



Analyzing town hall meetings to identify information gaps in the opioid crisis

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ABSTRACT

Background: The current opioid crisis has impacted individuals and communities in a variety of ways, and information gaps persist about the underlying causes of the disorder as well as the responses to it, which include prevention, treatment, and recovery efforts. The town hall format provides the opportunity to address these gaps at the community level, first by gathering a local expert panel to offer a traditional educational intervention, and second by providing attendees the opportunity to ask questions and raise concerns.

Method: All questions and comments from attendees at ten countywide town hall meetings in New Jersey were documented. The author, under the guidance of a topic expert, then inductively analyzed the content to group them into broad categories. The procedure was iterated and categories were subsequently “lumped” or “split” until saturation was reached and each question or comment was classified into a primary category.

Results: Seven categories emerged from the analysis: (1) local concerns and personal anecdotes, (2) law enforcement and stigma, (3) prevention and education, (4) complications in treatment, (5) navigation, (6) policy, and (7) networking and recruiting opportunities.

Conclusions: This study offers the first classification of its kind regarding information gaps at the community level by analyzing the crisis from the perspective of the local citizenry. Q&A sessions give voice to those who may not otherwise have the opportunity, and this analysis emphasizes the importance of their perspective. These patterns of concern and confusion can be considered when designing future studies, interventions, and messaging campaigns.

1. Introduction

The rate of drug overdose deaths involving opioids has rapidly increased during the previous two decades in the United States, and the rate of heroin-specific overdose deaths tripled between the years 2010 and 2015 (Hedegaard, et al., 2017). Both federal and state governments have responded to the issue, officially declaring the epidemic a public health emergency at the federal level (“HHS acting secretary declares,” 2017), and in New Jersey, dedicating funds toward solutions (“New Jersey a national leader,” 2017; Racioppi, 2018).

While these efforts frame opioid misuse as largely a medical and political issue, it is also useful to approach the crisis as an information and communication problem. The popular understanding of the topic of opioid use disorder (OUD) as a national epidemic, while important in spreading awareness of the severity of the problem, has also led to an abundance of information that can confuse the layperson and professional alike. This is a highly complex crisis with many potential

information gaps in the areas of prevention, intervention, treatment, and recovery. One method of addressing this confusion and identifying these information gaps is to listen to those with a compelling interest in the problem at the community level using the town hall format. This not only provides a platform for authoritative voices to provide trusted and targeted information to an attentive audience, but also offers residents of a community the opportunity to ask specific questions and answer sessions of ten town hall meetings held in New Jersey on the opioid crisis, to identify information gaps prevalent in these communities.

1.1. Public Understanding

Society clearly sees opioid use disorder as a threat to public health. The extent to which Americans are aware of the problem of opioids is apparent from some recent opinion polls, though a discrepancy exists

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between beliefs about the crisis at a national level and a community level (Marist, 2017). Such a discrepancy seems to indicate either that the national crisis is overblown, or that public understanding of the crisis is largely an abstract one, hidden or obscured at the local level. Considering the relatively silent nature of drug use coupled with the alarming rates of overdose, the latter seems the more likely scenario. If this is the case, it would logically follow that outside of generalities about the deadliness and ubiquity of opioids, there is still much to learn about its specific local effects, and the most effective ways that an individual or community can address the issue.

1.2. Information overload/unidirectional information

One consequence of this multidimensional focus on opioids as a public health crisis has been a state of information overload. To illustrate this point, a simple site search of the *New York Times* for the term “opioid” results in 297 articles between the years 2000 and 2015, compared with 761 articles in 2016 and 2017 alone. While it is encouraging to see the amount of attention paid to the topic run parallel with its relative impact on society, the overwhelming amount of news reported on the subject runs the risk of saturating the information environment, making it difficult to critically evaluate, filter, and apply relevant information to localized and individual situations and experiences. Further, the issue has largely been pursued in a way that offers little recourse for acquiring feedback from those communities hit hardest by this epidemic. Information on the issue via education campaigns from various medical associations and nonprofit organizations typically moves from those in authority to their intended audiences. Because this issue is multifaceted and can manifest in so many different ways, a useful course of action is an approach that can be tailored to local communities—one that accepts and interprets feedback from those affected and can deal with these problems as they currently exist.

1.3. Town hall meetings

To this end, the Partnership for a Drug-Free New Jersey (PDFNJ) began a series of town hall meetings called the Knock Out Opioid Abuse series, supported by a grant from The Horizon Foundation for New Jersey. These meetings enable information to be disseminated to communities in a way that is tailored to their specific needs, addressing the information overload problem, and provides a question and answer (Q&A) session, allowing for county residents to ask questions and provide their perspectives on the issue. Thus, these meetings are designed not merely as another method of delivering a message, but instead serve as a forum for specialized information exchange among stakeholders affected by this crisis. Allowing these stakeholders to speak to one another and voice their concerns from their various perspectives and backgrounds can open doors to solutions that may not have been conceived from their individual silos.

2. Method

Town hall meetings were scheduled for all New Jersey counties impacted by the opioid abuse crisis, 10 of which had been videotaped in full and distributed for view at the time of this writing. A moderator presided over a group of panelists, selected from the fields of health & medicine, law enforcement, and policymaking, and some combination of representatives from the intersecting fields of treatment, recovery, and prevention. This latter group was made up of directors and administrators as well as more frontline peer specialists and other volunteers from recovery houses, foundations, and community organizations. Though the entire town hall meeting is conceived as an intervention, a thematic analysis of the second half of each session, the Q&A portion, provides a window into the concerns and information needs of those in attendance, and how the opioid epidemic is specifically affecting them at their local level. Thus, this is the section from

which the data for this paper were primarily collected. This freeform session usually lasted for about one hour, providing enough time for approximately 10–15 questions to be asked by the audience and responded to by the panelists.

This analysis takes a grounded approach, not tied to any specific theory, considering the assessment of problems as stated by those experiencing them. A highly diverse array of people chose to ask a question or make a comment during this opportunity, including those in recovery, parents and family members of those affected by OUD, drug and alcohol counselors, social workers, concerned citizens, and those representing related professions. Because of this wide range of attendees, questions and comments ranged widely as well, though a few clear patterns emerged that display the information gaps that are affecting the population and contributing to this crisis. Each question or comment made during the Q&A sessions was documented, and labeled with a number of potential classifications. From this preliminary list, similar topics were grouped together, topics that seemed too inclusive were split (e.g., *legal* was split into *policy* and *law enforcement*), and some categories that never seemed to serve as the primary topic were removed. The author solely developed these categories inductively, and discussed them with an expert to establish their face validity and usefulness. The Q&A sessions were then reviewed again, with these revised themes at hand, and this process was iterated until saturation and each question could be properly categorized by its single, primary topic. Because the videos are publicly available online, this study was exempt from IRB approval.

3. Results/Discussion

The diversity of panelists and attendees at these town hall events reflects the many ripple effects that the opioid crisis has imposed on society. The broad categories that emerged from this analysis reflect that diversity in the crowd. The following are the final seven top-level categories that emerged from this analysis: (1) *local concerns and personal anecdotes*, (2) *law enforcement and stigma*, (3) *prevention and education*, (4) *complications in treatment*, (5) *navigation*, (6) *policy*, and (7) *networking and recruiting opportunities*. While these categories may be broad and are not necessarily mutually exclusive, grouping them in this way views the opioid epidemic from the perspective of those experiencing it firsthand, whether the person is personally struggling with OUD or is affected in some other way by the proliferation of opioid use. Categories are mostly determined by the questions themselves, though the panelists’ answers, follow up questions, and the ensuing discussion were also considered when it was necessary to clarify the primary objective of the question being asked.

3.1. Local concerns and personal anecdotes

One benefit of the localized nature of these town hall meetings is that issues specific to the local residents can be pinpointed and discussed. These types of highly specific local questions make up their own category during the Q&A sessions. The power of these gatherings is that often congressmen, high-ranking law officers, and local advocacy groups are in the same room, and are able to discuss the legal authorities and limitations as well as bills being passed through the state senate and assembly addressing very specific problems. This kind of local coordination of stakeholders is not something that a federal or even state-level information campaign would be likely to achieve.

Another sub-category of this type is of attendees merely standing up and telling their stories, using the meeting as something of a peer support group. These personal stories, whether extolling specific local efforts or sharing heartbreaking personal tales, provide a much-needed human element to a crisis that is often presented in clinical, statistical terminology.

3.2. Law enforcement and stigma

Another set of questions deals with the stigma that opioid use has attached to it, as well as the related punitive element. A focus on reducing the stigma attached to non-medical users was echoed in several of the meetings, as making opioid users feel less than welcome in medical or treatment facilities, such as school regulations that categorize drug offenses as reports of violence and vandalism, could result in them shying away from a potentially life-saving decision.

The inclusion of law enforcement complicates this issue. In terms of punishment, a popular and understandable sentiment is to aggressively pursue drug dealers while providing a welcoming and supportive environment to aid drug users in their recovery, but the issue is rarely so cleanly divided. As a prosecutor on the panel mentioned in one of the sessions, heavy drug users may progress to dealing to fund their habit, which blurs the line and presents law enforcement in the unenviable position of balancing these shifting roles. Questions and comments from the audience displayed strong opinions on both sides of this issue, indicating that the answer to this question is complex, and requires an informed and nuanced view of the issue.

3.3. Prevention and education

Most panels included a speaker that specialized at least partially in drug abuse prevention. Even in those sessions that did not include a prevention specialist on the panel, the topic would often come up in the Q&A sessions. Most prevention questions discussed the aims and logistics of disseminating an effective message and using community channels to keep the crisis from spreading further. Presently, much of the responsibility seems to fall upon the patient or patient's family when prescribed strong painkillers for their injuries or post-surgery, and so education and "hyper vigilance" (as described by one panel member) become necessary to prevent developing a physical dependence on the prescribed drugs. Various questions and comments in the Q&A session discussed potential strategies for providing this education about the dangers of these drugs to the local populace, beginning perhaps as early as primary school. Another sub-category of prevention questions deals with the idea of promoting alternative approaches to pain management, such as acupuncture or chiropractic techniques. It was brought up occasionally that opioids are actually not very effective treatments for chronic pain management, which is at least partly corroborated by an evidence report from an independent panel organized by the National Institutes of Health (Chou et al., 2015).

3.4. Complications in treatment

Barriers to treatment is a metaphor that comes up often in these sessions, with the perception being that there are more barriers to receiving treatment than there are in obtaining drugs. Hearing from panelists and attendees about the types of barriers that come up in recovery can be a useful educational tool for those in attendance who may be able to take some action in removing them. Treatment is the most prevalent and seemingly the most difficult category of question. The rate of opioid use disorder has been increasing for the better part of two decades (Hedegaard, et al., 2017) and any hope of a tidy solution was long ago extinguished. Even with successful prevention efforts to reduce risks for future generations, there presently exists an abundance of people with a dependence on both prescription and street drugs who cannot get the help they seek because of failings in the health care and recovery systems, as well as overpopulated and underfunded recovery institutions.

Other questions dealt more specifically with weighing the pros and cons of different types of treatment, such as the controversies surrounding medication-assisted treatment (MAT), routinely referred to as the gold standard of care (Connerly, 2015). Some attendees expressed the common concern that the practice simply replaces one opioid

addiction with another. This position is rooted in stigma and ultimately contributes to the underuse of the practice (Volkow & Wargo, 2018), but it is important to document these concerns to understand the prevalence of this attitude and address it accordingly.

3.5. Navigation

Related to specific treatment questions and comments, initial treatment is often promoted at the neglect of sustained treatment. Recovery institutions may only be available in short bursts of time, partially covered by insurance, and may ultimately be unable to provide the type of sustainable, ongoing care that someone with such a problem would require in order to recover. As pointed out by several attendees and panelists, 28-day recovery plans are simply insufficient for persons living with OUD. If a change to a more holistic, sustained recovery program is attainable, it will almost certainly be a long and arduous process that can encounter many roadblocks both economic and political, and cannot feasibly be accomplished in the crucial short-term.

An alternate approach, then, is for those affected by OUD to navigate the system as it is *currently* organized, which requires a remarkably sophisticated level of knowledge of the law, insurance policies, and the relationships between hospitals and other treatment and recovery institutions. Unsurprisingly, many questions centered on these complexities, either to manage uncertainty or to ask how the process can be simplified. What emerged as a potential solution is the use of recovery coaches (peers who often have gone through treatment themselves) as knowledge brokers, who serve as invaluable central points of contact for such navigational issues. These events served as useful venues to connect those in need with those willing to help.

3.6. Policy

Many questions were addressed to policymakers on the panels, and dealt with the nuances and consequences of law and policy surrounding opioid use. One popular topic that came up throughout these sessions was the use of Narcan (naloxone), a drug used to reverse opioid overdose. There was much uncertainty about what it does, when it can be used, and the training, rules, and regulations surrounding it. Another common policy question concerned regulations on prescriptions. Questions ranged from the rhetorical ("how can doctors prescribe opioids to teenagers?") to policy suggestions ("can manufacturers of these drugs be taxed at a higher rate?") to particularities of the law ("how do we hold doctors/hospitals responsible for over prescription?" "why is it still legal to prescribe fentanyl?"). On the occasions when an attendee would inquire about why these drugs are even legal, because they seem to be causing such widespread suffering, the answer invariably given was that they serve a useful purpose if administered correctly and for the right reasons. This frames the problem as one of over distribution as opposed to one of inherently evil substances, which is a useful framework through which to view this crisis.

3.7. Networking

Occasionally, a representative of a community group would speak up seeking support from other similar-minded groups or looking to recruit volunteers for their group. This is another benefit of a localized event, as those in attendance share a geographical location and can build coalitions. The event occasionally would inspire attendees to volunteer, asking pointed questions about how they could become a recovery coach, and who they can talk to about getting trained. It is conceivable that this type of question/comment will have the greatest effect on the local community, as it affords a mechanism to build upon that which is learned and discussed at the event.

4. Conclusions

This is a preliminary assessment of the series of New Jersey town hall meetings designed to address the epidemic of opioid abuse. This review highlights the unique opportunity these types of events provide, which are often overlooked in other types of education and prevention campaigns. The most useful elements are that they connect the affected individuals and families with state governments and medical institutions with whom they must deal, and that they provide Q&A sessions that offer those in attendance a chance to control the narrative and bring up what they find most important. A thematic analysis of questions posed shows a pattern of concern that spans the local and universal, the legalistic and the spiritual, and the disinterested and intensely personal.

Conclusions to this study should be qualified in light of the following limitations. First, attendees who participated in the Q&A portion may not be representative of the broader population, as it is possible that this sample represents more highly motivated individuals compared with non-attendees or those who attended but did not speak. Second, the data were subjectively categorized inductively by a single researcher, albeit under the guidance of a topic expert. Future analyses of these data should be developed with multiple coders providing a consensus approach. Despite these limitations, the concerns and questions raised by those in attendance provide a window into the confusion and messiness that the opioid crisis has created within these localities, and can be considered when designing prevention efforts, interventions, or future policy on the issue.

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Declarations of interest

None

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