



Policy Analysis

People who inject drugs and HIV crisis in Pence's Indiana: A media analysis using two policymaking theories



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ABSTRACT

Background: In 2015, Scott County, Indiana was the center of an HIV outbreak related to injection drug use. Critiques of the government response exist; however, none examine the response through policymaking theories. This paper examines policy changes affecting people who use drugs (PWID) in Indiana through two theories: the social construction of target populations and punctuated equilibrium.

Methods: A media analysis was performed to examine the prevailing image of PWID in Indiana ten years prior to the outbreak and two years after the crisis emerged. Article tone was assessed to examine the social construction of PWID, and how this construction related to incremental, then punctuated policy making.

Results: A total of 372 news articles were examined. Media tone towards PWID was significantly more negative in the 10 years before the outbreak. Most articles regarding PWID pre-outbreak were crime-related, while during crisis, articles types varied and reframed PWID.

Conclusion: News article tone changed significantly, allowing new approaches to health related to PWID to be considered. This paper demonstrates the utility of these policy frameworks and analysis of target populations through media depictions. Implications for public health practitioners are discussed.

Introduction

Although syringe services programs (SSP) are effective in reducing HIV and Hepatitis C (HCV) transmission (Fisher, Fenaughty, Cagle, & Wells, 2003), perceptions that SSP contradict law enforcement by encouraging drug use have delayed adoption of SSP (Weinmeyer, 2016). While the rate of HIV transmission declined among people who inject drugs (PWID) over the last decade, spikes in new HIV diagnoses among White PWID coincides with a lack of SSP in White rural communities (Wejnert et al., 2016). In January 2015, Indiana investigated an HIV outbreak linked to injection drug use in Scott County, a rural county near the Kentucky border. Indiana lacked SSP at the time (Conrad et al., 2015). Nearly all the county's residents in 2015 were White (97%; U.S. Census Bureau, 2015), nearly 20% of residents were impoverished, nearly 10% of persons were unemployed, and those living in Scott County have lower life expectancy compared to other state residents (Conrad et al., 2015). An initial article on the outbreak in *Morbidity and Mortality Weekly Report* found a majority of those diagnosed with HIV were male (54.8%), were people who inject drugs (80%), and were found to be co-infected with HCV (84.4%; Conrad et al., 2015).

Prior to the outbreak, Governor Michael Pence "morally opposed" SSP because of the perception such programs encourage drug use

(Twohey, 2016). Through an executive order, the state granted limited SSP to the affected county (Conrad et al., 2015; Wejnert et al., 2016), followed later with legislation allowing counties to start SSP if they could demonstrate an HIV or HCV epidemic related to injection drugs, gain local approval for SSP, and request an emergency declaration from the state (Meyerson et al., 2017). Indiana's slow response was criticized by news media (Demko, 2016; Twohey, 2016) and journal editorials (Rich & Adashi, 2015; Strathdee & Beyrer, 2015) which pointed out missed opportunities to prevent or control the outbreak. In 2011, an outbreak of HCV in the state was linked to injection drug use (IDU) (Strathdee & Beyrer, 2015). Indiana's "anachronistic" policy framing of IDU as an individual lifestyle choice and the closure of Scott County's only HIV testing site, Planned Parenthood, were implicated in the HIV outbreak (Rich & Adashi, 2015). Continued stigmatization and criminalization of PWID, and limited access to addiction treatment were also criticized (Rich & Adashi, 2015; Strathdee & Beyrer, 2015). Ultimately, 190 people were HIV positive a year after the outbreak began (Rudavsky, 2016). A number of Indiana counties have begun to implement SSP in the wake of the Scott County epidemic (Meyerson et al., 2017).

Critiques of Indiana's response (Rich & Adashi, 2015; Strathdee & Beyrer, 2015) and articles examining SSP policy support and

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implementation (Crowley & Millett, 2017; Meyerson et al., 2017) exist, but none examined Indiana's policy changes through the lenses of media coverage and policymaking theories. Media stories create frames for health policy issues (Otten, 1992; Weishaar et al., 2016), influencing public response and policymaking (Wolfe, Jones, & Baumgartner, 2013). Media also develop negative and positive social frames for different groups (Schneider & Ingram, 1993). For example, news media have adjusted the racialized trope of violence and crime specific to drug users of color with images that humanize White users, creating an "opioid epidemic" driving policy change (Netherland & Hansen 2016). However, little research exists connecting media frames to policymaking theories (Wolfe et al., 2013). This study examines how SSP became possible in the state through two policy theories: the social construction of target populations (Schneider & Ingram, 1993) and punctuated equilibrium (Walt et al., 2008).

Theoretical background

Social construction of target populations suggests groups, when stratified along different dimensions of race, gender, and class, leads to differentiation of treatment based on popularity and ability to influence policymakers. These constructs are built through politics, culture, religion, and the media. Four categories are possible along a low to high axis of power and a positive to negative axis of social construction. Advantaged groups, like business or the elderly, are both positively viewed and high powered. High powered but socially negative groups are contenders and may be viewed as undeserving, such as unions or the wealthy. Low power but positively constructed groups are dependents (e.g., children or mothers) while those with both low power and negative status are deviants (e.g., substance users or criminals). These social frames confer beneficial policy decisions upon positively constructed groups (advantaged and dependents) and punitive policies upon negatively constructed groups (contenders and deviants) (Schneider & Ingram, 1993, pp. 335–336).

Punctuated equilibrium proposes policymaking is an inherently stable process characterized by incremental policy change over time; however, crises can drive rapid transformation of policy, punctuating this equilibrium. Policy actors, institutions, decisionmakers, and media participate in the "policy venue" (Walt et al., 2008; Wolfe et al., 2013). Actors may be a part of the venue for long periods, resulting in both a "policy monopoly" and incremental policy changes (Walt et al., 2008). Monopolistic policymaking is upheld by a "policy image," or how policy issues and solutions are conceptualized (Baumgartner & Jones, 1993). Policy images draw on both emotion and knowledge and can change over time; existing policy images can be challenged by new understandings policy issues (Walt et al., 2008). Policy images and venues can be reinforcing, so long as a policy monopoly exists. However, shifting images can result in changes in actors within the venue as alternative policy solutions may undermine existing policies (Baumgartner & Jones, 1993).

To examine how these theories may have been at work in Indiana, this paper hypothesizes that the social construction of PWID moved from "deviant" to a positively constructed group ("dependents") at the time of the HIV outbreak, causing a change to the policy image. Second, this shift in the policy image unseated the previous policy monopoly, which allowed for new policymaking actors to offer alternative solutions to existing policy, resulting in punctuated equilibrium, and new policies related to PWID.

Methods

To demonstrate how the policy image of PWID was reframed, followed by a rapid shift in policies related to PWID, the author conducted a media analysis which was interpreted through the two policy theories introduced above. News media provides a means to reclassify social construction of groups and bolster dominant perceptions (Boyd,

Jardine, & Driedger, 2009) that contribute to the policy image. To examine the social construction of PWID over time, a ten-year baseline for articles prior to the crisis (2005–2015) was established in order to capture prevailing media tone toward PWID. The second interpretation examined whether the reframing PWID coincided with a change in policy image that usurped the previous policy monopoly in the state, and whether this enabled the emergence of new policy venues, leading to punctuated equilibrium.

This paper combines methods of Boyd et al. (2009) and Netherland and Hansen (2016). Articles spanning from January 2005 through February 2017 were searched for using Newspaper Source Plus, a database of regional and local papers. *The New York Times* and *The Indianapolis Star* were searched separately for national and regional coverage. Subject-based terms "injection drug use," "opioid/opiate," "heroin," "needle exchange," and "syringe exchange" were used, with both "Indiana" and "Kentucky," due to Scott County's proximity to Kentucky. The author systematically excluded articles if they lacked keywords or discussed a different geographic area at the title and full text levels (e.g.; Pennsylvania). Articles were then divided into four timeframes based on the policies passed in Indiana; discussed below.

Analysis plan

Articles were divided into four timeframes based on important policy change dates. January 2005 to January 23, 2015 comprised "pre-report," the day the HIV outbreak was first reported by the Indiana State Department of Health (Conrad et al., 2015). The second timeframe, "post-report," ran until March 26, 2015, when Governor Pence signed the emergency order authorizing SSP in Scott County (Twohey, 2016). The third and fourth timeframes, "post-emergency order" and "post-legislation," were divided at May 5, 2015, when Pence signed legislation to allow SSP in other counties if they met special requirements (Weidenbener, 2015). Information was abstracted from articles and put into a matrix for content analysis, following Boyd et al. (2009), including circulation type ("national," "regional," or "local") and state to create a combined circulation-state variable. Articles were qualitatively assessed for tone and coded into "positive" or "negative" categories to examine social construction of PWID over time. Negative articles focused exclusively on crime and punishment, blaming PWID for their use, and lacked an ecological viewpoint of the opioid epidemic. Positive articles were ones that included a socioecological approach to the opioid epidemic, including expanded prevention and treatment options, or SSP, a positive development. "Neutral" stories included both positive and negative aspects. Article focus (e.g., crime, policy) was abstracted. Lastly, articles were coded dichotomously if they mentioned disease transmission. Article topics were quantified and split by time frame to examine both media framing and punctuated equilibrium. Information was abstracted using Microsoft Excel.

Statistical analysis

Selected data (e.g., newspaper name, location, circulation type, tone, etc.) was coded and imported into Stata 15.0 (Stata Corp, College Station, TX) to perform chi-square tests to examine differences in story location and circulation, article tone, article topic, and mention of HIV or HCV by policy time frame to describe changing media frames. An additional analysis was performed to examine the article types by paper region, circulation, and timeframe, however, zero cell values prevented chi-square analyses.

Results

A total of 661 news articles were found through database searches and directly from newspaper websites. A total of 372 remained after elimination of duplicate or non-related articles. Descriptive results are reported in Table 1. A map showing the location of Scott County, and of

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