

# Public Libraries Respond to the Opioid Crisis with Their Communities

## Summary Report





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## PREFACE

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Through a grant from the Institute of Museum and Library Services, OCLC and the Public Library Association have conducted research into how public libraries are supporting their communities through the opioid crisis, and how libraries are partnering with organizations to meet local needs.

The research has resulted in a [summary report](#) and eight [research-based case studies](#) highlighting varying opioid response efforts across the US. A [call-to-action white paper](#) will also be published as part of the project outputs. Additional information about the project can be found online at [oclc/opioid-crisis](https://oclc.org/oclc-opioid-crisis).

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## EXECUTIVE SUMMARY

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Public libraries are respected local institutions that connect community members to credible, accurate information and services. Libraries offer neutral public spaces open to all, with support from service-oriented staff deeply committed to their communities. As local anchor institutions, libraries are leveraging these assets in response to the opioid crisis that has gripped the country. Together with community partners, public libraries are providing critically needed information and services, organizing education and training events, and supporting prevention and recovery efforts.

In response to the growing opioid crisis in the United States, OCLC—a global library cooperative—and the Public Library Association (PLA) sought to better understand how public libraries are responding to the opioid crisis locally with partners. Eight public libraries and their respective community partners participated in this research study, which is based on interviews with library staff, library board members, staff at community partner organizations, and members of the community. The researchers, informed by the guidance of the project's steering committee, reviewed factors to select the sites such as the demographics of the community, the opioid prescribing rate for the county, the rate of persons without health insurance, and whether the community had a shortage of mental or physical health workers. The final list of participating libraries is not expressly representative of all communities but is meant to be diverse and provide examples of programs and services that could be approached by libraries of all sizes and adapted to fit local capacity.

All eight libraries worked closely with a range of partners to implement their opioid response programming, engaging up to three partners at a time. Many of the libraries developed new partnerships to implement the work, but others relied on existing partnerships that strengthened over the course of implementation.

The most common partnerships that were identified, both in the formal research and in the recruitment efforts, were with agencies focused on health outcomes such as public health departments. In many cases, the library and the health department are both city or county entities, which can make the collaboration even more likely or viable. Other partners include nonprofit organizations, the judicial system, and coalitions focused on community improvements.

Each community researched is unique, as is the capacity of the library staff and their partners to respond to the opioid crisis. Stocking and providing training in how to administer naloxone was the most common activity across communities. Naloxone, commonly known as Narcan®, is a drug that can reverse an opioid overdose. Some libraries trained both staff and the public on how to administer naloxone, and one library distributes naloxone kits for free to the public. Multiple libraries organized educational events, such as film screenings and book discussions, and informational campaigns focused on topics related to opioid misuse, addiction, and mental health.

One library deployed a survey to assess needs related to the opioid crisis to determine how best to support the community. Raising awareness about disposing of unused medication to reduce misuse was a focus for two libraries. One library provides access to peer navigators, individuals who often

have similar life experiences, to help connect patrons to social services and resources. Libraries also support individuals in recovery, such as working with local courts to provide a life skills curriculum to assist with successful re-entry into society and by facilitating support group meetings. Several libraries have made physical modifications to their facilities to increase safety, such as installing sharps disposal containers and implementing changes to bathrooms to deter drug use.

A key challenge for libraries and their partners in their response to the opioid crisis is the presence of stigma in the community connected to substance misuse. One approach some of these organizations have taken to help reduce this stigma is to intentionally frame some programming and activities as related to mental health and wellness instead of being specific to opiates. Funding to support programs was raised as a common concern, with particular needs surfacing around purchasing naloxone, bringing in guest speakers, supporting program evaluation, and marketing events.

This research surfaced the following as major outcomes of the libraries' response activities:

- increased relevant resources made available to the community, such as naloxone and drug disposal kits
- made a positive impact on patrons' lives
- increased community awareness and knowledge about the opioid crisis
- began to address stigma about substance use disorder
- increased positive perception of the library
- developed new partnerships and expanded existing ones, resulting in coordinated efforts that better meet community needs
- reached other libraries and community organizations.

The project researchers welcome other libraries and potential partners to explore this research to find inspiration and insight to inform their own local responses.



Participants in the Blount County Public Library, Life Skills Curriculum.  
Courtesy of: Blount County Public Library

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## INTRODUCTION

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The United States is experiencing an opioid epidemic.<sup>1</sup> In October 2017, a national public health emergency was declared by the federal government under the Public Health Services Act. As the impact of the epidemic is felt in communities across the country, public health and human service organizations are working on responses that include healthcare, education, law enforcement and the judicial system, emergency services, drug and addiction counseling, and community services.

Because public libraries are public buildings open to all, including those who may be in crisis and looking for a safe space, more library staff are finding themselves on the front line of this public health epidemic. High-profile national news stories have featured libraries' responses, such as providing information on addiction, prevention, treatment, and recovery support or training staff to use the drug naloxone to help reverse overdoses.<sup>2, 3, 4, 5</sup>

For many libraries, the new and urgent demand created by this public health crisis is paired with uncertainty on how best to address local needs in this area. In September 2017, WebJunction (a program of OCLC that provides community-centered learning opportunities for library staff) and the PLA hosted a virtual town hall on the opioid epidemic, which included library leaders and community organizations.<sup>6</sup> Nearly half of the 952 registered attendees said their libraries had not developed responses or were not sure if their library had responded to the crisis. A follow-up survey three months later highlighted participants' desire for more information, tools, and recommendations for how they can approach the issue appropriately and safely.

With a goal of helping to support public libraries during this crisis, OCLC, in partnership with PLA, received a grant from the Institute of Museum and Library Services to aid public libraries considering their responses in their communities. This report highlights the findings from eight case study sites selected to participate in this research; provides an overview of the case study locations, emerging practices of how libraries are responding to the crisis in collaboration with their partners, and outcomes of the initiatives; and identifies both the opportunities and barriers that libraries should consider when deciding how to fulfill their role as a community resource during a public health crisis. It also includes insights and experiences from a range of local community partners and those affected by the crisis, adding the perspectives and knowledge of relevant agencies and organizations.

## Case Study Locations

The research locations were selected based on a number of factors, including community size, demographics, and variation in response activities. Factors such as the rate of uninsured individuals and the number of overdose deaths in the community were also considered.

**TABLE 1.** Case study locations and select community descriptions

	Median Household Income <sup>7</sup>	Poverty Rate <sup>8</sup>	No Health Insurance Rate <sup>9</sup>	Opioid Prescribing Information (per 100 people) <sup>10</sup>	Drug Overdose Deaths (per 100,000 people) <sup>11</sup>
National Average	\$57,652	14.6%	10.5%	58.7	--
Barrington Public Library Barrington (town), Rhode Island	\$117,408	2.8%	1.9%	39.7 (Bristol county)	31 (Bristol county)
Blount County Public Library Blount County, Tennessee	\$51,172	13.0%	9.6%	80.2	121
Everett Public Library Everett (city), Washington	\$54,562	16.3%	10.6%	60.9 (Snohomish county)	390 (Snohomish county)
Kalamazoo Public Library Kalamazoo, Michigan <sup>12</sup>	\$40,749	26.0%	8.7%	63.3 (Kalamazoo county)	144 (Kalamazoo county)
New Orleans Public Library New Orleans (city), Louisiana	\$38,721	25.4%	12.4%	59.8 (Orleans parish)	405 (Orleans parish)
Peoria Public Library Peoria (city), Illinois	\$47,697	20.9%	7.2%	69.2 (Peoria county)	134 (Peoria county)
Salt Lake County Library Salt Lake County, Utah	\$67,922	10.4%	12.1%	63.2	817
Twinsburg Public Library Twinsburg (city), Ohio	\$75,365	6.7%	2.8%	61.8 (Summit county)	754 (Summit county)

**TABLE 2.** Library details, key opioid response activities, and key partners

Library	Library Overview <sup>13</sup>	Key Opioid Response Activities	Key Players
Barrington Public Library	<p><b>Locations:</b> 1</p> <p><b>Service population:</b> 16,068</p> <p><b>Library staff FTE:</b> 19.51</p> <p><b>Operating budget:</b> \$2,053,831</p> <p><b>Visits per year:</b> 186,819</p>	<p><b>Naloxone training</b> offered to the public.</p> <p><b>Staff training</b> on mental health emergencies.</p> <p><b>Community education events</b> including discussion of the book <i>Dreamland</i>, films screened related to substance use disorders, and programs/talks on topics such as pain management alternatives.</p>	Barrington Adult Youth Team (BAY Team)
Blount County Public Library	<p><b>Locations:</b> 1</p> <p><b>Service population:</b> 128,670</p> <p><b>Library staff FTE:</b> 43.03</p> <p><b>Operating budget:</b> \$2,197,819</p> <p><b>Visits per year:</b> 390,082</p>	<p><b>Social services and recovery support</b> through the Life Skills Curriculum offered by library staff to participants in Recovery Court.</p>	Blount County Recovery Court
Everett Public Library	<p><b>Locations:</b> 2</p> <p><b>Service population:</b> 109,800</p> <p><b>Library staff FTE:</b> 51.5</p> <p><b>Operating budget:</b> \$5,804,314</p> <p><b>Visits per year:</b> 517,557</p>	<p><b>Naloxone training</b> for the staff and public.</p> <p><b>Community education events</b> including book talks, author events, and Community-wide Resource Days.</p> <p><b>Facilities modifications</b> including changes to the restrooms to deter drug use.</p>	Snohomish County Human Services Department's Behavioral Health division
Kalamazoo Public Library	<p><b>Locations:</b> 5</p> <p><b>Service population:</b> 116,445</p> <p><b>Library staff FTE:</b> 119.5</p> <p><b>Operating budget:</b> \$12,022,190</p> <p><b>Visits per year:</b> 649,040</p>	<p><b>Naloxone training</b> for the staff.</p> <p><b>Staff training</b> focused on working with peer navigators.</p> <p><b>Social services and recovery support</b> through peer navigators who work in the library providing direct support to patrons.</p> <p><b>Facilities modifications</b> including installation of sharps containers in restrooms.</p>	Recovery Institute of Southwest Michigan

Library	Library Overview <sup>13</sup>	Key Opioid Response Activities	Key Players
New Orleans Public Library	<p><b>Locations:</b> 15</p> <p><b>Service population:</b> 393,292</p> <p><b>Library staff FTE:</b> 193.38</p> <p><b>Operating budget:</b> \$19,451,435</p> <p><b>Visits per year:</b> 1,602,581</p>	<p><b>Naloxone training</b> for the staff and public.</p> <p><b>Facilities modifications</b> including installation of sharps containers in restrooms.</p>	New Orleans Health Department
Peoria Public Library	<p><b>Locations:</b> 5</p> <p><b>Service population:</b> 115,007</p> <p><b>Library staff FTE:</b> 82.18</p> <p><b>Operating budget:</b> \$7,277,077</p> <p><b>Visits per year:</b> 712,414</p>	<p><b>Naloxone training</b> for the staff.</p> <p><b>Community education events</b> including discussion of the book Dreamland and an author visit. Film screening related to substance use disorder and programs on the opioid epidemic.</p>	<p>Human Service Center</p> <p>Mayor's Community Coalition Against Heroin</p> <p>Bradley University, Osher Lifelong Learning Institute</p>
Salt Lake County Library	<p><b>Locations:</b> 19</p> <p><b>Service population:</b> 878,380</p> <p><b>Library staff FTE:</b> 398.5</p> <p><b>Operating budget:</b> \$31,319,930</p> <p><b>Visits per year:</b> 3,498,793</p>	<p><b>Naloxone training</b> for the staff.</p> <p><b>Naloxone distribution</b> to the public.</p> <p><b>Community education campaign</b> on opioid misuse.</p>	<p>Salt Lake County Health Department</p> <p>Utah Naloxone R&amp;R Partners</p>
Twinsburg Public Library	<p><b>Locations:</b> 1</p> <p><b>Service population:</b> 24,453</p> <p><b>Library staff FTE:</b> 48.42</p> <p><b>Operating budget:</b> \$2,824,757</p> <p><b>Visits per year:</b> 325,780</p>	<p><b>Unused medication disposal</b> through Detera bag distribution.</p> <p><b>Social services and recovery support</b> through Self-Management and Recovery Training (SMART) meetings.</p> <p><b>Community education events and staff training</b> on mental illness and substance abuse.</p> <p><b>Assessment</b> of community needs.</p>	Summit County Community Partnership

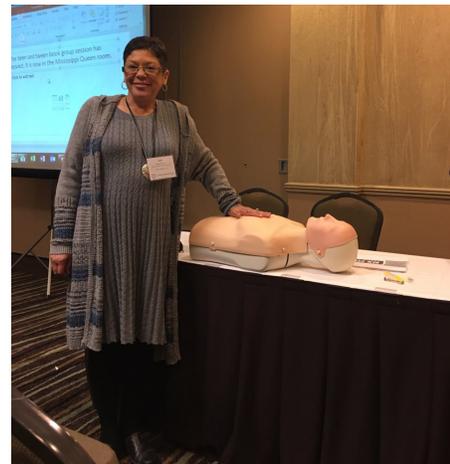
# Opioid Response Activities

The eight libraries profiled all engaged in opioid responses to help meet community needs. The libraries overlapped in some of their approaches, while some sites offered programming unique to their community. Responses that sought to address the opioid crisis by helping those already affected by substance misuse were more common than prevention efforts. For instance, many libraries trained staff to administer naloxone, the opioid overdose reversal drug to patrons that may overdose on site.

## WHAT WAS IMPLEMENTED

### Naloxone administration and training

Six of the eight libraries provided training to their staff to administer naloxone (commonly known as Narcan®). In most of these instances, the training was voluntary, and the library partnered with their local health department, which supplied the training and, in some cases, also provided naloxone kits to the library for free. Three libraries offered naloxone training to the public. For example, the New Orleans Public Library regularly offers Bystander Response Training that combines naloxone administration and information on the opioid crisis, along with CPR and Stop the Bleed training throughout the year at various branch locations to both the public and library staff. One library, the Salt Lake County Library, offers naloxone kits to the public for free (provided by their partner, Utah Naloxone) with information on how to administer it.



Staff member at New Orleans Public Library prepares for Bystander Response Training. Courtesy of: New Orleans Public Library

### Staff training on related topics

In addition to training staff to administer naloxone, a few libraries also offered other training to their staff to help better prepare them for situations they might encounter while at the library. This included how to interact with patrons experiencing a mental health crisis, how to recognize illicit substances, and what to do if they find illicit substances in the library.

### Community education events and campaigns

More than half of the case study libraries offered community education events focused on topics such as substance use disorder, mental health, and general wellness to educate the public on the opioid crisis and reduce stigma associated with individuals who may be using substances or experiencing other crises.

For example, the Barrington Public Library offered six months of community engagement and education events focused on wellness instead of directly on opioids because of perceived stigma and misconception that exist in their community that substance misuse is not occurring there. The events ranged from offering the Mental Health First Aid Training course to a screening of the film *Inside Out*.<sup>14</sup> Peoria Public Library worked with their Mayor's Community Coalition Against Heroin to bring Sam Quinones, author of *Dreamland* (2015),<sup>15</sup> a book that chronicles America's opioid epidemic, to provide a variety of community engagement events including a book discussion and author visits with local public schools, elected officials, and law enforcement.

Salt Lake County Library partnered with a local ad agency, R&R Partners, to implement a marketing campaign at the library titled “Use Only As Directed.” The campaign depicted the magnitude of opioid prescriptions filled each day in Utah by hanging 7,000 pill bottles from the ceiling in addition to other informational displays posted throughout the library. The Everett Public Library hosts Community Resource Days and invites local organizations to come to the library and set up a table with staff and materials about their services and resources to engage with the public.



Use Only As Directed pill bottle display at Salt Lake County Library.  
*Courtesy of: Salt Lake County Library*

### **Social services and recovery support**

Three libraries engaged more directly with patrons by providing social service navigation and support. These libraries recognized changing needs in their communities, including people who need support because they are experiencing homelessness, a mental health crisis, or substance use disorder. Staff saw their library’s role to not only provide information about services, but also to support access to those services for patrons.

For example, Kalamazoo Public Library partnered with the Recovery Institute of Southwest Michigan, which provides peer navigators to the library who offer support and social service navigation for patrons experiencing substance use disorder, homelessness, or other challenges. Twinsburg Public Library facilitates Self-Management and Recovery Training (SMART), a program similar to Alcoholics Anonymous, for individuals seeking support for substance abuse or substance use disorder. Lastly, Blount County Public Library partners with their local Recovery Court to offer Life Skills Curriculum to participants in Recovery Court.

### **Assessment of community needs**

Both Twinsburg Public Library and Barrington Public Library’s community partner formally assessed the needs in their community before determining their opioid response. This allowed them to tailor their response to the community needs and use the results as leverage during any pushback received either from the community or their own staff or board.

## Facility modifications

Other opioid response activities include libraries making physical changes in the building to increase safety and adding sharps containers to the bathrooms. The Everett Public Library made modifications to their public bathrooms, including lowering stall doors and adding a window, to improve security and deter substance misuse.

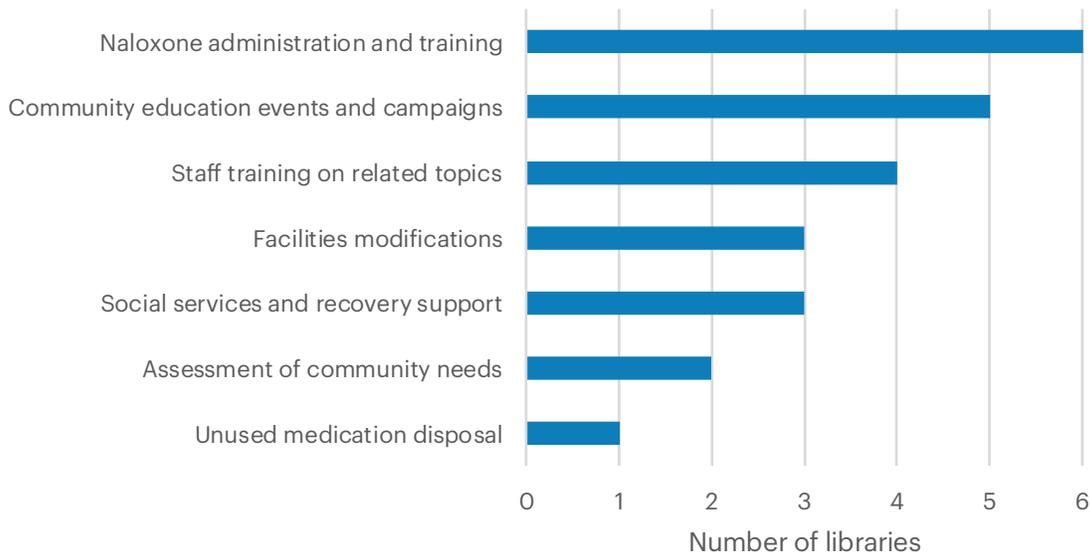
## Unused medication disposal

One library worked to remove unused medications from homes to help deter drug misuse. The Twinsburg Public Library offers Detera® bags to the public for free (provided by their partner, Summit County Community Partnership). These portable bags destroy unused prescription and over-the-counter medications in a safe and environmentally friendly way in the privacy and convenience of a patron's home. Two libraries promoted the availability of drop-off boxes in the community for safe disposal of unused medication.



Detera bags distributed by the Twinsburg Public Library. Courtesy of: Twinsburg Public Library

## Key Opioid Response Activities



**FIGURE 1.** Key opioid response activities

## FUNDING

The majority of the libraries financed their opioid response activities through their own operating budgets and staff time, or had the activity paid for or provided in-kind by their partners. One library, Barrington Public Library, received a grant from a foundation to cover six months of educational activities, including paying for speaker costs and providing books for free to the community.

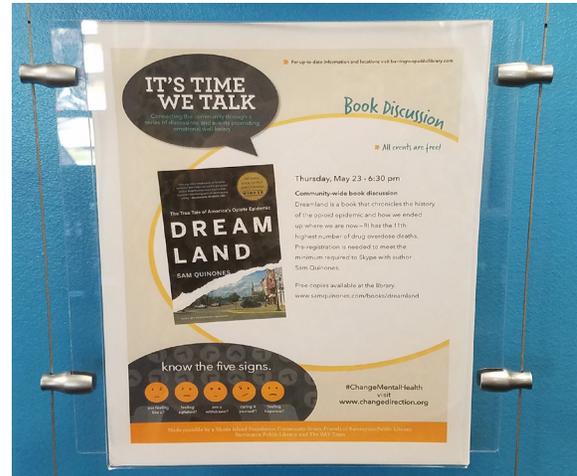
A few libraries used a small amount of their budgets to buy naloxone for staff use, while others received naloxone for free from their partners. Several libraries approached funding their work by

starting small, building support and buy-in internally as the work progressed, and then were able to allocate or request more budget for the activities after demonstrating success; this was more often the approach for libraries that implemented more atypical programming.

For example, both Kalamazoo Public Library and Blount County Public Library used this approach to demonstrate success in their social service programming for the peer navigation program and Recovery Court curriculum, respectively. The fact that most of these libraries' activities were paid for internally or by partners suggests that these efforts can be maintained if the activities are needed moving forward and resources of the library and their partners remain the same.

## PARTNERSHIPS

All eight libraries worked closely with a range of partners to implement their opioid response programming, engaging up to three partners at a time. Many of the libraries developed new partnerships to implement the work, but others relied on existing partnerships that strengthened over the course of implementation. The most common partner engaged by the libraries were government agencies, such as the local health department, followed by nonprofit organizations. Libraries found health departments to be ideal partners because they are local public health experts and work directly within the community. Health departments were a new partner for most libraries.



Barrington Public Library promotes a community book discussion in partnership with the BAY Team.  
*Courtesy of: Barrington Public Library*

This research found partnerships that were very collaborative, such as in Blount County, TN, where in a multiyear effort, the library worked closely with Recovery Court to design and deliver Life Skills Curriculum at the library. Other partnerships are more functional, such as those that offer naloxone training. In almost all cases, the library initiated the partnership and outreach. To develop these partnerships, some libraries relied on personal relationships they had from previous work and others used the credibility of the library institution. A few libraries had staff dedicated to community outreach, while others relied on existing library and partner staff to develop the collaboration over time. For the majority of community partners, this was the first time that they had worked with their local library.

Some, such as the partnership between New Orleans Public Library and their health department, were in place prior to the opioid response, but in a less formal way, such as to share information about events and activities at their respective locations. Others already had formal, strong partnerships, such as those in Salt Lake County where all county agencies regularly meet and collaborate. Partner organizations that had pre-existing relationships were most likely other city or county agencies. The partners indicated that they did not originally consider the library as a potential partner for this community crisis, but after having worked with the library, all partners stated they would do so again.

Staff at these community partner organizations said that the mission of the library as a public space for everyone that shares information and resources made them ideal partners. Moreover, the libraries have a broad reach into the community that partners often do not have; this includes

promotional marketing and communications to advertise the programming. The library is also able to provide physical space to host events or activities that is free of stigma, safe, and easily accessible to the public, something that not all partners have access to.

One partner interviewee articulated this sentiment: “It’s turned out to be a great partnership, in terms of logistics and in terms of support. The library and their staff have gone out of the way to sort of spread the word in ways that we wouldn’t have access to, like getting it on the events pages, flyers at the library, and the magazines. And then the physical space actually has been very useful because the libraries are somewhere that is publicly accessible and publicly comfortable for people to show up and not feel like they’re being funneled into some government agency.” —Community partner frontline staff member in New Orleans.



Overdose rescue kit with naloxone at the Peoria Public Library. Courtesy: Peoria Public Library

At least half of the libraries were involved in some variation of a community coalition seeking to address substance misuse and the opioid crisis. Often these coalitions informed the library’s opioid response activities. The coalitions allowed the libraries to capitalize on resources and capacities already available in the community and increase their reach. Moreover, the credibility of the organizations involved in these coalitions, such as mayors, elected officials, and trusted community organizations and nonprofits granted the library the political support needed for funding or community acceptance.

## LOCAL CONDITIONS CONTRIBUTING TO LIBRARY RESPONSES

There were numerous reasons why these libraries decided to engage in opioid response activities. The most common reason provided by library staff and their partners is because of their desire to help their communities in response to witnessing the negative impacts of the opioid crisis. Some libraries were witnessing overdoses happening on site, while others noticed a change in the social service needs of some of their patrons.

A few libraries described how groundbreaking work at other libraries—such as social workers in Denver Public Library and San Francisco Public Library, and the implementation of naloxone training at the Free Library of Philadelphia—inspired and informed their responses to the opioid crisis within their communities.

Lastly, a few libraries discussed how participating in local coalitions prompted their interest in addressing the opioid crisis. Kalamazoo Public Library staff attended the Kalamazoo County Opioid Coalition meeting as a general member of the public, learned about the statistics and what other organizations were doing to address the opioid crisis, and decided they wanted to be a part of the solution. Other drivers for library engagement include passionate staff willing to lead the efforts, existing relationships with partner organizations, an available funding opportunity, and prompting from state officials to become involved.

## REACTIONS FROM LIBRARY STAFF, BOARD, MEDIA, AND COMMUNITY MEMBERS

Generally, library staff and their boards were supportive of the opioid response activities. It was, however, quite common at the beginning of implementation for some staff to express hesitation about the new work, particularly when it came to naloxone training. The libraries and their partners addressed concerns about personal safety and liability by making the naloxone training optional and clarified any misinformation surrounding their concerns.



Peer navigators from the Recovery Institute of Southwest Michigan meet at the Kalamazoo Public Library.  
*Courtesy: Kalamazoo Public Library*

In one library, for example, there was false information spreading among the staff about potentially lethal cross-contamination between the person who overdosed and the naloxone administrator. This concern was directly addressed in the training, and participants were given a chance to ask questions about the realities of an opioid overdose. In addition, where it was relevant, training included information about state Good Samaritan Laws that protect the naloxone administrator if an adverse reaction occurs and the individual who overdosed pursues legal action.

Some board members questioned how far into social work or social support services a library should go. Two libraries had no known pushback or concerns raised by their staff or board in any form.

Libraries generally reported that media coverage of their responses has either been positive or relatively quiet on the issue overall. There are instances when the media has been proactive and positive about covering the opioid response activities. For example, in New Orleans, the media attended the public naloxone training to help publicize them. Some sites have even received national media recognition for their work; Peoria Public Library was featured in the *U.S. News & World Report* for their programming.<sup>16</sup> In smaller areas, there was little local media present in the community.

Members of the general public either broadly supported the library’s efforts or had similar hesitations as some library staff. Library staff and community partner interviewees at all eight sites mentioned concerns about the stigma in their communities against the populations the programs were geared toward supporting. Library staff shared that some members of the public thought the programming could attract more people with substance use disorder to the libraries and make the library less safe for the other patrons, or they felt public funding should not be spent on programming for individuals who misuse or abuse substances.

Most of the negative commentary was attributed to stigmas about who is affected by these issues, and the comments or pushback were from a very small portion of the community. However, some libraries feared this pushback could hinder their programming, so they chose not to advertise or market the programming as they normally would; this is particularly true for the libraries that implemented the more direct patron social service programming. Libraries also hoped their educational events would begin to break down stigma and raise awareness about the impact of the opioid epidemic.

Alternatively, the community members who have accessed the libraries’ opioid response activities have been overwhelmingly positive and supportive of the work and hope to see it continue. There are patrons who have attended multiple events at their respective libraries and have found themselves reconnecting with the library and advocating for others to attend. One patron in Blount County shared how they always feel welcome in the library: “I’ve never been discriminated against or talked to in a different way or treated a certain way because of who I am. [The Recovery Court and library staff] have always felt like family.” Other patrons shared that the library’s activities helped them develop skills to grow as an individual, build positive relationships with library staff and fellow patrons, and learn something new.

Some of these patrons had never accessed the library before attending these opioid response activities, whereas others regularly borrowed materials, attended other programming, or used the internet. Patrons became aware of the library’s activities through promotional materials placed in the community by both the library and their partners; through Facebook postings; the local news and radio; word-of-mouth through friends, colleagues, and employers; and through flyers posted inside the library. Most of the community members interviewed shared that they decided to attend the opioid response activity because they wanted to have more information and resources to be able to better support their community. This was particularly true for those attending the naloxone training or picking up naloxone kits or Deterra bags.

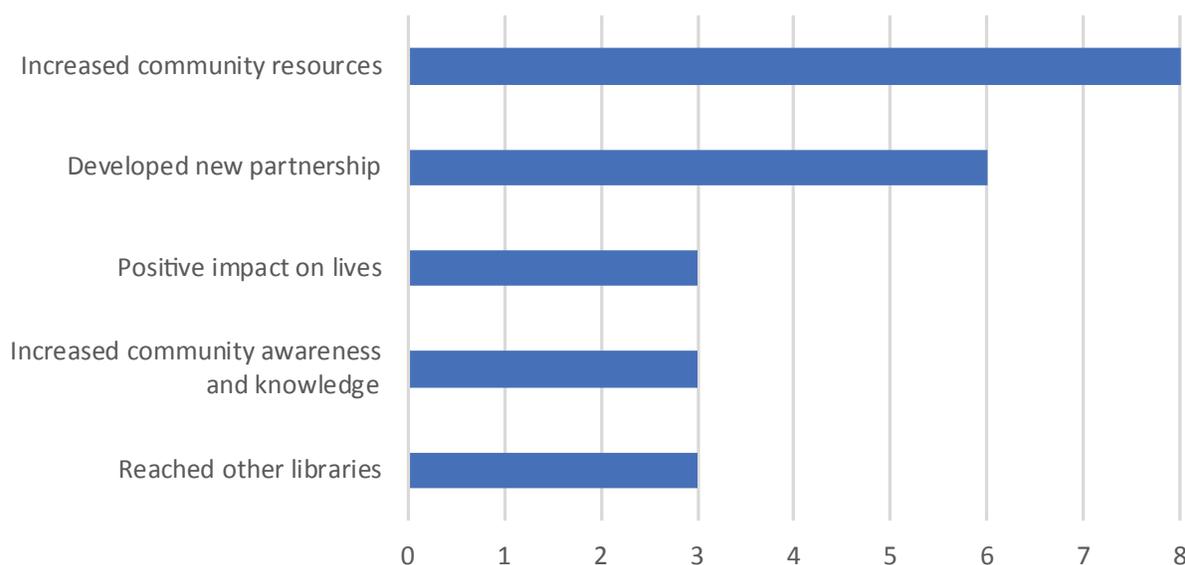


Author David Sheff, author of *Beautiful Boy* and *Clean* at a community event at the Everett Public Library. Courtesy: Everett Public Library

## Response Outputs

Libraries reported many successes as a result of their opioid response activities with community partners. It is important to note, however, that program impacts and outcomes have not been formally evaluated. There are many reasons for this, including that the library has recently begun its work and has not set up a tracking system and/or because the library does not have the budget or expertise for a formal evaluation. The most common barrier reported was concern that collecting personal data might discourage participants from accessing programming due to the sensitive nature of the issue.

### Top Five Outputs Mentioned in Interviews



**FIGURE 2.** Top five outputs mentioned in interviews

Several themes emerged from the interviews about library and community impacts from this work.

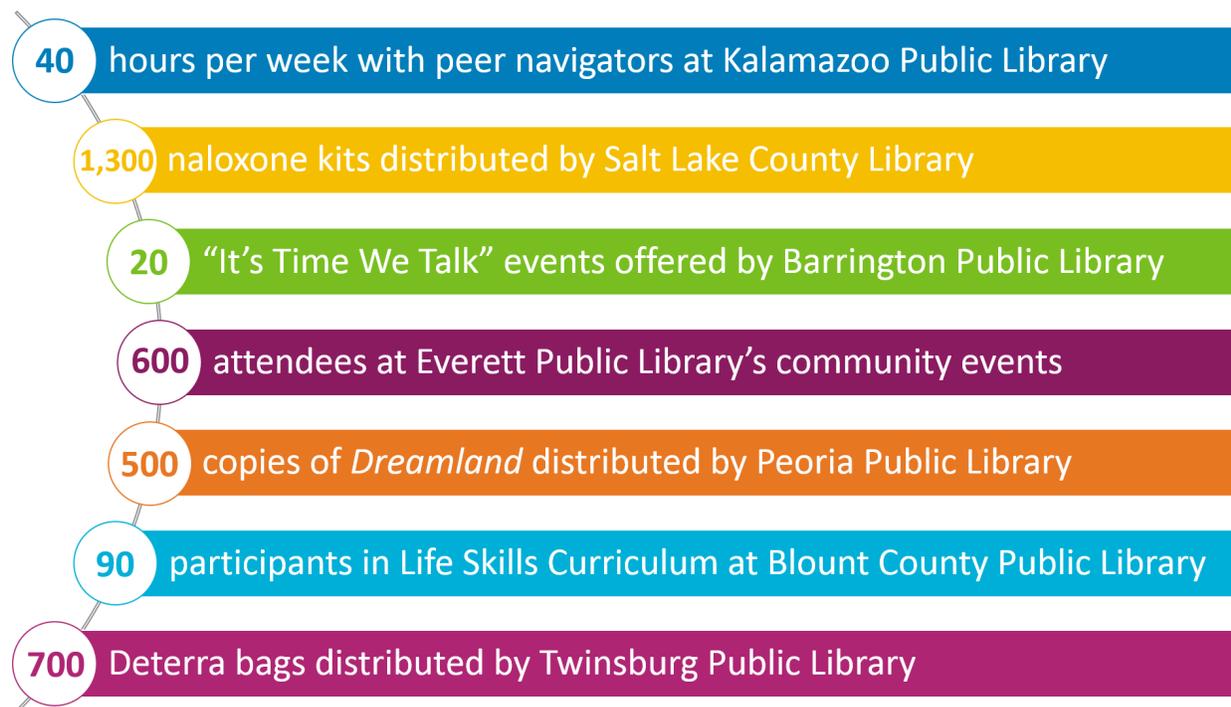
**Increased community resources.** Certain program outputs have been tracked by the libraries when possible. Through June 2019, the following resources were contributed to the community as a result of the opioid response activities; this is not an exhaustive list.

- distribution of over 1,300 naloxone kits in Salt Lake County
- 167 community members and 101 library staff members trained in naloxone administration in New Orleans
- over 90 participants enrolled in the Recovery Court Life Skills Curriculum in Blount County, with over 50 completions
- over 20 individuals reached through SMART meetings in Twinsburg
- distribution of over 700 Detera bags, equaling as many as 31,500 pills safely destroyed, in Twinsburg

**Developed new partnerships.** At least six libraries indicated that engaging in opioid response activities resulted in both strengthening their existing partnerships and developing new partnerships. The new partnerships were made with other state, city, or county agencies like the health departments, local advocacy or nonprofit organizations, schools, and other social service-oriented organizations. For instance, Salt Lake County Library now partners with the Utah Department of Public Safety to distribute gun locks to the public at the library because of their successful naloxone distribution efforts. The partners who collaborated with the library also formed new partnerships as a result of working with the library and often use the library as an example of how programming can work. For example, the New Orleans Health Department often cites the library’s staff naloxone training to other organizations that are hesitant about offering training to their staff or constituents.

**Positive impact on the lives of community members.** Numerous stories from library staff, community partner staff, and community members highlight the impact the opioid response activities has had on their lives. The naloxone training and kit distribution made patrons feel confident and prepared should an incident arise for them or a loved one struggling with an opiate use disorder. Patrons participating in the peer navigation or Recovery Court programming shared how their lives have significantly improved since participating. They have built confidence as individuals, gained employment, and entered recovery. Moreover, participants shared that they felt more connected to the community as a result of the relationships they have built with the library and other community organizations involved. One Blount County community member articulated this sentiment: “Being a recovering drug addict isn’t always the most confident thing. So being able to utilize the tools that they gave us versus just winging everything gives you a different level of confidence to take on everyday life.”

## Featured Outputs at Research Locations



**FIGURE 3.** Featured outputs at research locations

**Increased community awareness and knowledge.** About half of the libraries said their programming increased community member knowledge and awareness about the opioid crisis, substance use disorder, and naloxone administration. For example, Salt Lake County's public awareness campaign prompted discussions with library patrons regularly, particularly with youth as they were curious about the colorful hanging displays. It encouraged questions to the library staff, which provided opportunities to educate about the opioid crisis. Another example is that community members in Barrington who attended the library's wellness events said they learned a lot about mental health and substance use disorders and are more aware of what may be happening in their community.

**Reached other libraries and community organizations.** The library's opioid response work often spread beyond their and their community partner's walls. Often, when other organizations saw how the library has implemented programming to address the opioid crisis, they would reach out to the library to understand how they went about their work so they could implement something similar. This occurred both in other libraries nearby and in other community-based organizations. For example, other libraries in East Providence, RI, started to offer similar wellness programming as Barrington Public Library. Similarly, in Twinsburg, the library and their partner hosted a meeting for surrounding libraries to learn about Detera bags and as a result, additional libraries joined the distribution efforts.

**Began to address stigma against substance use disorder.** Interviewees were hopeful that their educational events were working to break down stigma in the community, including among library staff, against people who have substance use disorder, with some believing their programming already has. One Peoria community member felt that the fact that the library cares about the opioid crisis has created a demonstrable change in stigma. "Now there are people that have historically not liked people like me, treating me like a human, and giving me the opportunity to be a human, instead of just a junkie. And that is absolutely phenomenal. That did not exist ten years ago, four years ago, any amount of time ago, but the ball has started to roll."

**Increased positive perception of the library.** As a result of engaging in often new and diverse opioid response activities, interviewees expressed that they thought community members and organizations viewed the library as more essential to meeting local needs. The Salt Lake County Library Director shared, "We're not just a warehouse of books, we're helping to create content, as well as deliver on promises to enrich the community. Our opioid response activities help raise our profile and the appreciation of our services." This was confirmed by community members who shared their appreciation for the library's diverse work and found themselves reconnecting with it in new ways. The engagement in the opioid crisis also highlighted the many social issues libraries are often faced with, including mental health and homelessness.

## **FACTORS CONTRIBUTING TO SUCCESS**

Library and community partner interviewees were asked to reflect upon what may have contributed to the success of their opioid response activities. Across all sites, five common factors rose to the top.

- **Champions to drive the work forward.** All eight libraries discussed the importance of having an internal champion within their library, their partner organization, or both. Most of the time, this work was implemented on top of normal responsibilities and therefore needed a passionate individual able to overcome obstacles and put forth the additional effort. Usually this person was in a position of leadership within the library. Often there was a champion at the community partner organization as well.

- Strong partnerships already in the community. Library interviewees discussed the importance of already having some partnerships in the community to build on. These partners were often content experts and therefore knew other contacts to connect the library to. Moreover, knowing that they had relationships with these community partners helped the library feel confident when entering into the work.
- Political or city support. All of the libraries or their community partners discussed how local prioritization or support from government agencies or city officials lent credibility and additional resources to the library's efforts.
- Starting small and having the work grow naturally. A couple of the libraries shared how they intentionally either piloted their work or started small to build buy-in and credibility as they demonstrated success in their programming. For example, Kalamazoo Public Library's peer navigator program started small and was designed collaboratively and iteratively between library staff and their main community partner, the Recovery Institute. "We just put the pieces together and started small. . . . We squeezed out a few hours here and there that we could spare. Then the library put some money in the budget to hire us and that was nine hours a week. And then it was 15, and now we just secured our grant funding to get 40 hours per week."
- Engaged and invested community. Lastly, having engaged and supportive community members helped contribute to the success of the opioid response activities.

## Opportunities and Challenges

Throughout the course of development and implementation, the libraries experienced some challenges they worked to overcome. Each site had their own unique challenges, pertinent to the community and nature of the work, but several themes surfaced at multiple sites.

- **Stigma.** Interviewees at six of the research locations shared how the strong stigma around substance misuse in the community impacted their work. The libraries and their partners feared how patrons with substance use disorder would be perceived by other library patrons, and some library staff shared that some patrons are concerned that the library may no longer be safe because the new programming served populations with substance use disorder. As a result, some libraries intentionally reframed their work from opioid overdose prevention to wellness with a goal of encouraging more attendance, and others did not advertise the programming broadly to the public to keep potential pushback to a minimum.
- **Additional funding needed.** Many of the community partners brought up the need for additional funding to hire more staff to dedicate toward direct program implementation and promotion and to buy more resources like naloxone kits and Detera bags to distribute to the public. Library interviewees also would welcome additional funding for more programming and speakers.

Other challenges mentioned by the libraries and their community partners include:

- balancing the opioid response activities with other library responsibilities and programming
- integrating the library's work into other opioid response activities happening in the community
- general programmatic coordination with partners
- the ever-changing drug environment (e.g., an increase in other substances such as fentanyl)

- community readiness to engage with the new programming
- mental health impacts on staff who witness and/or reverse overdoses and losing patrons to overdoses
- systemic lack of enough safety net and social service programming
- lack of data tracking and evaluation systems

In addition to identifying challenges, the libraries shared some key learnings and recommendations for other libraries wishing to implement similar opioid response activities or community-based programming.

- **Develop strategic relationships with local partner organizations** that have overlapping missions already working on similar issues in the community.
- **Start as soon as feasibly possible.**
- **Step outside your comfort zone** and be open to trying new strategies and approaches; push through any negativity received.
- **Educate the public** to break down stigma and increase awareness about what resources are available in the community.
- **See the human in need first**, then the substance use disorder; this includes asking what patrons need versus telling them.
- **Generate staff and board buy-in** at the outset through transparency and provide opportunities for voluntary involvement.
- **Provide continuous and additional staff-wide training** and professional development on topics related to substance use disorder, mental health, and naloxone administration to build staff confidence and skills in these areas.
- **Build the work incrementally** to pause and understand what works best for the community and capitalize on what is already happening in the community.

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## RESEARCH METHODOLOGY: CASE STUDIES

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### RESEARCH DESIGN

Sixty-four semi-structured face-to-face or phone interviews were conducted across all eight sites during January-June 2019. See table 3 for specifics about who was interviewed for each site. Up to nine interviews were planned for each case study. The number of interviews conducted varied depending on the organizational structure of the library and their community partner(s).

To be considered for the research, a library was required to meet all the following criteria:

- have offered opioid response activities in the past six months
- have worked in conjunction with a partner in the community on the opioid response activities
- be engaged in opioid response activities offered directly to the public

Libraries were recruited to participate in the research in several ways. The project team conducted online searches for information on library websites, including invitations to events hosted by libraries and news stories highlighting events and programs. Staff at state library agencies were asked to recommend libraries in their state through requests from project staff and staff at the Institute of Museum and Library Services, the project funder. Recruiting announcements were also posted on Facebook and to LISTSERVs such as the Association for Rural and Small Libraries.

These research requirements excluded many of the libraries that are doing work in response to the opioid epidemic. For example, training staff on the use of naloxone is increasingly common, but if the training was limited to the staff and not offered to the public, then the library was excluded from consideration unless there was another type of public programming. Additionally, many libraries offer public programming such as forums on the crisis or substance misuse, or a “community reads” on a book related to the topic but often do these independently without partners; these libraries were also excluded from consideration.

The interviewers were trained on interview techniques, the informed consent process, and administration of the interview guide. All interviewees consented to participate in the study. Community members received a \$25 Visa gift card for remuneration for their participation in the research. This study and all associated procedures and research instruments were approved by Solutions IRB.

All the interviews were digitally recorded and transcribed verbatim. A systematic analytical approach was devised and included creating an inductive and deductive coding structure using NVivo 10. Two coders double-coded several transcripts and examined intercoder reliability. After discussion, codes were refined to improve the clarity of the coding structure, and further double-coding produced intercoder reliability ranging from 90% to 100%.

The project team interviewed a total of 64 individuals at the eight research sites. Interviewees include library staff, library board members, community members and staff at a partner organization.

## Type and Number of Interviewees Overall

- Library Director or Assistant Director
- Library Manager
- Library Frontline Staff
- Library Board Member
- Community Partner Director
- Community Partner Frontline Staff
- Community Member



**FIGURE 4.** Type and number of interviewees overall

**TABLE 3.** Type and number of interviewees per site

Site	Library Director or Assistant Director	Library Manager	Library Frontline Staff	Library Board Member	Community Partner Director	Community Partner Frontline Staff	Community Member
Barrington Public Library	1	-	1	1	2	-	3
Blount County Public Library	1	1	1	1	1	1	2
Everett Public Library	1	1	1	1	-	1	-
Kalamazoo Public Library	1	1	1	1	1	1	3
New Orleans Public Library	1	1	1	1	1	1	1
Peoria Public Library	1	1	1	1	1	1	3
Salt Lake County Library	1	1	1	1	2	-	3
Twinsburg Public Library	1	1	1	1	1	1	3
<b>Total</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>18</b>

## LIMITATIONS OF THE RESEARCH

Up to three library staff and one library board member were interviewed at each site and up to two staff members at each partner organization. These interviewees represent a small number of the potential respondents at their organizations and therefore their experiences cannot be generalized as the experience for the entire organization. While most interviewees were supportive and positive about their experiences and the need for this work, there are likely other individuals at their organizations with differing opinions and experiences.

The commitment needed from the library to participate in this research was significant. In addition to the recruitment and pre-screening activities, including conversations with the project team, key contacts at each library aided in the scheduling of the onsite interviews, including securing dedicated space in the library for the interviews. In addition to being interviewed, the interviewees also reviewed drafts of the case studies and provided clarifying details and images to support the publication. Throughout the process of selecting locations for participation, several potential sites chose to decline because of staff capacity concerns, limiting the candidates for site selection.

Related, the research for this project sought to include a diverse range of library sizes and geographic location, including those that serve small populations in rural areas. The research requirements and staff capacity demands seemingly limited participation from most small and rural libraries. This does not mean that the libraries and their communities are not being impacted by or responding to the opioid crisis. In fact, recruitment research found many examples of smaller libraries receiving training and stocking naloxone, as well as offering opioid-related programming. However, the recruitment efforts did not yield sites that were actively working with partners and/or implementing patron-facing programs.

Assessing the impact of the response activities was constrained by the difficulty of collecting data beyond anecdotal information from community members using library services connected to the opioid crisis and anecdotal stories of impact shared by library and partner organization interviewees. The interviews highlighted that libraries' and their partners' concerns about community member privacy resulted in little to no formal tracking of participation or usage of programming and services connected to the opioid crisis.



The Use Only as Directed campaign display at the Salt Lake County Library circulation desk.  
Courtesy: Salt Lake County Library

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The authors are grateful for the collective efforts of all the libraries that we contacted and that served as case study locations and for all that they are doing to support their communities through this crisis.

The project Steering Committee provided input on strengthening the interview protocol, the diversity of the selection of the case study locations, and also reviewed the model case study to share recommendations on improving both the structure and content. The Denver Public Library, led by director Michelle Jeske, served as the test site for the interview protocol.

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The views, findings, conclusions or recommendations expressed in this report do not necessarily represent those of the Institute of Museum and Library Services.

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## NOTES

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1. In 2016, 11.8 million people over the age of 12 misused opioids over the course of the year, according to the Substance Abuse and Mental Health Services Administration (SAMHSA/HHS: An Update on the Opioid Crisis). In 2016, the number of overdose deaths involving opioids was five times higher than in 1999. See Centers for Disease Control and Prevention (CDC) "Understanding the Epidemic, Opioid Overdose." National Center for Injury Prevention and Control. Updated 19 December 2018. <https://www.cdc.gov/drugoverdose/epidemic/>.
2. For example, the State Library of Ohio is distributing opioid addiction awareness posters to Ohio's 251 public library systems and 146 academic libraries, thanks in part to support from the Institute of Museum and Library Services Library Services and Technology Act (LSTA) funds. See State Library of Ohio. 2017. "Library Poster Highlights Opioid Crisis." News. 10 October 2017. <https://library.ohio.gov/news/library-posters-highlight-opioid-crisis/>.
3. To help deter overdoses on site, libraries are closing bathrooms. See Bebinger, Martha. "The New Front Line in Opioid Abuse Fight: Public Restrooms." *CNN health*. Updated 16 May 2017. <https://www.cnn.com/2017/05/16/health/public-restroom-opioid-partner/index.html>.
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## APPENDIX: INTERVIEW PROTOCOL

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Up to nine interviews were conducted at each case study location. Not all sites had someone who served in a role identified in the interview protocol, which was expected because of the varying size and capacity of each organizations. Participants were allowed to request a copy of the interview questions in advance so they could assess their comfort with answering the questions. The following roles were recruited for engagement.

All potential interviewees completed a pre-screening survey to ensure that they were familiar with the programming/services related to the opioid epidemic and that they were willing to participate in the research. The pre-screening survey also included an opportunity to review the project consent form which each interviewee would need to agree to. The pre-screening allowed the opportunity for an individual to state that they weren't interested in participating and that their choice would remain anonymous.

The following roles were recruited to participate in interviews.

- Library – Director/Deputy Director
- Library – Administrator/Manager
- Library – Frontline staff
- Library – Board Member
- Community Partner – Director
- Community Partner – Frontline staff
- Community Member (up to three per location)

All interviews started with the following questions, related to the review of the consent document.

- What personal risks do you foresee, if any, for your participation in this study?
- What personal benefits do you foresee, if any, for your participation in this study?

Interviewees at the library and community partner organization received an online evaluation survey 1-2 days following the interview so they could provide anonymous feedback on the interview and project staff. This was designed to allow for any mid-course corrections to the engagement with the research participants.

The interviews were recorded and transcribed so that they could be coded into NVIVO for the research analysis. Per the requirements included in the interviewee consent form, all interviewees were given the opportunity to review and confirm any quotes that were captured and used in the case study to allow for clarification or correction. The interviewees at the libraries and their partners also reviewed the case studies prior to publication and provided additional details as needed.

In each of the interview guides, a lead question is followed by potential prompt questions, indicated by the use of brackets [ ].

## LIBRARY – DIRECTOR INTERVIEW

Q1	How did your library decide to offer this program/these services? [What factors or events led you to offer your program/services in this area? How did this program/these services evolve and develop? How were you involved in making this happen? How did your staff respond? Your board? Partners in the community?]
Q2	With whom did you work to make this program/these services happen? [How did you develop those partnerships? Did they reach out to you, or vice versa? What made that work?]
Q3	What challenges arose as you worked with your community partners? [Were there differences that had to be addressed concerning work culture, staffing, follow through? How did the library address/capitalize on these? How did the library address these challenges? What sorts of support might you still need?]
Q4	What new opportunities arose as you worked with your community partners?
Q5	How did you find the resources needed to support this work? [Did you have to eliminate other resources? If so, how did you decide what to keep and what to take away? Does the library currently have all of the resources needed for the ongoing implementation of these programs/services? What else do you need?]
Q6	How did the library go about building awareness, understanding, support for the program inside your organization? Outside your organization? [Website, word of mouth, press releases, flyers? Partners' help? Was training offered for staff? What kind of training?]
Q7	What feedback/reactions did you get from the community? [How did the community react to the decision to offer this program/these services? How did the community react to this program/these services after implementation? What about from the local government? How did the library respond to that feedback? Positive / negative?]
Q8	What feedback/reactions did the local media have about the offering of this program/these services? [How did the library handle and respond to the local media's reactions? Is there someone designated to respond to the media? Was there any training on interacting with the media for library staff? What kind of training?]
Q9	If there was an opportunity to start over, or to offer this program/these services again, what would you do? [What would you do the same? What would you change? What would happen in an ideal world? What advice would you recommend to others looking to implement similar work?]
Q10	What is the impact of the library offering this program/these services in response to the opioid crisis? [How do you know this? How did you measure this? Do you know of any complementary programs that were developed?]
Q11	What, if anything else, would you like to share about this program/these services?
Q12	What questions do you have for me?

## **LIBRARY - ADMINISTRATOR**

Q1	How did your library decide to offer this program/these services? [What factors or events led you to offer your program/services in this area? How did this program/these services evolve and develop? How were you involved in making this happen? How did your staff respond? Your library director? Your board? Partners in the community?]
Q2	With whom did you work to make this program/these services happen? [How did you develop those partnerships? Did they reach out to you, or vice versa? What made that work?]
Q3	What challenges arose as you worked with your community partners? [Were there differences that had to be addressed concerning work culture, staffing, follow through? How did the library address/capitalize on these? How did the library address these challenges? What sorts of support might you still need?]
Q4	What new opportunities arose as you worked with your community partners?
Q5	How did the library go about building awareness, understanding, support for the program inside your organization? Outside your organization? [Website, word of mouth, press releases, flyers? Partners' help? Was training offered for staff? What kind of training?]
Q6	How did you find the resources needed to support this work? [Did you have to eliminate other resources? If so, how did you decide what to keep and what to take away? Does the library currently have all of the resources needed for the ongoing implementation of these programs/services? What else do you need?]
Q7	What feedback/reactions did you get from the community? [How did the community react to the decision to offer this program/these services? How did the community react to this program/these services after implementation? What about from the local government? How did the library respond to that feedback? Positive / negative?]
Q8	What feedback/reactions did the local media have about the offering of this program/these services? [How did the library handle and respond to the local media's reactions? Is there someone designated to respond to the media? Was there any training on interacting with the media for library staff? What kind of training?]
Q9	If there was an opportunity to start over, or to offer this program/these services again, what would you do? [What would you do the same? What would you change? What would happen in an ideal world? What advice would you recommend to others looking to implement similar work?]
Q10	What is the impact of the library offering this program/these services in response to the opioid crisis? [How do you know this? How did you measure this? Do you know of any complementary programs that were developed?]
Q11	What, if anything else, would you like to share about this program/these services?
Q12	What questions do you have for me?

## **LIBRARY - FRONTLINE STAFF**

Q1	What are your responsibilities for the program addressing the opioid crisis? [What role do you have in this program?]
Q2	What factors or events led your library to offer your program/services in this area? [How did this program/these services evolve and develop? How were you involved in making this happen? How did your colleagues respond? Library management? Partner organizations in the community?]
Q3	With whom did you work to make this program/these services happen? [Did you work with any external partners? Who developed those partnerships? Did they reach out to you, or vice versa? What made that work?]
Q4	What challenges arose as you worked with your community partners? [Were there differences that had to be addressed concerning work culture, staffing, follow through? How did the library address/capitalize on these? How did the library address these challenges? What sorts of support might you still need?]
Q5	What new opportunities arose as you worked with your community partners?
Q6	How did the library go about building awareness, understanding, support for the program inside your organization? Outside your organization? [Website, word of mouth, press releases, flyers? Partners' help? Did you receive or need any training regarding the program? What kind of training?]
Q7	Do you believe there are enough resources provided to you/colleagues in order to support this work? [What needs/resources/training do you see as important to the ongoing implementation of these programs/services?]
Q8	What feedback/reactions did you get from the community? [How did the community react to the decision to offer this program/these services? How did the community react to this program/these services after implementation? What about from the local government? How did the library respond to that feedback? Positive / negative?]
Q9	What feedback/reactions did the local media have about the offering of this program/these services? [How did the library handle and respond to the local media's reactions? Is there someone designated to respond to the media? Was there any training on interacting with the media for library staff? What kind of training?]
Q10	If there was an opportunity to start over, or to offer this program/these services again, what would you do? [What would you do the same? What would you change? What would happen in an ideal world? What advice would you recommend to others looking to implement similar work?]
Q11	What is the impact of the library offering this program/these services in response to the opioid crisis? [How do you know this? How did you measure this? Do you know of any complementary programs that were developed?]
Q12	What, if anything else, would you like to share about this program/these services?
Q13	What questions do you have for me?

## LIBRARY - BOARD MEMBER

Q1	What factors or events in your community led the library to offer this program/these services?
Q2	What was the impetus or catalyst for the library to decided to offer these programs/ services?
Q3	Why do you think it's important for the library to be involved in this work? [What concerns do you have about this work in the library?]
Q4	What, if any, role did the board play in securing funding, resources or support for these programs/services?
Q5	With whom did the library work to make this program/these services happen? [How did the library develop those partnerships? Did these community organizations reach out to the library, or vice versa? What made that work?]
Q6	What challenges arose as the library worked with the community partners?
Q7	What new opportunities arose as the library worked with the community partners?
Q8	What feedback/reactions did the library get from the community? How did the community react to the decision to offer this program/these services? How did the community react to this program/these services after implementation? Did the board play a role in addressing the responses to the community's reaction?]
Q9	What feedback/reactions did the local media have about the offering of this program/ these services? [How did the library handle and respond to the local media's reactions? Did the board play a role in addressing the responses to the media reactions?]
Q10	What is the impact of the library offering this program/these services in response to the opioid crisis? [How do you know this? How did you measure this?]
Q11	What do you think contributed to the success of the work? [What do you think hindered implementation or success of this work?]
Q12	If there was an opportunity to start over, or to offer this program/these services again, what would you do? [What would you do the same? What would you change? What would happen in an ideal world? What advice would you recommend to others looking to implement similar work?]
Q13	What, if anything else, would you like to share about this program/these services?
Q14	What questions do you have for me?

## COMMUNITY PARTNER ORGANIZATION - DIRECTOR

Q1	What made you decide to partner with the library on this program/service? [How did this program/these services evolve and develop? What was your role in bringing it about? If you approached the library first, how did they respond? How did your staff respond? Other partners in the community? Have you worked with the library on other projects in the past? What were they?]
Q2	How did your organization go about building awareness, understanding, support for the program inside your organization? Outside your organization? [Website, word of mouth, press releases, flyers? Partners' help?]
Q3	Aside from the library, were there other organizations that you worked with to make this program/these services happen? [How did you develop those relationships? Did they reach out to you, or vice versa? What made that work?]
Q4	What challenges arose as you worked with the library and other community partners? [Were there differences that had to be addressed concerning work culture, staffing, follow through? How did your organization address/capitalize on these? How did your organization address these challenges? What sorts of support might you still need? ]
Q5	What new opportunities arose as you worked with the library and other community partners?
Q6	How did you find the resources needed to support this work? [Did you have to eliminate other resources? If so, how did you decide what to keep and what to take away? Does your organization currently have all of the resources needed for the ongoing implementation of these programs/services? What else do you need?]
Q7	What feedback/reactions did you get from the community? [How did the community react to the decision to offer this program/these services? How did the community react to this program/these services after implementation? What about from the local government? How did your organization respond to that feedback? Positive / negative?]
Q8	What feedback/reactions did the local media have about the offering of this program/these services? [How did the library handle and respond to the local media's reactions? How did your organization handle and respond to the local media reactions?]
Q9	Are you more or less likely to partner with the library in the future? Why? What makes the library a strong partner in an effort like this?
Q10	If there was an opportunity to start over, or to offer this program/these services again, what would you do? [What would you do the same? What would you change? What would happen in an ideal world? What advice would you recommend to others looking to implement similar work?]
Q11	What is the impact of offering this program/these services in response to the opioid crisis? [How do you know this? How did you measure this?]
Q12	What, if anything else, would you like to share about this program/these services?
Q13	What questions do you have for me?

**COMMUNITY PARTNER ORGANIZATION - FRONTLINE STAFF**

Q1	What are your responsibilities for the program addressing the opioid crisis? [What role do you have in this program?]
Q2	What made your organization decide to partner with the library on this program/ service? [How did this program/these services evolve and develop? What was your role in bringing it about? If you approached the library first, how did they respond? How did your colleagues respond? Other partners in the community? Have you worked with the library on other projects in the past?]
Q3	How did your organization go about building awareness, understanding, support for the program inside your organization? Outside your organization? [Website, word of mouth, press releases, flyers? Partners' help?]
Q4	Aside from the library, were there other organizations that you worked with to make this program/these services happen? [How did you develop those relationships? Did they reach out to you, or vice versa? What made that work?]
Q5	What challenges arose as you worked with the library and other community partners? [Were there differences that had to be addressed concerning work culture, staffing, follow through? How did your organization address/capitalize on these? How did your organization address these challenges? What sorts of support might you still need?]
Q6	What new opportunities arose as you worked with the library and other community partners?
Q7	Do you believe there are enough resources provided to you/colleagues in order to support this work? [What needs/resources/training do you see as important to the ongoing implementation of these programs/services?]
Q8	What feedback/reactions did you get from the community? [How did the community react to the decision to offer this program/these services? How did the community react to this program/these services after implementation? What about from the local government? How did your organization respond to that feedback? Positive / negative?]
Q9	What feedback/reactions did the local media have about the offering of this program/ these services? [How did the library handle and respond to the local media's reactions? How did your organization handle and respond to the local media reactions?]
Q10	Are you more or less likely to partner with the library in the future? Why? What makes the library a strong partner in an effort like this?
Q11	If there was an opportunity to start over, or to offer this program/these services again, what would you do? [What would you do the same? What would you change? What would happen in an ideal world? What advice would you recommend to others looking to implement similar work?]
Q12	What is the impact of offering this program/these services in response to the opioid crisis? [How do you know this? How did you measure this?]
Q13	What, if anything else, would you like to share about this program/these services?
Q14	What questions do you have for me?

**COMMUNITY MEMBER**

Q1	What programs/services related to opioid prevention or treatment have you accessed or used at the library?
Q2	What made you decide to use these programs, services or resources? [What was the motivator?]
Q3	What difference, if any, did using [program/services] make in your life? [Positive or negative? None? Why? What would have made it work for you? What was your experience with the program like?]
Q4	How did you become aware of these programs, services or resources? [Word of mouth, newspaper, television, flyers, press releases, internet, other marketing, etc.]
Q5	What other programs/services besides this one offered at the library have you used? [Was the experience positive or negative? None? Why?]
Q6	Where you asked about what programs/services you would like or need? If so, what where they?
Q7	What other programs and/or services would be helpful for you both within and outside the library?
Q8	What has been your overall experience interacting with the library for these programs and services?
Q9	What, if anything else, would you like to share about your experience with these programs/services?





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