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CARA Orange County Residents Survey: Technical Report

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CARA Orange County Residents Survey: Technical Report

November 20, 2020

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The University of Central Florida's Institute for Social and Behavioral Sciences (ISBS) partnered with the Orange County Drug Free Office to survey Orange County residents 18 and older about their knowledge about and perceptions of opioids and Good Samaritan laws. Participants were also asked questions about their mental and physical health, substance use during the time of COVID-19, as well as demographic questions.

Demographics and Lifestyle

The average participant for this survey is 29 years old, single (never married), and a cisgender-identifying woman. They are non-Hispanic white and a U.S. citizen.

Table 1. Demographics

	n	%
Marital Status		
Single (never married)	403	49.2
Married	344	42
Cohabiting	35	4.3
Widowed	9	1.1
Divorced	15	1.8
Separated	13	1.6
Sex Assigned at Birth		
Female	469	57.3
Male	331	40.5
Intersex	7	0.9
Prefer not to say	11	1.3
Current Gender		
Woman	466	56.9
Man	336	41
Transgender	2	0.2
A gender not listed here	2	0.2
Prefer not to answer	13	1.6
Race		
American Indian/Alaskan Native	10	1.2
Asian	29	3.5
Black/African-American	234	28.5
Native Hawaiian/Pacific Islander	7	0.9
White	476	58
Other	64	7.8
Ethnicity		
Hispanic/Latino/Spanish Origin	230	28
U.S. Citizenship Status		
Yes (Born in U.S.)	695	84.8
Yes (Born in Puerto Rico, Guam, U.S. Virgin Islands, or Northern Marianas)	33	4
Yes (Born abroad to citizen parents)	33	4
No (Not a citizen)	36	4.4
Prefer not to answer	23	2.8

The vast majority of respondents (83.3%) live in Orlando. 43% own a home, while 40.5% are renters. Most live with 2 to 4 other people.

Table 2. Living Situation

	n	%
Orange County City/Town You Live In		
Apopka	22	2.7
Bay Lake	14	1.7
Belle Isle	18	2.2
Eatonville	12	1.5
Edgewood	9	1.1
Lake Buena Vista	8	1
Maitland	7	0.9
Oakland	5	0.6
Ocoee	18	2.2
Orlando	683	83.3
Windermere	4	0.5
Winter Garden	6	0.7
Winter Park	14	1.7
Housing Status		
Own a home	356	43.4
Rent a home	158	19.3
Own a condo	21	2.6
Rent an apartment, condo, or room	174	21.2
Staying with family or friends	100	12.2
Homeless	11	1.3
Number in Household		
1	97	11.8
2	157	19.1
3	227	27.7
4	229	27.9
5	70	8.5
6	22	2.7
6+	17	2.1

Lifestyle

The largest portion of respondents (28.9%) reported a gross household income of over \$75,000 a year, with the next highest portions (11.1% each) reporting under \$15,000 and \$25,001-\$35,000 per year. Most participants had been to college to some degree, with 26.6% obtaining a bachelor's degree, 23% obtaining a graduate degree, and 16.6% attending some college.

Finally, a few more questions of interest were asked. It was found that 20.5% of participants had been incarcerated at some point; 26.5% had been employed as a first responder at some point; and that the political party most represented in the survey was Democrat (43.8%).

Table 3. Lifestyle

	n	%
Gross Household Income		
None	78	9.5
<\$15,000	91	11.1
\$15,001-\$25,000	88	10.7
\$25,001-\$35,000	91	11.1
\$35,001-\$45,000	61	7.4
\$45,001-\$55,000	74	9
\$55,001-\$65,000	52	6.3
\$65,001-\$75,000	48	5.9
>\$75,000	237	28.9
Highest Level of Education Completed		
Less than high school diploma	32	3.9
High school degree or equivalent	131	16
Some college, no degree	136	16.6
Associates degree	101	12.3
Bachelor's degree	218	26.6
Graduate degree	189	23
Trade school or other certification	13	1.6
Been Incarcerated		
Yes	168	20.5
Been Employed as a First Responder		
Yes	217	26.5
Political Party Affiliation		
Republican	218	26.6
Democrat	359	43.8
Independent	182	22.2
Something else	61	7.4

Mental and Physical Health

Participants were asked some questions concerning their mental and physical health. The first section concerned symptoms of anxiety, asking participants if they had experienced certain symptoms over the last two weeks. The most popular answers are bolded for convenience. Nearly 20% of respondents said “Nearly every day” to three different symptoms.

Table 4. Anxiety Symptoms

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge.	(277) 33.8%	(257) 31.3%	(136) 16.6%	(150) 18.3%
Not being able to stop or control worrying.	(275) 33.5%	(257) 31.3%	(176) 21.5%	(112) 13.7%
Worrying too much about different things.	(240) 29.4%	(251) 30.7%	(172) 21.1%	(154) 18.8%
Trouble relaxing	(260) 31.8%	(228) 27.9%	(180) 22%	(149) 18.2%
Being so restless that it’s hard to sit still.	(339) 41.3%	(216) 26.3%	(145) 17.7%	(120) 14.6%
Becoming easily annoyed or irritable.	(241) 29.4%	(266) 32.5%	(183) 22.3%	(129) 15.8%
Feeling afraid as if something awful might happen.	(326) 39.9%	(196) 24%	(152) 18.6%	(144) 17.6%

Next, participants were asked questions pertaining to their food security. Approximately 45% of participants felt they needed to skip or size down their meals in the last 12 months due to lack of funds. Of those, over half of them needed to do this every month.

Table 5. Food Security

	n	%
Skipped or Sized Down Meals in the Last 12 Months from Lack of Money		
Yes	371	45.3
If Yes, How Often?		
Almost every month	195	52.7
Some months, but not every month	125	33.8
In one or two months	50	13.5
Eaten Less Than You Should in Last 12 Months from Lack of Money		
Yes	310	37.8

Lastly, participants were asked about their health insurance coverage status and chronic health conditions, if any. Most participants (79.3%) had health insurance, with the largest portion of them having coverage through their employer (34.5%). Of the 392 respondents that said they had a chronic health condition, 234 of them (approximately 60%) had a chronic health condition that had gone untreated for a month or more within the past year.

Table 6. Health Insurance & Chronic Illness

	n	%
Have Health Insurance Coverage		
Yes	649	79.3
Coverage Type		
Medicaid	115	17.7
Medicare	121	18.6
Employer	224	34.5
Spouse/Parent's Plan	117	18
Individual Plan	72	11.1
Do you have any chronic health conditions that have gone untreated for a month or more within the last 12 months?		
Yes	234	28.5
No	158	19.3
No chronic health conditions	428	52.2

Perceptions of Opioid Overdoses, Addiction, Naloxone Administration, & Good Samaritan Laws

The next section of the survey asked participants about their perceptions of opioid overdoses, addiction, Narcan and its administration, and Good Samaritan laws.

The first section focuses on Good Samaritan laws. About half (51.3%) of respondents said that they were familiar with it, and most would recognize if an overdose was happening near them (67.7%), would call 911 (93.4%) and would take other action besides calling 911 (53.4%).

Table 7. 911 Good Samaritan Law

	n	%
Familiar with the 911 Good Samaritan Law		
Yes	421	51.3
No	201	24.5
Heard of it, but unsure	198	24.1
Would Respondent Recognize the Signs of an Opioid OD Around Them		
Yes	555	67.7
Would Call 911 If You Were Witnessing an OD		
Yes	766	93.4
Could Respond to an Opioid OD, Besides Calling 911		
Yes	438	53.4
Are you aware that in the state of Florida any person who willingly provides emergency care to another in an emergency situation cannot be held liable for civil damages as a result of such aid?		
Yes	512	62.4
Are you aware that in the state of Florida anyone who seeks medical assistance in the event of a drug overdose is provided immunity from prosecution for drug possession?		
Yes	455	55.5

The next set of question deals with Narcan. Over half (61.3%) of respondents said that they had heard of Narcan, and around half (54.4%) said that they knew what it was used for. However, these results were mixed; while the two highest scoring answers were to reverse the effects of a heroin (38.4%) or oxycodone (27.4%) overdose, 23.4% also incorrectly said Narcan would treat a cocaine overdose or would treat opioid addiction (14.6%).

About 43% of respondents had used Narcan themselves or had known someone who had. Less (32.3%) had Narcan in their personal space or home. While about half knew how to administer it, less than half (44.7%) knew how to obtain it.

Table 8. Narcan

	n	%
Heard of Narcan		
Yes	503	61.3
Know What Narcan is Used For		
Yes	446	54.4
<i>Of those who answered Yes to the previous question:</i>		
Why Narcan is Administered		
To reverse the effects of a heroin overdose	315	38.4
To reverse the effects of a cocaine overdose	192	23.4
To reverse the effects of an oxycodone overdose	225	27.4
To treat addiction of amphetamines	55	6.7
To treat addiction of opioids	120	14.6
Used or Known Some Who Has Used Narcan		
Yes	217	43.3
Has Narcan in Home/Personal Space		
Yes	162	32.3
Knows How to Administer Narcan		
Yes	263	52.4
Knows How to Obtain Narcan		
Yes	225	44.7

The following question asks respondents if they have ever witnessed an opioid overdose (29.9% had), and if so, to respond to the following questions concerning the most recent overdose they have witnessed.

Of those who had witnessed an opioid overdose, 78.7% said that they called 911, and 81.9% said that they provided some other type of aid besides calling 911. 68.4% reported that someone at the scene administered naloxone, and respondents stated that the most common people to do this were police officers (26.9%) and ambulance officials (25.7%).

Table 9. Witnessing an Opioid Overdose

	n	%
Ever Witnessed an Opioid Overdose		
Yes	245	29.9
No	484	59.1
Unsure	90	11
<i>Of those who answered Yes to the previous question:</i>		
Did someone call 911?		
Yes, I did	192	78.7
Yes, someone else	40	16.4
No	12	4.9
Did you intervene to provide aid in any other way?		
Yes	199	81.9
Did someone administer naloxone?		
Yes	167	68.4
No	42	17.2
I don't know	35	14.3
If yes, who administered naloxone?		
Police officer	45	26.9
Ambulance official	43	25.7
Friend/family member	29	17.4
Myself	37	22.2
Someone not listed	13	7.8

The next set of questions asks participants about medications commonly used in medically-assisted treatment for substance use disorder concerning opioid use. Of the 60.5% who reported that they had heard of these medications, 56.3% of them had used them or known someone who had used them.

49.6% of respondents said that they knew what these medications were used for. Of those who said they did, 28.8% correctly knew that they treated opioid addiction. However, each incorrect category of drugs MAT is not used for were also selected by approximately 20% of respondents.

Table 10. Opioid Use and MAT

	n	%
Do you now or have you ever used opioids for non-medical purposes?		
Yes, currently	154	18.8
Yes, in the past	100	12.2
No	564	68.9
Have you heard of Suboxone, Subutex, Naltrexone, Vivitrol, or Methadone?		
Yes	496	60.5
<i>Of those who answered Yes to the previous question:</i>		
Have you or has anyone you know taken or used Suboxone, Subutex, Naltrexone, Vivitrol, or Methadone that you are aware of?		
Yes	278	56.3
Do know what Suboxone, Subutex, Naltrexone, Vivitrol, and Methadone are used for?		
Yes	407	49.6
<i>Of those who answered Yes to the previous question:</i>		
For which of the following purposes are Suboxone, Subutex, Vivitrol, Naltrexone, and Methadone administered?		
To treat the addiction of alcohol	178	21.7
To treat the addiction of cocaine	154	18.8
To treat the addiction of benzodiazepines	141	17.2
To treat the addiction of amphetamines	126	15.4
To treat the addiction of opioids	236	28.8

The final set of questions in this section asked participants about their overall perceptions of the topics previously discussed. The top answer for each question has been bolded for convenience.

About half of participants thought that the 911 Good Samaritan Law prevents overdose deaths effectively but were unsure if it put too much responsibility on strangers. When asked if Narcan should be available to the same person multiple times, the top answer was “Strongly Agree” (27.6%), but about 30% also agreed that the administration of Narcan increases opioid abuse.

Around 30% of respondents felt that safe injection sites could prevent opioid overdoses, and about 40% agreed that substance use disorder is a physical illness. Respondents were unsure if opioid overdose was more common among higher income individuals, but slightly leaned toward agreeing. Respondents answered similarly when asked if opioid overdoses were more common among white people.

Table 11. Addiction, Naloxone Administration, & Good Samaritan Law Perception

	Strongly Disagree	Disagree	Neither Agree/Disagree	Agree	Strongly Agree
The 911 Good Samaritan Law is an effective way to prevent overdose deaths.	(10) 1.4%	(19) 2.7%	(91) 12.7%	(244) 34.1%	(352) 49.2%
The 911 Good Samaritan Law puts too much responsibility on strangers.	(70) 9.7%	(149) 20.7%	(186) 25.8%	(170) 23.6%	(146) 20.2%
Narcan should not be available to the same person multiple times.	(73) 10.5%	(85) 12.2%	(181) 26%	(164) 23.6%	(192) 27.6%
Administration of Narcan to prevent overdose increases opioid abuse.	(65) 9.4%	(84) 12.2%	(175) 25.4%	(201) 29.2%	(163) 23.7%
Safe injection sites would prevent opioid overdoses.	(45) 6.3%	(70) 9.9%	(168) 23.7%	(195) 27.5%	(231) 32.6%
Substance use disorder (addiction) is a physical illness.	(26) 3.2%	(63) 7.7%	(137) 16.7%	(269) 32.8%	(324) 39.6%
Opioid overdose is more common among higher income individuals.	(35) 4.3%	(103) 12.6%	(284) 34.7%	(229) 28%	(168) 20.5%
Opioid overdoses are more frequent among white people as compared to people from other racial backgrounds.	(32) 3.9%	(81) 9.9%	(285) 34.8%	(213) 26%	(209) 25.5%
Opioid overdoses have declined in the past 5 years.	(67) 8.2%	(141) 17.2%	(330) 40.2%	(146) 17.8%	(136) 16.6%

COVID-19 and Substance Use

In the last section, participants were asked questions related to their experiences during the COVID-19 pandemic and how it may have affected their substance use.

In the beginning of the section, participants were asked if they had increased experiences of certain emotions or mental health states since COVID-19 began. Approximately half of participants reported increased anxiety and fear of the future, with around 40% reporting increased depression.

Table 12. Experiences and Mental Health During COVID-19

	n	%
Have you experienced any of the following more than usual since the COVID-19 pandemic began?		
Anxiety	426	52
Depression	339	41.3
Fear about the future	393	47.9
Feelings of loneliness	284	34.6
Arguments with family or friends	232	28.3

Next, respondents were asked how they perceived substance use to have changed among the general population during COVID-19. Participants strongly agreed or agreed that marijuana use, smoking, vaping, and alcohol consumption have generally increased during the pandemic.

Table 13. Perceptions of Increased Substance Use Among General Population During COVID-19

	Strongly Disagree	Disagree	Neither Agree/Disagree	Agree	Strongly Agree
Use of marijuana has increased.	(11) 1.3%	(28) 3.4%	(166) 20.2%	(270) 32.9%	(345) 42.1%
Consumption of alcohol has increased.	(12) 1.5%	(26) 1.5%	(150) 18.3%	(328) 40%	(304) 37.1%
Use of opioids has increased.	(17) 2.1%	(46) 5.6%	(300) 35.6%	(225) 27.4%	(232) 28.3%
Use of cocaine has increased.	(19) 2.3%	(59) 7.2%	(308) 37.6%	(252) 30.7%	(182) 22.2%
Smoking and vaping have increased.	(19) 2.3%	(38) 4.6%	(160) 19.5%	(262) 32%	(340) 41.5%

Personal Substance Use During COVID-19

Finally, participants were asked about their own substance use during COVID-19. The most used substances were alcohol (59.6%), marijuana (30.6%) and cigarettes/vapes (30.5%.)

When discussing the use of each substance, respondents reported in all substances (with the exception of benzodiazepines) that their use of each has increased since the pandemic began, and by a slight amount (as opposed to a moderate or significant amount) most frequently. For benzodiazepine users, they most commonly said their usage has not changed.

Table 14. Personal Substance Use During COVID-19

	n	%
In last six months, have you used any of the following substances more than once for recreational purposes? Select all that apply.		
Marijuana	251	30.6
Alcohol	489	59.6
Opioids	61	7.4
Cocaine	68	8.3
Cigarettes/Vapes	250	30.5
Benzodiazepines	46	5.6

Table 15. Personal Alcohol Consumption During COVID-19

	n	%
Has the regularity of your alcohol consumption changed since the COVID-19 pandemic began?		
Yes, it has increased.	240	49.2
Yes, it has decreased.	86	17.6
There has been no change.	162	33.2
How much has your consumption of alcohol use increased since the COVID-19 pandemic began?		
A slight amount.	145	60.4
A moderate amount.	69	28.7
A significant amount.	26	10.8

Table 16. Personal Opioid Use During COVID-19

	n	%
Has the regularity of your recreational use of opioids changed since the COVID-19 pandemic began?		
Yes, it has increased.	39	63.9
Yes, it has decreased.	12	19.7
There has been no change.	10	16.4
How much has your recreational use of opioids increased since the COVID-19 pandemic began?		
A slight amount.	24	61.5
A moderate amount.	6	15.4
A significant amount.	9	23.1

Table 17. Personal Cocaine Use During COVID-19

	n	%
Has the regularity of your cocaine use changed since the COVID-19 pandemic began?		
Yes, it has increased.	38	55.9
Yes, it has decreased.	20	29.4
There has been no change.	10	14.7
How much has your cocaine use increased since the COVID-19 pandemic began?		
A slight amount.	24	63.2
A moderate amount.	10	26.3
A significant amount.	4	10.5

Table 18. Personal Cigarette/Vaping Use During COVID-19

	n	%
Has the regularity of your use of cigarettes, e-cigarettes, or vapes changed since the COVID-19 pandemic began?		
Yes, it has increased.	140	56
Yes, it has decreased.	48	19.2
There has been no change.	62	24.8
How much has your use of cigarettes, e-cigarettes, or vapes increased since the COVID-19 pandemic began?		
A slight amount.	66	47.5
A moderate amount.	49	35.3
A significant amount.	24	17.3

Table 19. Personal Benzodiazepine Use During COVID-19

	n	%
Has the regularity of your use of Benzodiazepines changed since the COVID-19 pandemic began?		
Yes, it has increased.	17	37
Yes, it has decreased.	9	19.6
There has been no change.	20	43.5
How much has your use of Benzodiazepines increased since the COVID-19 pandemic began?		
A slight amount.	10	58.8
A moderate amount.	5	29.4
A significant amount.	2	11.8