

Prescription Painkiller/Heroin Addiction and Treatment:

Public and Patient Perceptions

Highlights

conducted by

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The Public Perception

Addiction to opioid prescription painkillers and heroin is a major public health problem in this country. Millions of ordinary Americans have become dependent on prescription painkillers, either from continued use of opioids after their need for pain relief has passed or through recreational use. The number of Americans addicted to heroin (1.5 million) pales before the estimated number who are using prescription painkillers non-medically. For years the media have given significant exposure to the devastation such addiction causes individuals and communities, but the questions remain - what does the general public actually know about the disease, how do they view dependent individuals, and do they understand the ways in which opioid dependence may be treated?

In the effort to shed light on national attitudes towards opioid dependence and its treatment, Schulman, Ronca & Bucuvalas, Inc. (SRBI), an independent national survey firm, developed and fielded a national telephone survey of more than 1,500 adults covering a variety of issues related to addiction to prescription painkillers and heroin, and treatment for this disease. The survey was funded by Reckitt Benckiser Pharmaceuticals, Inc., makers of Suboxone (buprenorphine/naloxone), an office-based treatment for opioid dependence.

Methodology

Survey Methods

The target population for this survey was the adult population, aged 18 and older, living in non-institutional settings in the United States. The survey was conducted among a national sample of telephone households selected by random digit dialing (RDD) among a geographically stratified sample of telephone banks with working residential telephone numbers. Within households with more than one adult, the designated respondent was selected by the most recent/next birthday method.

The interviews were completed with a national sample of 1,503 adults between May 11, 2005 and June 16, 2005 and averaged 24 minutes in length. The completed sample was weighted to population estimates by age and gender to correct for any sampling or non-sampling biases. The final weighted sample should yield unbiased estimates of the target population within the limits of expected sampling variability.

The maximum expected sampling error for a simple random sample of 1,500 cases is ± 2.5 percentage points at the 95% confidence level. This means that if, for example, the survey indicated that 50.0% of respondents approved of a particular treatment option, then we would expect the approval rate to fall between 47.5 and 52.5 in 95 out of 100 repeated samples of the same population.

The researchers who developed the questionnaire reviewed the available literature on public attitudes toward addiction and treatment, and found no validated scales on public attitudes from telephone surveys. The team, which has extensive experience in substance abuse surveys, then developed questions appropriate to the research needs of this project. A pilot of approximately 100 interviews was conducted and reviewed before the main survey was fielded.

Major Findings

Life in America

The quality of life in America has gotten worse in the past ten years for more Americans than it has gotten better. (Figure 1). Only one respondent in four (24%) in this national survey of the American public says the quality of life has improved compared to 10 years ago. About a third (31%) feel the quality of life is about the same as ten years ago. However, close to half (42%) of this national sample feel that the quality of life has become worse in the past ten years.

Respondents were also asked whether specific aspects of life in their community had become better, worse or stayed the same in the past ten years. (Figure 2). The national sample of the American public as a whole sees a greater worsening in drug use (52%) in the past ten years, more so than jobs (46%), health care (43%) or crime (37%) in their communities in the past ten years.

Drug Abuse and Addiction

How big a problem is drug abuse in American communities? According to this national survey of American adults, one-third of the public (34%) rates drug abuse as either one of the biggest (11%) or a big problem (23%) in their community. Another third of the public (32%) feels that it is a moderate problem in their community, for a total of 66% who consider drug abuse a problem in their community. Relatively few Americans in 2005 feel that drug abuse in their community is only a slight problem (14%) or not a problem (14%). (Figure 3).

Although most Americans feel that drug abuse is at least a moderate problem in their community and that it has gotten worse, when asked about causes of drug addiction, a relatively sophisticated and sympathetic attitude emerges. Significantly for this condition, nearly half of the public agrees strongly (21%) or somewhat (25%) that drug addiction is a medical disease, and a similar percentage agree strongly (17%) or somewhat strongly (28%) that drug addiction is primarily a psychological problem. A majority (84%) of respondents strongly (56%) or somewhat agree (28%) that drug

addiction is the result of a person's social environment, such as family, friends and neighborhood. (Figure 4). Concurrently, the public in 2005 also recognizes that internal factors can cause dependence and addiction – two-thirds strongly agree (32%) or somewhat agree (34%) that genetic factors can increase the risk of drug addiction.

The recognition of drug addiction as a medical condition with psychological components by nearly half of the American public, with a majority accepting social and genetic factors influencing drug addiction, appears to produce a relatively sympathetic attitude toward people who are addicted to drugs. Four in five (79%) Americans agree that every neighborhood includes people who are addicted to drugs, while nearly three-quarters (73%) agree that many people who are addicted just made a bad choice. Only a small number of respondents (12%) agree with the more judgmental statement that good people don't become drug addicts. (Figure 5).

What about treatment for drug addiction? Nine out of ten Americans strongly agree (59%) or somewhat agree (32%) that there are effective ways to treat addiction. More than three-quarters of Americans also strongly (40%) or somewhat agree (38%) that a combination of counseling and medicine is the most effective way of treating addiction. At the same time, one-third of the public still strongly (15%) or somewhat agree (20%) that addicts could just quit if they wanted to. (Figure 6). Hence, while most Americans appear to believe in the efficacy of treatment, a sizeable minority believes that those addicted to drugs could simply quit without treatment.

There is a widespread perception (89%) that most people who are addicted don't know or won't admit they have a problem, with more than half (57%) strongly agreeing and most of the rest (32%) agreeing somewhat. Most of the public agrees that most people who are addicted enter treatment because it's required by law or the court system (82%), or they enter treatment at the urging of family and friends (78%). Only about a quarter of the public feel that most people who are addicted to drugs enter treatment on their own (26%). (Figure 7).

Prescription Painkillers

Traditionally, most surveys of public attitudes toward drug abuse have focused on illicit drugs such as marijuana, cocaine, heroin, crystal meth, and others. The non-

medical use or abuse of prescription drugs, however, is now widely recognized by the general public as an issue of concern. Indeed, more than three respondents in five (62%) say they could name a widely abused prescription painkiller. (Figure 8).

Respondents who could name a specific prescription medication that is widely abused identify OxyContin (49%) more than any other prescription painkiller. Vicodin (28%) is the second most widely cited, followed by Percocet (12%), codeine (8%), Valium (7%), morphine (6%), Lortab (5%), Xanax (4%), hydrocodone (4%), Darvocet (4%), Demoral (4%), Percodan (2%), methadone (2%), and non-specific cough and cold medicines (2%). (Figure 9).

Surprisingly, almost a quarter (24%) of the public reports knowing someone who has taken prescription pain medication *longer than prescribed*, and 29% report knowing someone who had taken a prescription painkiller that had *not been prescribed* for them. (Figure 10). In total, nearly two out of five adult Americans (37%) report knowing someone who had **either** taken prescription pain medication longer than prescribed or when it was not prescribed, two central criteria for drug abuse. One in seven (16%) knows someone who had done both.

Persons living in central cities are equally likely as persons living in the suburbs to know someone who has abused their own prescription (25%-24%) or used a painkiller not prescribed for them (30%-30%), while those living in rural areas are slightly less likely to know someone personally who has abused their own prescription (21%) or used someone else's prescription painkiller (27%).

Personal knowledge of someone who has abused their own prescription painkiller declines steadily by age, from 33% of those aged 18-24 to 11% of those aged 65 and older. More dramatically, nearly half (49%) of people aged 18-24 say that they know someone who has taken a prescription painkiller that was not prescribed for them. This rate declines steadily with age to 11% of persons aged 65 and older.

Perhaps more surprisingly, personal acquaintance with the abuse of prescription painkillers tends to increase with household income. Only 16% of those with incomes less than \$5,000 and 19% of those with household incomes between \$5,000 and \$29,999 know someone who used their prescription painkiller longer than prescribed. By contrast, those with incomes over \$100,000 are nearly twice as likely (31%) to say

they know such people. Similarly, the proportion of people who know someone who has taken prescription painkillers without a prescription increases from 23% of those with the lowest household income to 34% of those with the highest household income. So while the percentage who report drug abuse as a big community problem tends to be higher among those with lower incomes, personal knowledge of someone who abuses/misuses prescription painkillers is higher among higher income households.

When asked whom they know who had either taken prescription pain medication longer than prescribed or when it was not prescribed, respondents say it was a close friend (44% not prescribed and 41% longer than prescribed), an acquaintance (44% and 37%, respectively), or a relative (33% and 30%, respectively). A smaller proportion mentioned a co-worker (20% and 16%, respectively). (Figure 11).

Very importantly, however, of respondents who reported personal knowledge of prescription painkiller abuse, 11% reported that they themselves had taken pain medication not prescribed for them, and 7% acknowledged taking pain medication longer than was medically necessary. (Figure 11). This translates into approximately 4% of the adult sample who admit abusing prescription painkillers.

Painkiller Abuse vs. Heroin Addiction

This survey provides an opportunity to compare public attitudes toward addiction to heroin and abuse of prescription painkillers. When asked whether abuse of prescription painkillers or heroin is more **harmful to the person who is addicted**, almost half (46%) of the respondents feel that heroin is more harmful (11%) or a lot more harmful (35%) as compared to 12% who feel that painkiller abuse is more (5%) or a lot more harmful (7%). About one-third (33%) thinks heroin and painkiller abuse are equally harmful, while another 10% are unsure. (Figure 12).

A similar pattern emerges when respondents are asked whether abuse of prescription painkillers or heroin is more **harmful to the community**. (Figure 13). Almost half (48%) think that heroin is more harmful (13%) or a lot more harmful (35%) as compared to 18% who feel that painkiller abuse is more (8%) or a lot more harmful (10%). Less than one in three (28%) think heroin and painkiller abuse are equally harmful, while another 6% are unsure.

By contrast, while the public tends to see heroin abuse as more harmful to the individual and community, they are more likely to see prescription painkiller abuse as more common in the United States. (Figure 14). Two-thirds of the public say that prescription painkiller abuse (68%) is more common than heroin addiction, while 11% said that heroin addiction is more common. Fourteen percent of respondents think they are equally common.

Public attitudes toward the riskiness of drug use are similar to their attitudes toward the harm posed to the individual. (Figure 15). The majority of the public says heroin use is more risky or a lot more risky to use than prescription painkillers (62%), while fewer than one in ten (8%) see prescription painkiller abuse as more risky. One respondent in four (25%) thinks heroin and prescription painkillers are equally risky to use.

The American public tends to ascribe different characteristics to those who use heroin and those who abuse prescription painkillers. (Figure 16). Most respondents feel that painkiller abuse is more common among those who are employed (67%) – and among respondents who are themselves employed, this figure climbs to 73% – and that heroin addiction is more common among the unemployed (58%). Only 6% of the public say employment status does not affect the likelihood of abuse of painkillers or heroin addiction.

The public perceives a racial disparity in the use of heroin and abuse of prescription painkillers. (figure 17). More than half of the public (60%) say abuse of prescription painkillers is more of a problem for whites than minorities, while only 10% think prescription painkiller abuse is more common among minorities. By contrast, nearly two out of five (37%) think heroin abuse is a greater problem among minorities, while 26% think heroin abuse is more of a problem among whites. The perception that prescription painkiller abuse is more common among whites than minorities is shared by a majority of those who describe themselves as white (63%), as well as by those who describe themselves as other than white (52%). The proportion of whites who think heroin use is more common among minorities (36%) is the same as the general public, including minorities (37%).

There is an even more dramatic difference in public perceptions of the likely location for heroin and prescription painkillers abuse. Seven out of ten respondents think that heroin abuse is more common in the central cities, while only 27% think that prescription painkiller abuse is more common in central cities. (Figure 18). By contrast, nearly half (46%) think that prescription painkiller abuse is more common in the suburbs, while only 12% think heroin abuse is more common in the suburbs. Very few think either painkillers (9%) or heroin (6%) abuse are most common in rural areas. There is little difference among those who live in central cities (68%), suburbs (70%) and rural areas (72%) in the perception that heroin is more common in the central cities. There is also relatively little difference in attitudes among those who live in cities (46%), suburbs (50%) and rural areas (38%) that painkiller abuse is more common in the suburbs.

Since nearly two out of five Americans (37%) say they know someone personally who has abused prescription painkillers, it is not surprising that the public tends to see painkillers as easier to obtain than heroin. (Figure 19). Exactly half (50%) think that painkillers are easier to get than heroin. Only 9% feel that heroin is easier to get than prescription painkillers, and just over a third (35%) find no difference in the availability of these two types of opioids.

When asked where someone could easily obtain a prescription painkiller without a prescription, a third (33%) of respondents think that someone could easily get painkillers from friends. Others report that painkillers could easily be obtained on the street (15%), from drug dealers (9%), the Internet (8%), other countries (4%), schools (2%), and nightclubs or parties (1%). Seven percent of the public feel that prescription painkillers could be easily obtained through doctors without a prescription. (Figure 20). Perhaps reflecting their personal unfamiliarity with the issue, a third are not sure how prescription painkillers could be obtained without a prescription.

Treatment for Abuse of Painkillers and Heroin

Although most Americans view drug abuse as at least a moderate problem in their community, when asked what treatments are available to individuals addicted to heroin or prescription painkillers, one respondent in three (33%) is unsure what

treatments are available. (Figure 21). While no specific treatment was volunteered by more than one in five, the most frequently mentioned treatments are residential detoxification (18%), hospital programs (15%), and methadone clinics (10%). No other treatment was volunteered by more than one in ten respondents in the survey.

Respondents who had not volunteered a particular treatment option in response to the open-ended question were asked if they are familiar with the ten most common treatments available for heroin addiction or painkiller abuse. (Figure 22). Four in five are familiar with either “cold turkey” or 12-step programs (78% for both). More than half are familiar with hospital-based programs (60%), treatment through a psychiatrist or addiction specialist (56%), residential detoxification programs (53%), hypnosis (52%), and methadone clinics (51%). No other treatment is recognized by more than half of the respondents.

When aided and unaided recall responses are combined, the survey finds that the public is most familiar with 12-step programs (86%) and “cold turkey” methods (80%). (Figure 23). These are followed by hospital programs (75%), residential detoxification programs (71%), treatment by a psychiatrist or addiction specialist (63%), methadone clinics (61%), and hypnosis (52%). No other treatment is recognized by more than half of the respondents. Only 5% of the public is familiar with Suboxone as a treatment for heroin or prescription painkiller abuse.

Everyone who indicated familiarity with particular treatments, either aided or unaided, was asked to rate the treatments’ effectiveness. (Figure 24). With the exception of hypnosis and “cold turkey,” all programs are viewed as at least somewhat effective by at least three in five of those who are familiar with them. Among the public who are familiar with these programs, their perception of the programs’ effectiveness (very or somewhat effective) is highest for 12-step programs (85%), residential detoxification programs (82%), hospital programs (77%), and treatment through a psychiatrist or addiction specialist (76%). Methadone clinics (67%) and rapid detox (64%) programs are also rated as effective by a majority of those familiar with the programs. However, it is notable that while a majority of the public believes most of these programs are somewhat effective, only a minority believes any one of those

programs is very effective. In this regard, 12-step programs rate highest among those familiar with the program.

Although “cold turkey” is among the best-known treatment approaches, only a minority of those familiar with the approach (39%) considered it to be very or somewhat effective. (Figure 24). The public perception of the greater effectiveness of more interventional approaches – hospitals, residential detox facilities, psychiatrist/addiction specialists, and 12-step programs – compared to “cold turkey” appears to parallel their attitudes toward addiction, with a majority viewing addiction as a medical/psychological condition that is most effectively handled through medical or psychosocial counseling approaches.

When asked where one could go to seek help for addiction to heroin or prescription painkillers, the American public most often cites a family physician (31%) or a hospital emergency room (29%). (Figure 25). Nearly one in five (18%) say they are not sure where someone could go. No other source of help for addiction was volunteered by 10% or more of the public.

Although a family physician is the most often cited place to go for help with addiction, less than one in ten persons (8%) are aware that doctors can now become certified to treat prescription painkiller addiction in their offices. (Figure 26). Regardless of whether they are aware that any doctor may become certified to treat opioid drug addiction, a majority (71%) of respondents feel that people addicted to heroin or prescription painkillers should be treated in a regular doctor’s office. (Figure 27). This finding is consistent with the family physician being cited most often as a place to go for help with addiction. (Figure 25). Despite this relatively high acceptance among the American public of treatment for addiction in private doctors’ offices, however, it is important to note that nearly a quarter (23%) of the public disagrees with this approach. (Figure 27).

Those who do not feel that people who are addicted should be treated in a doctor’s office were asked in an open-ended manner why they feel that way. (Figure 28). Among them, one-third feel that physicians are not qualified (33%) to treat addictions. Smaller proportions feel that there is not enough supervision in a doctor’s office (15%), treatment needs to be at a detoxification facility (15%), addicted people

could still feed their addiction (14%), the physician is too busy (13%), and treatment would not be effective (12%). Fear of mixing with addicted people in a doctor's office was not a significant factor in public attitudes against treating opioid addiction in an office setting.

Moving from general attitudes toward physician treatment of addiction to the specific case of their own doctor, two in five of the public (39%) feel it is a great idea for their own doctor to treat opioid-dependent patients, while an additional 16% rate it at least positively. (Figure 29). So, while nearly three-quarters of the public (71%) agree in principle with addiction treatment in doctors' offices, only a little more than half (55%) are comfortable with the idea of such treatment by their own doctor. At the same time, only 10% say it is a terrible idea, with an additional 8% rating it negatively, which corresponds roughly to the 23% who report opposition in principle to office-based opioid treatment. Overall, respondents are three times more likely to think it is a good idea than a terrible one (55% vs. 18%). The remaining 22% take a neutral position when it comes to their own doctor treating persons for prescription painkiller dependence.

While not opposed to the treatment of opioid dependence in a doctor's office, when given the choice between treatment in a doctor's office and a treatment clinic, two-thirds of the public favor the treatment clinic (67%). (Figure 3). Fewer than one in five (18%) prefer office-based treatment over treatment at a treatment clinic. This apparent disconnect between the 71% who view office-based treatment favorably in principle, compared to the minority (18%) who would chose it in practice, may reflect greater public familiarity with clinic-based treatment. A small number of respondents think that treatment in both places is acceptable (6%).

Regardless of their preference for location of treatment, everyone was asked what they feel is the primary value to the patient of treatment for addiction in a doctor's office. (Figure 31). Confidentiality is the top reason volunteered by the public (30%). Substantially fewer volunteer the next most commonly perceived benefits --- familiarity with the doctor (14%) and personal treatment (12%). A variety of other benefits are cited by relatively small proportions of the public, including no disruption (8%); easy access (4%); convenience (4%); more comfortable (5%); economically beneficial (5%); and

medically qualified treatment (6%). One in six (16%) cannot think of any primary benefit for treatment of addiction in a doctor's office.

Although only a handful of respondents volunteer ease of access (4%) as the primary benefit of addiction treatment in a doctor's office (Figure 31), when asked directly most of the public agrees that office-based treatment would increase the availability of treatment. (Figure 32). Three in five (62%) feel that treatment in a doctor's office would increase the overall availability of treatment a lot (31%) or a moderate amount (31%), and an additional 19% feel that it would increase availability some. Only 11% of the public feel there would be only a little increase in availability of treatment, while 3% feel it would have no effect at all.

Although most of the public says treatment in a doctor's office would improve availability of treatment, this begs the question of whether the public thinks treatment *should* be made easier for people who are addicted. Three-fourths (76%) of the public say drug treatment should be made as easy as possible, a finding that is consistent with attitudes expressed earlier in the survey to the effect that addiction is a medical condition and that addicted people are not bad. (Figure 33). Nonetheless, nearly one in five persons (17%) feel that treatment should be made hard for the addict as a reminder or punishment, and 7% are not sure. This combined figure (24%) is perhaps a measure of the amount of stigma and hostility that still surround opioid addiction.

When asked whether they would recognize drug abuse in someone they know, more than half of the public (53%) say that they would recognize whether a friend or co-worker were abusing prescription painkillers or heroin. (Figure 34). This finding speaks to the public's perception of its own understanding of abuse of prescription painkillers, since 37% say they personally know someone who has used prescription painkillers either longer than medically necessary, or without a prescription. However, nearly four in ten (38%) say they would not recognize abuse, and the remaining 9% are unsure.

In summary, this national survey of more than 1,500 American adults found that the public seems remarkably well informed about a number of aspects of drug addiction and treatment. Asked where they get most of their information about the questions concerning addiction and treatment posed by the survey, 58% of this national sample say they get their information from the media. (Figure 35). Significantly, nearly as many

(55%) also report obtaining information from their own personal experiences (28%) and from family and friends (27%). No other source is mentioned by at least 10% of the respondents.