

Probable Causation, Episode 75: Panka Bencsik

Jennifer [00:00:08] Hello and welcome to Probable Causation, a show about law, economics and crime. I'm your host, Jennifer Doleac of Texas A&M University, where I'm an economics professor and the director of the Justice Tech Lab.

Jennifer [00:00:19] My guest this week is Panka Bencsik. Panka is wrapping up her term as a postdoctoral research fellow at the University of Chicago Urban Labs. And in the fall, she'll join Vanderbilt University as an assistant professor of medicine, health and society and public policy. That is quite a title. Panka, welcome to the show.

Panka [00:00:37] Hello.

Jennifer [00:00:38] Today we're going to talk about your research on police diversion programs for people arrested for narcotics possession, but before we get into that could you tell us about your research expertise and how you became interested in this topic?

Panka [00:00:51] This topic is really just a happy fit for me. I'm I'm a crime economist and a health economist. Those are my two main research fields and I'm especially interested in mental health and the opioid epidemic, which being one of the largest around public health challenges, I think offers so many opportunities for understanding it better. And the second piece that drew me to this research is that I'm very interested in research that is quite policy centered. So getting to see policy in action, following along through the stages of implementation and getting to evaluate the effects, has been really, really interesting.

Panka [00:01:26] And I'll come to this at the end once we talked about all of the research evidence that is currently in the paper, but one of the most exciting pieces but this is this is hot off the press that the Chicago program we are talking about today has very substantially extended just a couple of days ago. And it has been a result of works of many city partners over years, as well as the results from the academic paper we are discussing today. So I couldn't imagine something more rewarding than treatment access increasing for Chicagoans in part as a result of this paper.

Jennifer [00:01:59] Yeah, it's very cool. And you know, as a researcher who cares about evidence based policy, I was absolutely thrilled to see this news. I always love seeing when policymakers and practitioners use the evidence that we're all working so hard to create. So congrats on that and thank you for this work and I'm excited to tell everybody about it. So your paper is titled "Policing Substance Use: Chicago's Treatment Program for Narcotics Arrests," and it's coauthored with Ashna Arora. So the country and world have been focused on COVID 19 as a primary health threat over the past couple of years, but deaths due to drug overdose, particularly opioid overdose, are still a major problem. So what is the current state of that crisis and how our governments responding to it?

Panka [00:02:44] Last year, 2021 was the first year of when there were over 100,000 drug overdoses. And I think it really speaks to the problem we are facing that with the start of the pandemic in 2020, there was a 30% increase in deaths and then this rate could increase further by 15% from 2020 to 2021. So there's a huge challenge ahead of us. And the pandemic means that treatment is harder to get, people feel more isolated, so it is really a huge issue with drug overdoses specifically. And as you mentioned, opioids are a big driver and it's about four out of five deaths are due to opioid, specifically. Locally in Cook County where Chicago sits, there were nearly 2,000 deaths last year and this is just

to put it in perspective, this is more than gun related deaths and car accidents combined in a city that has one of the highest rates of gun violence in the U.S.

Panka [00:03:42] And the city has responded in a number of ways to this earlier this year, they have distributed thousands of tests to detect fentanyl, which is a particularly lethal type of opioid. Over half of the public library branches started carrying Narcan that is just available for those who visit the library if in need. And then the city also just a few weeks ago started offering free medication to reduce the reliance on opioids and they are doing this through a hotline. And then also the program includes free transportation to pharmacy or clinic to get the prescriptions filled, so it's kind of touching on multiple pieces to get the medication to the person.

Panka [00:04:20] Nationally, prescription limitations have been one of the policy tools, at least in the last five years for sure, that are being used to limit the reach of opioids and then the increasingly wide access to Narcan has been a big step as well. Today, people can purchase Narcan without a prescription anywhere in the U.S. and just to give context, Narcan, which is the brand name of naloxone, is an overdose reversal drug.

Jennifer [00:04:47] Yeah, it's interesting how many different intervention types we're trying it sort of seems like sort of an all hands on deck kind of approach.

Panka [00:04:54] Absolutely.

Jennifer [00:04:56] So you and Ashna in this paper are focusing on a program involving the Chicago police, specifically the Narcotics Arrest Diversion Program, or NADP. So what is the NADP and how does it work?

Panka [00:05:09] So the Narcotics Arrest Diversion Program is a program that runs in Chicago and offers those who were arrested with small amounts of opioids substance use treatment instead of jail. Today, it is the largest drug diversion program nationwide, both in terms of the area it serves and a number of individuals it has reached so far.

Panka [00:05:28] So in explaining how the program works, let me talk for a little bit about what the process looks like from an individual's perspective, who was arrested with substances. So when someone is arrested with small amounts of substances this is usually less than that is one gram or less of heroin, cocaine or any of their analogs. Now taken to the police station and at the station, the arresting officer evaluates whether the person meets the eligibility criteria for the program. I'll talk in a second about what makes someone eligible, but let's for the moment assume that the person is eligible. If so, they are taken within the police station to a substance use treatment counselor's room. So this is a really innovative piece in this program that there is a substance use treatment provider sitting in the police station and the person can have an immediate conversation with this counselor.

Panka [00:06:19] During this conversation, the person's substance use levels are assessed and their best treatment needs and a personalized treatment option is offered for them, this would be detox or therapy, it depends on what is best suited for the specific individual. And then this program, which is run by Thresholds, the substance use treatment providers, which is Illinois, is one of Illinois' oldest and largest substance use mental health treatment provider has this conversation, the person is offered treatment and after the conversation, the person is released without charge and walks out of the police station and

they can opt to start, go to a treatment facility and start treatment right away or go the next day or go later on, but the criminal justice engagement ends right there.

Panka [00:07:05] And in terms of what makes someone eligible for this program, there is a Chicago Police Department general orders, general orders that how the Chicago P.D. communicates towards these officer all regulations. There's a general order that lays out the rules that make someone eligible and there is a detailed list. But some of the key pieces is, as I mentioned, that the drug has to be one gram or less, which is about three days worth use for a medium to heavy user. So clearly, this is a policy intended for the buyer not the seller, and then the person cannot have past violent or gun related convictions. They have to have an I.D. on them. They can't endanger the officer during the arrest procedure and a few other pieces, but these are some of the key parts.

Jennifer [00:07:52] And to just to clarify what the person who's arrested has to do. So basically, if they say they're interested in this, they go meet with the counselor. They are potentially connected with with services, but then they're not obligated to do anything. Right. They could just walk away.

Panka [00:08:07] Exactly. Exactly.

Jennifer [00:08:09] That makes it not obvious this is going to work.

Panka [00:08:12] Yep. That doesn't make it obvious. And we were really happy to see it working. What we are thinking of here is what is often termed deferred prosecution. So deferred prosecution is a situation that someone is not prosecuted at the time and won't be prosecuted as long as they for feel a certain criteria, but in Chicago's case, there's no deferred prosecution. They are just simply never charged with a crime. And I think it speaks to how amazing the substance use treatment providers thresholds is that we see the vast majority of people starting treatment.

Jennifer [00:08:47] Yeah. Okay. And so have any other cities implemented similar programs? How common is this approach?

Panka [00:08:54] Drug diversion programs are increasingly common nationwide. The first such program started in Seattle in 2011, which was the Law Enforcement Assisted Diversion or LEAD program. And today, LEAD and LEAD-like programs have been adopted in a number of cities. I'll mention that LEAD is not a strict set of rules that every city follows identically, but it's more a set of guidelines and then each city can decide which pieces to use in their own local program. And then, as a number of programs have been extending, the Narcotics Arrest Diversion Program started May 2018. And NADP is innovative compared to LEAD in two ways. The first is that LEAD - in LEAD it is entirely up to the arresting officer, at least in most programs, including the initial Seattle LEAD is entirely up to the arresting officer to decide if a person would benefit from substance use treatment.

Panka [00:09:51] And meanwhile in NADP the program takes the decision out of it's not an officer decision, but is a pre-set criteria. If someone meets the general order outlined criteria, then they are eligible for diversion, so that's one piece where NADP is slightly different them many LEAD programs, and the other is the absence of deferred prosecution. So a lot of LEAD programs say that someone won't be prosecuted as long as they, for example, start treatment within 30 days. Chicago decided to not have this piece and if you think of kind of sticks and carrots and apples as this thing then having only

carrots program where, there is no expectation and it is up to the person to start the treatment or not, but their charges are just never filed.

Jennifer [00:10:38] That's really interesting. So why might these programs affect individuals outcomes such as likelihood of arrest? What mechanisms should we have in mind here?

Panka [00:10:48] When they think about affecting outcomes and NADP has two arms or differently do things that happen to the arrestee at once-- they are released without charge and they are offered tailored substance use treatment. There's a growing evidence base that showed that diversion on its own is really important. But interestingly, in our case, we find that substance use treatment is at least as important in being a mechanism for the reduction in arrests and there are two reasons for this. First is that in Chicago, the state's attorney's office has deprioritized the prosecution of low level drug offenses in the mid 2010s, so even non-eligible arrests are unlikely to end up in prosecution or long term jail. And then the second piece is that we find that the population the program serves exhibits exceedingly high levels of substance use, a third of them have overdose before nearly as many had Narcan administer to them. So the program is really successful in reaching a population for whom treatment can be hugely beneficial.

Jennifer [00:11:53] And just to say a little bit more about the diversion piece, so I think there are a bunch of reasons diversion on its own could be useful. But I think one of the main ones is you just you don't have that criminal record, right? Like you don't wind up with a formal conviction on your record for this.

Panka [00:12:08] Exactly. And in the case of NADP, not only that, you don't have a conviction, but you never have a charge.

Jennifer [00:12:14] Yeah. Yeah. So before this paper, what did we know about the effects of diversion programs in this general genre?

Panka [00:12:23] Diversion programs in general have been featured in academic papers quite a bit recently, which has been amazing to see and there is a really exciting new set of papers, including your work, Jen, that showed that non-arrest and prosecution has neutral to positive effects on subsequent criminal justice involvement. So beyond your work, I'm thinking of Mike Mueller Smith and Kevin Schnepel's paper looking at Texas and Emily Weisburst and colleagues work looking at the range of cities nationwide. So I think there is a really nice, robust and growing evidence in terms of diversion programs, but when we specifically look at drug diversion and causal effects on the impact of drug diversion program, specifically, the landscape is sparse. Most of the lead evaluation studies are, for example, descriptive in their nature. The one study I would mention here is Collins' et al. work on the Seattle LEAD, but this is a small sample propensity score based paper. So a read of the literature was it a causal causal paper in a big city like Chicago could really meaningfully move the space forward.

Jennifer [00:13:29] Yeah. So why don't we know more than we do? I mean, you mentioned that these are increasingly popular programs. So what are the primary hurdles that researchers like yourself need to overcome in order to measure the causal effects of a program like the ATP on the outcomes we care about?

Panka [00:13:45] This project has been a huge multi-year lift that requires a strong and sustained commitment among many partners. I'm going to list it out for you just to give you

a sense of just kind of how long of the list is. NADP is a collaborative effort between the mayor's office of Chicago, the Chicago Department of Public Health, the Chicago Police Department, the Chicago high intensity drug trafficking area, Thresholds, the substance use treatment provider agency, and the University of Chicago Urban Labs and my coauthor Ashna and myself as evaluators. So there is just so many pieces required. In order for NADP to become reality, there needs to be stakeholder champions in each agency, training for the officers, Chicago PD's willingness to share data for the evaluation and many additional piece pieces.

Panka [00:14:33] And kind of just stepping back and speaking more broadly about drug diversion programs in general. An additional challenge is data collection. Without the health and substance use engagement component, which most programs didn't collect, we couldn't understand how important overall treatment plays best. And when it comes to identification, that also pose challenges before, because a lot of programs didn't collect the outcomes for the control groups, for example, neighborhoods didn't have the program. So it's much trickier to evaluate causally if a program like this has positive effects.

Jennifer [00:15:08] So you're going to use the staggered rollout of the NADP across police districts in Chicago as a natural experiment. So tell us a bit about how the program was rolled out. Where and when was it implemented?

Panka [00:15:21] The program started running mid 2018 and in July 2018 on the west side of the city in the 11th Policing District. To give you a sense, the policing district has about 70,000 residents, so it's equivalent of a small city. And this area has been the hardest hit by the opioid epidemic and has the highest rates of overdoses, as well as drug possession arrests. So this area was clearly a space that was in need of policy interventions. And from this one district through 2019 and 2020, the diversion program spread to the rest of the districts on the west side of the city, and then gradually reached a citywide expansion by late 2021. So today it's running in the entire city.

Jennifer [00:16:07] So how does this rollout then allow you to measure the causal effects of the NADP?

Panka [00:16:12] Currently in the paper we evaluate the expansion across the four West Side districts that the program between May 2018 and the end of 2020 and what we do is a triple difference design. So we are comparing neighborhoods with and without the program before and after the program start and then for arrests that were eligible or not eligible. So we are taking the temporal aspect, the location and the individual eligibility. And this is what gives us the triple difference design.

Jennifer [00:16:44] Okay, great. And so then who is in that ineligible control group?

Panka [00:16:49] It kind of stems from how the triple difference is set up that those are ineligible who are arrested before the program staff, who are arrested in not are not yet participating districts and those who don't meet the eligibility criteria such as those who have certain felony convictions or higher amounts of drugs. And this is not in the paper currently because it's a brand new policy, but I mentioned at the top this exciting change around drug arrests, more drug arrests being eligible as of just very recently. So let me share some details how this might shift those who are eligible versus ineligible, sort of three key ways in which the Narcotics Arrest Diversion Program is expanding. First, it increases the weight of drugs from one gram to two grams. So that means that everyone is eligible with up to two grams of drugs as long as they meet the rest of the criteria. And

then the second is that it expands the list of drugs substantially. So, for example, meth, PCP and Ecstasy all became eligible for the diversion program. And then the third is that it has only garnered violence convictions in the past ten years that make someone ineligible while before these convictions, if they ever occurred, made someone ineligible. So what we end up with is that this opening of the policy increases the amount of people who are eligible by a good 50%.

Jennifer [00:18:22] Yeah, that's really interesting. And we DM'd about this a little bit, but I am looking forward to another evaluation down the road--.

Panka [00:18:31] Yup thank you.

Jennifer [00:18:31] Where you all go to see what what happens as a result of this expansion. Okay, great. So what data are you using for this analysis? You've mentioned all the different stakeholders here that had to come together. So what data did that leave you with.

Panka [00:18:46] Our data comes from three sources. The first is the Chicago PD. They observe every drug arrest and we know for each of them whether someone is eligible for a diversion program, whether they are released without charge, and then whether they were rearrested subsequently up until the end of the study period. The second piece comes from Thresholds. And here we can understand for those who are consenting, their substance use history and their substance use treatment engagement. So this is a very important piece and we think that one of the spaces in which this paper really contributes to the literature is understanding what individuals look like who actually go through a drug diversion program. And then lastly, we have data from the Cook County Sheriff's Office on jail appearances. And this helps us understand what happens if someone is ineligible and what their process looks like post police custody.

Jennifer [00:19:42] And then so are there certain outcomes within that, that broader set of data that you're particularly interested in?

Panka [00:19:48] Currently, the key causal outcome of the paper is subsequent criminal justice involvement. We want to see if the program is better for the person and for the community. The second, the outcome is understanding of the characteristics of the diverted. Of course, this is descriptive because the ineligible don't meet the counselor, so this information is not collected, but I think it's incredibly important to know who are the individuals who are benefiting from the program.

Panka [00:20:14] What is not in the paper currently but is very important to us, is looking at overdose and other drug related scores. We are currently working on a data sharing agreement to access this data, and it would be really great to be able to tell if the program improves overdose related outcomes directly.

Jennifer [00:20:33] Oh yeah, that's great. Fingers crossed. That works out.

Panka [00:20:36] Exactly.

Jennifer [00:20:37] Yeah. Before we dove into the results and realizing I should ask a little bit more about it, since you mentioned earlier that there are all these different agencies that had to come together, including you all, as the evaluators. Does that mean you guys

were involved kind of from the beginning of the program development? Were they planning to evaluate this all along?

Panka [00:20:55] Yeah, we've been involved from very early on and we were hoping to be able to evaluate it and then the staggered roll outs really nicely allowed us to do that.

Jennifer [00:21:06] That's fantastic. Kudos to Chicago for yeah. For including you all in those conversations early. That's always, always very helpful.

Panka [00:21:14] Yes, absolutely. And there's so much institutional context that I think being part of these conversations makes the research better because, you know, we just have a better understanding of what's happening.

Jennifer [00:21:26] Yeah, completely agree. Okay. So let's talk about what happened. What does take up look like first? So what share of eligible arrestees are diverted?

Panka [00:21:36] So once the program starts in a district, if we are looking at kind of six months, averages is over time, once a district on boards we see that there is definitely an on ramp in the first six months as everyone gets used to the program and then diversion rates settle at about 40%. Of course, this is not 100% and there are three reasons for this.

Panka [00:21:59] First, the person might decide to not want to take part in the diversion program. So if someone is if an arrestee opts not to take part and they would just go through the criminal justice system as usual, this is very rare, it does happen. In the first one and a half years of the program, there were two such arrests where the person opted not to take part. The second is that the clinicians can't always be reached by and when a district on boards the clinician said, "Please call us at any hours. We we are trying to come. We will do our very best to come and meet this person." But there are certain clinician hours, when it's easier to do those diversions and outside of those hours, it's not guaranteed that a clinician will be able to be reached. And then the third is that the police officer might have not diverted an individual because they were not aware of the program or for other reasons. And unfortunately, we can't disentangle these three causes. We don't really know if an officer didn't call the counselor or called a counselor, but a counselor didn't pick up or they picked up, but they couldn't come. So these are just kind of a bundle. The one piece I would mention here is that the Chicago PD is very committed to diverting everyone they can divert and eligible and we regularly report back to them on diversion rates and district 11 where the program initially started which is most of the drug possession arrests consistently does some of the best in terms of diversion rates. And in the last few months, districts across the city have also shown higher rates here.

Jennifer [00:23:39] Do you know if diverting someone to this program would mean less paperwork for the arresting police officer?

Panka [00:23:46] That's a great question, we don't know.

Jennifer [00:23:50] Okay. It just occurs to me like the I'm just trying to think about like would a police officer have an incentive to to send someone through this program? Or I imagine it seems unlikely it would be an extra burden, but it seems plausible that it could actually make their job easier, in which case we'd be even less worried about that potential channel.

Panka [00:24:11] Yeah. The one piece we can say for sure is that the officer has to bring the individual to the police station to be able to evaluate whether they are eligible for the program or not, because that's where they can check their system. So my guess is that the majority of the time is relatively similar. We don't know kind of the edges.

Jennifer [00:24:33] Got it. Sounds like your hunch, at least from my reading the paper, your hunch was that most of the kind of less than hundred percent take up is because there are basically office hours for the substance abuse counselor and they can be reached after hours. But of course, that's not going to be all the time. Was I reading that correctly?

Panka [00:24:55] We genuinely can't take apart whether the counselors are harder to reach or the officers are not completing every diversion. So I'm not going to make a stamp of that.

Jennifer [00:25:04] Okay. Fair enough. All right. Let's see. So then you use data from the treatment provider to get a sense of what the diverted population looks like, at least for the subset of people who consented to sharing their data with their research team. So what do those data show?

Panka [00:25:22] We see a number of things. I hinted at this earlier, but looking at substance use history, 90% of the individuals meet the medically diagnosed criteria for a substance use disorder.

Panka [00:25:35] So that's an incredibly high number and another nearly quarter meet the criteria for an additional mental health disorder. A third of the individuals have overdosed before, nearly as many have Narcan administer to them. Most who used heroin in the past year use it every single day. So this is a population that can really benefit from treatment, and they are by no means an occasional user in terms of their characteristics. And then looking at demographics, the majority of the diverted individuals are black men. And then in terms of age, we see something that I think is really interesting and reassuring that when we started this study, the average age of overdose victims in Chicago was 47. I think this numbers potentially somewhat of a surprise to some, at least those who are not directly in the substance use space. And what was fascinating to us is that we see this precisely reflected in the data. The average age of the diverted individuals is 47. So those who do program catches are just the age profile as those who are the highest risk risk of dying of an overdose, which I thought was really important. And I was just reading an article on local overdose patterns in 2021, and that exact age still holds. It is with all the changes the pandemic brought, it is still such a persistent trend that that is the most highest risk age for overdoses. And that is exactly what the profile of the diverted individuals looks like.

Jennifer [00:27:13] Is those the people that this program is reaching?

Panka [00:27:15] Yeah.

Jennifer [00:27:16] Yeah. That's interesting. Okay. So next set of results and perhaps your main your main result. What is the effect of diversion on the likelihood of being arrested again if find that those who are eligible for diversion are significantly less likely to be rearrested subsequently?

Panka [00:27:34] There's a drop of 17 percentage points and it comes from a range of crimes, including drugs, violence and other crimes. And we do a back of the envelope calculation to account for not every eligible person being diverted, and we find a 44% reduction as a treatment on the treated value. So this is 44%. This is a large number, but it is also in line with numbers from smaller LEAD city studies. So we're seeing that this is a really, really promising result on this program, especially because the reduction in violent crimes also suggests a potential increase in public safety in the community. So it looks like it's able to benefit the individual as well as the community.

Jennifer [00:28:19] Yeah, those effects are just huge. So if someone isn't diverted here and they go through the usual system, what would they normally be put on for this type of offense? Would they normally be put on probation or would they serve jail time? What would be the alternative here?

Panka [00:28:37] Most of the individuals don't end up serving jail time. It's generally less than one day in jail. But in terms of what their bail outcomes are, is a piece that we are working on currently.

Jennifer [00:28:50] Okay, so there could be some just thinking about like one might expect several mechanical effect if there is any time spent incarcerated, then you would expect those who are diverted to be re-offending more just because they're out on the street. And the facts of the fact that you're finding such a big reduction in arrests is even more impressive then.

Panka [00:29:10] Yeah, there is kind of a voluntary slash involuntary incapacitation theory that we could think of before the diverted in the ineligible, for the ineligible potentially jail, for the diverted potentially like detox or another substance use treatment provision, but we end up seeing that neither of these lasts any length that would meaningfully affect outcomes.

Jennifer [00:29:34] So they wouldn't explain the results that you're seeing.

Panka [00:29:36] Yeah.

Jennifer [00:29:36] Yeah.

Panka [00:29:37] Exactly.

Jennifer [00:29:38] So you then run a bunch of additional analysis to dig into these results a bit more and confirm that they're showing the causal effect of the diversion program. So maybe pick one or two of your favorite checks and tell us about them and what they show.

Panka [00:29:54] Let me pick two that are related to whether there were behavior changes among the two key groups involved in the process, the police officers and those purchasing drugs. I feel like these two robustness checks kind of go together nicely. So thinking about the police officers, one could imagine changes in police officer behavior in two ways. On the one hand, once the policy rolls out, police officers might hypothetically think that eligible individuals will get diverted out of the criminal justice system anyways, so they could be less likely to make those arrests. On the other hand, one can imagine police officers thinking that it is a really effective way to connect people with counselors. They are right there in the police station, so they might make more arrests, make these connections.

Panka [00:30:37] In practice, we do not observe either of these taking place. The ratio of those who are eligible and ineligible is identical pre and post-program start. So we end up seeing that the officers just continue with their approach before investigating suspicious activity. And I also mentioned looking here that just to give an intuitive explanation as well, is that it's essentially impossible for an officer to determine if a person is eligible without making the arrest and taking the person to the police station, because they would need to know whether the drug is precisely less than one gram, whether the person has passed convictions, all of these are things that they can check well at the police station. So the officer couldn't tell if they're making an eligible or ineligible arrest.

Panka [00:31:23] And then kind of the mirror check of this is the behavior of those who purchase drugs. You could imagine that once the policy goes into effect, the quote unquote, cost of purchasing narcotics in District 11 that the program is running is lower because of the diversion. So people might opt to change their drug purchasing neighborhood. However, we don't observed this to be the case. The ratio of those who are arrested to drugs in 11 and are local to the neighborhood are identical to the pre and post implementation. So we don't see shifts in purchasing locations.

Jennifer [00:31:56] All right. So you've already told us a little bit that Chicago has paid attention to these research results and is expanding the program. But more broadly, for other people listening in other cities, what do you see as the policy implications of these results? Which should other policymakers and practitioners be taking away from all this?

Panka [00:32:15] I think the bottom line is that it is possible to simultaneously reduce the reach of the criminal justice system and connect many, many people with treatment. In this process then we have an additional gain of increased public safety for the neighborhoods. So I think policymakers should take away what Chicago opted to do and run and then expand drug diversion programs.

Jennifer [00:32:35] Are there other papers related to this topic that have come out since you first started working on the study?

Panka [00:32:40] Yes, a really exciting literature that has been expanding along with our study going on is at the intersection of mental health care and crime. The three papers I want to mention here are Monica Deza and coauthors, Mary Kate Batistich and colleagues, and Elisa Jacome and all three find in different contexts that access to mental health care reduces crime.

Panka [00:33:02] So I think this is a really relevant literature for us because of the overlap of substance use and mental health disorders both nationally and then in our sample. And then the other relevant piece here, not an academic paper, but a policy, is the White House's state model law on drug diversion. So this just came out this March, and this act encourages the establishment of drug diversion programs at the state level, and it's essentially a template of suggested legislature legislative provisions. So it's really exciting to see that there is more more and more guidance, as well as more evidence around these programs and how other cities and jurisdictions could implement them.

Jennifer [00:33:46] Yeah, it's interesting. As you mentioned, the other the papers on other health care programs. One thing that has seems to be coming up again and again, and I'm thinking of that study out of LEO by Mary Kate Batistich and colleagues and also the recent paper in Norway, where they look at the health effects of prison. And then your paper ties in here, too, in a way that I hadn't thought about before. The punch line from a

lot of these really seems to be that even in settings where health care is available, right? So any of these people who are connected with health care by these programs could have just walked in presumably--.

Panka [00:34:24] Yes.

Jennifer [00:34:25] Before and gotten this help. And often, you know, we might in a lot of these settings, we probably thought that the care was very salient, like people knew this, that the health care--.

Panka [00:34:34] Yeah.

Jennifer [00:34:34] Was available. And yet these programs seemed to be having big effects just by making the connection by like by actually directly reaching out to somebody and saying, here, well, we'll make that first appointment and get the ball rolling.

Panka [00:34:48] Exactly

Jennifer [00:34:49] And so really, I think it's just really striking how important that relatively small and cheap step is.

Panka [00:34:59] Yeah.

Jennifer [00:34:59] And and. Yeah, and it's relevant in your context, too.

Panka [00:35:02] Yeah, absolutely. A lot of substance use and mental health treatment provider agencies think of this as warm handoff. The idea that one agency is able to connect the individual with another agency support or another provider support very directly. So Mary Kate Batistich's LEO paper, they are looking at people who have just exited jail and they are getting the call about health supports kind of right away. And in our case as well, I emphasize that substance use treatment provider sits right there in the police station. So there isn't there is no way to that connection not to be made. And I think one policy area I would love to look at more and evaluate more is these type of warm handoffs and what they can do at a relatively low cost. Exactly as you said.

Jennifer [00:35:51] Mm hmm. Yeah. It's just amazing how seems like low hanging fruit, right? Like--.

Panka [00:35:56] Yeah.

Jennifer [00:35:56] There's so many policies that are so complicated to implement and so expensive to implement and this idea that we could just yeah, do these warm handoffs more often and that could actually that could reduce re-arrest by 17 percentage points like, that's just, just amazing. I should mention I had David Phillips on the show to talk about that paper on connecting people coming out of jail with mental health care. So I will put a link to that in the show notes as well.

Panka [00:36:25] Yes, please.

Jennifer [00:36:26] All right. So what's the research frontier here. What are the next big questions in this area that you and others are going to be thinking about in the years ahead?

Panka [00:36:34] I think the big question is how to slow down overdoses. There are a number of policy tools and research evaluations at various stages of the opioid distribution and consumption process. And yet we don't have a clear cut answer to reversing the growth in overdose deaths, which has been just huge in the last few years. So I think looking ahead, something that I would love to continue to work on is looking at policies that can be potentially effective at taking bites out of various stages of the opioid epidemic. One piece of that evaluating the extended version of the Chicago program, but I think there is a lot more policies that are just rolling out, kind of, as we discussed at the top, that we could learn so much from.

Jennifer [00:37:22] Yeah, there have been so many smart people thinking about this for so many years, and it's really a bit depressing how much more work there still is, which is, I don't know, maybe this the theme of this show. So another depressing area where we need more work. So I'm glad you're on the case. My guest today is Panka Bencsik from the University of Chicago moving soon to Vanderbilt University. Panka, thank you so much for talking with me.

Panka [00:37:46] Thank you so much for having me. This has been such a pleasure.

Jennifer [00:37:54] You can find links to all the research we discussed today on our website. probablecausation.com. You can also subscribe to the show there or wherever you get your podcasts to make sure you don't miss a single episode. Big thanks to Emergent Ventures for supporting the show and thanks also to our patrons, subscribers and other contributors. Probable causation is produced by Doleac Initiatives, a 501(c)3 nonprofit, so all contributions are tax deductible. If you enjoy the podcast, please consider supporting us via Patreon or with a one time donation on our website. Please also consider leaving us a rating and review on Apple Podcasts. This helps others find the show, which we very much appreciate. Our sound engineer is Jon Keur with production assistance from Nefertari Elshiekh. Our music is by Werner and our logo was designed by Carrie Throckmorton. Thanks for listening and I'll talk to you in two weeks.