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Center for Public Safety Initiatives

City of Rochester Opioid Survey

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Alexander Tobey, M.S.
Research Associate | Center for Public Safety Initiatives
Rochester Institute of Technology
adtgcj@rit.edu

Irshad Altheimer, Ph.D.
Ellen M. Granberg Endowed Full Professor | Department of Criminal Justice
Director | Center for Public Safety Initiatives
Rochester Institute of Technology
ixagcj@rit.edu

Stephanie Godleski, Ph.D.
Full Professor | Department of Psychology
Rochester Institute of Technology
saggsh@rit.edu

Hreem Mahadeshwar, Experimental Psychology Master's student
Research Assistant | Center for Public Safety Initiatives
ehm3277@rit.edu

Introduction

In response to the escalating opioid crisis and its multifaceted effects on individuals and communities, the City of Rochester Mayor's Office aimed to collect input from city residents about the problems the opioid epidemic has brought to their communities, as well as suggested solutions to have this input assist in informing decisions on how best to allocate settlement funds. One of the strategies to solicit community feedback as part of the City of Rochester Mayor's office initiative was to deploy a city-wide survey to better understand the lived experiences, perceptions, and needs of residents as they relate to opioid use and prevention.

The online survey was designed to capture community perspectives across several themes, including quality of life, barriers to care, overdose prevention, and the broader impacts of opioid use on families. These themes were consistent with the themes determined by the City of Rochester for the community input sessions. In August 2024, before the live release of the survey, both the City and members of the Opioid Steering Committee were solicited for feedback on survey questions to ensure alignment with local priorities and perspectives, as well as with the informational needs of the Opioid Steering Committee to facilitate their future decision-making regarding the use of funds. The survey was promoted through news outlets, social media platforms, ambassadors from the Neighborhood Ambassador Program, community events, and word of mouth to collect a representative sample of the City of Rochester.

This report provides a descriptive analysis of data gathered between December 3, 2024, and March 10, 2025. Results highlight the needs and concerns, community strengths, and critical

areas for improvement, which can inform the city's opioid response moving forward. This working paper serves as a first step toward more rigorous analysis and policy development.

Methodology

The objective of the survey was to assess the impact of the opioid epidemic on the community within the City of Rochester. Identifying the public perceptions of priorities and suggestions for improvements was to be taken into consideration to determine how to allocate funding from opioid settlement money. The survey framework was designed following four overarching domains predetermined by the City of Rochester: Quality of Life, Barriers to Care, Overdose Prevention, and Family Impact. Survey question development by the research team was informed by the targeted themes, reviewing issues and concerns outlined by Steering Committee members as prevalent in their work, and drawing from items from prior surveys asking New Yorkers about their awareness and experiences surrounding opioid abuse distributed by Siena College Research Institute (2018; 2020; 2024) with the intention to gauge and raise awareness to make positive changes to address the crisis. A consent form was drafted to place at the beginning of the survey, and after careful consideration and review, questions were modified to ensure relevance for the Rochester community.

A request for approval from the Institutional Review Board was generated and approved with revisions in September 2024. The survey was generated and hosted using REDCap, a secure web platform for research data collection. Web links and QR codes were generated when the survey was finalized and went live in December 2024 and closed in March 2025. The target population was all residents in the City of Rochester who are 18 years or older.

Recruitment for the survey was done using convenience-based methods through multiple outreach methods, including official city social media pages, paper flyers posted throughout the city, press coverage in local media, and promotion at community events.

The survey contained approximately 30 questions. Each thematic area included multiple-choice, Likert scale, and/or matrix questions, followed by two optional open-ended questions for additional qualitative input related to the theme. Additionally, a reCAPTCHA feature was applied to the survey through REDCap, and two attention check questions were included to preserve the integrity of responses and limit the possibility of bot accounts completing the survey. The final section of the survey collected general demographic information as well as zip code data to allow for potential geographic analysis. The survey was anonymous and did not request or store any identifying information.

Participation was completely voluntary. Therefore, an electronic consent form was presented when participants first opened the survey. The form explained the purpose of the survey, participants' rights, data protection procedures, and contact information for questions or concerns. If participants agreed to participate, they selected "Yes" to consent, and they were redirected to start the survey. If they answered "No," the survey web page would close. All consenting participants were assigned an anonymous ID number to track responses. Only attention check questions required answers, and all other survey items were optional, and participants could skip any questions they were not comfortable answering. This is done to maintain ethical standards and allow participants to voluntarily choose what information they choose to share.

The study protocols, including data security, participant confidentiality, and informed consent,

received full approval from the Institutional Review Board. All members of the research team are certified by the Collaborative Institutional Training Initiative (CITI) program. All responses collected were stored securely through the REDCap platform, and all extracted data were saved on a secure, encrypted server only accessible by the research team.

Data Overview

A total of 709 individuals opened the survey link. Of those, 580 provided consent to participate, and 445 continued with the survey. As is common in community-based data collection, there was a gradual decline in responses as participants desisted from responding to questions before reaching the end of the survey. A total of 430 participants answered at least some portion of the survey, with 426 being the highest number of responses to any single question. For questions requesting demographic and zip code information, between 202 and 329 participants responded.

Survey Participants

Survey participants' demographic information is based solely on those who chose to provide these details and may not fully reflect the composition of the entire sample. Of those who disclosed their age, the majority of participants were adults aged between 35 and 64 years, representing 67.3%.

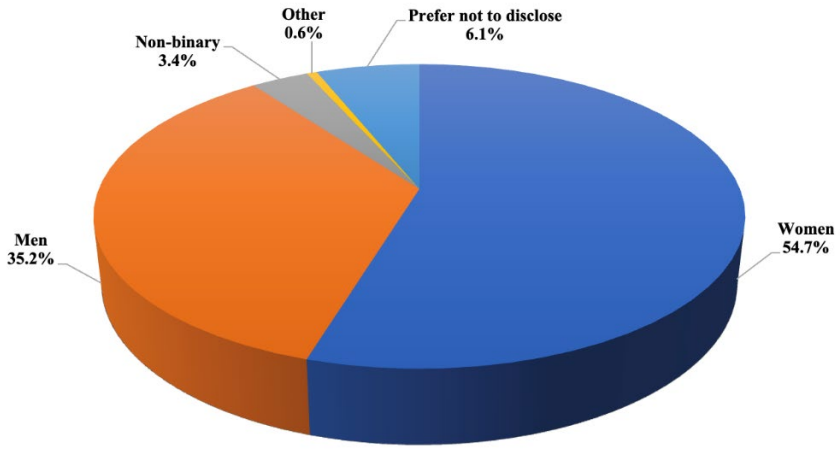

Figure 1. Participant Gender Identity Distribution

Figure 1 shows that the participant pool was predominantly made up of women, though there was representation of several gender identities. This aligns with broader demographic patterns in Rochester — as of 2023, approximately 51.73% of the city's population is female, compared to 48.27% male (US Census Bureau, 2023). This may reflect broader patterns in the city, where women are often more visible and engaged in community-based initiatives or informal volunteerism—such as caring or community support within neighborhoods—which often involves accessible and direct forms of civic participation (Stride et al., 2020).

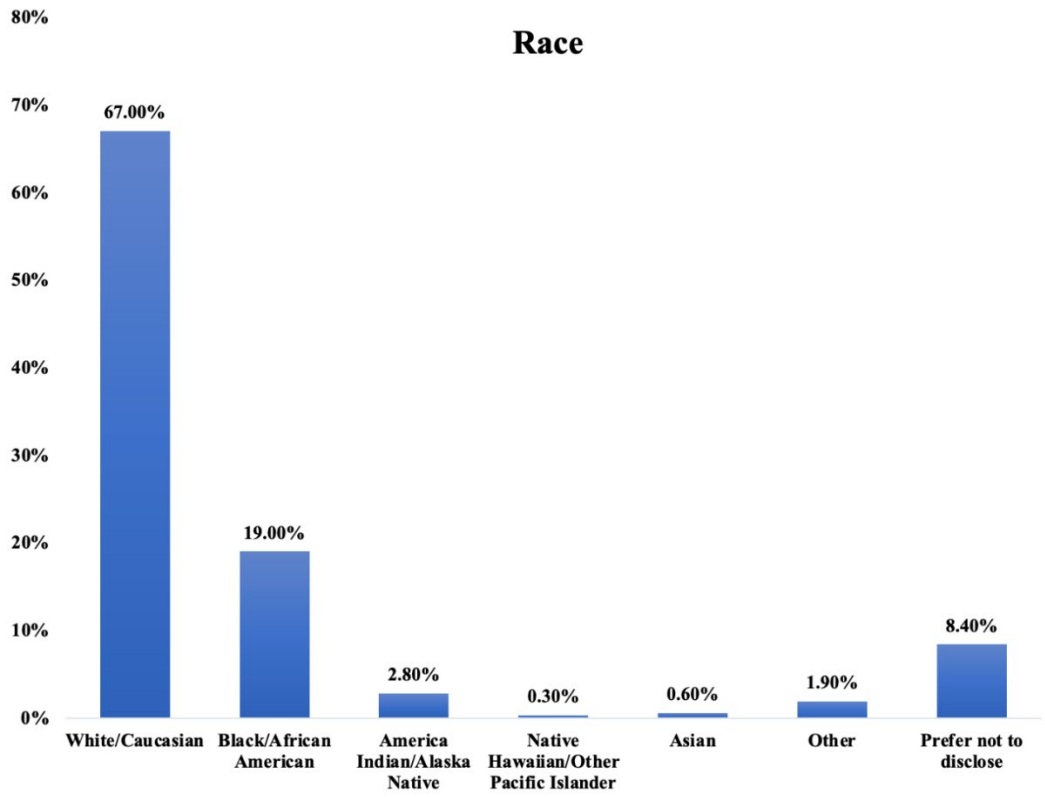

Figure 2. Participant Race Distribution

304 participants provided race information. As seen in Figure 2, those who provided race information primarily reported being White/Caucasian, with comparatively lower representation from other racial groups. While this aligns with broader demographic patterns in many neighborhoods of the city, such as in Park Avenue and South Wedge—having a majority of White residents (US Census Bureau, 2023)—it also highlights the importance of considering the generalizability of the findings to communities of color. The underrepresentation of Black, Indigenous, and other racially minoritized groups may reflect ongoing structural inequities in access, trust, and visibility within systems of care and research. Further, participants may not have felt comfortable disclosing some demographic

information, such as race, and almost 9% selected that they preferred not to disclose this information.

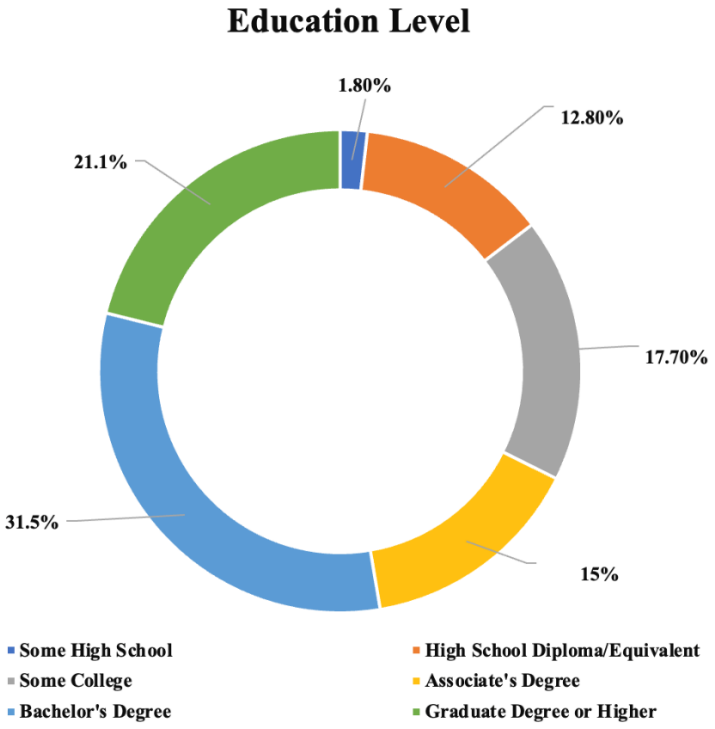

Figure 3. Participant Educational Qualifications Distribution

As shown in Figure 3, participants reflected a wide range of educational backgrounds, with a notable concentration of individuals holding undergraduate or graduate degrees. Most of the sample who provided demographic data were over the age of 25 (all but approximately 20 respondents), allowing for a meaningful comparison with city-level data. According to the U.S. Census Bureau, 84.4% of Rochester residents aged 25 and older have at least a high school diploma, while 29.9% hold a bachelor's degree or higher (US Census Bureau, 2023). The proportion of participants with undergraduate or graduate credentials appears notably higher than the city average—an important factor to consider when interpreting perspectives on systems navigation, service access, or health literacy.

Among those who provided zip code data, 93% resided in areas that fell within the boundaries of the City of Rochester. Responses to survey items did not differ between those who indicated they lived within the boundaries of the City of Rochester versus those who did not. Those who did not respond to the zip code question did not differ from those who lived within the city on the majority of the survey items or on their relative ranking of any items, other than those who lived within the boundaries of the city reporting slightly greater concern about the local opioid crisis, likelihood of themselves or someone close to them pursuing treatment for opioid use disorder, and impact to their families.

Survey Themes

Perceived Severity and Quality of Life

A significant proportion of respondents expressed concern about the local opioid crisis. Specifically, 87.1% of them perceived the opioid problem in their area as either "serious" (36.2%) or "very serious" (50.9%).

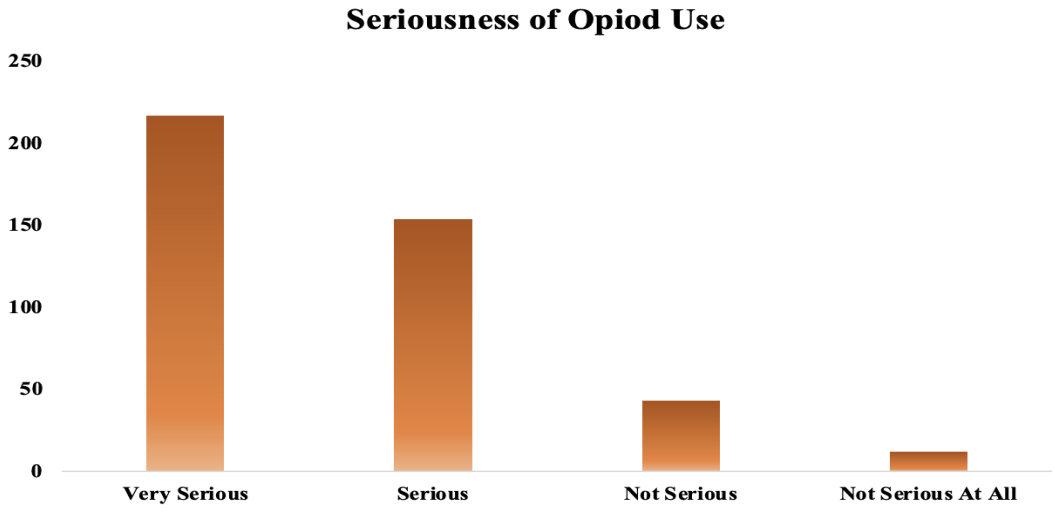

Figure 4. Perceived Seriousness of Opioid Use

This perception of severity was echoed in responses about neighborhood quality of life, with 64.6% agreeing or strongly agreeing that drug activity had negatively impacted their living environment. Furthermore, 68.7% of respondents reported being moderately to very concerned about the presence of drug activity in their neighborhoods. When asked about their direct exposure to opioid-related hazards, 31.3% noted that they "sometimes" encountered needles or other drug paraphernalia in public areas. This indicates that the potential prevalence of substance use may be a significant source of worry within local communities. Such concern may reflect broader issues related to safety, visibility of substance use, and the perceptions of steps to address these challenges.

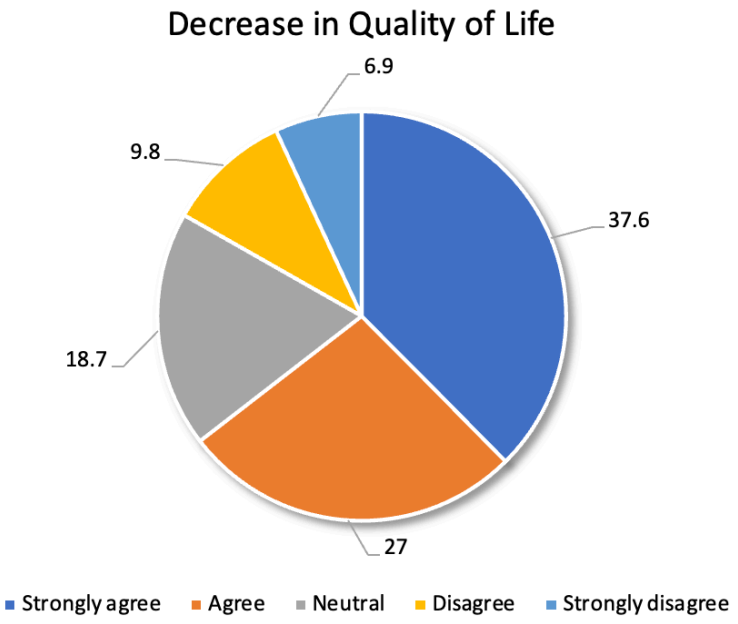

Figure 5. Perceived Decrease in Quality of Life

Family and Community Impact

The survey results indicate that opioid use has had a substantial personal and familial impact. A majority of respondents (70.1%) reported that they or someone close to them had been

prescribed an opioid at some point. This high rate reflects the potential prevalence of prescription opioids within participants' personal networks. Moreover, 39% of respondents reported that they or persons close to them were currently being treated for opioid use. These percentages suggest that for many, the opioid crisis is closely tied to lived experience, care, and family health. Further, this could influence respondents' perceptions of risk, trust, and attitudes toward both treatment and prevention efforts.

Figure 6. Frequency of Being Prescribed an Opioid

Responses also demonstrated that 59.2% of respondents knew someone who had experienced a non-fatal overdose, while 66.1% knew someone who had a fatal overdose. Despite these high rates of exposure, responses were moderate, with an average score of 3.14 out of 5 (SD = 1.48), when asked how much the opioid crisis had directly impacted the mental and emotional well-being of respondents' own families. Some participants reported low or moderate perceived family impact, which may suggest a level of desensitization or normalization of overdose events within the community.

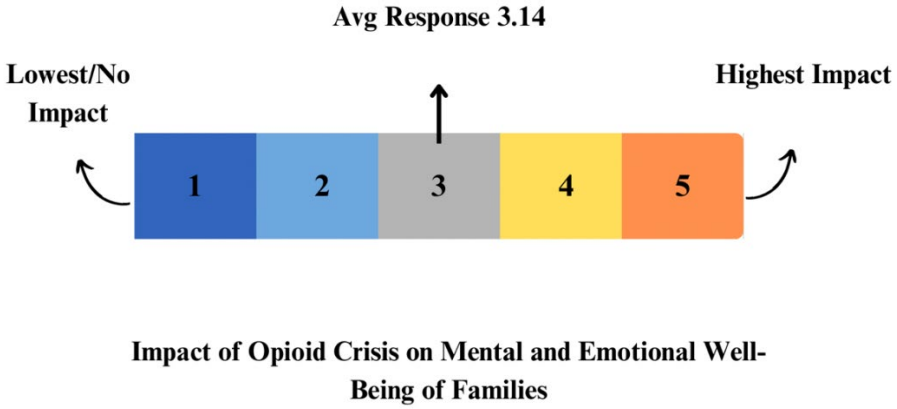

Figure 6. Perceived Impact of Opioids on Well-being

Respondents also demonstrated heightened concern regarding youth and opioid use, with an average concern rating of 4.15 out of 5 (SD = 1.02). This suggests that community members may be especially concerned about the effects of the opioid crisis on young people. The elevated level of concern may reflect both direct exposure to youth-related substance use issues and concern about possible long-term consequences for the next generation.

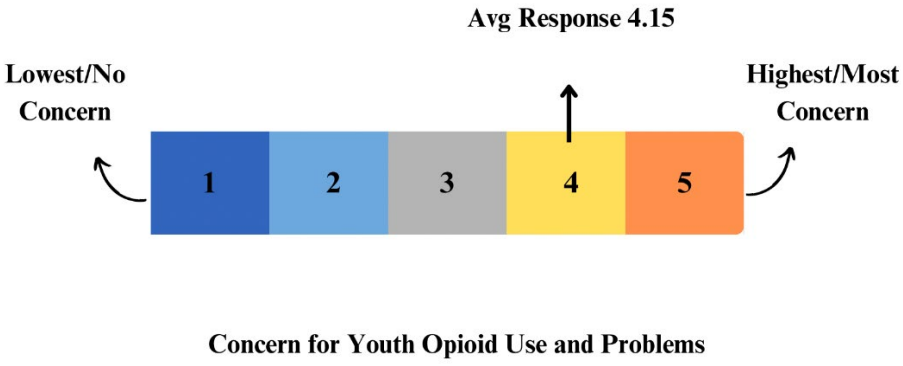

Figure 7. Perceived Concern for Opioid Use by Youth

Overdose Prevention and Naloxone Awareness

When asked about overdose prevention strategies, many respondents expressed support for Naloxone distribution and awareness of how to obtain Naloxone. More specifically, 81.4% of respondents indicated that they were either somewhat or very aware of how to obtain Naloxone, an opioid overdose reversal drug. Additionally, 78.1% of respondents reported that they would be likely or very likely to support community-wide initiatives aimed at making Naloxone more widely available in public spaces.

For overdose prevention, education was also considered essential, with 78.2% of respondents citing overdose prevention education provided through community centers and schools as very important to addressing the crisis. Respondents also emphasized the importance of counseling, detox programs, peer support groups, and education and outreach programs to support overdose prevention.

Perceived Resources and Barriers to Care

Results reflected mixed findings regarding confidence in the adequacy of local resources. Only 13.6% of respondents felt very confident that their community had sufficient resources to prevent overdoses, while larger proportions reported feeling somewhat confident (35.2%) or not very confident (34.6%). When asked about the adequacy of mental health and homelessness services, 72.5% of respondents disagreed or strongly disagreed that their communities were well-equipped to handle these challenges. When ranking barriers to care, respondents most frequently cited stigma as the top barrier, followed by the short duration of treatment programs, transportation issues, restrictive admittance guidelines, and insufficient public awareness as barriers.

Open-Ended Responses

Responses to open-ended questions mirrored many of the quantitative findings while offering deeper insight into community concerns. A consistent theme was the expressed need for affordable, safe, and supportive housing options, particularly for individuals recovering from substance use disorders. Respondents highlighted the importance of stable, nonjudgmental housing as a foundation for sustained recovery.

Mental health support was also a recurring theme. Respondents called for improved access to mental health services, better quality of care, and more options for individuals with co-occurring mental health and substance use disorders. There was a strong emphasis on the need for better coordination between service providers and increased public awareness of available services.

Education and outreach efforts, especially those targeting youth, were also emphasized. Respondents recommended more community-based and school-based prevention programs, as well as public campaigns aimed at reducing stigma associated with opioid use and treatment. Many expressed the need for community events, support groups, and initiatives designed to foster engagement and raise awareness about the opioid crisis and available resources.

Discussion and Recommendations

Given the trends observed in the survey data, several potential recommendations can be inferred. First, efforts to expand the availability of Naloxone in public settings should be prioritized, along with increased community education about its use. Survey respondents overwhelmingly supported making Naloxone more accessible in public spaces (78.1%) and demonstrated substantial awareness of its importance (81.4%). Expanding Naloxone access

is supported by extensive public health research showing that widespread availability of this opioid overdose reversal medication significantly reduces fatal overdoses (Walley et al., 2013; Wheeler et al., 2015).

Second, housing support that centers recovery and minimizes stigma, particularly for individuals exiting treatment programs, was another theme from the responses. Survey respondents consistently highlighted the importance of stable, affordable, and supportive housing as important, particularly in the open-ended responses. Individuals leaving treatment programs often face heightened vulnerability to relapse and overdose if they return to unstable or unsafe living environments (Milby et al., 2005). Recovery-oriented housing models, such as recovery residences and supportive housing, have been shown to significantly improve treatment retention, reduce substance use, and promote overall well-being (Polcin et al., 2010). Furthermore, housing that is free from stigma and provides access to wraparound services—such as mental health care, peer support, and employment assistance—can enhance community reintegration and long-term stability and improved outcomes (Mericle & Grella, 2016). Moreover, integrated housing models that combine permanent housing with coordinated support services are associated with high placement rates and sustained housing over time (Mericle & Grella, 2016). Housing solutions that emphasize dignity, autonomy, and community integration can support meeting the immediate needs of individuals in recovery while also strengthening neighborhoods by reducing homelessness, increasing economic stability, and mitigating the social harms associated with substance use (Tsemberis et al., 2004). Evidence from evaluations of Housing First and similar supportive housing models demonstrates that such approaches not only increase housing stability but also promote social integration and reduce public service utilization

(Tsemberis et al., 2004).

Third, youth-focused prevention efforts were also highlighted as a concern amongst respondents. One possible route for this could be through partnerships with schools and community organizations. Evidence consistently demonstrates that early intervention—particularly school- or family-based programs delivered during adolescence—is critical in reducing substance use and associated behavioral problems (Carney & Myers, 2012). School-based prevention programs—particularly those that incorporate social-emotional learning, resilience building, and peer support—have been shown to reduce the likelihood of substance use initiation among youth (Botvin & Griffin, 2007). When these efforts are combined with community-based programming, including youth mentoring, after-school activities, and family engagement initiatives, they can create a protective environment that strengthens individual and collective resilience (Rhodes & Lowe, 2008). Investing in youth prevention can not only address immediate concerns, but it also has the potential to disrupt the long-term trajectory of substance use and associated public health burdens (Hawkins et al., 2009). Specifically, longitudinal research demonstrates that effective, early prevention programs can reduce the initiation of substance use and have sustained impacts into adulthood, lowering rates of substance-related harms and societal costs (Hawkins et al., 2009).

Fourth, stigma as a barrier to care was emphasized in responses. Survey responses highlighted stigma as a persistent and powerful obstacle that prevents individuals from seeking help and accessing services. It aligns with a substantial body of research demonstrating that stigma associated with substance use disorders not only discourages treatment engagement but also contributes to social isolation, poor mental health, and

increased risk of overdose (Livingston et al., 2012). Public education campaigns that feature the voices of individuals with lived experience, use non-stigmatizing language, and emphasize recovery success stories have been shown to reduce negative attitudes and increase public support for evidence-based interventions (McGinty et al., 2015). By fostering open, judgment-free dialogue, communities can create environments where individuals feel safe to seek help without fear of discrimination or rejection.

Lastly, investment in better coordination of mental health and substance use services was another theme amongst survey responses, as it can be challenging for individuals to navigate complex systems of care effectively. Integrated care models, where mental health, substance use treatment, and primary care services are coordinated or co-located, have been shown to improve health outcomes, increase treatment adherence, and reduce overall healthcare costs (Drake et al., 2008). Improved coordination also includes the use of peer navigators, care managers, and technology solutions such as centralized referral systems, all of which can help individuals and families better understand and access the services available to them (Molfenter et al., 2021; Teggart et al., 2023). Investment in such systems can not only enhance individual recovery journeys but also strengthen the overall efficiency and equity of the public health response (Molfenter et al., 2021).

Across all themes, access and education emerged as central pillars of effective community response. Access to tools such as Naloxone, stable housing, or coordinated healthcare services is only meaningful when individuals are aware that such supports exist and understand how to navigate them. Similarly, education—whether through school-based prevention, stigma reduction campaigns, or public health outreach—serves as a vehicle for empowerment, reducing fear and misinformation while encouraging proactive engagement

with services. This can help build trust in public systems and create conditions for more equitable and sustained recovery outcomes across the Rochester community.

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About the Center for Public Safety Initiatives

The Center for Public Safety Initiatives (CPSI) is a multi-disciplinary research center that examines strategies to reduce crime and enhance the administration of justice. It provides program evaluation, data analytics, and project management services to area law enforcement, community non-profits, and other criminal justice professionals, and it contributes to general knowledge generation of the nature and causes of crime and violence. Its educational goals include training graduate and undergraduate students in strategic planning, program evaluation, and policy analysis.

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