



Research Impacts Project

Documenting, Evaluating, and Valuing Impactful Research

The Harm Reduction Research Lab

In 2019, an estimated 10.1 million people misused opioids in the United States and over 68,000 people in the US died from opioid related overdoses in 2020. For those living with opioid use disorder (OUD), medication for opioid use disorder (MOUD) has been shown to reduce overdoses by 50%. Yet, studies have shown that over 85% of those with OUD don't receive medication. One factor driving this is barriers to accessing MOUD, including limited access to clinics that provide MOUD, and time-intensive requirements of daily clinic visits to receive methadone treatment – an outcome of both regulatory policy and social beliefs about OUD and people with it.

For several years, Dr. Beth Meyerson, has worked alongside practitioners, community advocates, and those living with OUD to better understand the barriers that inhibit access to MOUD and to drive policy and practice innovations aimed at increasing access. Dr. Meyerson is a practitioner of community based participatory action research (CBPAR)-- a collaborative approach which democratizes knowledge and information; and empowers communities to solve their own issues with the help of research partners. This means directly involving those most impacted by an issue throughout the research process from establishing the research goals and questions all the way through disseminating findings (including publishing). The goal of this approach is to produce more fully informed research that is more capable of addressing the problems and concerns of the people most affected by the issue under study.

In March of 2020, harm reduction agencies Dr. Meyerson had long worked with approached her with a project idea. Federal agencies regulating MOUD were concerned about how to maintain access to treatment while protecting patients during the COVID-19 pandemic. In turn, they embraced regulatory flexibilities resulting in several accommodations such as use of telehealth or access to a full 28-day supply of methadone if they were stable and 14-day if they were not. There were several other accommodations as well. Dr. Meyerson's colleagues saw this as critical opportunity to collect data that could be used to drive permanent policy changes that would increase access to MOUD, improve the quality of life of MOUD patients, and reform an archaic and often draconian system of treatment

Dr. Meyerson and her colleagues worked together to narrow down a set of research questions and developed an advisory board—the Drug Policy Research and Advocacy Board

(DPRAB)--to guide the research process. DPRAB is a statewide, transdisciplinary coalition of MOUD providers, patients, people with lived experience, harm reduction organizations and researchers brought together to study the impact of federal regulations on MOUD access during COVID. Over the following months, the group submitted numerous grants and was awarded funding from two funders to support research activities across Arizona.

The research projects had two inter-related aims: 1) to understand patient and provider experiences of COVID-related regulation shifts in order to make policy recommendations; and 2) to provide an opportunity for DPRAB members to identify and build capacities that would serve them and their organizations. This design allowed for the research process to support scientific advancement, public policy, and community-level capacity building.

Involving people with lived experience with OUD and MOUD in the research process became critical to achieving both project aims. Dr. Meyerson and other members of the research team trained 20 individuals with lived/living drug use experience to conduct interviews in English and Spanish throughout the state. These field interviewers were financially compensated and interviewers were mentored throughout the data collection process. The results of this effort were profound.

The research team conducted 131 interviews with individuals receiving MOUD during the COVID-19 pandemic. These interviews revealed that despite nearly 50% of those interviewed being at high risk for severe COVID outcomes, none received the federally allowed 14- or 28-day methadone take-home doses made available under the relaxed regulations. Interviews further showed that the lack of take-home doses disrupted their work and home lives. This study importantly pointed to the variable ways in which the federally relaxed guidelines were implemented. Dr. Meyerson and collaborators therefore argue that in order to be impactful and meaningful to patients, any relaxation of guidelines must be federally mandated and providers to be offered the support needed to implement these changes.

Equally important was the impact this study had beyond the academic and research realm—impacts at the individual, organizational, and policy-levels.

At the individual level, the project provided an opportunity for individuals to gain skills and build professional networks that were beneficial to their lives. Individuals with lived/living drug use experience who participated in data collection and analysis reported increased levels of self-efficacy to implement behaviors and actions that will help them achieve the desired effect. Due to participation in the project, three of the twenty interviewers had positive employment related outcomes—e.g., gained employment or were promoted. This is important in communities that have traditionally been maligned due to histories of drug use or incarceration that often came with it due to the US War on Drugs. Participation in the project also provided an opportunity for individuals to build relationships and professional networks that will be useful in the next stage of the work: being ambassadors of evidence to practice and policy partners.

The project also called for organizational and practice-level changes among MOUD providers. The DPRAB provides an opportunity for providers to learn directly from patients

and individuals with lived/living drug use experience in a forum that also values their perspectives and knowledge. In turn, providers gain a first-hand understanding of the research findings and gain the confidence to put forth policy/practice change recommendations within their individual organizations. An example was when the DPRAB considered data from the statewide provider survey (a second phase of the research). The provider survey data showed that providers generally did not implement changes during COVID beyond telehealth, and when they did, it was not sustained. Indicating the regulatory issues facing methadone treatment, the survey data indicated that methadone providers increased multiday dosing, but not for all patients, AND they were the provider type with the largest retraction of this service after the COVID state shutdown in Arizona. When discussing these issues, DPRAB members also noted the issue of provider-patient communication. Providers on the DPRAB were shown how their front office staff (mis)treat the patients quite frequently and actually take away patient self efficacy through surveillance type behaviors, dehumanizing communications (called by number and not name), and disrespect. It was the DPRAB exchange that allowed for the safe expression of these patient realities, and their hearing.

Finally, DPRAB is working to have macro-level policy change by presenting findings and advocating to both policy-makers and [statewide groups](#) focused on scaling evidence-based practices for providing care and education to those with substance use disorder. This will be accomplished through the statewide Evidence Ambassadors Program developed by the DPRAB and directed by the Sonoran Prevention Works (a member organization on the DPRAB).

When viewed comprehensively, the work of Dr. Meyerson and colleagues illustrates the transformative potential of community-engaged and collaborative research models for both producing robust science and having positive impacts on individuals, organizations, and society more broadly. By involving those with lived experience in the research process—from conception through implementation and dissemination—the team was able to illuminate persistent challenges in the MOUD treatment landscape in Arizona while helping individuals and organizations build the capacities most important to them and achieving their goals.

The Research Impacts Project, funded by the Provost's Investment Fund, aims to help UArizona researchers, administrators, and leaders collect, document, and communicate the societal impacts of their research to community partners, funders, and others interested in the work we do.



Societal Impact

