

inSocialWork Episode 288 - Mapping the Federal Legislative Response to the Opioid Epidemic: Elizabeth Bowen, PhD, Andrew Irish, LMSW

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:35] Hello from Buffalo and welcome to End Social Work. This is Luanne back and I'll be your host for this episode. The opioid epidemic, unfortunately, continues to affect millions of individuals and families across the United States, and there have been a multitude of policies intended to address the issue. In this podcast, Dr. Elizabeth Bowen and Andrew Irish discuss the results of their research on mapping opioid related public policy. These findings were published in their 2019 article, a policy mapping analysis of goals, target populations and punitive notions in the US Congressional response to the opioid epidemic within the International Journal of Drug Policy. They describe the policy mapping technique used for their systematic analysis and summarized findings related to bills or resolutions proposed by Congress between 2009 and 2017 that were opioid related. They also consider why it's important for practitioners and policymakers to understand issues connected with opioid related policy and the implications of their research for future policy initiatives that are intended to address the opioid epidemic. Elizabeth Bowen, PhD., is an associate professor at the University of Buffalo School of Social Work. Her research centers on homelessness and health equity, including the pathways that link homelessness, health conditions and social policy. Andrew Irish is a PhD. candidate in social welfare at the University of Buffalo School of Social Work. His research interests include recovery, capital policy mapping and the relationship of income inequality to mental health, substance use and suicide. They were interviewed in December 2019 by Nicole Capozziello, PhD. student here at the UB School of Social Work.

[00:02:35] Welcome to the program, Betsy and Andrew. Thanks. Thank you. All right. So to start off briefly for our listeners, I was hoping, Andrew, that you can define what is considered an opioid.

[00:02:44] Yeah, so the definitions a little bit flexible because basically any variant of this compound is all going to get put in the classification of opioid. But basically, it means the classification of drugs that are related to the original one. That was like an opium back in the Opium Wars days before that. But the word opiate, the derivative of that is used to describe illegal drugs like heroin is in this classification of opium. And the word opioid is the catch all term. That also includes pain relievers like oxycodone or fentanyl. So it's the term for both medical and illegal realm of things that are like opium.

[00:03:20] And with this legislation, it's looking at both of those cracks will be illicit and also including books.

[00:03:25] So, Betsy, I would love to hear about how you got the idea to do this study and how you became interested in opioid related policy specifically. Sure.

[00:03:32] So this is kind of an unusual example of a study where I really started with the methodology. And I say that that's unusual because I think typically as researchers, we don't start with the methodology. We start with the research question or topic, something

that we're interested in. And then we figure out what is the best way to research that topic or answer that question. But in this case, I had heard about this policy analysis technique called policy mapping. I heard about it simply because I read a paper where another researcher used this technique and I thought it looked interesting. I thought that looked like something I could do and was interested in doing. And I think that's because I've had a long-standing interest in policy research. But I didn't have a whole lot of background or training in how you actually do policy research. So when I read this one paper that used it, I thought I'd like to try that. And then at the same time, this was about two years ago, so early. Twenty, eighteen. And I think now the opioid epidemic, of course, is still ongoing. But it felt like at that time it was maybe even more so in the news. And so we were hearing a lot about opioids and especially hearing a lot from politicians. It felt like at that time that every politician, whether locally or at the state or federal level, had something to say about the opioid epidemic. And I was curious and maybe even a little bit skeptical about is this just talking about it for the sake of politics and talk or what are people actually suggesting that we should do a policy wise to address the epidemic? So I think it was a combination of putting those two things together, of wanting a chance to use this technique called policy mapping, and then realizing that I. Could use that as a way of digging into opioid related policy and see what substance was actually there. Had you done any research on opioids before this? Not a whole lot. Not on opioid related policies specifically. I do research related to substance use and recovery more broadly, but not really on opioids.

[00:05:23] So, Andrew, do you want to tell us a little bit about this policy mapping technique and what it entails?

[00:05:27] Sure. So I'm going to use another term instead of a systematic content analysis. But then to unpack that, you predesigned a framework of what you're looking for. What kinds of questions you're going to analyze your topic of interest with in this case policy. And then also importantly, you systematically define ahead of time how you're going to look for it. So what data bases you're going to look through, what search terms you're going to use to identify what data constitutes this that I'm not looking for.

[00:05:58] In this case, we were looking at policies, which is why it's called policy, nothing specific, applied systematic analysis.

[00:06:05] And once you have that framework, you look at your body of content. In this way, they use predetermined and you get I like to think of it as getting a picture or a map, hence the term policy and mapping of what things look like based on reviewing the body of information through this analysis that you had predefined.

[00:06:21] One of the things that's in the public health literature is that describes this as having a surveillance function. And basically what that means is that by doing this, you get a picture of what policy has actually been implemented, how to what extent, using what mechanisms, whatever kind of question you're interested in.

[00:06:39] It's OK, we know this, but what have we actually done about it? Type investigation.

[00:06:44] So the two of you looked at every bill, a resolution related to opioids that Congress proposed between 2009 and 2017, which I'm guessing is not something our average listener has done. Could you guys summarize what you found? I'll start.

[00:06:54] And I believe it was one hundred eighty-eight bills and resolutions once we accounted for policies that had been proposed more than once in that same time period or bills that were simultaneously proposed in the House and Senate. So we tried to distill all of that to really look at what are the unique different bills and resolutions being proposed related to opioids. And it was one hundred and eighty-eight of them during that time. And so when we looked at all of those bills and resolutions, we looked mainly at three things.

[00:07:22] So we wanted to know the goals. So what were these policies actually trying to do and what was their purpose? We looked at populations, so if they specified a particular target population or group, then we also looked at if they had a punitive component. So I'll say a little bit about what we found in each of those areas in terms of goals. We found that really a range of goals were represented. So we tried to think before we even started the analysis based on the literature, what are all the different things that opioid related policy could try to do? And we found that most of the things that we had seen represented in the literature were there in the policy database that we developed to some extent, but not everything was as prevalent. So we found that some of the most common things that policies tried to do or goals like getting people into treatment. So lots of policies related to scaling up treatment, increasing the workforce for treatment, funding for treatment, things like that. We also saw a lot about overdose and specifically making naloxone more available. So naloxone, also known as Narcan, is the medication that reverses the effects of an opioid overdose. So if someone's overdose, saying this can prevent that from being fatal. So we thought a lot of policies around that, basically around getting naloxone into communities and into the hands of people that might be able to use it to prevent an overdose. And then we also saw a lot related to reducing the supply of opioids, especially around prescription opioids. So things to make it more difficult for doctors to prescribe opioids, things to make it more difficult for people to obtain these really large opioid prescriptions. So those were some of the most common things that we saw. And I think overall that makes sense. Those are, for the most part, things that there's some research or evidence base to support and that could potentially make an impact on the opioid epidemic. We also noted, though, that there were some ideas that you can read about in the literature, but that aren't really supported or all that common in policy. So this included things like harm reduction, especially syringe exchange is a good example of that. So a syringe exchange is not a new idea at all. It's been around for a long time. This is just referring to programs where people who inject drugs can safely dispose of their use needles and get safe clean needles back in return. So that's a very evidence-based policy. There's lots of research on the outcomes associated with syringe exchange, but in the United States at least, that remains a somewhat politically controversial issue. And we found it just wasn't coming up in policy that much. There were not many policies addressing syringe exchange one way or another. Another thing we noticed was not a lot of policy at all around stigma. So the idea that you could reduce stigma associated with opioids or with addiction, very little references to that in policy and also relatively little attention to long term support for recovery. So a lot of. About treatment and getting people into treatment, not as much about what the long term recovery picture looks like, the kind of supports people might need in recovery. I don't think that word recovery even came up as much, or at least not as much as treatment did. So that's kind of an overview of what we found with goals then with populations. Not all of the policies were targeted to a particular population. So a lot of policies are just written for the general population and don't specify a particular group of the policies that did have a particular target population. The ones that were the most common were children and youth, people involved in the criminal justice system and veterans. And a lot of what we saw for these groups is what I would consider to be progressive or positive in terms of providing some kind of specialized programming or services for veterans or children and things like that. On the other hand, we

noticed there was definitely an absence of attention to things like race, ethnicity, language, income, gender that simply was not mentioned in most policies. And yet we know from research that different identity factors like this can play a part in some of these risk for addictions that can play a part in treatment and services there. At least in the academic literature, there's recognition of the importance of culturally responsive programming that looks at different aspects of people's identities and tries to affirm that in treatment. And yet that didn't really come up or wasn't explicitly mentioned in most of these policies that we looked at. And then the last thing we looked at was punishment. So looking if there was any component of these policies that could be considered punitive to any group. And what we found was it was really a minority of policies that met that criteria of being punitive. We coded only nine percent of the bills or resolutions in our data set as punitive. But I do think it's important to recognize that nine percent is still not nonexistent. So there were still some punitive ideas in these policies. One example of this is we write about a bill that proposes to require people that were applying for unemployment compensation to undergo drug screenings and then to deny people those unemployment benefits if they tested positive, not just for opioids, but I believe it was for any substance. We also saw not a lot, but a couple of bills that had provisions about requiring mandatory minimum sentencing for certain opioid related offenses, especially offenses involving fentanyl. So we think it is important to recognize that there is still some aspect of punishment in the overall policy response with the punishment aspect.

[00:12:28] Do you find that it was cloaked in a larger part of a bill or was it generally just intended to be punitive?

[00:12:34] I think we saw both. So I think we saw some things. I believe the example about the unemployment compensation was a standalone proposed bill. And then other times, sometimes it would be folded into a larger bill.

[00:12:45] It was more common, generally speaking, for things to be part of a larger bill. Just because I think that's more commonly how legislation works is probably part of a bartering process. But there were some standalone examples, but generally speaking, things were mostly part of larger bills.

[00:13:00] Just a quick follow up question on the second goal that you talked about. So you talked about how we know that different identities that people have can influence how they interact with treatment and with the system. What do you think might be getting lost in translation? That that's not something that's being accounted for in legislation?

[00:13:14] And I think in general in policymaking, there's some reasons why policymakers want policy to be more universal. So not to have to. And I think there's honestly questions about what does that look like if we say race or ethnicity or culture should be taken into account in treatment, like how do you mandate that as a policy, even if it might be a best practice to take that account into treatment? How do you make that a requirement or how do you mandate that? So I think there are some good reasons, I think why it's complex in terms of how we look at identity factors and how that intersects with treatment, with addiction and then with policy. And yet it did feel striking at the same time that it simply wasn't there and wasn't even really acknowledged as a factor that might be related to addiction and to opioid use.

[00:13:58] Were you at all surprised by the fact that there were a few groups that came up as getting extra attention? You mentioned veterans, people in the criminal justice system and youth. Is that what you would have expected?

[00:14:07] I was not too surprised. And I think there can be different policy or political motivations for that. I mean, on one hand, these are all groups that have very real needs and might have specific needs, especially related to substance use, prevention and treatment programming. At the same time, I think sometimes there can be this might get at the stigma issue a little bit, especially if we think about children and youth and how they might be affected, either as people that use opioids or children of parents using opioids. There's maybe less stigma for that overall than there is the stigma that we hold just for adults, for the general population. So sometimes I think there's good reasons for it, but also that the way that we stigmatize certain groups and maybe are more empathetic to other groups might also play a role in which groups are really targeted in policy.

[00:14:50] I didn't find it particularly surprising either. There's prior research on the trauma term and related things like the intersection with opioids being related to veterans.

[00:15:01] There's also prior research on veterans getting special treatment across the board. Voter and specific bills, and there's also probably research on the general applicability of making laws specific to total populations, because there's more political power in saying as a congressperson and their elected representatives saying, I did something for all of you and I did something for this group of you, it's just generally more specific or more likely that specific bills will get passed because of the political payment for one that makes sense.

[00:15:34] This might be a good place to mention, too, that we were looking at everything proposed in Congress and really in any area of legislation. What actually gets passed and turned into law is going to be a pretty small minority of everything that gets proposed. So some of these ideas that we're mentioning, some of the punitive legislation, for example, these are not actually laws or at least so far, they haven't been passed into law. So that's important. Just to keep in mind, too, when we're talking about our findings, we're talking about everything that was even on the table in Congress, not just what actually became legislation. All right.

[00:16:05] So part of your research that I found very interesting was a discussion of the relationship between punishment and legislation, which you talked a little bit about just recently, that you note in your article that researchers and members of the media like have observed the overall policy response to the opioid epidemic to be largely non-punitive and even compassionate, particularly compared to the response to the crack epidemic of the 1980s. You guys talk a little bit about this and why you think that opioid policy has been comparatively less punitive.

[00:16:28] So the response to the crack cocaine epidemic is recognized fairly victoriously now to be harsh, especially in establishing mandatory minimum incarceration sentences and differentially for specific drug offenses.

[00:16:41] And that was especially problematic because it had differential racial effects that effectively incarcerated African-Americans longer and more frequently for offenses that were basically indistinguishable from the ones whites were doing, for example.

[00:16:54] And although we found some punitive measures, including mandatory minimum sentencing and it wasn't nearly as problematic or systematically that way in this epidemic, the policy response wasn't. But I think it's important to distinguish between being punitive and being effective and humane because not doing anything or the level of inaction that is,

in my opinion, present here, I don't want to be particularly effective or. So at the same time, I'm very glad and encouraged to see that the overall level of punitiveness was significantly reduced. There's still a long way I think we can go in helping people and effectively addressing a resolution, because as we see, this is still ongoing.

[00:17:36] That, to me, kind of relates to what you've talked about before with stigma reduction and how, Betsy, you mentioned that even though we have evidence-based practices such as, say, consumption sites, for instance, that we know can help people that aren't really being adopted. Another question I had was what role do you think that research can play in both maintaining and advancing compassion or what you call effective, more humane approach to some degree?

[00:18:00] I would say, as both of you talked about before, I was also encouraged to see that there were some evidence-based policy measures discussed in legislation. But at the same time, I would say there was a lot, like I mentioned before, also discussed at all.

[00:18:12] And we're left out. And I think one of the improvements that could be made is just to mirror the evidence based more closely in policy. It's improved, in my opinion, but still has quite a bit of room for improvement, in my opinion as well. So I would like to see that. And those generally tend to be more humane.

[00:18:27] I don't know how much research on its own can make the drug policy response more compassionate overall, but I do think there is a link or should be a link between research and advocacy. And so to the extent that doing this kind of deep dove into the policy like we did in to see what's there and to see what's missing and then to use that maybe to help inform other groups or other people that are doing the advocacy work, that maybe that's where that connection can come in.

[00:18:53] And I thought I would add to the punishment aspect.

[00:18:55] I don't know if Andrew said this directly, but a lot of people have speculated and I think with a lot of good reason that the reason why the response overall to the opioid epidemic has been less punitive is because it's perceived as affecting more middle-class people and more white people than previous drug use epidemics were perceived. And on one hand, it's drug use. We know it cuts across racial and class lines and always has. But I think there is this perception that the opioid epidemic is much more of a middle-class problem and that that could be related to why we're seeing overall, you could say, more compassionate, less punitive policies. And this is, I think, a limitation, though, of our research is that we were able to quantify the punitive aspects so we can tell you what percent we think is punitive, but we can't tell you is why. So all research and all policy analysis is limited. You can't look at everything. It would just be impossible to do. But that's, I think, an important area for further research is looking at what exactly are the different factors or motivations that shape what ideas get into the policy and what don't. In our analysis, let's not really designed to look at them.

[00:20:00] It makes me want to go read some policy mapping studies of the crack cocaine epidemic, which I'm sure you might have done. So what?

[00:20:05] Out to each of you as surprising or particularly interesting your findings.

[00:20:08] So I'll start and then I'd like to hear what he has to say to one thing. I found myself thinking a lot, especially as we were doing it. And after we finished, the mapping

was just the challenge of reducing the supply of opioids versus the challenge of trying to reduce demand for it. And both of those things are difficult. This is why we have a huge epidemic that has affected so many people because it's not easy to address, period. But I think the policy pathway to how you reduce supply is maybe a little bit more clear cut than how you go about reducing demand. So we've already touched on some of the ways that you can reduce supply so you can do things to monitor how many opioids doctors are prescribing. You can do things to make it so that you have abuse deterrent versions of prescription opioids. You can look at ways of trying to reduce illicit opioids. And that's, again, not easy. But you can try to make heroin and fentanyl more difficult to be imported into the United States, for example. And so we saw once a policy is proposing to do those type of things. And what I think might be even more difficult, though, and maybe not quite as politically popular is saying, I'm going to crack down on the supply of opioids. What I think is more difficult is looking at the reasons why people are using and becoming addicted to opioids in the first place. And the unique thing about opioids is that because they are prescribed for legitimate reasons for people with different kinds of pain and chronic pain issues, I think we have to look at that. We have to look at why people are in chronic pain. We have to look at how pain can be managed in ways other than opioids. We did see some policies that looked at things like that. For example, I remember one bill about access to acupuncture. So that's one example, but not really a whole lot, I would say a policy attention to non-opioid pain management alternatives. And I think we can go even deeper than that and look at some of the social determinants of the opioid epidemic. So one big part of that and other people have called attention to this is the role of economic disadvantage, especially in certain parts of the country where there's really very little economic opportunity. Not coincidentally, these areas have very high opioid abuse and addiction rates. So we didn't see a lot of attention to that, though, in policy of looking at both these near proximal factors like pain management or these more distant but important social determinants. And again, I think that it's important, but it's a little easier to say I'm going to crack down on supply than it is to say I'm really going to do something about these demand factors. And yet, I think to really make any real progress on any kind of addiction or substance misuse issues, not just opioids, we have to look at some of those fundamental causes and we have to look at the demand.

[00:22:39] I totally agree with that. I would re-emphasize that it's pretty widely understood that the central cause of this epidemic has been the prescription opioids, not the invasion of heroin across the borders or the other cause, but rather just the development of addiction through prescription. That's the most common mechanism of addiction development for opioids. And so the proper administration of opioids and the careful management of the dispensing of those and the prescription of those is really important. And then I would also fully agree that taking a look at what are called those upstream determinants of health, in this case behavioral health and substance use, what kind of social factors or economic opportunity factors influence? Substance use and abuse is very important both for resolving the current epidemic, but also for preventing future epidemics and related problems.

[00:23:28] Perspective, which I know you've done some work on, specifically the issue of economic inequality. Do we know based on other research, is there a relationship between economic inequality?

[00:23:38] And if so, right now I'm doing the beginning of some work looking at the relationship between income inequality and substance use outcomes and behavioral health outcomes in general.

[00:23:48] And it's lesser known than physical health outcomes.

[00:23:51] But there's some pretty good initial evidence that income inequality is driving substance use, even in a causal way. So, for example, Richard Wilkinson did some research on income inequality and found that societies that have greater inequalities of income also have more problems with drug use.

[00:24:07] And that's something that applies to depression in some contexts. Mental illness generally overdoses.

[00:24:14] So not even the level of absolute income, but the disparities in the distribution of income is upstream driver of substance abuse problems.

[00:24:23] That leads really well into my next question. So it seems like a lot of this is a top down kind of issue, especially when we talk about income inequality.

[00:24:30] And you guys, I mentioned this a little bit, but what do you think Congress could be doing to better address this epidemic?

[00:24:35] I guess I would go back to the because the primary driver was the prescription end of things is really, really important to address. And I was fairly encouraged by the efforts to acknowledge that and to address that policy. So I would further do that. But I think it's definitely on the right track. And I was encouraged to see that. I do think that there was a deficit and the acknowledgment and certainly in the enactment of the social and upstream determinants and I think.

[00:25:05] We're likely to run into further problems or recurrent problems or the continuance of the problem or manifestations of different similar problems, if we fail to address underlying social and economic determinants of drug crises or population health crises generally.

[00:25:21] And I very much agree with that.

[00:25:23] And I would add just as another specific area that I think we could do a better job of addressing in policy is around stigma. So we've already mentioned that a couple of times in this conversation, stigma and substance use and specifically opioids. It's just such a huge issue. When I teach social work classes on addiction, stigma just comes up over and over and over. And I think because it's such a powerful force, it's often a big reason why people that are struggling with an opioid problem or with another substance use problem don't seek treatment or are afraid to seek treatment. And I think, unfortunately, even among people that don't necessarily buy into that stigma, there's still the sense that it's just there, that it's intractable, that, of course, addiction is stigmatized and it always has been and it always will be. And I think that kind of prevailing attitude prevents people from thinking about what we could actually do proactively to address addiction stigma. And so there is research on this. Patrick Corrigan and some other researchers have good research, often starting with mental health stigma, but also applying that to substance use and opioids. And there are things that you can do to address stigma. So, for example, through policy, we could fund high quality, evidence based public awareness campaigns around the causes of addiction and trying to destigmatize substance misuse and addiction. We could look at the ways that people with addictions may be doing self-stigmatizing. We could support or fund peer support programs to help people address their own self stigmas. We could make addressing self-stigma an active part of treatment for opioid

misuse. So I think there is actually a lot that potentially could be done to challenge stigma. But this is one of the least common goals of policies that we quoted when we were looking for that data.

[00:27:03] So I think that's one area that stands out to me as neglected, where we could do a lot more through policy.

[00:27:09] One more thing I would add to is that I think, generally speaking, it's a good principle to involve the stakeholders in the policy development. So I would advocate for involving those people whose substance use is affecting directly and community members or whatever kind of governance level members for the policies that are going to affect them because people have experience with this.

[00:27:30] That is not necessarily a common experience with the people who are governing them.

[00:27:34] So back to just policy research in general. So, Andrew, had you done policy research in your work before graduating only loosely?

[00:27:40] I would say I had done some work on the background of a project that's still underway with looking at projecting the disparities of the effects of automation in the labor force. So who's going to lose their jobs due to technology development and what kind of demographics can we expect those people to have? And what will that mean for people that should have policy implications? Like I said, I'm also doing some research on income inequality and the effects on behavioral health, and I expect that that will have some policy implications. But this is my first strictly policy specific project. But I enjoyed it. I thought it was very worthwhile. I was glad to see that happen further. I would say it's very feasible for pretty much anyone to do other students. And crucially, I think community members as well, systematically analyzing what policy has been put into place and what characteristics you care about in that policy is not only valuable, but a very feasible thing. And one more thing is that it doesn't really require advanced statistical techniques. So this is something that doesn't require analysis. Training just requires effort and critical thinking and a little bit of background knowledge about how to get through the process.

[00:28:47] Would you say that's true of policy research in general or specifically the systematic content analysis of the policy mapping technique?

[00:28:53] I would say it's more specific to the policy mapping, the systematic content analysis. It really depends a lot on how you're analyzing policy. There's things that could be very, very difficult in terms of managing data, designing studies, manipulating things with statistical analysis that wouldn't be available for somebody without getting in there, but to simply take a systematic review of the data that's out there and investigate your questions of interest and formulate critical thought and opinion and knowledge of the is available the most of the population.

[00:29:27] Yeah, it's great that it's so accessible on both those levels.

[00:29:30] I think it's great and important that people do this for themselves.

[00:29:34] So when we think about translating research into practice, why do you think it's important for practitioners or policymakers to understand the issues that your study addressed and actually kind of relates to what we're just talking to as well?

[00:29:43] Right. Yeah. So just to speak to the importance. Yesterday, I read a report from the White House, President Trump's Council of Economic Advisors that estimated that the opioid of it cost us six hundred and ninety six billion dollars in the year twenty eighteen alone, which translates to about three percent of the GDP for the United States and over the four year period from 2015 to 20. It was two point five dollars trillion with a "T" dollars of cost to the United States. So from a purely fiscal perspective, it's enormously costly and important. In addition to that, people are dying and suffering and experiencing severe health costs on a daily basis. And from our humane perspective, it's also crucially important.

[00:30:24] Another piece of this that I find to be pretty interesting is last year at the SSWR conference, the Society for Social Worker Research ran into somebody who was doing the research, the impact of the opioid crisis on survivors of people who had died from opioid overdoses, and, of course, the emotional, psychological, financial toll on folks who are simply peripherally or for partner whatever related to the people that just touched directly or suffered a tremendous toll as well.

[00:30:53] And that's something that we always think of. It's not just the individuals directly, but it's everybody in concentric circles of pain related to them. So I think it's important to note that I don't think I mean, I think Andrew made a lot of excellent points.

[00:31:07] The only thing I would add is just in general, as social workers and as practitioners, our work is definitely shaped by policy, whether we're aware of it or not. So policy often facilitates or constrains what we can do in different practice settings. It constrains or again prioritizes what gets funded, what options we have for the clients and the communities that we work with. So just in general, I think for social workers to be aware of what's going on in policy, and especially because this is opioid related. So I don't know how many, but so many social workers work with people affected by opioids directly or indirectly. So many social workers work in health and behavioral health and substance use and recovery treatment settings. So just for the people that are on the ground doing this work as practitioners to have that connection to what's going on in policy and ideally not just to monitor what's going on, but to have a voice in policy like Andrew was saying, I think is really important for policy advocates.

[00:32:02] The knowledge to know what to talk about and what to ask for and what is currently on the ground is important for practitioners interfacing with people. It's important, I think, for the process of normalization and stigmatization that Betsy was talking about. But for myself, I think a lot of people carry the myth of I'm in this position because it's all my fault and I made poor decisions. And there's a much more complex picture going on in. And then for policymakers, it's their job directly to make better conditions. That's critical information, of course.

[00:32:31] And this goes back to something you were saying just a minute ago about the kind of concentric levels of pain that this has inflicted, not only, as you said, on the individual, but then on their family, the community and then the greater society. On a personal note, how has this work changed how you look at the world to moments you can think of, of how this has impacted how you look at the world around you?

[00:32:49] That's an interesting question. It wouldn't be a change or answer, but it would be influencing or doubling down on the influence.

[00:32:56] I have begun to try to actively see the world in terms of cause and effect and not agents making bad decisions, but causes yielding their natural consequences. And I guess this has kind of reinforced to me that this could be me and it could be anyone. And in fact, it is a lot of people and it's touching a lot of people. And there's a largely upstream causal net that is flowing down in a costly way in the situation. And I want there to be better conditions so that better effects emanate.

[00:33:34] How about you, Betsy? I imagine some of this relates to your previous work with homeless populations.

[00:33:39] Yeah, that question just made me think about this a little bit. And I think doing this research didn't exactly change my worldview, but it did make me just think about the messages that people get in substance use, treatment and recovery. I think there's a prevailing message that you are 100 percent responsible for your own recovery.

[00:33:57] I think a lot of people internalize or get that message one way or another when they had a substance use issue and then are seeking treatment and aiming for recovery. And I do see on one hand the value in that and empowering people to realize that you've made some choices.

[00:34:11] You can make different choices, you have autonomy, you have things you can do, even if you've been through a substance use problem, that you do have some power to change that and that there are treatment and services and support available to help. But on the other hand, I think it can be a dangerous message to for people to feel it can be all your responsibility. But that feels like another way of saying it's also all your fault. If you fail, it's all your fault. Whereas looking at US policy has made me think about things like the overall lack of support for a long-term recovery resources.

[00:34:40] So if somebody is struggling in their recovery, is it because they didn't take enough responsibility or is it because we as a society didn't really take enough responsibility to give people the resources or the supports that they need? And I think both of those things are important to keep in mind and important for social workers, especially those that might work in treatment or recovery settings.

[00:35:01] To keep in mind, Betsy, how is this maybe going to influence your future research either? Opioid policy or other topics?

[00:35:07] Well, let me say first, I think our study raised a lot of other research questions. I don't know if I'll be the one to answer them. And I hope there's other people out there maybe doing some of this research, too.

[00:35:17] But as we mentioned, our analysis was limited in what it looked at, really. We looked at three things. We looked at goals, target populations, and if there was something punitive or not. So there's plenty of other questions that I think could be answered through policy mapping or through other kinds of policy research techniques. And one very obvious and important question, I think, is policy effectiveness. So, again, we looked at goals. We looked at what policies we're trying to do or saying they were going to do. We were not looking at if they actually did them. That's a different research question. So just one example. We saw many policies that talked about distribution of naloxone, and the idea is that that would help to reduce fatalities due to opioid overdose if you have more naloxone available to more people. But we need research to actually see does that happen? Does it happen in the ways that we would expect it to happen? And a lot of the bills that we looked

at did have different provisions built in for data collection requiring or report back to Congress or requiring some kind of evaluation data. So I think increasingly and already there is data to look at on this. But just to say that that's an important area of research and related to that, I think, is to look at what groups do ultimately benefit from, especially the policies that did become laws and have actually been implemented. Who's benefiting from those and then who is being left out? Because we know in general with policy that even when it doesn't specify a particular target population, then sometimes some people benefit more than others and some people are systematically left out of those benefits. So to be able to have that lens and to really look at what are the effects of different bills that are implemented in response to the opioid epidemic, I think is a really important area for further research. And then another area that I'm interested in, I have not I had the chance to do this work, but something I'd like to do. And it kind of fits with what Andrew was saying about policy mapping, being on one hand, time consuming, but also relatively accessible and something that I think doesn't have to be solely an academic endeavor. So I think it would be really exciting to partner with different community organizations or advocacy groups, especially those that already have a mission around advocacy related to drug policy or behavioral health policy, and to work with organizations that are already doing that kind of policy advocacy and figure out how to integrate policy mapping into what they do. One major limitation of our work, we realized, is that and this is true of many kinds of policy research. It's just the timeliness of it. It kind of becomes outdated even as you're doing it, because we would be looking at these policies and bills and resolutions that have already been introduced in Congress. And then there's something new happening. There's a new bill that's just passed like at the same time that we're trying to look at these old bills. So it never really takes a break. It's always developing. And so you risk having your analysis become outdated even as you're doing them. And I think one way to get around that would be, again, working with community organizations that already do regular Real-Time policy monitoring, but integrating a policy mapping piece of that with the hope of using policy mapping toward something that can inform advocacy. So not just to know policy goals, for example, for our own knowledge and information, but then to use that as a way of saying, oh, look, we know this one goal area is really neglected when we're doing our advocacy efforts. Let's really try to shed some light on that or let's try to educate policymakers on why we think that's important and it's missing. So that's a direction that I would really like to see this work going.

[00:38:33] Do you have any plans or ideas for how you might disseminate this research and actually do this on the ground kind of work with communities?

[00:38:38] That's a great question. I don't think we've gotten to the specifics. I think, like anything, community partnerships and community-based research have a lot of moving parts, and you need both the right partners and you need some kind of resources and funding to support that. So it's something just living in my own head for now for the most part. But that's an area that I'd like to explore.

[00:38:58] KPG Partnership for the Public Good in Buffalo. I haven't seen a policy mapping specific study.

[00:39:03] They are a great organization that's pretty grassroots, that does a pretty good job on some policy issues I've seen before. I know they've done some work around bail reform and mostly work on housing discrimination.

[00:39:15] So there are some local agencies that are doing well with this as far as further endeavors.

[00:39:21] I saw a suggestion in the literature the other day. It was the first time they suggested the health and economic policies that come out of the federal government automatically come with a clause that allots funding and requires that they evaluate themselves. So part of any new health or economic policy would be a built in evaluation to assess the effect of the policy. That makes a lot of sense to me. I don't know exactly what the attached cost or how that would work, but it seems inherently valuable to know this.

[00:39:49] What you're doing is effective. That seems like a pretty reasonable way to do it on that I hadn't heard before and this seems logically like it would be effective. So propose that idea that I read from someone that if you do remember, who like any very logical idea, it seems kind of tragic that has already.

[00:40:05] Happening, do you have any final thoughts or anything else that comes to mind you'd like to share?

[00:40:09] I guess in conclusion, I'll just say to go back to what I started with, this research really came out of curiosity about a method about using policy mapping. And that's I think that's something that all social workers and all social researchers can keep in mind is just to pay attention to your own curiosity. A lot of us didn't get a whole lot of policy research training in school, whether at the MSW or the PhD level. That was in an area that I had a whole lot of background in. So I think like anything, there's some intimidation factor and an imposter factor of can I do policy research? Can I do this? But again, I think to override that and to pay attention to the research questions that we're genuinely passionate and curious about and then potentially have some kind of real-world impact is to me one of the most exciting things about being a social worker and being a researcher. So I would just say in closing, to think about following your curiosity, even if it is leading into an area that feels scary or a little bit newer, like it's not exactly fitting with what you've been trained to do.

[00:41:07] Yeah, a little bit more generally than that. I would just say there's a whole lot of problems that a whole lot of serious work to do out there on this and many, many other topics. I hope everyone can find a spot for themselves and I would encourage them to do it.

[00:41:19] It seems like with this paper, you guys really accomplished what anyone would hope to, which is that you opened a lot of other cans of worms in the process. You can tell even from reading the paper. But there are a lot of other things that people can be researching on this.

[00:41:30] That's at least one part of it. I would say most interesting or good research probably asks more questions or leads to more questions than it answers. And I think we definitely found that to be the case with us.

[00:41:42] You've been listening to Dr. Elizabeth Bowen and Andrew Irish discuss their opioid related policy analysis. I'm Louanne Bakk. Please join us again at inSocialWork.

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