Member Spotlight: Alexandria Drake Works to Advance Opioid Treatment Access

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In September, Andrew Pope, SSN's Director of Policy, learned that Michigan Congressman Shri Thanedar's office was interested in drafting legislation on methadone access in rural areas. The office was seeking expert guidance, and Alexandria Drake, who had recently written an SSN brief on increasing access to medication-assisted opioid treatment in New Mexico, was the perfect fit. In October, Drake met with a congressional staffer and provided key insights that are now helping to shape new legislation. Her story highlights the potential of connecting scholars with policymakers to address urgent public health challenges. SSN spoke with Drake about her journey from research to informing policy and tips for scholars eager to make their expertise count. This conversation has been edited for length and clarity.

Q&A with Alexandria Drake

Can you describe your work and what inspired you to focus on opioid use disorder?

When I went to grad school, I wasn't planning to work in substance use. Growing up in Arizona, I was more interested in border health. But for a class paper, I researched the opioid epidemic, and the more I learned about its history, the more motivated I became to figure out ways to mitigate its impact. At that time, I wasn't personally aware of anyone affected by the opioid epidemic, but since starting this work, I've known people who have died from opioid-related overdoses or been impacted in other ways. It's such a stigmatized issue, and many people don't talk about it. I've come to realize how widespread opioid use disorder is and how there are clear steps—like increasing access to treatment—that could help.

However, the stigma remains, even among some medical and public health professionals. There's this belief that using medications for opioid use disorder is just swapping one dependency for another. But I see it like taking insulin for diabetes or medication for hypertension. These medications help manage chemical changes in the brain and ease symptoms. It's frustrating that this isn't universally accepted. We've moralized substance use as a personal failing, which isn't how dependency works chemically.

What began as a small project has become a central focus of my work. I love talking about opioids and Naloxone (often discussed with the brand name Narcan). My students joke that I'm the "Narcan lady" because I make sure they know what Naloxone is, how to use it, and have seen it in person.

Has opioid use increased, or is it just more visible now?

That's a great question. The opioid epidemic has unfolded in three waves. The first wave started in the 1990s with the introduction of OxyContin. Purdue Pharma promoted it as a miracle drug for pain relief, based on flawed research claiming it was less addictive than other opioids. At the same time, there was a push to expand pain management beyond end-of-life and cancer care. This "perfect storm" led to a surge in deaths from prescription opioids from the 1990s through around 2010.

In 2010, after a government crackdown made prescription opioids harder to get, there was a rise in overdose deaths involving heroin. Heroin was cheaper and easier to access for people who could no longer obtain prescriptions for opioids.

Around 2013-2014, we entered the third wave with the rise in synthetic opioid overdose deaths—mostly from illegally made fentanyl. Fentanyl is a fully synthetic opioid, meaning it is made entirely from lab-made materials. This makes it much cheaper to produce and far more potent than heroin. Fentanyl is 100 times more potent than morphine and up to 50 times more potent than heroin. Often, drugs sold as heroin are mixed with fentanyl without the user's knowledge, leading to overdoses because fentanyl is so much stronger. So, while opioid use has evolved over time—from prescription medications to heroin to fentanyl—the demand has always been there. As access to one type of opioid is restricted, alternatives emerge to fill the gap.

When you were preparing for the meeting with Representative Thanedar's office, how did you decide which parts of your research to highlight?

Andrew gave me some context beforehand, so I knew they were interested in methadone and the loosened restrictions during the pandemic. Methadone is a medication used to treat opioid use disorder, but it's traditionally very structured in how people can access it. During the pandemic, restrictions were eased, allowing long-term care patients to get up to a 28-day supply and newer patients a 14-day supply. I brushed up on these policy changes and highlighted research that showed how these loosening restrictions could improve access to treatment.

I also drew from interviews I conducted in New Mexico, where we identified nine key strategies for increasing treatment access. For this meeting, I focused on short-term, actionable goals, like ensuring individuals leaving the carceral system have treatment plans in place. Data shows that people released from prison are at a significantly higher risk of overdose during the first two to three weeks after release. While more ambitious ideas, like centralized service hubs offering housing, legal aid, and counseling, are great long-term goals, I aimed to emphasize policies that could be implemented now—things likely to gain legislative traction in the

current political climate.

Much of the meeting was about baseline education—what opioids are, how they affect the brain, and what happens during an overdose. I explained that our brains naturally produce opioids and have receptors for them, but during an overdose, those receptors are overwhelmed, slowing breathing and heart rate to dangerous levels. Naloxone, the nasal spray, works by dislodging opioids from these receptors, allowing people to breathe again.

I had prepared more detailed information than was needed, as much of the discussion was broad—an "Opioid 101" of sorts. I met with Valeria Lopez-Postigo, a legislative assistant, who brought insights about the federal policymaking process, and I added what research—both mine and others'—shows. It felt like a meaningful first step, not just a one-off discussion, but a foundation for combining research and policy to create real change. The ultimate goal is to reduce overdoses and fatalities. We have the knowledge, and with the right people at the table, we can build the systems to make it happen. This meeting felt like a critical step in that direction.

Where are things now with the legislation, and what's your role moving forward?

Valeria said this legislation is in the pipeline, and I'm following up on a few lingering questions she had. I've also been told I'll meet with someone from New Mexico to discuss this work further, but I don't have details yet. For now, it's ongoing conversations, which is exciting.

My ultimate goal is to make sure people have access to the care they need. The prospect of contributing to a bill that could actually impact lives excites me. In academia, we spend a lot of time writing papers and doing research, which is important, but I've always wanted my work to have a tangible impact. If my research can play even a small part in a bill being presented, deliberated, and passed, that's incredible. I've also told Valeria and Andrew that I'm happy to help however I can—whether it's writing, proofreading, or testifying—because the ultimate goal is improving people's health and well-being.

What advice would you give to researchers who want to engage in public policy work?

My biggest piece of advice is simply to start. For a long time, I doubted whether I had the knowledge or expertise to be helpful—it was a lot of self-doubt and imposter syndrome. But what I've realized is that anyone doing scholarly work has something valuable to contribute. When I prepared for my meeting with Valeria, I went into it thinking I might get grilled with questions about my methodology, as if it were a dissertation defense. So, my advice is to reach out, get connected, and don't hesitate to offer your expertise.

So, my other takeaway would be to join an organization like SSN. Participating in the workgroups and collaborating with SSN's staff was incredibly helpful. Having that kind of support to bridge the gap between academic work and policy work was invaluable. When I participated in SSN, it was toward the end of grad school and during my first year after earning my PhD. So much of my training had focused on academic

writing and tailoring everything to the academic sphere, which, of course, is really important. But, learning how to write and tailor your work for legislative or policy audiences is a completely different skill. I don't think I'd feel nearly as comfortable doing any of this without SSN's support. For example, before meeting with Valeria, I spoke with Andrew, and he gave me such a helpful rundown: what to expect in a 30-minute meeting, how to prepare, and the kinds of questions I might be asked. Without that, I would've had no clue how to handle a cold email from a congressional office. If I hadn't had that preparation, I'd have been lost.

What's the one thing you've learned from this process that will stick with you?

The importance of collaboration and bringing in different expertise. I've been reminded that my work is just one piece of the puzzle. To make real change, we need a variety of voices and skills. This process has been a great reminder that the best work happens when we're not operating in silos. It's exciting to know there are others who want to be part of the solution with me. For me, success has always been about impact. When I started my research on the opioid epidemic, I said that if it positively impacted even one person's life, it would be worth all the time and effort.

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Drake's research focuses on bridging the fields of public health and anthropology through the topics of substance use disorder and the built environment. Overarching themes in Drake's writings include the structural and cultural factors that prohibit and promote access to healthcare and health decision-making practices. Drake serves as a researcher and volunteer with the Health Equity Research Lab to improve physical and mental health in diverse communities.