is it safer to get high with prescription opioids vs. other substances?

# "I think marijuana should be legal but that they need a way to prevent driving under the influence. I don't personally use marijuana but I think it's much safer than the other options for pain relief."

# "The reason I think it is safer for someone to use a prescription narcotic than heroin to get high is the prescription, with oversight from the FDA, is less likely than a street drug to be cut with another substance."

Respondents report high levels of awareness on the likelihood to overdose. More than 90% felt it was likely or extremely likely that people will overdose if they have overdosed before. In addition, at least half of the respondents (51%) also have the understanding that people are extremely likely to overdose when prescription opioids are taken with alcohol.

MPOS respondents were asked about their perception of risk of opioids. The results show that respondents have a great perception of risk for prescription opioids not prescribed to them (70.28%) and the use of heroin (94.67%).

## Social and Retail Availability

According to the responses, more people felt that it was "somewhat easy" to get prescription opioids from a friend or family member (35%) than from a doctor (25%). When asked about the source of the prescription opioid that was not prescribed to them, most respondents stated that they were given the opioid for free by a friend. These data also coincide with the question: "how easy or difficult was it to get prescription opioids from a friend or family member". About 62% of respondents said that it was somewhat easy to get opioids from a friend or family member as opposed to a doctor in the community (Table 5).

In your opinion, how easy or difficult would it be for someone to get prescription opioids from a:	Very difficult (%)	Somewhat difficult (%)	Somewhat easy (%)	Very easy (%)	Unsure (%)
Friend or Family Member	3.47	11.10	34.61	27.52	6.92
Doctor in your community	11.70	23.62	25.43	11.22	11.67

Table 5. Sources of prescription opioids

With the dangers of misuse and addiction, many respondents voiced concerns that doctors were following stricter guidelines for prescribing even when patients expressed their need for pain relief.

## Prescription Opioid Storage and Disposal Knowledge and Behaviors

Improper storage and disposal practices of prescription opioids can lead to unintended access by nonmedical users. One way to prevent prescription opioid diversion is proper storage. Several questions on the MPOS asked respondents about the opinions and behaviors related to storing prescription opioids. The majority of respondents (79.29%, n=3998) reported that they should store opioids in a locked place. Respondents were able to identify proper disposal methods with 53.13% (n=2671) selecting a drug disposal box, 40.36% (n=2029) selecting return to a pharmacy, doctor or hospital and 35.29% (n=1774) selecting take to a collection event. However, 14.64% (n= 736) selected they would keep the pills in case they need them in the future.

Among the MPOS respondents, 37.53% (n=1909) reported having an opioid prescription for themselves or someone in their household, a decrease from 2017 (39.02%, n= 2863). Of the 1,909 participants who reported having an opioid prescription, 75% (n=1361) indicated storing the opioids in a location that is never locked and 27.08% (n=299) disposed opioid prescriptions at a drug disposal box. (Figures 6 &7).





Figure 6. Disposal behaviors (%)

The next set of questions on the MPOS asked respondents about seeing or hearing messages regarding safe storage and disposal. Among the respondents, 37.58% (n=1895) reported seeing/hearing safe storage information and 56.5% (n= 2852) reported seeing/hearing safe disposal information in the past 12 months. About 42% (n=2116) of respondents reported knowing the location of a prescription drug disposal boxes in their county or city. The knowledge of the disposal box locations is slightly less common among 18-25 year olds, but overall the percentage of awareness is proportionate across all other age groups (Figure 8).



Figure 8. Knowledge of disposal boxes in county/city by age

## **Communication between Providers and Pharmacists with Patients**

Healthcare providers have an important role in educating their patients on the risks of prescription opioids. Several questions on the MPOS asked respondents about communication messages at their doctor's offices (Figure 9) and pharmacies (Figure 10). At both doctor's offices and pharmacies, respondents share that there is little communication about storage or disposal of their prescription medications (18.5% and 15.45%, respectively). Additionally, there is minimal discussion between pharmacy staff and patients around the risks of prescription opioids (23.24%).







## Treatment

MPOS asked questions on knowledge of treatment for prescription opioid or heroin dependence and barriers to accessing treatment. Over half of the respondents (58.69%) reported that they would know where to refer someone who needs treatment for opioid dependence (n= 2,924). Among the respondents, 52.35% (n=2608) stated that they or someone they knew had ever sought help for prescription opioid or heroin use. These respondents selected the barriers encountered when attempting to access treatment (Figure 11).



Figure 11. Barriers to treatment (%)

The most common barriers reported were due to costliness of treatment or insurance may not cover it and a long waitlist or too many steps involved. Respondents shared in the comment section that due to lack of insurance coverage, their loved ones may not get the amount of treatment needed and some insurances only cover a short amount of days. Responses also highlighted the individual opinions on what barriers may exist. Many of the respondents took the opportunity to explain their concerns about the cost and coverage of treatment.

### "There are not enough treatment options that are covered by insurance or that are affordable"

"The treatment centers that are available are underfunded, expensive and have little effect on the addict. Trying to go to a better treatment center is not covered by most insurance so basically, if you are not rich your loved one is dead."

"30 days of treatment is not enough. Insurance rules treatment, and does not consider the patient's needs."

"I think a barrier to treatment is the stigma that society places on those who are seeking treatment. There is too much stigma by medical or treatment providers. Access to care is difficult in rural areas and the need to go to methadone clinics daily until stable. I think more prescribers and pharmacies with buprenorphine would help this population. I think prescribers are doing better at not overprescribing narcotics, which I think would help with decreasing the number of those that start their addictions with pain medications."

## Marijuana

## Use and Perception of Cannabis in Maryland

Maryland policies on cannabis use have changed drastically over the past several years. In 2013, Maryland established a medical cannabis program that currently allows certified Maryland residents to obtain cannabis products for medical use from licensed growers in the state. The changing landscape of cannabis policy necessitates additional data collection to assess and evaluate how policy changes may be impacting public health.

The 2019 MPOS included four questions related to cannabis (referred to as "marijuana" in the survey.) These questions were meant to provide a starting point for evaluating Maryland residents' use and perception of cannabis. Following are some key findings and implications.

## Cannabis Use

The 2017 NSDUH estimated that 15.65% of Maryland adults had used marijuana within the past year(1). The 2019 MPOS found a higher rate of cannabis use among Maryland adults (Figure 12). Of the respondents who answered the question "In the past 12 months, have you used marijuana?" 24.64% (N=1285) responded that they had used marijuana within the past year.

Respondents who answered that they had used cannabis within the past 12 months were then asked a question about the reason for their use. Answer options were "To relieve physical pain," "To reduce anxiety, depression, or stress," and "For recreation or fun." The survey also gave respondents the option to select "Other" and provide a written response. Respondents were most likely to report having used marijuana to reduce anxiety, depression, or stress.

The free response submissions for the reason for marijuana use included "all of the above" indicating that the respondent used marijuana for all four reasons listed: to help with sleeping, to relieve withdrawal symptoms, to reduce nausea or increase appetite, and to relieve symptoms other than pain from a medical condition (e.g. inflammation, Crohn's disease).

### Driving Under the Influence in Maryland

The 2019 MPOS also included new questions on behavior and perceptions related to driving under the influence of drugs and alcohol (Figure 13). Respondents were asked how many days during the past 30 days they drove a car while under the influence of certain drugs and alcohol.

Almost 3% of respondents to this question reported driving under the influence of marijuana more than 7 of the past 30, and less than 1% of people who reported driving under the influence of alcohol more than 7 of the past 30 days. People who drive under the influence of marijuana may drive under the influence more frequently than those who drive under the influence of alcohol.

The survey also included a question that asked respondents to what extent they agreed or disagreed with several statements regarding how safe it is to drive under the influence of alcohol and marijuana. Although over 90% of respondents either strongly disagreed or disagreed that people can safely drive under the influence of alcohol, less than 69% of respondents strongly disagreed or disagreed that people can safely drive under the influence of marijuana. This finding highlights a potential need for more education around the dangers of driving under the influence of cannabis, particularly if cannabis use becomes more widespread with legalization.

## **Additional Comments**

At the end of the survey, respondents could comment on their experience and knowledge of opioids misuse in their communities. We reviewed almost 2,000 comments and categorized them into nine groupings (Treatment: n= 513, Enforcement: n= 109, Access: n= 66, Personal Anecdote: n= 216, Prescribing: n= 320, Lack of Awareness: n= 112, Concern: n=174, Stigma: n=221, other drugs {marijuana, alcohol, stimulants etc.}: n=147).

## Weighted Data

## Purpose and Methodology

Weighted analysis is a technique used to compensate for sample errors to create a data set based on population quantities to proportionately balance the survey on specified areas of interest (e.g. population size, age, gender). Weighting on such characteristics, ensures that the identified characteristics within the survey sample, match those from the greater census population.

There are limitations when weighing surveys:

- Weighting-up (small sample size) is more dangerous than weighting-down (larger sample size).
- Accuracy is reduced: sampling variance, standard deviation, and standard error increase.
- Minimize size and number of characteristics as possible.

The sample data were weighted by age group (<45, 45+), gender (male, female) and Jurisdiction (24 Maryland jurisdictions). The sample data used only 41 variables from the primary data set. Those variables include items that every respondent had a chance to answer and is not at demographic characteristic. A list of the items for the weighted sample are in the appendix.

The original sample had 6232 records. Since we want to weight the sample by age group (N missing=302), gender (N missing=1342) and jurisdiction (N missing=302), any record with missing value on these three variables were excluded from weighting. We had the final sample N=4780. A total of 4780 participants' responses were weighed to represent 6,052,177 Maryland residents (Maryland population as of July 1, 2017).

## Weighted Results

The following are a few highlights from the weighted results.

Use beliefs:

- I would take a prescription not prescribed to me- 13.13% Agree/Strongly agree
- I would take more than prescribed dose- 17.08% Agree/Strongly Agree
- I would share my prescription 13.63% Agree/Strongly Agree

Use behaviors:

- Heroin use- 8.75% (529,773 Marylanders)
- Prescribed an opioid in the past year (you or anyone in your household)- 36.37% (2,198,192 Marylanders)
- Marijuana Use in past year- 29.72% (1,787,300 Marylanders)

#### Awareness:

- Location of drug disposal boxes: 32.11%
- Heard Safe Storage information- 32.45%
- Heard safe disposal information- 48.45%
- Know where to refer someone who needs treatment- 51.88%

## Conclusion

The data gathered suggest Marylanders have some awareness of the opioid misuse problem, although knowledge of specific NMUPO consequences such as dependence or addiction may be lacking. A prescription opioid obtained by other means other than a legal prescription has a greater potential for misuse compared to use under the prescription opioids given under the supervision of a healthcare team. Efforts to educate patients on expected pain and effective pain management approaches may help to decrease the incidents of misuse in order to relieve pain, along with the associated consequences of dependence and addiction. According to the responses for treatment barriers, this survey indicates that there is a need for more financial resources to help fund all types of treatment programs. There is also a lack of knowledge and awareness on the types of treatments available to address opioid misuse and their access. Based on a few of the comments and survey responses, there is a belief that addiction is a choice. According to the National Institute on Drug Abuse, addiction is defined as "a chronic, relapsing brain disorder characterized by compulsive, often uncontrollable drug craving, seeking, and use, even in the face of negative health and social consequences" (11). Stigma is an issue that individuals face when suffering with addiction. Destigmatizing addiction will assist in addressing barriers that keep those experiencing addiction from seeking and accepting care (12).

A clear gap was identified by the MPOS related to awareness of storage and disposal methods. Approximately, 12% of respondents indicated they dispose of opioids by throwing them out in the garbage, a method which has a potential for diversion. Proper disposal reduces the risk of diversion. This is an important educational message that needs to be passed on to the patient in order to avoid the accumulation of opioids in the home. Federal regulations demand that patients defer to authorized collectors (law enforcement, registered entities) to dispose of controlled substances such as opioids (13). Since not all local pharmacies are required to act as authorized collectors, it is important to point patients directly to a known registered collector or to the Drug Enforcement Agency (DEA) search tool. While there are several ways to dispose of opioids (return to authorized pharmacy, nursing home, or hospital, mail-back, one-way collection receptacle, collection event, destruction), methods that go through an authorized collector should be encouraged, as they are more regulated. In the future, tracking opioids and other controlled substances via these regulated methods may provide information on over-prescribing. Regarding medication storage, respondents indicated that medications should be kept under lock and key. However, of those who had prescription medications at home, only 25% actually locked up the medications. Healthcare providers are ideally positioned to educate individuals on the risks of prescription opioids, the importance of proper storage and disposal, and locations of drop boxes in the community. The public's awareness of and access to proper disposal methods will assist in reducing the risk of diversion and stockpiling of medications in private residences. Healthcare providers are limiting unintended direct access to nonmedical users through the guidance of the Prescription Drug Monitoring Program (PDMP);

however, additional education on the PDMP could further limit access. In addition to preventing access, the MPOS indicates a need to address the false perception that prescription opioids are safer than heroin. Again, there is an indication that more awareness is needed surrounding the dangers of prescription drugs. There is an opportunity for healthcare providers to have discussions with their patients about alternatives to opioid medications to treat pain.

This is the third year of the MPOS statewide survey on opioid misuse. While there have been numerous discussions around this issue, this is the only systematic and comprehensive data collected to gauge Marylanders' perceptions, attitudes, and practices around opioids. As the state implements various opioid misuse prevention and treatment efforts, biannual MPOS surveys are essential in capturing any changes, and assessing the impact of the state and local level efforts. Using web-based tools, we were able to obtain a large statewide sample in a limited timeframe. This was also the ideal medium for MPOS since online surveys are known to minimize responder bias on sensitive topics (14). While these tools confer great advantage, they are not without some limitations. We obtained a convenience sample that may not be fully representative of the Maryland population. Compared to state demographics, white and women respondents were overrepresented. This relatively low gender and racial diversity could potentially be due to low participation from some of the most populous jurisdictions such as Baltimore City, Montgomery County, and Prince George's County, which also happen to be some of the more diverse jurisdictions. Therefore, caution is warranted when interpreting the findings of this survey and generalization to the entire state may not be most appropriate.

As our knowledge grows about the public's opinion about opioid use, the survey will continue to expand on its accessibility and analyses. For example, the MPOS could be conducted using both online and pen-paper data collection methods. Comparisons could be made between populations responding by either method, to study systematic differences or skewedness. There is a likelihood that there will be more questions added to gauge stigma and harm reduction in communities. For further detailed analyses, the behaviors of those who have misused opioids will be studied to determine a personal outlook from these users as compared to the outlook of non-users (those who have only observed opioid use and misuse). There will be development of a demographic stratification profile for the Maryland and jurisdictional populations so that sampling could be targeted to match the profiles as closely as possible. This will assist the research team in reducing selection or sampling bias.

In summary, the MPOS provides a snapshot from respondents, on opioid perception, knowledge, attitude and usage in the state of Maryland. It can assist different stakeholders, from prevention professionals, to providers, to health systems, to regulators, and most importantly to people at risk, in stemming the opioid and general drug misuse and substance abuse epidemic.

# Appendix

I. Maryland Public Opinion Survey Results

RESPONDENT CHARACTERISTICS		
County	n	%
Allegany County	322	5.43
Anne Arundel County	695	11.72
Baltimore City	285	4.81
Baltimore County	600	10.12
Calvert County	172	2.90
Caroline County	61	1.03
Carroll County	410	6.91
Cecil County	316	5.33
Charles County	115	1.94
Dorchester County	72	1.21
Frederick County	360	6.07
Garrett County	256	4.32
Harford County	303	5.11
Howard County	462	7.79
Kent County	52	0.8
Montgomery County	314	5.30
Prince George's County	176	2.97
Queen Anne's County	84	1.42
St. Mary's County	226	3.81
Somerset County	27	0.46
Talbot County	70	1.18
Washington County	278	4.69
Wicomico County	154	2.60
Worcester County	108	1.82
Don't live in MD	10	0.17
Total	5,930	100
Age (year)	n	%
18-25	780	13.15
26-34	1,068	18.01
35-49	1,545	26.05
50-64	1,974	33.29
65+	562	9.48
Total	5,929	99.98
Race/Ethnicity	n	%
American Indian or Alaskan Native	57	1.14
Asian	65	1.30
Black or African American	272	5.45
Native Hawaiian or Other Pacific Islander	125	2.50
Hispanic or Latino	8	0.16
White	4,340	86.94
Other	182	3.65
Total	4,992	101.1

## **OPINIONS AND PERCEPTION QUESTIONS**

How concerned are you with the following?		
Prescription opioid abuse in your community	n	%
Very concerned	2,980	54.13
Concerned	1,389	25.23
Somewhat concerned	790	14.35
Not concerned at all	346	6.29
Total	5,505	100
Heroin abuse in your community	n	%
Very concerned	3,409	62.40
Concerned	1,194	21.86
Somewhat concerned	584	10.69
Not concerned at all	276	5.05
Total	5,463	100

I would take a prescription opioid that was not prescribed to me	n	%
Strongly Agree	216	3.92
Agree	397	7.21
Disagree	936	17.00
Strongly Disagree	3,806	69.11
Unsure	152	2.76
Total	5,507	100

I would take more than the prescribed dose of an opioid if I was		
experiencing more pain than usual	n	%
Strongly Agree	198	3.61
Agree	618	11.26
Disagree	1,250	22.77
Strongly Disagree	3,206	58.40
Unsure	218	3.97
Total	5,490	100.01

I would share my prescription opioid with a relative or a friend		
who is experiencing pain	n	%
Strongly Agree	122	2.23
Agree	545	9.94
Disagree	1,159	21.14
Strongly Disagree	3,409	62.19
Unsure	247	4.51
Total	5,482	100.01
In your opinion is it safer to get high with prescription opioids		
than with marijuana?	n	%
Yes	202	4.00
No	4,844	96.00
Total	5,046	100

In your opinion, is it safer to get high with prescription opioids		
than with heroin?	n	%
Yes	1,790	38.78
No	2,826	61.22
Total	5,616	100

In your opinion, is it safer to get high with prescription opioids than with antianxiety medications, such as Xanax <sup>®</sup> & Ativan <sup>®</sup>	n	%
Yes	307	7.43
No	3,825	92.57
Total	4,132	100

In your opinion, is it safer to get high with prescription opioids		
than with street drugs?	n	%
Yes	1,323	24.06
No	3,304	60.09
Unsure	871	15.84
Total	5,498	99.99

What is the likelihood that someone will get addicted to prescription opioids if they have been prescribed high doses of		
prescription opioids?	n	%
Extremely Likely	2,358	45.41
Likely	2,102	40.48
Unlikely	375	7.22
Extremely Unlikely	59	1.14
Unsure	299	5.76
Total	5,193	100.01

What is the likelihood that someone will get addicted to prescription opioids if they take more than the recommended dose of an opioid that was prescribed to them if they were feeling		
more pain?	n	%
Extremely Likely	2,948	56.97
Likely	1,778	34.36
Unlikely	215	4.15
Extremely Unlikely	45	0.87
Unsure	189	3.65
Total	5,175	100

What is the likelihood that someone will overdose if they have been		
prescribed high doses of prescription opioids?	n	%
Extremely Likely	1,346	25.88
Likely	2,110	40.57
Unlikely	612	11.77
Extremely Unlikely	1,030	19.80
Unsure	103	1.98
Total	5,201	100

What is the likelihood that someone will overdose if they take prescription	n	%
opioids with anti-anxiety drugs like Xanas and Ativan?		
Extremely Likely	2,143	41.26
Likely	1,857	35.75
Unlikely	826	15.90
Extremely Unlikely	321	6.18
Unsure	47	0.90
Total	5,194	99.99

What is the likelihood that someone will overdose if they take prescription		
opioids with alcohol?	n	%
Extremely Likely	2,667	51.44
Likely	1,904	36.72
Unlikely	390	7.52
Extremely Unlikely	202	3.90
Unsure	22	0.42
Total	5,185	100

What is the likelihood that someone will overdose if they have overdosed		
before?	n	%
Extremely Likely	3,577	69.31
Likely	1,243	24.08
Unlikely	247	4.79
Extremely Unlikely	77	1.49
Unsure	17	0.33
Total	5,161	100

How much do people risk harming themselves (physically or in other ways)		
if they use heroin?	n	%
No risk of harm	13	0.25
Slight risk of harm	34	0.67
Moderate risk of harm	225	4.41
Great risk of harm	4,835	94.67
Total	5,107	100

How much do people risk harming themselves (physically or in other ways) if		
they use prescription opioids that were not prescribed to them?	n	%
No risk of harm	31	0.62
Clicht viele of house	333	6.62
Slight risk of harm	1 1 2 2	22.40
Moderate risk of harm	1,152	22.49
Great risk of harm	3,537	70.28
Total	5,033	100

#### **AVAILABILITY OF OPIOIDS**

Think back to the last time you took a prescription opioid that was		
not prescribed to you or you used it for the experience or		
feeling. How did you get the prescription opioid?	n	%
Friends provide	375	26.71
Family provide	353	25.14
Stealing from friends	12	0.85
Stealing from family	97	6.91
Bought from drug dealer friend or relative	210	14.96
Doctors	10	0.71
Pharmacists/Pharmacy technicians	3	0.21
Internet	1	0.07
People who write fake prescriptions	1	0.07
Other, please specify	56	3.99
Don't remember	65	4.63
Total	1,404	99.99

Think back to the last time you took a prescription opioid: that was not prescribed to you OR in a way that is different than		
prescribed. What was the reason?	n	%
To relieve physical pain	681	48.50
To relax or relieve tension	83	5.91
To experiment or see what its like	74	5.27
To feel good or get high	283	20.16
To help with my sleep	46	3.28
To help with my feelings or emotions	79	5.63
To increase or decrease the effects of another drug	9	0.64
Addicted	65	4.63
Other	65	4.63
Don't remember	19	1.35
Total	1,404	99.99

In your opinion, how easy or difficult would it be for someone to get prescription opioids from a friend or family member to get		
high?	n	%
Very difficult	216	4.15
Somewhat difficult	692	13.28
Somewhat easy	2,157	41.39
Very easy	1,715	32.91
Not sure	431	8.27
Total	5,211	100

In your opinion, how easy or difficult would it be for someone to get prescription opioids from a doctor in your community to get		
high?	n	%
Very difficult	729	13.99
Somewhat difficult	1,472	28.24
Somewhat easy	1,585	30.41
Very easy	699	13.41
Not sure	727	13.95
Total	5,212	100

In your opinion, how easy or difficult would it be for someone to		
get heroin in your community?	n	%
Very difficult	139	2.67
Somewhat difficult	468	8.98
Somewhat easy	1,526	29.28
Very easy	2,104	40.38
Not sure	974	18.69
Total	5,211	100

How likely are you to call 911 if you see someone overdosing on heroin or		
prescription opioids?	n	%
Extremely Unlikely	195	3.74
Unlikely	61	1.17
Neutral	156	2.99
Likely	699	13.41
Extremely Likely	4,026	77.24
Unsure	75	1.44
Total	5,212	99.99

Have you or anyone you know ever sought help for prescription		
opioid or heroin use?	n	%
Yes	2,608	52.35
No	2,159	43.34
Unsure	215	4.32
Total	4,982	100

In the past 12 months, have you used marijuana?	n	%
Yes	1,203	24.48
No	3,696	75.20
Unsure	16	0.33
Total	4,915	100
For what reason did you use marijuana?	n	%
To relieve physical pain	518	26.37
To reduce anxiety, depression, or stress	778	39.61
For recreation or fun	581	29.58
Other	87	4.43
Total	1,964	99.99

AWARENESS OF OPIOID INFORMATION		
Within the past 12 months have you seen or heard any information regarding safe storage of prescription drugs?	n	%
Noc	1 905	70 27 F 0
Yes	1,895	37.58
No	2,846	56.45
Unsure	301	5.97
Total	5,042	100

Within the past 12 months have you seen or heard any information regarding safe disposal of prescription drugs?	n	%
Voc	2 052	56 50
	2,032	30.30
No	2,026	40.13
Unsure	170	3.37
Total	5,048	100

Have you ever seen information about the dangers of prescription		
opioids at your doctor's office?	n	%
Yes	2,109	42.06
No	1,904	37.97
Unsure	1,001	19.96
Total	5,014	99.99

Has anyone at your doctor's office ever discussed:		
The risks of taking prescription opioids?	n	%
Yes	727	38.86
No	885	47.30
Not applicable	259	13.84
Total	1,871	100
Your pain level	n	%
Yes	1,403	74.99
No	275	14.70
Not Applicable	139	10.32
Total	1,871	100
How to store or dispose of your prescription drugs	n	%
Yes	341	18.25
No	1,250	66.88
Not Applicable	278	14.87
Total	1,869	100
Other pain treatment options	n	%
Yes	963	51.55
No	644	34.48
Not Applicable	261	13.97
Total	1,868	100

Have you ever seen information about the dangers of prescription opioids at your pharmacy?	n	%
Yes	1,707	34.02
No	2,247	44.79
Not Applicable	1,063	21.19
Total	5,017	100

Has anyone at your pharmacy ever discussed the risks of taking		
prescription opioids?	n	%
Yes	435	23.24
No	1,192	63.68
Not applicable	245	13.09
Total	1,872	100

Have you heard about the Good Samaritan law?	n	%
Yes	3,338	66.51
No	1,341	26.72
Unsure	340	6.77
Total	5,019	100

Would you know where to refer someone who needs treatment		
for prescription opioid or heroin dependence?	n	%
Yes	2,924	58.69
No	1,610	32.32
Unsure	448	8.99
Total	4,982	100

## **OPIOID USE**

In your lifetime, have you ever taken a prescription opioid that		
was not prescribed to you?	n	%
Yes, within the last 30 days	76	1.47
Yes, more than 30 days ago but within the past 12 months	151	2.91
Yes, more than 12 months ago	1,094	21.11
Never	3,862	74.51
Total	5,183	100

During the past year, how many times have you taken a		
prescription opioid that was not prescribed to you?	n	%
0 times	21	9.42
1-2 times	90	40.36
3-9 times	48	21.52
32	32	14.35
40 or more times	32	14.35
Total	223	100

In your lifetime, have you ever taken a prescription opioid that was prescribed to you but only for the experience, feeling they caused, or to		
get high?	n	%
Yes, within the last 30 days	24	0.47
Yes, more than 30 days ago but within the past 12 months	71	1.38
Yes, more than 12 months ago	655	12.72
Never	4,399	85.43
Total	5,149	100

During the past year, how many times have you taken prescription opioids that were prescribed to you only for the		
experience, feeling they caused, or to get high?	n	%
0 times	25	27.78
1-2 times	24	26.67
3-9 times	21	23.33
10-39 times	9	10.00
40 or more times	11	12.22
Total	90	100

In your lifetime, have you ever used heroin?	n	%
Yes	387	7.61
No	4,687	92.17
Unsure	11	0.22
Total	5,085	100

Think back to the last time you used heroin. What was the main	n	%
reason?		
Relieve physical pain	28	7.31
Relax or relieve tension	9	2.35
Experiment or see what it's like	63	16.45
Feel good or get high	117	30.55
Help with sleep	1	0.26
Help with feelings or emotions	23	6.01
Increase or decrease effects of another drug	3	0.78
Addicted	117	30.55
Other	18	4.70
l don't remember	4	1.04
Total	383	100

How old were you when you first used		
Prescription opioids that were not prescribed to you	n	%
12-17	325	25
18-25	473	36.38
26-34	181	13.92
35-49	176	13.54
50-64	62	4.77
65 or older	7	0.54
Unsure	76	5.85
Total	1,300	100
Prescription opioids prescribed to you, but you used them for the		
experience, feeling they caused, or to get high	n	%
12-17	162	23.01
18-25	319	45.31
26-34	87	12.36
35-49	74	10.51
50-64	20	2.84
65 or older	3	0.43
Unsure	39	5.54
Total	704	100
Heroin	n	%
12-17	71	19.24
18-25	171	46.34
26-34	88	23.25
35-49	29	7.86
50-64	9	2.44
65 or older	1	0.27
Total	369	100.00

Out of the past 30 days, on about how many days did you:		
Drove a motor vehicle while under the influence of alcohol	n	%
0 days	4,619	93.94
1-2 days	215	4.37
3-7 days	35	0.71
More than 7 days	48	0.98
Total	4,917	100
Drove a motor vehicle while under the influence of marijuana	n	%
0 days	4,626	94.10
1-2 days	96	1.95
3-7 days	51	1.04
More than 7 days	143	2.91
Total	4,916	100
Drove a motor vehicle while under the influence of prescription		
medications	n	%
0 days	4,564	92.95
1-2 days	102	2.08
3-7 days	54	1.10
More than 7 days	190	3.87
Total	4,910	100
Drove a motor vehicle under the influence of combination of		
alcohol, prescription drugs, or marijuana	n	%
0 days	4,817	98.09
1-2 days	40	0.81
3-7 days	19	0.39
More than 7 days	35	0.71
Total	4,911	100

People can safely drive under the influence of alcohol	n	%
Strongly Disagree	3,476	70.49
Disagree	1,006	20.40
Neutral	273	5.54
Agree	81	1.64
Strongly Agree	57	1.16
Unsure	38	0.77
Total	4,931	100
People can safely drive under the influence of marijuana	n	%
Strongly Disagree	2,275	46.23
Disagree	1,114	22.64
Neutral	841	17.09
Agree	382	7.76
Strongly Agree	139	2.82
Unsure	170	3.45
Total	4,921	99.99
It is cofor to drive under the influence of marijuana than under the		
influence of alcohol	n	%
Strongly Disagree	1.834	37.30
Disagree	620	13.83
Neutral	769	15.64
Agree	774	15.74
Strongly Agree	398	8.09
Unsure	462	9.40
Total	4,917	100

Have you or anyone in your household been prescribed an opioid		
within the past 12 months?	n	%
Yes	1,909	37.53
No	2,962	58.23
Unsure	216	4.25
Total	5,087	100
If yes, where is the prescription opioid stored?	n	%
The prescription was never filled	82	4.31
In a medicine or kitchen cabinet	746	39.20
In a drawer	270	14.19
On a shelf or counter	171	8.99
In a closet, linen closet, or pantry	93	4.89
In a purse, handbag, or backpack	166	8.72
At an office or workplace	2	0.11
In a car	5	0.26
Other	337	17.71
Unsure	31	1.63
Total	1,903	100
The location where the prescription opioid is/was stored is/was?	n	%
Always Locked	328	18.08
Sometimes Locked	91	5.02
Never Locked	1,361	75.03
Unsure	34	1.87
Total	1,814	100

If you no longer have the prescription opioid, how did you dispose		
of it?	n	%
Returned to pharmacy, doctor or hospital	61	5.53
Mailed it back	3	0.27
Threw it in garbage	132	11.96
Flushed down toilet or sink	178	16.12
Sold it	14	1.27
Someone stole it	9	0.82
Cat litter or coffee grinds	57	5.16
Drug disposal box (at police department, pharmacy or other		
location)	299	27.08
Collection event	47	4.26
Other	226	20.47
Unsure	78	7.07
Total	1,104	100

In your opinion, where should prescriptions be stored?	n	%
Medicine/Kitchen Cabinet	1267	25.13%
Drawer	301	5.97%
Shelf or Counter	106	2.10%
Closet	186	3.69%
Purse, Handbag or Backpack	214	4.24%
Office	27	0.54%
In a Locked Place	3998	79.29%
Car	22	0.44%
Other	317	6.29%
More than one	796	15.79%
In your opinion, how should unused prescription opioids be		
disposed?	n	%
Returned to Pharmacy, Doctor, Hospital	2029	40.36%
Dispose in the Garbage	304	6.05%
Flush Down Toilet	764	15.20%
Mail Back	188	3.74%
Sell It	15	0.30%
Put in Coffee grinds or Cat litter	468	9.31%
Drug Disposal Box	2671	53.13%
Take to Collection Event	1774	35.29%
Keep in Case need it in the future	736	14.64%
Other	112	2.23%
More than One	2019	40.16%

Do you know the location of any prescription drug disposal boxes in your county or city?		
	n	%
Yes	2,116	41.97
No	2,703	53.61
Unsure	223	4.42
Total	5,042	100

Did you or someone you know experience any of the following barriers to		
accessing treatment:		
Too costly or insurance does not cover	n	%
Yes	1,656	64.31
No	472	18.33
Unsure	447	17.36
Total	2,575	100
Poor quality of service	n	%
Yes	1,216	48.43
No	592	23.58
Unsure	703	28.00
Total	2,511	100
Long waitlist or too many steps involved	n	%
Yes	1,555	61.05
No	490	19.24
Unsure	502	19.71
Total	2,547	100
Did not know where to go	n	%
Yes	1,143	45.57
No	892	35.57
Unsure	473	18.86
Total	2,508	100
Treatment center is too far	n	%
Yes	950	38.00
No	987	34.48
Unsure	563	22.52
Total	2,500	100
They do provide the type of service needed	n	%
Yes	824	33.09
No	978	39.28
No Unsure	978 688	39.28 27.63
No Unsure Total	978 688 <b>2,490</b>	39.28 27.63 <b>100</b>
No Unsure Total	978 688 <b>2,490</b>	39.28 27.63 <b>100</b>
No Unsure Total Family or friends do not want me to go	978 688 <b>2,490</b> n	39.28 27.63 <b>100</b> %
No Unsure Total Family or friends do not want me to go Yes	978 688 <b>2,490</b> n 403	39.28 27.63 <b>100</b> % 16.44
No Unsure Total Family or friends do not want me to go Yes No	978 688 <b>2,490</b> <b>n</b> 403 1,271	39.28 27.63 <b>100</b> % 16.44 51.86
No Unsure Total Family or friends do not want me to go Yes No Unsure	978 688 <b>2,490</b> <b>n</b> 403 1,271 777	39.28 27.63 <b>100</b> % 16.44 51.86 31.70
No Unsure Total Family or friends do not want me to go Yes No Unsure Total	978 688 <b>2,490</b> n 403 1,271 777 <b>2,451</b>	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b>
No Unsure Total Family or friends do not want me to go Yes No Unsure Total	978 688 <b>2,490</b> n 403 1,271 777 <b>2,451</b>	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b>
No Unsure Total Family or friends do not want me to go Yes No Unsure Total Concern for privacy	978 688 <b>2,490</b> n 403 1,271 777 <b>2,451</b> n	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b> %
No Unsure Total Family or friends do not want me to go Yes No Unsure Total Concern for privacy Yes	978 688 <b>2,490</b> <b>n</b> 403 1,271 777 <b>2,451</b> <b>n</b> 650	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b> % 26.42
No Unsure Total Family or friends do not want me to go Yes No Unsure Total Concern for privacy Yes No	978 688 <b>2,490</b> <b>n</b> 403 1,271 777 <b>2,451</b> <b>n</b> 650 1,145	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b> % 26.42 46.54
No Unsure Total Family or friends do not want me to go Yes No Unsure Total Concern for privacy Yes No Unsure	978 688 <b>2,490</b> <b>n</b> 403 1,271 777 <b>2,451</b> <b>n</b> 650 1,145 665	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b> % 26.42 46.54 27.03
No Unsure Total Family or friends do not want me to go Yes No Unsure Total Concern for privacy Yes No Unsure Total	978 688 <b>2,490</b> <b>n</b> 403 1,271 777 <b>2,451</b> <b>n</b> 650 1,145 665 <b>2,460</b>	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b> % 26.42 46.54 27.03 <b>99.99</b>
No Unsure Total Family or friends do not want me to go Yes No Unsure Total Concern for privacy Yes No Unsure Total	978 688 <b>2,490</b> <b>n</b> 403 1,271 777 <b>2,451</b> <b>n</b> 650 1,145 665 <b>2,460</b>	39.28 27.63 <b>100</b> % 16.44 51.86 31.70 <b>100</b> % 26.42 46.54 27.03 <b>99.99</b>

Don't believe it will work	n	%
Yes	1,137	45.55
No	751	30.09
Unsure	608	24.36
Total	2,496	100

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