

PRESCRIPTION PAINKILLER ABUSE:

Attitudes among Adults in
Massachusetts and
the United States

The Boston Globe

Harvard T.H. Chan School of Public Health

The
Boston
Globe



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The data in this report come from two parallel but separate polls conducted by The Boston Globe and the Harvard T.H. Chan School of Public Health. The first poll surveyed a representative sample of 810 adults in Massachusetts from April 7 – April 16, 2015; the second surveyed a representative sample of 1,033 adults in the United States from April 15 – April 19, 2015. Respondents in the U.S. poll were asked about their own state, using the state’s name.

A new poll of adults in Massachusetts by The Boston Globe and the Harvard T.H. Chan School of Public Health shows a vast majority of Commonwealth residents are very concerned about opioids, nearly one-half believe the problem of prescription painkiller abuse is getting worse, and many know someone who has struggled with addiction. The results come less than a month after the Massachusetts Department of Health revealed that more than 1,000 people died in 2014 from opioid overdoses – a 3.3 percent increase from 2013 and a 33 percent increase from 2012.¹

In a parallel national poll of U.S. adults by The Boston Globe and the Harvard T.H. Chan School of Public Health, Americans report a high level of concern regarding prescription painkillers. A substantial portion worry about the addictiveness of drugs like OxyContin, Vicodin, and Percocet, and many believe the problem of prescription painkiller abuse is getting worse. Nationwide, overdose deaths from prescription painkillers climbed 21 percent between 2006 and 2010, topping 16,200 in 2013, according to the Centers for Disease Control and Prevention (CDC).²

¹ Massachusetts Department of Public Health. (April 2015). “Data Brief: Fatal Opioid-related Overdoses among MA Residents.” Available online at: <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/county-level-pmp/data-brief-apr-2015-overdose-county.pdf>

² Centers for Disease Control and Prevention. (April 2015). “Prescription Drug Overdose Data.” Available online at: <http://www.cdc.gov/drugoverdose/data/overdose.html>

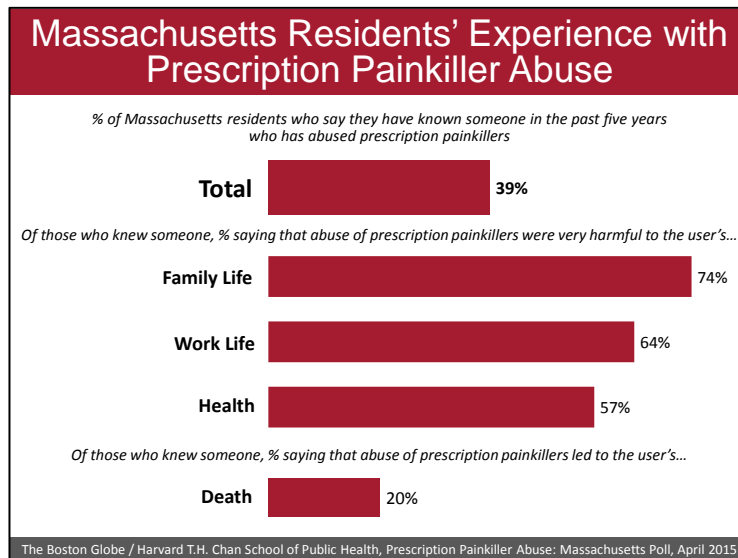
PART I: MASSACHUSETTS RESULTS



Widespread Concern in the Commonwealth

According to the Massachusetts poll, six in ten (60%) residents believe prescription painkiller abuse is an extremely or very serious problem, and seven in ten (71%) worry about heroin. The two are intimately related, as both are drugs in a class called “opioids,” and evidence suggests that people who abuse prescription painkillers are more likely to try heroin in the future.³ Nearly one-half (49%) of residents also believe prescription painkiller abuse has gotten worse over the past five years. This finding is reflected in state data which indicates that unintentional opioid-related deaths have increased 92 percent since 2010.⁴

“For most Massachusetts residents, the issue of prescription painkiller abuse is not just a remote concern; it’s a problem they see in their personal lives,” said Robert J. Blendon, professor of health policy and political analysis at Harvard T.H. Chan School of Public Health and poll co-director.



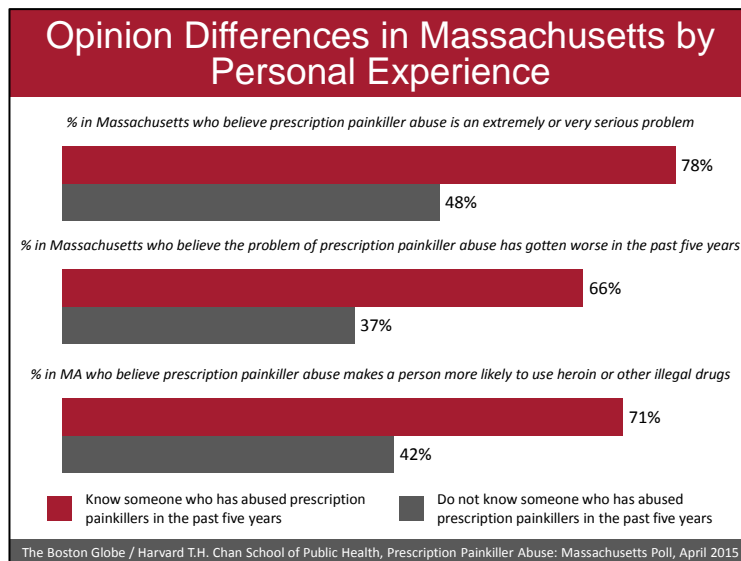
Strikingly, nearly four in ten (39%) Commonwealth residents report they have known someone in the past five years who has abused prescription painkillers. Of those, 20 percent say prescription painkiller abuse led to the user’s death. A majority of people who knew someone struggling with addiction believe prescription painkillers had a major harmful effect on the user’s family life (74%), on their work life (64%), and on their health (57%).

³ National Institute on Drug Abuse. (January 2014). “Abuse of Prescription Pain Medications Risks Heroin Use.” Available online at: <http://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-pain-medications-risks-heroin-use>

⁴ Massachusetts Department of Public Health. (April 2015).

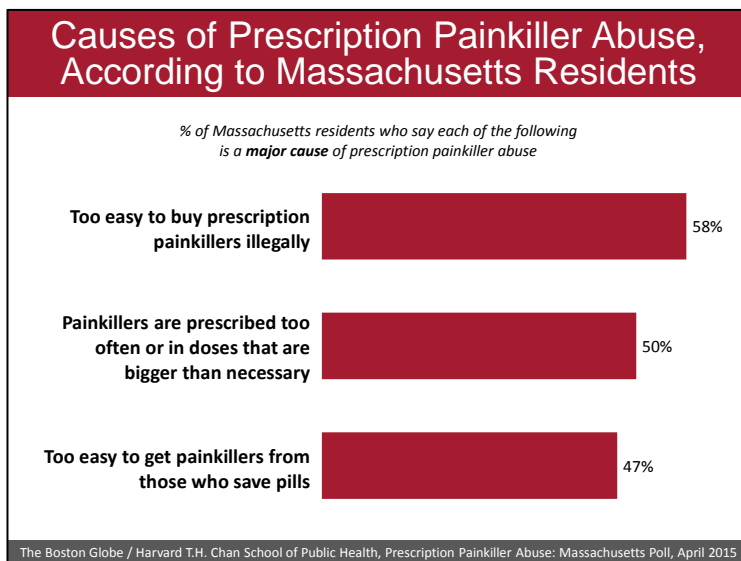
The Impact of Personal Experience on Adults in Massachusetts

The nearly two in five (39%) Massachusetts residents who say they know someone who has abused prescription painkillers in the past five years differ significantly on almost every measure of how people feel about the problem, as compared to those who have not seen the effects of dependency. People with a connection to the prescription painkiller problem are significantly more likely to think prescription painkiller abuse is an extremely or very serious problem (78% v 48%) that has gotten worse over time (66% v 37%). They are also more likely to believe that someone taking prescription painkillers is very likely to become addicted (46% v 27%) and that prescription painkiller abuse makes a person more likely to try heroin or other illegal drugs (71% v 42%).



Perceived Causes of Prescription Painkiller Abuse among Massachusetts Adults

Nearly six in ten (58%) residents believe it is too easy to buy prescription painkillers illegally, citing it as a major cause of the problem. One half (50%) say a major cause is that painkillers are prescribed too often or at doses higher than necessary, and 47 percent believe a major cause of the problem is the ease of getting painkillers from people who save their old prescriptions.



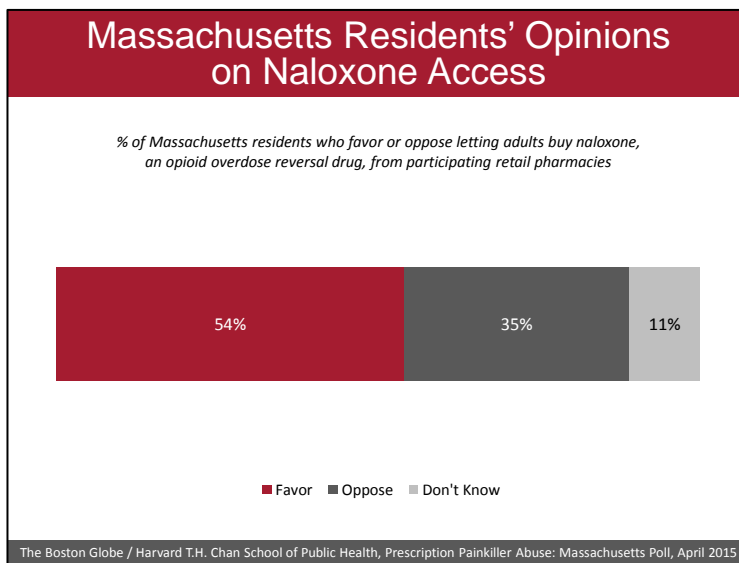
These proportions increase, however, among people who have seen the effects of addiction in their personal lives. People who know someone who has recently abused prescription painkillers are significantly more likely to believe that the ease of buying prescription painkillers illegally (72% v 50%), overly generous prescribing practices (60% v 45%), and the ease of getting someone else's saved prescription medicine (58% v 40%) are major causes of the prescription painkiller problem in Massachusetts.

Even though one third (34%) of Massachusetts residents believe it is very likely that a person taking strong prescription painkillers will become addicted and over half (52%) believe that painkiller abuse makes a person more likely to use heroin and other illegal drugs, few residents and their doctors talk about the risk of dependency when they are prescribed painkillers. Of the one in five (20%) Commonwealth residents who reported taking prescription painkillers in the past two years, just over one-third (36%) say they and their doctor talked about the risk of becoming addicted before or while taking the drugs. One in three (30%) residents who took prescription painkillers in the past two years also reported saving their pills for their or a family member's future health-related use, contrary to recommendations from the White House's Prescription Drug Abuse Prevention Plan.⁵

⁵ The White House Office of National Drug Control Policy. (February 2015). "Prescription Drug Abuse." Available online at: <https://www.whitehouse.gov/ondcp/prescription-drug-abuse>

Mixed Feelings on Massachusetts State Policy

In 2014 Massachusetts began permitting adults to buy a medicine called naloxone or Narcan, which reverses the effect of an opioid overdose in progress, from a participating retail pharmacy.⁶ Public opinion on wider access to naloxone is generally positive. About half (54%) favor the new policy, while more than a third (35%) oppose it.



Even though half (50%) of residents in Massachusetts believe that a major cause of the problem is that painkillers are prescribed too often or in doses greater than necessary, less than a third (31%) say that prescription painkillers are too easy to get. Half (50%) believe that current regulations on the prescribing and availability of prescription painkillers are about right, as they are.

When asked if there is a long-lasting, effective treatment for prescription painkiller addiction, residents of the Commonwealth are divided. One third (33%) of residents believe such a treatment exists, but almost an equal number (31%) say there is no such treatment. An almost equal proportion do not know (36%).

Recently, Governor Baker encouraged insurance companies to play a larger role in preventing prescription painkiller abuse by “establishing best practices and ensuring compliance.”⁷ Most (58%) Massachusetts residents report favoring action by state government that would require private health insurers to provide more extensive coverage for treatment programs, even if it adds to the cost of premiums. However, just over one third (36%) of residents say they would oppose such a policy.

Even though people who know someone connected to the problem are similarly mixed when it comes to believing in a long-lasting, effective treatment for addiction, they are much more likely to support policies calling for more extensive insurance coverage of treatment programs for opioid addiction (63% v 54%).

⁶ Massachusetts Department of Public Health. (April 2014). “Opioid Overdose Response Strategies in Massachusetts.” Available online at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/overdoseresponsestrategies.pdf>

⁷ Governor Charlie Baker. (February 19, 2015). “Governor Baker Announces Initial Steps To Combat Opioid Addiction Crisis.” Available online at: <http://www.mass.gov/governor/press-office/press-releases/steps-to-combat-opioid-addiction-crisis-announced.html>

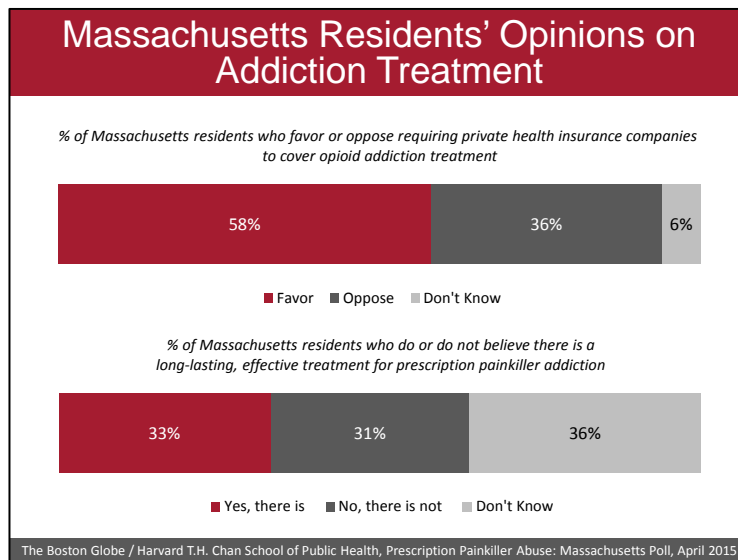
Conclusion

Overall, a sizeable majority of people in Massachusetts are worried about prescription painkiller abuse, many believe the problem has gotten worse, and a significant number of residents know someone who has struggled with prescription painkiller abuse. Residents who know someone connected to the problem are more likely to express concern, believe that prescription painkiller abuse leads to the use of heroin and other drugs, and support requiring more extensive insurance coverage for treatment.

It should be noted, however, that the Massachusetts poll results indicate a discrepancy between public opinion and support for policy action. One in two (50%) residents say painkillers are prescribed too often or in doses greater than what is needed, and that this is a major cause of prescription painkiller abuse in the state. Yet, less than one third (31%) believe prescription painkillers are too easy to get. Half (50%) say that current government regulation on painkillers is about right.

Similarly, some in Massachusetts have suggested that the state should require private health insurers to provide more extensive coverage of treatment programs for opioid addiction. More than half (58%) of Massachusetts residents say they would favor such a policy, even if it adds to the cost of insurance premiums. However, this support may be influenced by the fact that only one third (33%) of residents believe there is a long-lasting, effective treatment for prescription painkiller addiction.

One issue where public opinion and policy align is on the availability of naloxone. A majority (54%) of residents favor the state's decision to offer wide access to the opioid overdose reversal drug by letting adults purchase it at retail pharmacies.



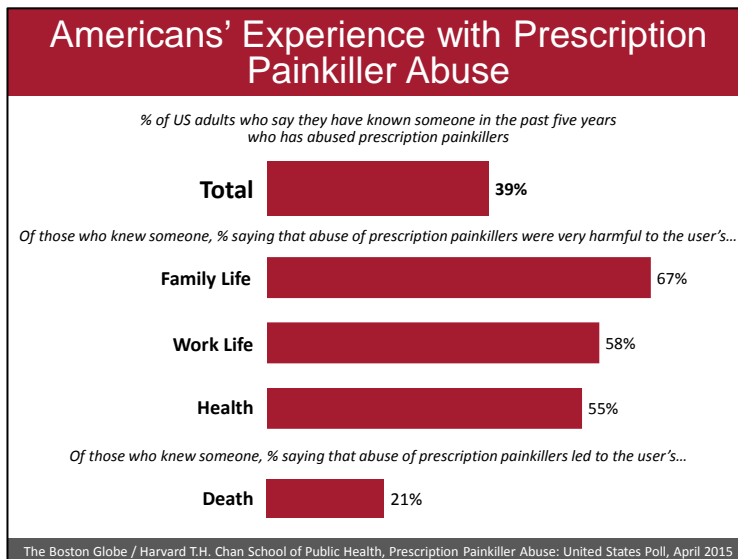
PART II: NATIONAL RESULTS



National Awareness of Prescription Painkiller Abuse

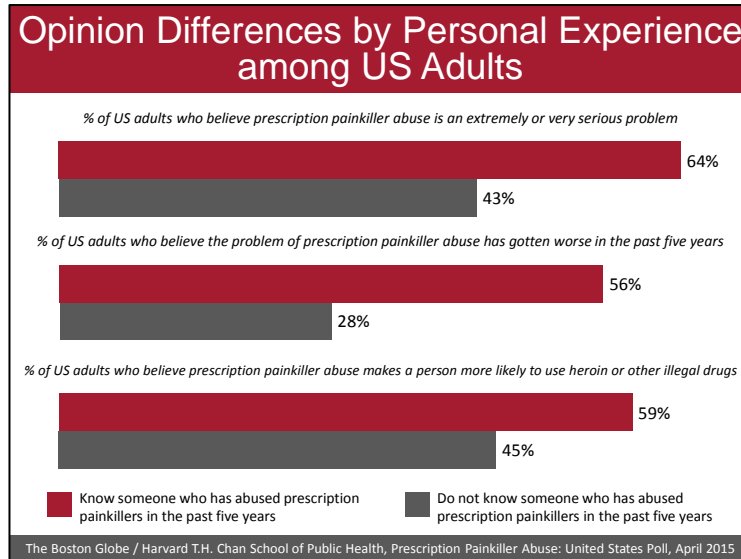
According to the poll of adults across the nation, Americans worry more about prescription painkiller abuse than heroin. Whereas more than half (51%) of Americans say the abuse of drugs like OxyContin, Vicodin and Percocet is an extremely or very serious problem, 45 percent say the same of heroin. Americans are also divided when it comes to trends over time. About four in ten (39%) believe the problem of prescription painkiller abuse has gotten worse over the last five years, but an almost equal proportion (38%) believe the problem has stayed the same.

For many Americans, the problem of prescription painkiller abuse has personal relevance. Nearly four in ten (39%) Americans say they know someone who has abused prescription painkillers in the past five years, and of those, one in five (21%) believe painkillers led to the user's death. A majority of people who know someone who has struggled with dependency believe prescription painkillers had a major harmful effect on the user's family life (67%), on their work life (58%), and on their health (55%).



The Impact of Personal Experience on Adults in the U.S.

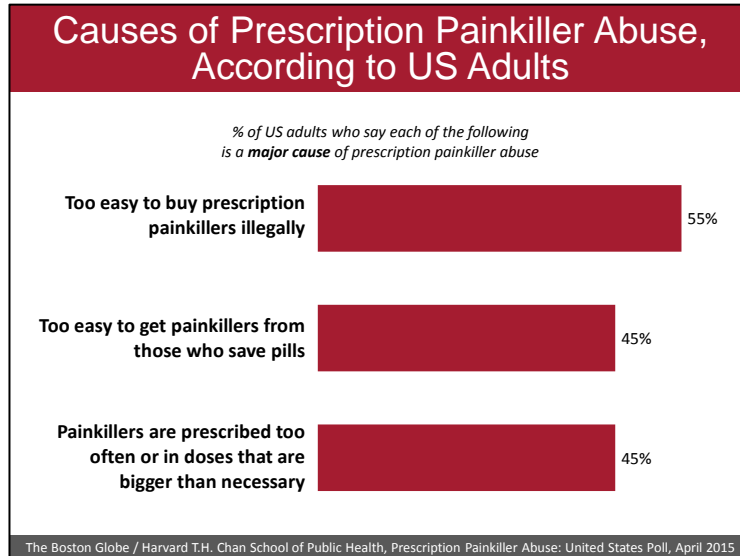
The 39 percent of American adults who say they know someone who has abused prescription painkillers in the past five years differ on almost every measure of how people feel about the problem, as compared to those who have not seen the effects of dependency in their personal lives.



American adults with a personal connection to the problem are significantly more likely to think prescription painkiller abuse is an extremely or very serious problem (64% v 43%) that has gotten worse over time (56% v 28%). They are also more likely to believe that someone taking prescription painkillers is very likely to become addicted (53% v 38%) and that prescription painkiller abuse makes a person more likely to use heroin or other illegal drugs (59% v 45%).

Americans on the Causes of Prescription Painkiller Abuse

Americans believe a variety of factors contribute to the problem of prescription painkiller abuse. More than one in two (55%) Americans believe the ease of buying prescription painkillers illegally is a major cause of the problem. Less than half (45%) say the ease of getting pills from others who have saved their prescriptions is a major cause and the same proportion attribute the problem to doctors prescribing painkillers too often or in doses larger than necessary.



When asked whether each of the following is a major cause of prescription painkiller abuse, U.S. adults who know someone who has abused prescription painkillers are significantly more likely to believe that it is too easy to buy prescription painkillers illegally (65% v 48%), that painkillers are prescribed too often or in doses greater than what is needed (55% v 39%), and that it is too easy to get pills from people who have saved their old prescriptions (51% v 41%).

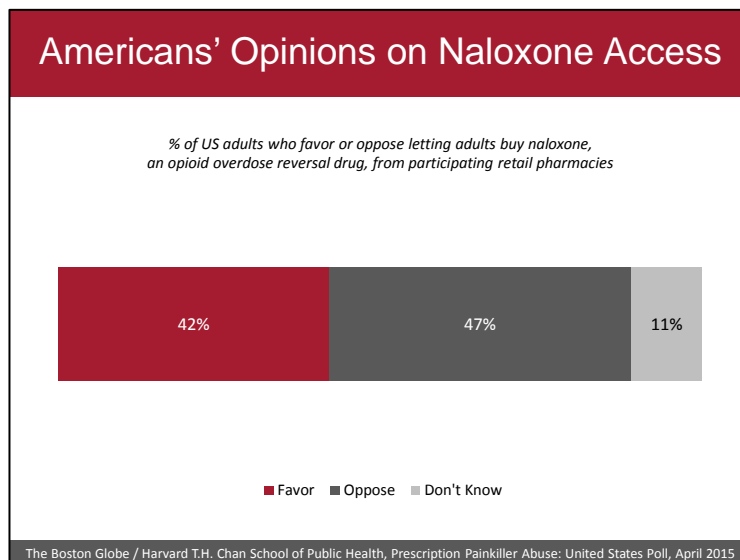
The possibility of prescription painkiller dependency concerns many Americans. More than four in ten (44%) say it is very likely that a person taking prescription painkillers will become addicted. Of the 21% of Americans who took prescription painkillers in the past two years, one in four (26%) report having been very or somewhat concerned that they could become addicted. Nationally, six in ten (61%) report having talked to their doctor about the risk of addiction when they were prescribed painkillers, and one in six (17%) report saving pills for their or a family member's health-related use in the future.

Americans Divided on Policy Options

No clear consensus emerges when it comes to public views on government policies to address prescription painkiller abuse. Even though about half (45%) of U.S. adults believe that a major cause of the problem is that painkillers are prescribed too often or in doses greater than necessary, less than three in ten (29%) say prescription painkillers are too easy to get. A majority (51%) believe that current regulations on the prescribing and availability of prescription painkillers are about right, as they are.

In addition, when it comes to expanding access to treatment for opioid addiction, nearly half (48%) of Americans believe state governments should require insurers to provide more extensive coverage for treatment programs, even if it adds to the cost of premiums. But an almost equal proportion (46%) opposes this action. When asked whether they believe if there is a long-lasting, effective treatment for prescription painkiller dependency, nearly one half (45%) of U.S. adults believe there is such a treatment, while the rest appear split between not knowing (27%) and not believing (28%). Those who know someone who has struggled with prescription drug abuse are more likely to believe there is a long-lasting, effective treatment for prescription painkiller addiction (54 v 39%), and they are more likely to favor state governments requiring private health insurance providers to cover opioid addiction treatment (56 v 43%).

Last year, 16 states across the country – from Louisiana to Minnesota – debated bills that would increase access opioid overdose reversal medicines, including the drug naloxone.⁸ Americans appear divided on the issue, with 42 percent supporting over-the-counter naloxone access for adults at retail pharmacies and 47 percent in opposition to greater access. People who know someone who has abused prescription painkillers are much more likely to support making naloxone available to adults in retail pharmacies (53% v 36%), however, as compared to the general public.



⁸ National Conference of State Legislatures. (July 2014). "Prevention of Prescription Drug Overdose and Abuse." Available online at: <http://www.ncsl.org/research/health/prevention-of-prescription-drug-overdose-and-abuse.aspx>

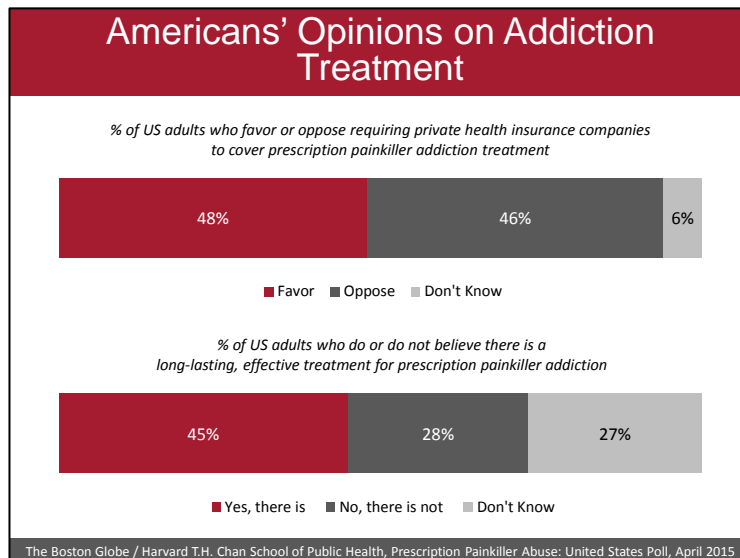
Conclusion

Overall, a sizeable majority of adults across the nation are worried about prescription painkiller abuse, many believe the problem has only gotten worse over time, and a significant number of residents know someone who has struggled with dependency. Americans who know someone connected to the problem are more likely to express concern, believe that prescription painkiller abuse leads to the use of heroin and other drugs, and support requiring more extensive insurance coverage for treatment.

It should be noted that the results indicate a discrepancy between public opinion and support for policy action, however. Forty-five percent of American adults say painkillers are prescribed too often or in doses greater than what is needed, and that this is a major cause of prescription painkiller abuse in the nation. Yet, less than one in three (29%) say prescription painkillers are too easy to get.

Across the United States, some have suggested that states should require private health insurers to provide more extensive coverage of treatment programs for opioid addiction. About half (48%) of Americans say they would support such a policy, even if it adds to the cost of premiums. However, less than half (45%) of adults believe there is a long-lasting, effective treatment for prescription painkiller addiction.

Access to naloxone and Good Samaritan laws that protect citizens who administer the opioid overdose reversal medicine may also prove an uphill battle for many states, as almost half of Americans oppose making naloxone more widely available to adults in retail pharmacies.



PART III: COMPARISON



Differences between the Commonwealth and the Country

The opinions of Massachusetts residents and American adults, in general, contrast in several significant ways. First, residents of the Commonwealth are more likely to be strongly concerned about heroin (71% v 45%) and prescription painkillers (60% v 51%) than Americans, on average. The two are intimately related – both are drugs in a class called opioids – and evidence suggests that people who misuse prescription painkillers are more likely to try heroin in the future.⁹ The State of Massachusetts also tracks and reports deaths from heroin and deaths from prescription painkillers together, which may contribute to this heightened dual concern.¹⁰

Residents in Massachusetts are also more likely than adults across the U.S. to say the problem of prescription painkiller abuse is getting worse (49% v 39%). However, more adults nationwide believe that a person taking prescription painkillers is very likely to become dependent on them (44% v 34%). This discrepancy in perceived risk may account for the wide differences in reported behavior between Massachusetts residents and adults across the country when it comes to dealing with and talking about prescription painkillers. In terms of talking to their doctor about the risk of dependency when they are prescribed painkillers, 36% of Massachusetts residents report having such conversations, whereas U.S. adults are nearly twice as likely to report doing so (61%). Massachusetts residents are also more likely to save their prescription painkillers for their or a family member's future health-related use (30%) than Americans, in general (17%).

When it comes to accessing naloxone, Massachusetts residents are more likely to favor letting adults buy it from retail pharmacies than the general public (54% v 42%). Residents of the Commonwealth are also more likely to feel that state governments should require health insurance providers to cover the cost of opioid addiction treatment, even if it adds to the cost of premiums (58% v 48%). However, this contrasts with confusion among many in the Commonwealth when it comes to gauging the efficacy of treatment options. One third (33%) of state residents believe there is a long-lasting, effective treatment for prescription painkiller dependency, while almost half (45%) of Americans adults believe such an option exists.

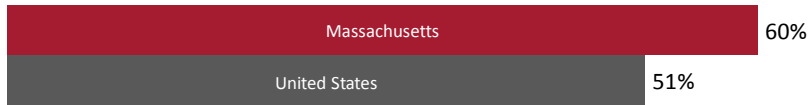
Overall, Massachusetts residents and adults across the country find more common ground than not on the issue of prescription painkiller abuse. Most express strong concern, many worry the problem is getting worse, and an equal proportion of people throughout the United States have witnessed the harmful effects of prescription painkiller abuse.

⁹ National Institute on Drug Abuse. (January 2014).

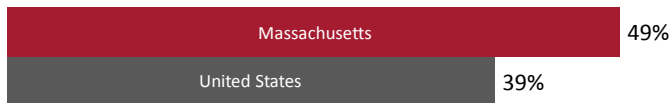
¹⁰ Massachusetts Department of Public Health. (April 2015).

Opinion Differences by Personal Experience among US Adults

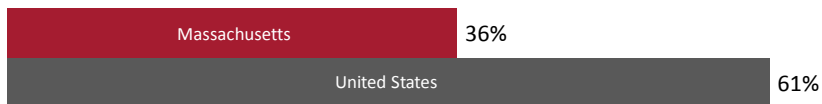
% who believe prescription painkiller abuse is an extremely or very serious problem



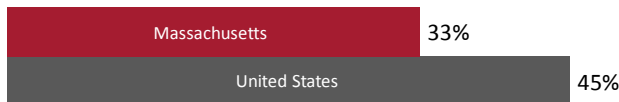
% who believe the problem of prescription painkiller abuse has gotten worse in the past five years



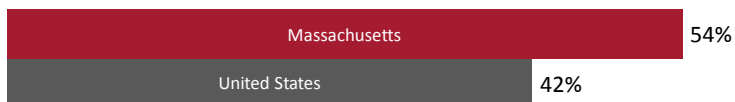
Of those who took prescription painkillers in the past two years, % who say they and their doctor talked about the risk of addiction before or while they were taking them



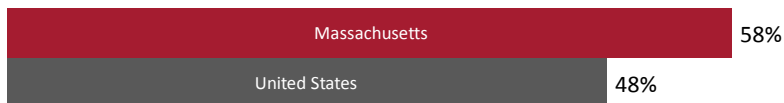
% who believe there is a long-lasting, effective treatment for prescription painkiller addiction



% who favor letting adults buy naloxone from retail pharmacies



% who favor state government requiring private health insurers to provide more extensive coverage for treatment programs, even if it adds to the cost of premiums



Boston *Globe* / Harvard T.H. Chan School of Public Health, Prescription Painkiller Abuse: United States Poll, April 2015

Methodology

The two polls were conducted by *The Boston Globe* and Harvard T.H. Chan School of Public Health. Representatives of the two organizations worked closely to develop the survey questionnaire and analyze the results of the poll. *The Boston Globe* and Harvard T.H. Chan School of Public Health paid for the survey and related expenses.

The project team was led by Robert J. Blendon, Sc.D., Richard L. Menschel Professor of Health Policy and Political Analysis at Harvard T.H. Chan School of Public Health, and Gideon Gil, Health and Science Editor of *The Boston Globe*. The Harvard research team also included John M. Benson, Research Scientist, Justin M. Sayde, Administrative and Research Manager, and Caitlin L. McMurtry, Research Assistant.

For the Massachusetts poll, interviews were conducted with 810 randomly selected Massachusetts state residents, ages 18 and older, via telephone (including cell phones and landlines) by SSRS of Media, Pennsylvania. Interviews were conducted in English and Spanish. The interviewing period was April 7 – 16, 2015. The data were weighted to reflect the demographics of the state's adult population as described by the U.S. Census.

For the U.S. poll, interviews were conducted with a nationally representative sample of 1,033 randomly selected adults, ages 18 and older, via telephone (including cell phones and landlines) by SSRS of Media, Pennsylvania. Interviews were conducted in English and Spanish. The interviewing period was April 15 – 19, 2015. The data were weighted to reflect the demographics of the national adult population as described by the U.S. Census.

When interpreting these findings, one should recognize that all surveys are subject to sampling error. Results may differ from what would be obtained if the whole Massachusetts or U.S. adult population had been interviewed. The sampling error for the Massachusetts poll is ± 4.1 percentage points at the 95% confidence level; for the U.S. poll, the margin of error is ± 3.6 percentage points.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in probability of selection within and across households, sample data are weighted by household size, cell phone/landline use and demographics (sex, age, race/ethnicity, education, and region) to reflect the true population. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

**THE BOSTON GLOBE
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH**

**PRESCRIPTION PAINKILLER ABUSE:
MASSACHUSETTS AND U.S. ATTITUDES**

The results come from two parallel but separate surveys, one with a representative sample of Massachusetts adults, the other with a nationally representative sample of U.S. adults. Both surveys were conducted for the Boston Globe and the Harvard T.H. Chan School of Public Health via telephone (landline and cell phone) by SSRS, an independent research company.

	Dates of Interview	Number of interviews	Margin of Error (percentage points)
Massachusetts	April 7-16, 2015	810	+/-4.1
National (U.S.)	April 15-19, 2015	1033	+/-3.6

Respondents were asked about their own state, using the state's name.

I. Perceived Seriousness of the Problem and General Concern

Q1. How serious do you think the following problems are in the state of (Massachusetts/[name of state])? How about abuse of (INSERT ITEM)? Do you think that is an extremely serious problem in (Massachusetts/[name of state]), very serious, somewhat serious, not too serious, or not a problem at all?

a. Heroin

	Massachusetts	National
Extremely serious	38	19
Very serious	33	26
Somewhat serious	12	23
Not too serious	7	13
Not a problem at all	2	6
Don't know/Refused	8	13

(Asked of random half sample; Massachusetts n=431, National n=502)

c. Alcohol

	Massachusetts	National
Extremely serious	14	13
Very serious	25	28
Somewhat serious	36	32
Not too serious	17	17
Not a problem at all	4	5
Don't know/Refused	4	5

(Asked of random half sample; Massachusetts n=379, National n=531)

d. Marijuana

	Massachusetts	National
Extremely serious	10	9
Very serious	14	18
Somewhat serious	20	22
Not too serious	28	26
Not a problem at all	24	21
Don't know/Refused	4	4

e. Strong prescription painkillers, such as Percocet, OxyContin or Vicodin

	Massachusetts	National
Extremely serious	27	21
Very serious	33	30
Somewhat serious	24	27
Not too serious	7	10
Not a problem at all	3	3
Don't know/Refused	6	9

When we ask about prescription painkillers in this poll, we mean strong ones, sometimes called opioids, such as Percocet, OxyContin or Vicodin.

(Asked of Random Half Sample; Massachusetts n=400, National n=518)

Q2. Do you believe the problem of prescription painkiller abuse in (Massachusetts/[name of state]) is better, worse, or about the same as it was 5 years ago?

	Massachusetts	National
Better	9	9
Worse	49	39
Same	27	38
Don't know/Refused	15	14

Q3. How likely do you think it is that a person taking a strong prescription painkiller will become addicted to it?

	Massachusetts	National
Very likely	34	44
Somewhat likely	43	36
Somewhat unlikely	12	12
Very unlikely	3	5
Don't know/Refused	7	3

(Asked of random half sample; Massachusetts n=410, National n=515)

Q4. Do you think prescription painkiller abuse makes a person more likely or less likely to use heroin or other illegal drugs, or do you think it doesn't make much of a difference?

	Massachusetts	National
More likely	52	50
Less likely	1	3
Doesn't make much of a difference	36	40
Don't know/Refused	11	7

Q4a. To the best of your knowledge, is there a treatment for prescription painkiller addiction that is effective for a long period of time, or isn't there such a treatment?

	Massachusetts	National
Yes, there is a treatment	33	45
No, there is not a treatment	31	28
Don't know	36	27

II. Personal Experience

Many people take prescription painkillers for health problems they have.

Q5. During the past 2 years, have you taken any strong prescription painkillers, such as Percocet, OxyContin, or Vicodin, prescribed by a doctor for you to use for more than a few days, or not?

	Massachusetts	National
Yes	20	21
No	79	79
Refused	1	--

(Asked of respondents who took strong prescription painkillers; Massachusetts n=169, National n=216)

Q6. Before or while you were taking these strong prescription painkillers, did you and your doctor talk about the risk of prescription painkiller addiction, or haven't you talked about that?

	Massachusetts	National
Yes, talked about the risk	36	61
No, did NOT talk about the risk	61	39
Don't know/Refused	3	--

**(Asked of respondents who took strong prescription painkillers;
Massachusetts n=169, National n=216)**

Q7. When you were taking these strong prescription painkillers, were you concerned that taking them could lead you to become addicted, or weren't you concerned with that?

(If CONCERNED ASK:) Were you very concerned, somewhat concerned, or not too concerned?

	Massachusetts	National
Very concerned	11	16
Somewhat concerned	9	10
Not too concerned	7	7
Not concerned	73	67
Don't know/Refused	--	--

**(Asked of respondents who took strong prescription painkillers;
Massachusetts n=169, National n=216)**

Q8. Some people save strong prescription painkillers after the prescribed length of time in case they or a family member need them for another health problem in the future. Have you saved any of these strong prescription painkillers to use later on, or is this something you haven't done?

	Massachusetts	National
Yes, have saved strong prescription painkillers to use later on	30	17
No, have not done this	70	83
Don't know/Refused	--	*

**(Asked of respondents who took strong prescription painkillers;
Massachusetts n=169, National n=216)**

Q9. Some people have reported that they believe other people have used or taken some of their prescription painkillers. In the past 2 years, have you known or suspected that someone else was using, taking, or selling your strong prescription painkillers, or haven't you thought this?

	Massachusetts	National
Yes	7	12
No	92	88
Don't know/Refused	1	--

III. Rx Painkiller Abuse Problems among People You Know

Q10. During the past 5 years, have you known anyone who has abused prescription painkillers, or not?

	Massachusetts	National
Yes	39	39
No	61	61

(Asked of respondents who knew someone who has abused prescription painkillers; Massachusetts n=298, National n=387)

Q11. Do you believe that person's abuse of prescription painkillers led to their using heroin or other illegal drugs, or don't you believe it did?

	Massachusetts	National
Yes	51	43
No	40	51
Don't know/Refused	9	6

Q12. Did that person's abuse of prescription painkillers have a harmful effect on (INSERT ITEM), or not? Did it have a harmful effect on (next item), or not?

(IF HARMFUL EFFECT ASK:) Did it have a major or minor harmful effect?

(Asked of respondents who knew someone who has abused prescription painkillers; Massachusetts n=298, National n=387)

- a. Their family life

	Massachusetts	National
MAJOR harmful effect	74	67
MINOR harmful effect	14	15
NO harmful effect	7	14
Don't know/Refused	5	4

(Asked of respondents who knew someone who has abused prescription painkillers; Massachusetts n=298, National n=387)

b. Their work life

	Massachusetts	National
MAJOR harmful effect	64	58
MINOR harmful effect	12	15
NO harmful effect	17	23
Don't know/Refused	7	4

(Asked of respondents who knew someone who has abused prescription painkillers; Massachusetts n=298, National n=387)

c. Their school life

	Massachusetts	National
MAJOR harmful effect	32	37
MINOR harmful effect	6	6
NO harmful effect	45	46
Don't know/Refused	17	11

(Asked of respondents who knew someone who has abused prescription painkillers; Massachusetts n=298, National n=387)

d. Their health

	Massachusetts	National
MAJOR harmful effect	57	55
MINOR harmful effect	20	26
NO harmful effect	16	15
Don't know/Refused	7	4

(Asked of respondents who knew someone who has abused prescription painkillers; Massachusetts n=298, National n=387)

Q13. Did it lead to their dying, or didn't this happen?

	Massachusetts	National
Yes	20	21
No	78	77
Don't know/Refused	2	2

IV. Regulation and Treatment

Q14. The (Massachusetts/[name of state]) state and federal governments currently regulate the prescribing and availability of strong prescription painkillers. Do you believe these regulations make it too easy or too hard for people to get strong prescription painkillers, or do you think they are about right?

	Massachusetts	National
Too easy	31	29
Too hard	6	11
About right	50	51
Don't know/Refused	13	9

Q15. There is a drug called Narcan or Naloxone that can prevent people from dying if they are experiencing an overdose of a prescription painkiller or heroin. Right now, adults in (Massachusetts [MA survey wording]/in some states [national survey wording]) can buy this drug from pharmacists at many chain or retail pharmacies. Some other states restrict adults' ability to buy this drug because they think it might encourage use of illegal drugs. Do you favor or oppose letting adults buy this drug from pharmacists at chain or retail pharmacies?

	Massachusetts	National
Favor	54	42
Oppose	35	47
Don't know/Refused	11	11

Q16. Many health insurance plans in (Massachusetts/[name of state]) provide only limited coverage for drug treatment programs for people addicted to prescription painkillers or heroin. Some have suggested that the state government require private health insurers to provide more extensive coverage for these treatment programs. This might add to the cost of health insurance premiums for insured people. Do you favor or oppose the state government requiring private health insurers to provide more extensive coverage for these treatment programs?

	Massachusetts	National
Favor	58	48
Oppose	36	46
Don't know/Refused	6	6

V. Causes of Rx Painkiller Abuse

Q17. For each of the following, please tell me whether or not you think it is a major cause, a minor cause, or not a cause of abuse of strong prescription painkillers in (Massachusetts/[name of state])? How about (INSERT ITEM)?

- a. It is too easy to buy prescription painkillers illegally.

	Massachusetts	National
MAJOR cause	58	55
MINOR cause	20	24
Not a cause	8	11
Don't know/Refused	14	10

- b. It is too easy to get prescription painkillers from people who have saved some from their old prescription.

	Massachusetts	National
MAJOR cause	47	45
MINOR cause	33	35
Not a cause	11	13
Don't know/Refused	9	7

- c. Painkillers are prescribed too often, or in doses greater than what is needed

	Massachusetts	National
MAJOR cause	50	45
MINOR cause	31	32
Not a cause	12	17
Don't know/Refused	7	6

DEMOGRAPHICS

	Massachusetts	National
Male	48	48
Female	52	52

Now I have some questions for statistical purposes only:

D12. Including yourself, how many adults age 18 or older currently live in your household? Please include anyone who is temporarily away at school or in the military.

	Massachusetts	National
1	23	14
2	40	33
3	19	20
4	12	15
5+	5	15
Refused	1	2

D13b. Are you currently married, living with a partner, divorced, separated, widowed or have you never been married?"

	Massachusetts	National
Married	51	53
Living with a partner	8	7
Divorced	7	11
Separated	2	2
Widowed	6	6
Never Married	25	20
Don't know/Refused	1	1

D14. What is your age?

	Massachusetts	National
Between the ages of 18 and 29	20	21
Between the ages of 30 and 49	34	34
Between the ages of 50 and 64	26	26
65 or older	19	19
Refused	*	*

D15. What is the last grade or class that you completed in school?

	Massachusetts	National
High School or Less	10	12
None, or grade 1-8	2	--
High school incomplete (grades 9-11)	8	12
High school graduate (grade 12 or GED certificate)	25	30
Business, technical, or vocational school AFTER high school	4	3
Some college, no 4- year degree	22	26
College+	38	29
College graduate (B.S. , B.A. , or other 4-year degree)	22	20
Post-graduate training or professional schooling after college (e.g. , toward a master's degree or PH.D; law or medical school)	17	10
Refused	1	*

D19. Are you, yourself, of Hispanic or Latino background?

(Asked of non-Hispanic respondents; Massachusetts n=745, National n=918)

D21. Do you consider yourself to be white, black or African-American, Asian American, or some other race?

Race Summary Table

Base: Total Respondents

	Massachusetts	National
White non-Hispanic	76	64
Black non-Hispanic	6	11
Hispanic	9	15
Asian	3	2
Other	4	7
Don't know/Refused	2	1

D21a. Some people are registered to vote and others are not. Are you registered to vote in the election district where you now live, or aren't you?

	Massachusetts	National
Yes	79	69
No	20	30
Don't know/Refused	1	1

D22. In politics today, do you consider yourself a Republican, a Democrat, or an Independent?

	Massachusetts	National
Republican	10	22
Democrat	29	29
Independent	52	44
Don't know	5	2
Refused	4	3

(All Independent respondents or respondents who don't know or refused political affiliation; Massachusetts n=490, National n=473)

D22a. Do you think of yourself as closer to the Republican party or to the Democratic party?

D22/D22a Combo Table**Base: Total Respondents**

	Massachusetts	National
Republican (including leaners)	25	35
Democrat (including leaners)	53	46
Independent/Don't know/Ref	22	19

D23a. Is your total annual household income from all sources, and before taxes:

D23b. Is your total annual household income from all sources and before taxes less than \$50,000, \$50,000 but less than \$100,000, or over \$100,000?

D23c. Is that 100 but less than 150 thousand, 150 but less than 200 thousand, 200 but less than 250 thousand, or 250 thousand and over?

Income Summary Table**Base: Total Respondents**

	Massachusetts	National
Less than \$50,000	41	50
Less than \$15,000	12	14
\$15,000 but less than \$25,000	8	12
\$25,000 but less than \$30,000	5	8
\$30,000 but less than \$40,000	6	7
\$40,000 but less than \$50,000	8	8
Less than \$50,000 (unspecified)	2	2
\$50,000 but less than \$100,000	21	21
\$50,000 but less than \$100,000 (unspecified)	*	1
\$50,000 but less than \$75,000	11	12
\$75,000 but less than \$100,000	9	8
\$100,000 and Over	26	15
\$100,000 and over (unspecified)	2	*
\$100,000 but less than \$150,000	12	8
\$150,000 but less than \$200,000	5	3
\$200,000 but less than \$250,000	3	2
\$250,000 and over	3	2
Don't know	2	4
Refused	10	9

D26. REGION

	Massachusetts	National
Boston MSA	60	--
Essex County	10	--
Middlesex County	23	--
Norfolk County	10	--
Plymouth County	6	--
Suffolk County	11	--
Rest of state	37	--

D26. REGION

	Massachusetts	National
Northeast	100	18
Northcentral	--	21
South	--	37
West	--	23