A DCI Deliberation Guide

The Opioid Epidemic:

How can institutions of health and government best respond to the opioid epidemic?

Format for Deliberation

Before the Deliberation

I. Read this Deliberation Guide (required)

During the Deliberation

I. Setting Expectations (5 min.)
II. Getting to Know Each Other (15 min.)
III. Assessing Causes of the Opioid Epidemic (15 min.)
IV. Deliberating On Accountability for the Opioid Epidemic (20 min.)
V. Break (5 min.)
VI. Evaluating Different Policy Responses (20 min.)
VII. Deliberating On Government & Policy Responses (30 min.)
VIII. Reflections (10 min.)

Background

Within every statistic lies a story. In 2022, the peak of the opioid epidemic, 84,000 Americans (enough to fill the student body of Davidson College 42 times) died in opioid-related overdoses.[1] Those victims, along with their families, friends, and loved ones, have suffered terrible tragedies: lives cut short too early, empty seats at holiday gatherings, and goodbyes forever left unsaid. This is not only an American problem – globally two thirds of direct drug-related deaths are due to opioids. The United Nations Office on Drugs and Crime estimates that in 2019 an estimated 12.9 million years of "healthy" life were lost around the world due to disability and premature death due to opioid use disorders.[2]

[1] "U.S. Overdose Deaths Decrease in 2023, First Time Since 2018." CDC National Center for Health Statistics. 2024.

[2] World Drug Report Executive Summary. United Nations Office on Drugs and Crime. 2023.

In light of such a devastating epidemic, public health advocates, officials across the political spectrum, and ordinary citizens are asking two simple questions: Why did this happen? And how can we stop it from continuing?

However, before we can tackle the complicated problems of determining causes and solutions to the opioid epidemic, we must pose a far more basic question: what are opioids?[3]

Opioids are a class of medication that, by attaching themselves to particular receptors in the brain, spinal cord, and other parts of the body, reduce moderate to severe pain. There are three primary types of opioids:

- **Natural opiates**, such as morphine and codeine, which are taken straight from the opium poppy.
- Chemically altered forms of natural opiates, such as oxycodone and hydrocodone, which are known as **semi-synthetic opioids**.
- **Synthetic opioids**: These substances, such as methadone and fentanyl, are entirely man-made.

While the term "opioid" is more general and encompasses all drugs—natural, semi-synthetic, and synthetic—that act on opioid receptors, the term "opiate" refers exclusively to the natural compounds found in opium poppies. Although opioids are highly effective treatments for pain in many therapeutic contexts, the opioid crisis poses significant public health issues due, in large part, to their potential to induce tolerance, dependence, and withdrawal.[4]

Even synthetic opioids have valuable uses in modern medicine, enabling immediate pain management in intensive care units, after excruciating surgeries, and for patients with chronic pain. However, by blocking pain signals and causing feelings of euphoria, that potency often leaves an addictive quality that remains long after the recovery they were used for is complete. As a result, a seemingly run-of-the-mill ailment can quickly engender a destructive addiction.

The story of Michelle from Utah is a devastatingly common one in exemplifying the threat posed by opioids.[5] Lacking any history of addiction, Michelle received an opioid prescription after suffering a back injury. From there, her dependency on the "pain pills" escalated, leaving her reliant on them long after her prescription expired, and leading her to resort to illicit means to procure opioids. That spiral—from a fairly innocuous injury to a crippling addiction—is the archetypal story of the opioid epidemic.

---

[3] "Opioids." National Institute on Drug Abuse. 2024

[4] Nadeau, Stephen. Opioids for chronic noncancer pain. *Neurology.* 2015.

[5] "Michelle Willis interview, October 31, 2019 (transcript)." Utah State University Digital History Collections. 2019

History of the Opioid Epidemic

So, how did we get to the point of failing Americans like Michelle through a drug they may never have heard of a few decades ago?

There are distinct phases in the history of the opioid crisis in America. Opium and its derivatives were widely utilized in the 19th century for both recreational and pain treatment purposes. Veterans' widespread use of morphine during and after the Civil War resulted in "soldier's disease," a precursor to opioid dependence.[6] Heroin was first created and marketed as a non-addictive substitute for morphine in the late 1800s, but this claim quickly collapsed when heroin's significant addictive potential was revealed. Strict laws were created in the early 1900s to prevent the abuse of opioids.[7]

After a century of relative calm in the opioid industry, a significant change occurred in the late 1990s. Pharmaceutical companies started aggressively promoting prescription opioids like OxyContin, promising medical professionals that the medications were safe and had little potential for addiction.[8] Prescriptions for opioids increased as a result of updated medical guidelines that promoted treating pain as the "fifth vital sign."[9] Many people developed tolerance and physical reliance after first utilizing these drugs for valid pain management.[10]

By the middle of the 2000s, a considerable increase in heroin use was caused by an increasing number of people turning to illegal sources as prescriptions became insufficient or ran out. Synthetic opioids like fentanyl, which are up to 100 times stronger than morphine, came to dominate the illegal market in the early 2010s and caused an unprecedented number of overdose deaths.[11] Fentanyl has also penetrated other drug markets, with suppliers spiking overdoses by mixing it into their reserves of cocaine, heroin, meth, and other street drugs due to its combination of potency and inexpensiveness. This progression—from early opium use to modern pharmaceutical practices and illicit synthetic markets—forms the tragic backdrop of today's epidemic.

Who to Hold Accountable

Pharmaceutical Companies

While many pharmaceutical companies have relentlessly promoted opioids, no company has attracted the attention and vitriol garnered by Purdue Pharma. Due to its high-profile and

---

[6] "Shooting Up: How War and Drugs Go Together" The Intercept. 2016

[7] "A Brief History of Opioids in the U.S." Johns Hopkins Bloomberg School of Public Health. 2023.

[8] "The history of OxyContin, told through unsealed Purdue documents." STAT News. 2019.

[9] "Moving Beyond Pain as the Fifth Vital Sign and Patient Satisfaction Scores to Improve Pain Care in the 21st Century." Pain Management Nursing. 2019.

[10] "Opioids: cellular mechanisms of tolerance and physical dependence." Current Opinion in Pharmacology. 2005

[11] "Drug Overdose Deaths: Facts and Figures." National Institute on Drug Abuse. 2024

controversial nature, this section will focus on Purdue's culpability as a case study for the accountability of manufacturers.

In 1996, Purdue Pharma launched OxyContin. The company implemented an aggressive marketing campaign, promoting OxyContin as a revolutionary solution for chronic pain with a low risk of addiction.[12] Purdue's marketing strategies led to a dramatic increase in OxyContin sales, from $48 million in 1996 to nearly $1.1 billion in 2000.[13] However, reports of OxyContin misuse and addiction began to surface. Despite growing evidence of widespread abuse, Purdue continued its aggressive promotion of OxyContin, contributing significantly to the burgeoning opioid crisis.

In 2007, the company began facing lawsuits for its role in the deaths of numerous plaintiffs' loved ones. Undeterred despite these legal efforts, Purdue continued to market OxyContin aggressively, and in 2013, Purdue intensified its marketing efforts.[14] This strategy further contributed to the widespread misuse of OxyContin and the escalation of the opioid epidemic.

Consequently, in recent years, Purdue and its owners, the Sackler family (who continue to deny responsibility), have faced significant efforts to hold them accountable through the legal system. After Purdue Pharma declared bankruptcy amid a barrage of lawsuits, the Sacklers looked to settle for $6 billion that the presiding judge approved because it directed damages to victims' families and future opioid prevention efforts.

However, the Supreme Court struck down this arrangement because it gave the Sacklers immunity from future lawsuits.[15] This posed the question of which is more important: quickly dispensing justice to victims, or leaving the opportunity open for more victims to come forward against the Sacklers? A January 2025 settlement checked both boxes, delivering a $7.4 billion settlement without guaranteeing the Sacklers' future immunity.[16]

Despite this section's focus on Purdue, they are not the only company that has developed and marketed opioids. Consider in your deliberations the role of the broader pharmaceutical industry in addition to this particularly notable example.

Doctors

Closely linked to pharmaceutical companies in the spread of opioids across the United States are the people who directly prescribe the opioids: doctors. Receiving high payouts from pharmaceutical firms in exchange for marketing and prescribing their drugs, doctors play a

---

[12] "The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy." American Journal of Public Health. 2009

[13] Ibid.

[14] "An OxyContin advertiser will pay $350 million in the first-ever opioid marketing settlement." CNN. 2024

[15] "Supreme Court blocks OxyContin bankruptcy plan" SCOTUSBlog. 2024

[16] "Sackler family, Purdue Pharma reach $7.4 billion settlement with 15 states over opioid crisis." CBS News. 2025

major role in putting opioids into Americans' hands.[17] Even as the epidemic gained traction across American media and culture, medical professionals continued to prescribe opioids in high numbers, as a 2020 report corroborates.[18]

Despite this frequent finger-pointing at doctors, legal action has been difficult to come by. This is largely a result of *Ruan v. U.S.* (2022), wherein the Supreme Court unanimously raised the bar for convicting medical professionals for causing the deaths of their patients through irresponsible opioid prescriptions.[19] On one hand, defenders of the decision assert that doctors who act in good faith should not be punished for the poor behavior of their clients, which they cannot control. On the other hand, critics of this decision warn that its ruling will embolden greedy medical professionals to engage in the careless pursuit of big pharma contributions.

Foreign Countries

In the White House Fact Sheet justifying the wave of tariffs levied upon Mexico, Canada, and China, the Trump Administration explained it was "taking bold action to hold Mexico, Canada, and China accountable to their promises of… stopping poisonous fentanyl and other drugs from flowing into our country."[20]

China has been frequently attacked by American lawmakers for its reputation as the initial origin of the materials which fuel the opioid epidemic. According to the Brookings Institution, Chinese trafficking networks are the primary global providers of the "precursor chemicals" (the initial ingredients) that become fentanyl and methamphetamines.[21] Many American advocates want China to engage in more thorough efforts to crack down on those criminal networks. China has expressed to the international community a renewed commitment to controlling fentanyl chemicals; however, their regulations apply to only three of the hundreds of potential precursors.[22]

A Congressional Research Service report in December 2024 identified Mexico as another culprit of the opioid epidemic.[23] After Chinese suppliers deliver the precursor chemicals, most US-destined fentanyl is produced in Mexico. From there, some argue, lackluster border enforcement on the Mexican side enables drug traffickers to easily smuggle their products over the southern border. [24] Thus, American critiques of Mexican drug enforcement are twofold,

---

[17] "The more opioids doctors prescribe, the more they get paid." Harvard T.H. Chan School of Public Health. 2018

[18] "Doctors And Dentists Still Flooding U.S. With Opioid Prescriptions." NPR. 2020.

[19] *Ruan v. United States*, 597 U.S. ___ (2022)

[20] "Fact Sheet: President Donald J. Trump Imposes Tariffs on Imports from Canada, Mexico and China." White House. 2025

[21] "The fentanyl pipeline and China's role in the US opioid crisis." Brookings Institution. 2024.

[22] "No, China isn't really suppressing its production of fentanyl precursors." Australian Strategic Policy Institute. 2024

[23] "Illicit Fentanyl and Mexico's Role." Congressional Research Service. 2024.

[24] "How does fentanyl get into the US?" BBC. 2025.

raising concerns about both the production and transportation of fentanyl. In exchange for such an uptick in enforcement efforts, President Claudia Sheinbaum seeks a bilateral agreement where the US cracks down on the smuggling of illegal guns into Mexico.[25]

The case for Canadian culpability in the opioid crisis has garnered more criticism than that of China and Mexico. Canada accounts for well under 1% of the fentanyl entering the US.[26] Nonetheless, two days after Trump signed the punitive tariffs into law, Prime Minister Justin Trudeau announced a plan to crack down on border protection and the spread of fentanyl, showing a willingness to improve on previous efforts.

Nonetheless, efforts by these countries to hold each other accountable do have a cost, not only in terms of economics but also in drug enforcement itself. Gianmarco Graci of Stanford Law School asserts that the US, China, and Mexico have allowed the fentanyl crisis to run rampant by playing the "blame game" instead of engaging in multilateral cooperative efforts to stem the production and flow of the drug.[27]

Policy Responses

Harm Reduction

The idea of harm reduction centers on the idea that enforcement measures cannot completely prevent people from doing drugs.[28] The United States will likely never reach a point where zero people suffer from an opioid use disorder. However, advocates for harm reduction argue that the government can ensure that use occurs under safe conditions. Harm reduction strategies aim to minimize the negative health, social, and legal consequences of opioid use without necessarily requiring abstinence. Here are five key harm reduction approaches to counteract the opioid epidemic:

1. **Naloxone Distribution Programs** – Naloxone (better known by its brand name Narcan) is an opioid overdose reversal drug that rapidly restores breathing in individuals experiencing an overdose. Many harm reduction initiatives focus on making naloxone widely available to drug users, their families, first responders, and community organizations. All 50 states now have some laws allowing access to naloxone, though the levels of accessibility vary greatly by jurisdiction.[29] Critics contend that easy access to

[25] "Mexico opens two-front war on US guns." Courthouse News Service. 2025.

[26] "Negative side effects: How fentanyl has poisoned relations between the US and Canada." Global Initiative Against Transnational Crime. 2025

[27] "The Fentanyl Blame Game: How Mexico, the United States, and China Avoid Coordinated Efforts." Stanford International Policy Review. 2023

[28] "Harm Reduction Framework." SAMHSA.

[29] "State Naloxone Access Rules and Resources." SAFE Project.

naloxone might reduce the perceived danger of overdose, potentially encouraging continued opioid use.[30]

2. **Supervised Consumption Sites (Safe Injection Facilities)** – These are legally sanctioned spaces where individuals can use pre-obtained drugs under medical supervision. Staff provide sterile equipment, monitor for overdoses, and offer access to treatment and other social services. Studies show these sites reduce fatal overdoses and disease transmission. Opponents argue that such sites could normalize drug use and attract more drug-related activities to the community.[31]
3. **Medication-Assisted Treatment (MAT)** – MAT involves the use of medications like methadone, buprenorphine, or naltrexone to help individuals manage opioid dependence. These medications reduce cravings and withdrawal symptoms, improving the likelihood of long-term recovery. Some claim that substituting one opioid for another in MAT may simply perpetuate dependency rather than leading to full recovery.[32]
4. **Needle Exchange Programs (Syringe Services Programs)** – These programs provide sterile syringes and safe disposal for used needles to prevent the spread of infectious diseases such as HIV and hepatitis C. Many also offer referrals to treatment, primary healthcare, and other support services. Detractors say that providing clean needles could implicitly condone drug use, lessen the incentive to seek complete abstinence, and create a black market for clean needles.[33]
5. **Fentanyl Test Strips and Drug Checking Services** – Since illicit opioids are frequently contaminated with fentanyl, fentanyl test strips allow users to detect the presence of fentanyl in their drugs. Some harm reduction centers also provide advanced drug-checking technology to analyze substances before use. Skeptics worry that these services might create a false sense of security, potentially encouraging riskier drug-taking behaviors.[34]

Portugal provides a case study of harm reduction in action. By decriminalizing drugs, providing easy access to care, and cracking down on drug traffickers, Portugal stopped its nascent heroin and opioid epidemics before they could explode. Over the past two decades, it has reduced drug-related deaths by 80%, leaving harm reduction advocates enthusiastic about its potential here in the US.[35]

On the contrary, the case of Oregon has given opponents of harm reduction counter evidence in the drug policy debate. In 2020, Oregon voted to decriminalize numerous drugs and invest additional money in harm reduction/treatment programs. The policy's stated goal of reducing overdose deaths was unsuccessful, as in 2023, drug overdose deaths rose 33% in Oregon even

---

[30] "Naloxone "Moral Hazard" Debate Pits Economists Against Physicians." Annals of Emergency Medicine. 2018

[31] "Opposition of Safe Injection Sites." International Association of Chiefs of Police. 2017

[32] "Debunking Myths About Medication-Assisted Treatment." Cumberland Heights. 2025

[33] "Needle Exchange Program Creates Black Market In Clean Syringes." NPR. 2015

[34] "Differences in drug use behaviors that impact overdose risk among individuals who do and do not use fentanyl test strips for drug checking." Harm Reduction Journal. 2023.

[35] "Portugal's Harm Reduction Policies Seem to be Working." American Addiction Centers. 2022

as they declined nationwide.[36] Four years later, amid a backlash against the perceived negative results of the harm reduction experiment, voters opted to return to the state's previous conventional position on drugs, leading some to argue that an intense harm reduction regime has no future in the US.[37]

Law Enforcement & Abstinence

The law enforcement & abstinence approach to opioid policy does not concede that illicit opioid use is inevitable. Instead, it seeks to protect Americans by taking the opioids out of their hands to begin with. This approach uses the "stick" of greater penalties—for both the suppliers and users of drugs—to reduce their prevalence in society.

Singapore provides the best global example of this style of drug policy in action.[38] Believing that drugs are cancerous to society, Singapore frequently executes drug dealers and imposes harsh penalties on users to dissuade them from playing any role in drug trafficking. Enjoying one of the lowest rates of opioid abuse around the globe and a declining drug arrest rate, Singapore has been successful in reducing the proliferation of narcotics.

On the law enforcement side, this approach requires going after the large cartels and criminal networks supplying the lion's share of fentanyl and other illegal synthetic opioids. This requires investing in many different arms of law enforcement such as cooperating with international criminal authorities to raid the largest suppliers, tightening up on border security to prevent drugs from being smuggled in from abroad, and ensuring that city police forces crack down on local dealers. By having a presence at every step from creation to distribution, law enforcement can take away drugs before people have the chance to consume them.

However, if law enforcement methods cannot fully eradicate the presence of drugs, complementary policies rooted in abstinence – refraining from all drug use – can simultaneously reduce the appeal of use. Abstinence-based policies are based on the assumption that any use of drugs is too risky and should be avoided at all costs. By implementing strict criminalization and zero-tolerance enforcement of drug offenses, along with supplemental measures like drug-free workplaces and mandatory abstinence-based rehabilitation, drug hawks argue that fewer Americans will find drugs desirable in light of such steep costs.

Critics of this approach point to two costs. For one, this hawkish approach within the US has been largely unsuccessful over the past few decades, with over 80% of Democrats, Republicans, and independents all agreeing that the War on Drugs has been a failure, increasing incarceration rates without yielding significant reductions in drug use.[39] Additionally, this

---

[36] "Deaths from drug overdoses surged nearly 33% in Oregon last year." Oregon Public Broadcasting. 2024

[37] "Oregon pioneered a radical drug policy. Now it's reconsidering." NPR. 2024

[38] "Singapore is winning the war on drugs. Here's how." Washington Post. 2018.

[39] "The War on Drugs Failed — Lawmakers Must Meet the Fentanyl Crisis With New Solutions." ACLU. 2022

strategy can come at the expense of human rights. Amnesty International contends that executions in Singapore for drug trafficking are "arbitrary and unlawful."[40]

Preventative Measures for the Next Epidemic

Even as legislators, medical professionals, and citizens remain on the front lines fighting the opioid epidemic, it is never too early to simultaneously get ahead on preventing the next American drug epidemic before it occurs. Here are four potentially promising ways that we can prevent the next would-be pandemic:

1. **Implement Science-Based Prevention Education:** Advocates of this approach argue that it is time to develop and deploy prevention programs that are rooted in credible research. The opioid epidemic shows that even educated adults are prone to the powerful combination of potent drugs and tactful advertising. These initiatives should target youth and high-risk communities through schools, community centers, and digital platforms. By incorporating peer-led education and using evidence-based messaging, we can counteract the misinformation and aggressive marketing tactics that often drive drug misuse. However, critics argue based on prior failures in drug education that overly technical messaging may fail to resonate with youth and high-risk communities, potentially sparking unintended curiosity about drug use.[41]
2. **Enhance Data-Driven Surveillance and Early Intervention Systems:** Investing in advanced surveillance technologies and analytics to monitor drug trends in real-time could pay major dividends down the road. Modern prescription monitoring, artificial intelligence, and community-based data collection can identify emerging patterns of misuse early—allowing public health agencies to intervene before problems escalate into full-blown epidemics. Opponents contend that extensive monitoring could breach privacy and expose vulnerable populations, deterring them from seeking help.[42]
3. **Foster Greater Collaboration Between Nations & Institutions:** The opioid epidemic demonstrated that it takes all of us—from different federal agencies to foreign governments to non-governmental organizations—to effectively strike back against a deadly epidemic. By reinforcing bonds created while responding to the opioid epidemic and building new connections designed to take out the next crisis, institutions can make emergency responses easier, quicker, and stronger. Critics warn that increased collaboration under a single umbrella might create bureaucratic delays, privacy violations, and unclear accountability, ultimately slowing down emergency responses.[43]
4. **Strengthen Regulation and Oversight of Pharmaceutical Marketing and Prescribing Practices:** For some, the opioid epidemic has demonstrated the need to reform laws and tighten regulations so that pharmaceutical companies and prescribers are held

[40] "Singapore: Arbitrary and unlawful execution for drug-related offence shows disregard for human rights." Amnesty International. 2023

[41] "A Critique of Current Youth Drug Addiction Policy." Evidence Based Society. 2018

[42] "America Is Doubling Down on Sewer Surveillance." The Atlantic. 2024

[43] "Data Necessary to Develop a Sentinel Surveillance System for Drug Use by Drivers in Crashes." AAA. 2019

accountable. This includes mandating transparent reporting of marketing expenditures and prescribing data, improving prescription drug monitoring programs, and enforcing penalties for misleading claims. From this view, such measures can help prevent overprescription and the diversion of medications that spark abuse. Others claim that tighter regulations could restrict legitimate access to necessary pain management and overburden healthcare providers.[44]

Setting Expectations (5 min.)

In this section, we will review the "Expected Outcomes," Deliberative Dispositions," and "Conversation Agreements" below.

Expected Outcomes of the Conversation

The purpose of this deliberation is to deepen our understanding of the causes and consequences of the opioid epidemic and formulate responses to both this crisis and future drug epidemics. Over the course of the deliberation, we will have the opportunity to listen to the perspectives of our fellow deliberators as well as share our own thoughts about the topic. Finally, we will have reflected on our conversation, our areas of agreement and disagreement, and what we have learned from our time together.

Deliberative Dispositions

The DCI has identified several "deliberative dispositions" as critical to the success of deliberative enterprises. When participants adopt these dispositions, they are much more likely to feel their deliberations are meaningful, respectful, and productive. Several of the Conversation Agreements recommended below directly reflect and reinforce these dispositions, which include a commitment to egalitarianism, open mindedness, empathy, charity, attentiveness, and anticipation, among others. A full list and description of these dispositions is available at https://deliberativecitizenship.org/deliberative-dispositions/.

Conversation Agreements

In entering into this discussion, to the best of our ability, we each agree to:

1. Be authentic and respectful
2. Be an attentive and active listener
3. Be a purposeful and concise speaker
4. Approach fellow deliberators' stories, experiences, and arguments with curiosity, not hostility
5. Assume the best - and not the worst - about the intentions and values of others, and avoid snap judgements

[44] "The Other Opioid Epidemic." American Society of Hematology. 2021

6. Demonstrate intellectual humility, recognizing that no one has all the answers, by asking questions and making space for others to do the same
7. Critique the idea we disagree with, not the person expressing it, and remember to practice empathy
8. Note areas of both agreement and disagreement
9. Respect the confidentiality of the discussion
10. Avoid speaking in absolutes (e.g., "All people think this," or "No educated people hold that view")

Getting to Know Each Other (10 min.)

In this section, we will take less than a minute to share our names and 2-3 aspects of our identities that are important to us. These could be our gender pronouns, our occupation, our family status (e.g., husband, mother, etc.), our hometown, our favorite hobby, etc. Please also explain briefly why these aspects of your identity are important to you. If you are online, while there is no pressure to do so, everyone is welcome to type in any, all, or none of these aspects of your identity into your Zoom nameplate after your name (just right-click on your own image and click "Rename").

1. What childhood memory makes you smile?
2. If you had unlimited money to start a business, what kind of business would you create?

Assessing Causes & Effects of the Opioid Epidemic (15 min.)

In this section, we will review the complex and painful history of the opioid epidemic. After everyone has spoken once, the group is welcome to take a few minutes for clarifying or follow-up questions and responses. Continue exploring the topic as time allows.

1. What factors were most significant in driving the opioid epidemic?
2. Which effects of the opioid epidemic are most significant?

Deliberating On Accountability for the Opioid Epidemic (20 min.)

We will now examine the particular roles of a few actors in the opioid epidemic—namely, pharmaceutical companies and foreign countries—to assign accountability. We will each take 1-2 minutes to answer the question below, without interruption or crosstalk. After everyone has spoken once, the group is welcome to take a few minutes for clarifying or follow-up questions and responses. Continue exploring these questions as time allows.

1. To what extent should pharmaceutical companies who manufactured and promoted the use of opioids be held responsible for the epidemic?

2. To what extent should doctors who over-prescribed opioids be held responsible for the epidemic?
3. To what extent should particular countries such as China, Mexico, and Canada who manufactured and promoted the use of opioids be held responsible for the epidemic?

Break (5 min.)

Evaluating Different Policy Responses (20 min.)

In this section, we will discuss the different models for opioid policy responses to see which ones seem especially promising or ill-advised. We will each take 1-2 minutes to answer the following questions below, without interruption or crosstalk.

1. What are the benefits and costs of an approach to the opioid epidemic oriented around harm reduction?
2. What are the benefits and costs of an approach to the opioid epidemic oriented around law enforcement?
3. What are the benefits and costs of an approach to the opioid epidemic oriented around abstinence?
4. Which drug policy case studies (e.g., Portugal, Singapore, Oregon) seem most appealing or unappealing? Why?

Deliberating On Government & Policy Responses (30 min.)

Together we will now look to the future to chart a path for the US government and other institutions around the globe to tackle the opioid epidemic. We will each take 1-2 minutes to answer the questions below, without interruption or crosstalk.

1. How should government funding be allocated between treatment, domestic prevention, and international drug trafficking enforcement to address the crisis most effectively?
2. How should nations and institutions cooperate to stop the spread of the opioid epidemic?
3. What steps should be taken to prevent future drug crises like the opioid epidemic?

Reflections (10 min.)

While today's conversation is an important step in the journey, effectively balancing student expression with the other responsibilities of universities is necessarily an ongoing effort. Please reflect on the insights from your discussion with your fellow participants today, and then answer one of the questions below without interruption or crosstalk. After everyone has answered, the group is welcome to continue exploring additional questions as time allows.

1. What was most meaningful or valuable to you during this deliberation?
2. Where are the areas of both agreement and disagreement in your group?
3. Have any new ways to think about this issue occurred to you as we have talked today? Any new ideas that might transcend our current way of conceiving of the problems and potential solutions?
4. Was there anything that was said or left out from the discussion that you think should be addressed with the group? Are there any perspectives missing from this conversation that you feel would be important to hear?
5. What did you hear that gives you hope for the future of conversations about the opioid epidemic?
6. Is there a next step you would like to take based upon the deliberation you just had?

About This Guide

Writer: Casey Scheiner ‘28

Executive Editor: Graham Bullock

The Deliberative Citizenship Initiative

The Deliberative Citizenship Initiative (DCI) is dedicated to the creation of opportunities for Davidson students, faculty, staff, alumni, and members of the wider community to productively engage with one another on difficult and contentious issues facing our community and society. The DCI regularly hosts facilitated deliberations on a wide range of topics and organizes training workshops for deliberation facilitators. To learn more about these opportunities, visit www.deliberativecitizenship.org.

DCI Deliberation Guides

The DCI has launched this series of Deliberation Guides as a foundation for such conversations. They provide both important background information on the topics in question and a specific framework for engaging with these topics. The Guides are designed to be informative without being overwhelming and structured without being inflexible. They cover a range of topics and come in a variety of formats but share several common elements, including opportunities to commit to a shared set of Conversation Agreements, learn about diverse perspectives, and reflect together on the conversation and its yield. The DCI encourages conversations based on these guides to be moderated by a trained facilitator. After each conversation, the DCI also suggests that its associated Pathways Guide be distributed to the conversation’s participants.

DCI Pathways Guides

For every Deliberation Guide, the DCI has also developed an associated Pathways Guide, which outlines opportunities for action that participants can consider that are related to the covered topic. These Pathways Guides reinforce the DCI’s commitment to an action orientation, a key deliberative disposition. While dialogue and deliberation are themselves important contributors to a healthy democracy, they become even more valuable when they lead to individual or collective action on the key issues facing society. Such action can come in a range of forms and should be broadly understood. It might involve developing a better understanding of a topic, connecting with relevant local or national organizations, generating new approaches to an issue, or deciding to support a particular policy.

If you make use of this guide in a deliberation, please provide attribution to the Deliberative Citizenship Initiative and email dci@deliberativecitizenship.org to tell us about your event. To access more of our growing library of Deliberation Guides, Pathways Guides and other resources, visit www.deliberativecitizenship.org/readings-and-resources.