NATIONAL ISSUES FORUMS

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What Should We Do about the Opioid Epidemic?

One Way to Hold a Deliberative Forum

1.
Introduce the issue to be deliberated.

2.
Ask people to describe how the issue has affected them or their families.

3.
Consider each option one at a time. Allow equal time for each. What is attractive? What about the drawbacks?

4.
Review the conversation as a group. What areas of common ground were apparent? Just as important: What tensions and trade-offs were most difficult?

Ground Rules for a Forum

Before the deliberation begins, it is important for participants to review guidelines for their discussion:

- **Focus on the options.**
- **All options should be considered fairly.**
- **No one or two individuals should dominate.**
- **Maintain an open and respectful atmosphere.**
- **Everyone is encouraged to participate.**
- **Listen to each other.**

About This Issue Guide

The opioid epidemic sweeping the country affects virtually every American, directly or indirectly, often in deeply personal ways. This guide is designed to help people deliberate together about how we should approach the issue. The three options presented here reflect different ways of understanding what is at stake and force us to think about what matters most to us when we face difficult problems that involve all of us and that do not have perfect solutions.

The issue raises a number of difficult questions, and there are no easy answers:

- Should we consider de-criminalizing the use of drugs and focus on dealers and distributors, or does that invite more young people than ever to give dangerous drugs a try?
- Should we do more to strictly enforce current drug laws on dealers and users alike, or will that simply create a revolving door of largely nonviolent offenders through already overcrowded jails?
- Should we recognize that drug addiction is a public health problem and provide treatment centers for everyone who needs them, or does this do little to prevent people from becoming addicted in the first place?
- Should we do much more to regulate the health-care professions and pharmaceutical companies, which have played a central role in prescribing and distributing opioids, or will this approach cause serious suffering for many patients who depend on opioids to relieve chronic pain?

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The concerns that underlie this issue are not confined to party affiliation, nor are they captured by labels like “conservative” or “liberal.”

The research involved in developing the guide included interviews and conversations with Americans from all walks of life, as well as surveys of nonpartisan public-opinion research, subject-matter scans, and reviews of initial drafts by people with direct experience with the subject.

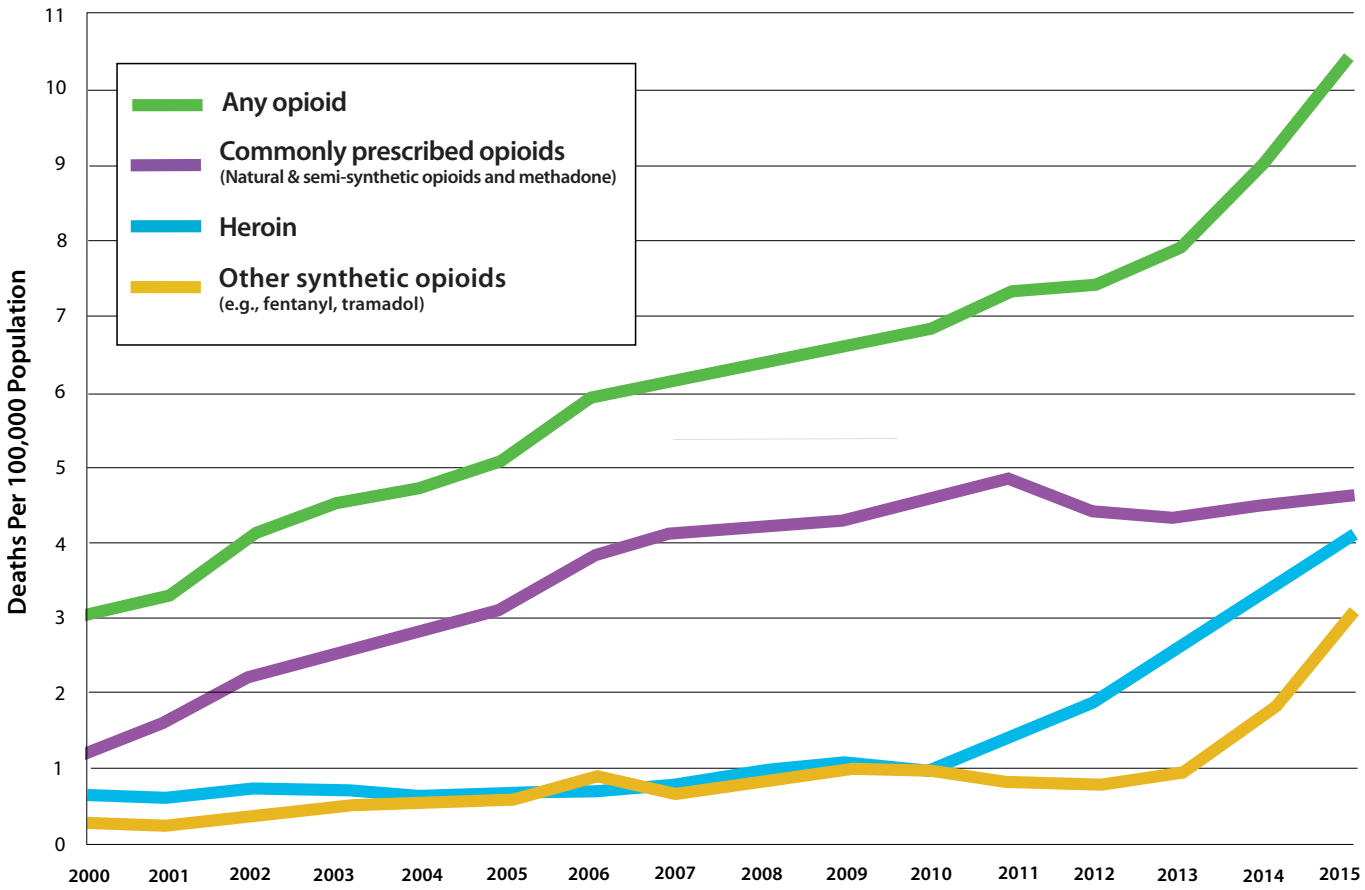
What Should We Do about the Opioid Epidemic?

DRUG ABUSE, a problem the United States has faced for decades, has taken a sharply more lethal turn with the rise of opioids—both legal pain-killers, such as oxycodone and fentanyl, and illegal ones like heroin. Drug overdoses are now the leading cause of death among Americans under 50.

More than 64,000 Americans were killed by drug overdoses in 2016, according to the Centers for Disease Control. That is worse than the death toll at the peak of the HIV epidemic in 1995 and more than the number of US combat deaths in the entire Vietnam War. At least two-thirds of those 2016 drug deaths were caused by opioids.

The medical examiner's office in Montgomery County, Ohio, was so overrun with overdose deaths in early 2017 that it had to

Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, Ga: US Department of Health and Human Services, CDC; 2016. https:/cdc.gov/

store some of the bodies in a local funeral home. Later that year, the epidemic was officially declared a national public health emergency.

"This epidemic involved more users and far more death than the crack plague of the 1990s, or the heroin plague in the 1970s, but it was happening quietly," writes Sam Quinones in *Dreamland: The True Tale of America's Opiate Epidemic*. "Kids were dying in the Rust Belt of Ohio and the Bible Belt of Tennessee. Some of the worst of it was in Charlotte's best country club enclaves."

What started as an effort by doctors and drug companies to address patients' pain symptoms has mushroomed into a serious public health emergency. In the last year, doctors wrote more than 236 million prescriptions for opioids, or about one for every American adult. But many patients became addicted to the painkillers as their bodies began to tolerate higher and higher doses. And, too often, if they could no longer get prescriptions, they switched to the illegal narcotic heroin; then came the even deadlier synthetic fentanyl.

Now drug abuse is so widespread it is even affecting productivity—some employers say they can't fill positions because too many applicants fail a drug test. The Federal Reserve reports that opioid addiction may be shrinking the number of job applicants because it is keeping otherwise able-bodied people out of the workforce.

The problem exists in almost every community throughout the United States, though it has hit hardest

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This baby was born prematurely in Colorado Springs with neonatal abstinence syndrome. Her mother had been taking a synthetic opioid prescription during her pregnancy to recover from an addiction to heroin.

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Medical workers and police treat a woman who overdosed on heroin on July 14, 2017, in Warren, Ohio. In 2016, Ohio was the leader in the nation's overdose deaths.

in the Northeast, the Midwest, and Appalachian regions, where joblessness and poverty have hollowed out many small towns and left families in desperate circumstances. In 2017, police in Cincinnati, Ohio, estimated that officers and paramedics spent at least 102 hours tending to overdose patients in one week. Responding to the crisis is straining the budgets of many small towns and counties.

Doctors and nurses now see the epidemic's effects on the next generation—a wave of babies born addicted to painkillers or heroin. Sara Murray and Rhonda Edmunds, nurses in Huntington, West Virginia, founded Lily's Place, a facility for addicted babies and their mothers. "The devil has come to Huntington," Murray said on CNN. "We have generational addiction and that's their normal. It was their mother's normal. It was their grandmother's normal. And now, it's their normal."

What should we do to reduce the opioid epidemic facing our communities?

This issue advisory presents three options for deliberation. Each option offers advantages as well as drawbacks. If we increase enforcement, for example, this may result in putting many more people in prison. If we reduce the number of prescriptions written, we may increase suffering among people with painful illnesses.

Each option is based on differing views about what we hold most valuable. Each represents a general direction and suggests a number of actions that can be carried out by different people or groups.

Option 1: Focus on Treatment for All

DRUG ABUSE AND OVERDOSES are not a new problem in the United States: the rise of heroin in the 1960s and cocaine in the 1970s amply demonstrated the dangers of addictive drugs. Unlike those recreational drugs, which were clearly illegal and first became popular in large cities, opioids began as legal prescription medications and first became a major problem in rural areas, where communities had fewer resources to grapple with the epidemic.

According to this option, this is first and foremost a threat to public health, and we are not devoting enough resources to treatment to make real headway in turning around the epidemic.

There are waiting lists in many areas for opioid addiction medications like Suboxone. And in some parts of Ohio, one of the states hardest hit by the epidemic, it can take up to a month for an addicted individual to begin treatment.

"[We should] have services available the hour that people with substance use problems seek it," wrote John Shinholser, president of the McShin Foundation, in the *Huffington Post*. The McShin Foundation offers intervention and recovery services for drug addiction. "We already have these services, but we need them to be widespread and readily available. . . . We also need to build out accredited, authentic recovery community centers, complete with recovery residence living."

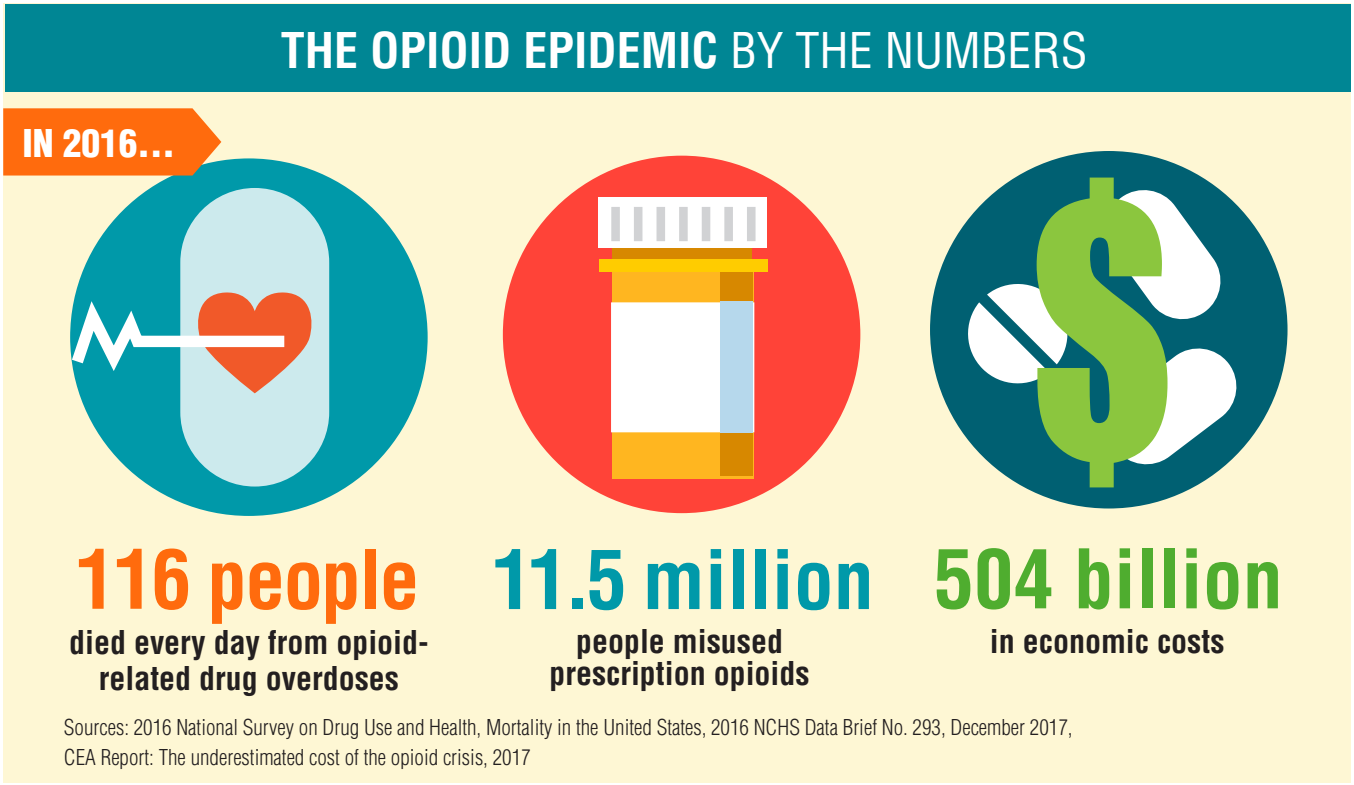
This option holds that in an emergency like this, the sooner we invest the necessary resources, the more lives we will save and the more costs to society we can offset. Consider that deaths from opioid overdose have risen sharply in the last four years and do not show any signs of abating. It is very possible that opioids could kill half a million Americans or more in the coming decade.

In 2016, Congress authorized spending $1 billion to combat the epidemic, but it probably will take far more than that.

"Crises in a nation of 300 million people don't go away for $1 billion," said Keith Humphreys, a professor and drug-policy researcher at Stanford University, to the online magazine *Vox*. "This is the biggest public health epidemic of a generation. Maybe it's going to be worse than AIDS. So we need to go big."

We know what works; it simply takes trained professionals, buildings, and money. In this view, we should open more treatment centers, especially in rural counties, begin training more people in addiction recovery, and focus on long-term treatment.

At the same time, the pharmaceutical companies, which were instrumental in launching the opioid epidemic and still profit from it, should help contribute to the solution. Multiple states and counties have sued those companies over their marketing and sales of opioids. This option says that if the drug companies don't step up voluntarily, legislators and judges should compel them to pay into a fund for helping people with addictions recover.



What We Should Do

Expand Treatment Centers

In city after city, professionals who deal with opioid addiction daily say the same thing: we need more focus on treatment for a very difficult illness, especially long-term and in-house treatment.

"That's sort of the nature of any chronic disease," said Deborah Richter, MD, an addiction medicine specialist in Burlington, Vermont, in the online magazine *Vox*. "Happens with diabetics. Gain, lose weight. Follow their sugars, don't follow their sugars. Not unlike that. So it's something to be expected. . . . That's really where society has to change [its] attitude about addiction—recognizing it's not like pneumonia, where you can take an antibiotic for 10 days and you're all better."

Vermont has established one model for dealing with drug addiction that seems to be working. The first step has been simply committing more money and more people to the problem. From 2014 to 2017, the state was able to increase the number of addicted people receiving treatment from 1,751 to 3,148, and the waiting list for treatment shrank to one-fifth what it had been.

Second, Vermont built a system it calls the "hub and spoke," which begins with the patient receiving intensive treatment from a team of doctors, nurses, and counselors in the "hub," a center that provides the most supervision; then, as they see progress, they move each patient out to a "spoke" for specific outpatient services that are needed. If a patient relapses, they move back into the "hub."

Other states are now considering adopting the concept after Vermont saw its rate of overdose deaths drop below national and regional averages.

Mandate Insurance Coverage

Only about 10 percent of Americans with substance-abuse problems receive the treatment they need, the US Surgeon General reported in 2016. Other federal and private studies have reached the same conclusion. Often, people who are addicted either lack health insurance or don't know what's covered in their policies.

One way to address this is to end discrimination by private health insurers against addiction and mental health treatment coverage. A 2008 law required the same level of benefits for mental health and addiction treatment as for treatment of physical illnesses but, eight years later, a federal task force found that these requirements had not been fully

Ashley Gardner, 34, takes a dose of methadone at a treatment center in Chatsworth, Georgia. Her addiction started in the seventh grade as a way to numb the pain after she was sexually assaulted.

©AP Photo/Chris Post

Nurse Kim Gates draws blood from Heidi Wyandt, 27, at the Altoona Center for Clinical Research in Altoona, Pennsylvania, on March 29, 2017, where Wyandt is helping test an experimental non-opioid pain medication for chronic back pain related to a work-related injury she received in 2014.

enforced with insurance companies and many patients did not know what their rights were.

According to *USA Today*, Linda Ventura, of Kings Park, New York, was told by her insurance company that her son, Thomas, would have to "fail first" as an outpatient before it would pay for inpatient treatment for his heroin addiction. Thomas later died of a heroin overdose. "If you relapse, the insurance company says, 'We paid for this before. We're not paying for it again,'" said Ventura. "But if you come out of remission with cancer, do they say, 'You had four treatments. We're not paying?'"

Require Drug Makers to Help

OxyContin, one of the best-known prescription opioids, has generated nearly $35 billion in revenue for its manufacturer in the last 20 years, the *Los Angeles Times* reported in 2016. As prescriptions of the drug have dropped off in the United States, efforts to market it worldwide have increased.

Some states and communities have learned that drug manufacturers seem to have targeted them for more sales. The *Charleston Gazette-Mail* in West Virginia found that, in a 6-year period, drug makers sent more than 780 million doses of opioid painkillers to that state—which has a population of 1.8 million—even as the death rate from overdoses soared. Congress is now investigating those shipments.

Awareness of the drug makers' apparent role in the opioid epidemic has led to calls in many places for companies to take greater responsibility for their actions. The Teamsters union, which sees the effects of addiction in the communities where its members live, has even used its stockholder power in the drug companies to demand reforms and pay cuts for their executives. "Our nation's health-care companies should be in the business of saving lives, not destroying them," said Ken Hall, General Secretary-Treasurer for the Teamsters, in the *Nation*.

We should continue to press the drug companies not only to help pay for the costs of addiction, but also to step up research into less-addictive painkillers. States and the federal government also should ensure that any money they recover in court from the manufacturers goes directly into treatment programs.

Trade-Offs and Downsides

■ Treatment helps people, but it doesn't slow the epidemic. This option would do little to stop people from becoming addicted in the first place. As the number of people who are addicted rises, ambitious treatment programs become more difficult to carry out.

■ Putting the blame on pharmaceutical companies and extracting steep fines could have a chilling effect on research and development into new pain relievers if pharmaceutical companies decide the risk is too high.

■ Our health insurance system is already feeling the strain from additional coverage required by the federal government. Adding the costs of addiction treatment would make that worse.

Questions for deliberation . . .

1. Where does the responsibility lie for addiction—with drug companies that promote powerful, addictive pain medications, with doctors who encourage their patients to take them, or with people who are unable to limit their own consumption?

2. It may not be a coincidence that the worst of the opioid epidemic is in states like West Virginia and Ohio where many small towns are struggling economically. Should we first be addressing underlying community problems—such as joblessness or lack of education—that lead to addiction?

3. People who are addicted often cause pain and damage to their friends, families, and the community. If we treat addiction as a health problem, how can we ensure that people still face the consequences of their actions?

Option 2:
Focus on Enforcement

THE CURRENT OPIOID EPIDEMIC began with legitimate prescriptions for pain, but its continuing growth is fed by a large network of crime. Many people who are addicted steal medications and commit robberies to support their habit. Dealers sell oxycodone, fentanyl, and heroin on the street and through the Internet. Unscrupulous drug distributors ship millions of doses to illegitimate "pharmacies." Some doctors sell prescriptions outright to people who are addicted.

All of these crimes contribute to countless deaths by overdose, and many lead to murders and damaged lives for innocent bystanders. Often, they devastate small towns with the least resources to fight back.

"It's just running the neighborhoods down," said Levi Hogan, owner of the Roll-a-Rama skating rink in Huntington, West Virginia, on *PBS NewsHour*. "It's running the businesses off. Running off the people who would spend money here, who are trying to do good here, running them all off."

This option says that we already have the necessary laws in place, so our highest priority should be keeping our communities safe. We need to say, clearly and unequivocally, that we will not accept such threats to our communities. Closing our eyes to these dangers only makes the problem worse. Strong enforcement measures are needed, including crackdowns and harsher sentences for dealers, distributors, and overprescribing doctors.

In 2017, Florida lawmakers approved longer prison sentences for fentanyl dealers after the drug helped cause more than 800 overdose deaths statewide in the first 6 months of 2016 alone. Just 4 grams of this drug can kill between 1,000 and 2,000 people according to Palm Beach County State Attorney Dave Aronberg. "We're not talking about small possessors here. We're talking about people with enough fentanyl to commit mass murder." This option calls for vigorous efforts intended to prevent drug addiction in the first place, by focusing on enforcement. One critical step would be employing tougher measures to cut off the supply of drugs at the source. That means restricting the amount of opioids prescribed legally as well as interrupting the supply chain of illegal opioids on the Internet and across our borders. The expansion of mandatory drug testing for more workers would be another helpful step in the right direction.

In the long run, according to this option, a tough approach is often the most compassionate. As Ed Gogek, a psychiatrist who specializes in addiction, wrote in *Newsweek*, "It's true we need to treat substance abuse. But the threat of jail is often what makes treatment work. According to the National Survey on Drug Use and Health, nearly 90 percent of substance abusers don't think they have a problem and don't want treatment. If we want them to get clean and sober and stay that way, we have to make them do it."

A police officer searches a young man arrested for heroin possession in East Liverpool, Ohio. A small child safety seat was strapped into the back seat, a syringe nearby.

What We Should Do

Get Tough on Dealers

To deal with the illegal, nonprescription part of the opioid crisis, we need to crack down hard on dealers and distributors. If addicted people can't find the drugs, it will make it easier to move them into treatment.

One way more than 20 states have responded is the "drug delivery resulting in death" charge, filed against dealers who sell a dose that kills someone. This gives law enforcement a way to hold dealers accountable for the dangerous substances they sell.

In Nashua, New Hampshire, a dealer received a sentence of 10 to 40 years for supplying a lethal dose of fentanyl to one user. Prosecutors noted that he continued to sell the drugs after learning of one woman's death. "He had no pause from what he had done, knowing full well he had killed that girl," said DEA agent Jon DeLena in the *Washington Post*. "It didn't slow him down at all."

According to this option, more states should pass similar laws, and law enforcement should not hesitate to use them. Communities deserve to be able to protect their citizens, even from their own bad choices, and no neighborhood wants a drug dealer in its midst.

We should also go after dealers on the Internet, shutting down websites and going after companies to halt that illicit trade. The United States should be willing to use hackers and other cyberwar methods just as it does with other illegal activity, such as terrorism.

Finally, we should routinely give police search warrants to go through dealers' cell phones for information on their accomplices.

Police officers in Rockcastle County, Kentucky, arrest alleged dealers as part of a large-scale round-up of drug traffickers in eastern Kentucky.

Limit What Doctors Prescribe

Most physicians try to be responsible about prescribing opioids, especially since the risks of abuse have become more apparent. But a few have taken advantage of the situation to profit. Federal prosecutors described one physician in Richmond, Virginia, as a "one-man opioid epidemic" and convicted him of multiple counts of drug dealing. Others have been jailed around the country on similar charges.

In 2017, New Jersey passed a law reducing the permitted length of a doctor's initial prescription of opioids for a patient from 30 days to 5 days. Nine other states have taken similar steps, and this option calls for all states to follow suit.

While there is concern over the effect this could have on people with chronic, genuine pain, there is evidence that

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Henri Wetselaar, a 93-year-old pain management doctor, was sentenced August 1, 2017, in Las Vegas to 10 years in prison for illegally writing prescriptions for oxycodone and other painkillers that ended up in the hands of dealers and people addicted to drugs.

opioids are not the best course for pain treatment, especially when balanced against the risk of addiction.

"In fact, several studies have showed that use of opioids for chronic pain may actually worsen pain and functioning," Dr. Thomas Frieden and Dr. Debra Houry wrote in the *New England Journal of Medicine* in 2016. "Whereas the benefits of opioids for chronic pain remain uncertain, the risks of addiction and overdose are clear."

One of the clearest signs that we have been on the wrong track is that doctors in other nations do not prescribe opioids for pain nearly as frequently as they do in the United States. As CNBC reported in 2016, the United States consumes about 80 percent of the global supply of opioids. Americans' reliance on opioids is unnecessary and doctors need to shift to other forms of pain treatment.

Expand Mandatory Drug Testing

We need to send a clear signal that drug use is unacceptable, and one way to do that is to require drug testing more widely—for people receiving public assistance and for teachers, public employees, and people in other sensitive occupations. Perhaps the strongest indication that this is a problem in the workplace is that some employment websites allow applicants to filter their job searches to include only positions that don't require a drug test.

A study by Goldman Sachs found that opioid use is one of the strongest factors keeping otherwise able-bodied people out of the job market—but also provides evidence for why we should be testing for drugs more often. One of the study's authors, economist David Mericle, told CNN, "The opioid epidemic is intertwined with the story of declining prime-age participation, especially for men."

In 2017, Congress gave states the go-ahead to give drug tests to people receiving unemployment benefits, and at least 15 states have passed laws requiring drug screening for other public-assistance recipients. In this view, those initiatives should be expanded nationwide.

Concerns that this represents an invasion of privacy are misplaced, according to this option. Routine drug testing has become a fact of life in many professions, either during the application process or at random intervals.

"I feel like [teachers] should undergo drug tests," said Gulfport, Mississippi, parent Valeria Carter to local news station WLOX after two local teachers were arrested on drug charges. "If they can test for other jobs . . . I think this should be done also for the sake of the kids."

Trade-Offs and Downsides

■ The opioid epidemic is primarily a public health problem, not one of law enforcement. Cracking down and adding to the stigma of drug dependence makes it less likely that those who are addicted will seek treatment.

■ We are already attempting to unwind the effects of the last law-enforcement push during the crack epidemic. This would further burden our already overcrowded prison system.

■ This could lead to unwarranted intrusion by police officers, private employers, and insurance companies into individuals' privacy, and possibly to the abuse of civil rights, especially in minority communities.

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Questions for deliberation . . .

1. Many people who are addicted don't commit crimes. How can we best balance the community's need to be safe against a person's need to be healthy again?

2. Giving police officers search warrants to access information from people's cell phones will likely lead to more drug arrests. Are we willing to give up some of our privacy to make it easier for law enforcement to catch dealers?

3. Surveys show that nearly half of American adults have a close friend or family member who has been addicted to drugs. What effects has the opioid epidemic had on your community, your family, or your neighborhood, and how does that influence your views of opioid abuse?

Option 3: Focus on Individual Choice

WE HAVE PERSISTED in the "war on drugs" for decades now, and have little to show for it. Just as Prohibition failed to curb Americans' appetite for alcohol, we are not going to stop people from turning to illicit drugs. This "war" only serves to waste money and drive people underground or into prison and away from treatment.

This option maintains that society cannot force treatment on people or persuade them, through endless advertising campaigns, that they should refrain from using narcotics. It is a matter of individual choice. We should instead focus on preventing overdoses and reversing other consequences of addiction, such as transmission of communicable diseases. For those who wish to end their addiction and seek treatment, we should make sure it is available. Forcing treatment on unwilling people is pointless. Only those who wish to be free of addiction end up recovering.

©AP Photo/Timothy D. Easley

Judge David A. Tapp talks to a group of prisoners about participating in the Supervision Motivation Accountable Responsibility and Treatment program at the Pulaski County Courthouse in Somerset, Kentucky. The probation program, overseen by Judge Tapp, provides medication that blocks the opioid receptors in the brain.

We should be clear that violent crimes will not be tolerated, but if people who use drugs are not harming society or behaving dangerously, they should be allowed to use safely, even if they are damaging their own lives. Those who do not or cannot make the decision to get well should not be forced to do so, and communities shouldn't spend their limited resources trying to force users into treatment.

"Citing 'gateway' effects, many commentators advocate reducing opioid addiction via greater law enforcement and heavier penalties against all substance possession and use," wrote Harvard University economist Jeffrey Miron in *Fortune* magazine. "But this reasoning ignores that opioids are already highly restricted, and that previous attempts to control them more tightly have been counterproductive. Around the world, liberal drug policies have had great success in reducing the harms from drug addiction, such as HIV and overdoses."

Portugal, for instance, decriminalized all drug use in 2001 and has seen the rate of overdoses and HIV infections from shared needles fall dramatically.

The United States is not likely to legalize all illegal drugs anytime soon. But we can stop wasting the energy and resources of police officers and the courts on minor drug charges, and avoid filling our jails and prisons with drug offenders. We also can correct the balance between law enforcement and racial bias. Studies by the ACLU and other organizations show that African Americans and other minorities are far more likely to be arrested for possession than whites, despite comparable rates of drug use across races.

We should instead pursue a "harm reduction" strategy—doctors, addiction counselors, and social agencies would supervise drug users, make sure they stay healthy, and prevent overdoses. States that are willing to open facilities for addicts to use drugs safely can do so, and drug users can get treatment with less concern for whether they will be arrested.

This option also would put more authority into the hands of states and communities, which are better equipped to identify and target the particular problems in their local areas.

What We Should Do

Stop Arresting Drug Users

FBI statistics from multiple years show that more than 80 percent of drug arrests nationwide are for possession, rather than sale or manufacture. In 2015, for example, just 16.1 percent of all drug arrests involved sale or manufacture. Nationwide, based on FBI statistics, there is an arrest for drug possession approximately once every 25 seconds. In fact, according to an analysis by the American Civil Liberties Union, there were more arrests for marijuana possession in 2015 than for all violent crimes combined.

This option says that is a waste of time and resources for law enforcement and the courts.

"What we're doing doesn't work—and actually makes things worse," wrote Jag Davies from the nonprofit Drug Policy Alliance in the *Huffington Post*. "As overdose deaths skyrocket all over the US, people who need drug treatment or medical assistance may avoid it in order to hide their drug use. If we decriminalize drugs, people can come out of the shadows and get help."

Many police officers are weary of the war on drugs as well. The Law Enforcement Action Partnership (LEAP), a nonprofit that includes 5,000 law-enforcement officers among its members, is urging an end to drug arrests for possession. "Arrests became literally a numbers game with the police," said LEAP cofounder Jack Cole on Fox News. "Every year, municipal, state, and county police get grants from the federal government, based on how many drug arrests they made the year before. So we get paid for arresting people for drug violations."

Communities would be safer and more prosperous if the time spent on such drug arrests were instead spent deterring burglaries, assaults, domestic violence, and other crimes.

Open Safe Injection Centers

The American Medical Association in 2017 endorsed the idea of setting up experimental "safe injection centers," where addicts can take drugs in a supervised environment, without the risk of dirty needles and overdose.

"In years past, this sort of harm reduction was often viewed as 'enabling' continued drug use," Dr. Sarah Wakeman, a primary care physician at Massachusetts General Hospital, wrote in the *New England Journal of Medicine*

Cliff Sanchez is a phlebotomist with the Chicago Recovery Alliance (CRA), which distributes new needles to intravenous drug users. Here he tests a heroin user for HIV antibodies inside one of the organization's outreach vans. CRA began distributing new needles about 16 years ago in response to high numbers of IV drug users testing HIV positive.

after losing a longtime patient to an overdose. "If the current epidemic can teach us anything, it's that drug use is soaring unassisted. The time has come to think instead about how we can enable people to stay alive."

So far, the only such facilities have been for people who are already high. The nonprofit Boston Health Care for the Homeless, for instance, gives people who are homeless and addicted a safe place where they can be monitored by health professionals, but no drug use is allowed on the premises.

According to this option, it is time we realized that the highest priority is saving lives. We can urge addicted people to get treatment, but we first need to get the epidemic of overdoses under control. If safe injection facilities can reduce the number of deaths, states and cities should consider opening them in the most at-risk areas.

There is also a strong public health argument for opening such facilities and creating safe needle exchange programs. According to the Centers for Disease Control, such services reduce the rate of disease transmission, especially for HIV and hepatitis C, by up to 70 percent.

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Students learn to put together a naloxone spray gun in a class on opioid overdose prevention held by the nonprofit Positive Health Project in New York City. The weekly class offers individuals free training with naloxone and everyone receives an overdose kit on completion of the course.

Make Anti-Overdose Medication Widely Available

Naloxone is one of the few bright spots in the tragedy of the opioid epidemic. If administered soon enough, the prefilled syringe can swiftly halt and reverse an overdose. Its use by paramedics, police officers, and even private individuals has saved countless lives.

We should make naloxone as widely available as possible, keeping it stocked in schools, treatment centers, police and fire departments, and any place that routinely deals with drug users. Several large pharmacy chains, such as CVS and Walgreens, now sell it over the counter in many states without a prescription. But it is not yet as easily available as it should be, and cost has become an issue for state and local governments.

In Prince George's County, Maryland, for instance, first responders administered 877 doses of naloxone in 2016 and expected that to rise by 50 percent in 2017. At the same time, local governments are now paying 5 times more for each syringe—$30 each—than they did just 7 years ago; as a result, Prince George's County spent $45,000 just on naloxone in 2017, and the Washington, DC, fire department spent more than $170,000.

The federal and state governments should make more money available to localities for staying supplied with naloxone, and regulators should take steps to ensure that the price does not rise unreasonably.

Trade-Offs and Downsides

■ Letting up on enforcement and creating safe places for the use of illegal drugs would likely send the message to young people that narcotics are not that dangerous and that addiction is okay. "Stigmatizing" drug use does keep many people from destroying their lives.

■ This could increase the social cost of drug addiction, if addicts are permitted to continue with a way of life that is often a strain on their families and communities.

■ Police and other first responders might have to spend more time dealing with overdoses, including repeat calls for the same victims, than responding to violent crimes or dealing with heart attacks.

Questions for deliberation . . .

1. Many parents have spoken with their children about the dangers of drugs. How would parents talk to their children differently about the dangers of drug abuse if there is less reason to fear criminal charges?

2. Facilities allowing people to use opioids safely have been shown to reduce overdoses and the transmission of communicable diseases. If it meant that fewer people would die of drug overdoses, would you be willing to see a safe injection center opened in your community?

3. Studies show drug laws have long been enforced differently for African Americans and other minorities versus whites. Would this approach appeal to you if it meant we would remove some of the racial disparities from enforcement of drug laws?

Summary

OPIOID ADDICTION HAS EMERGED in the last decade as a deadly new threat to the health of Americans. More than 64,000 people died of drug overdoses in 2016, most of them from opioids. Overdoses have become the leading cause of death for Americans under 50, with two-thirds of the deaths caused by opioids.

This is an especially complex challenge because, unlike other addictive drugs that have primarily come into the United States from abroad, opioids have been made and prescribed right here. Only in the most recent stages of the epidemic, as desperate addicts turned to heroin and synthetic fentanyl, has smuggling of these substances across our borders become an issue.

How do we confront this epidemic? It clearly is a danger to public health, and for some it is a question of ensuring that we make more resources available to treat addiction and connect people with those resources. Others, who see it as a threat to the safety of communities, say that the appropriate response is more law enforcement and regulation; doctors need to continue prescribing pain medication, but we need to figure out how much and for whom. And for some people, it is important to maintain focus on our individual rights to privacy and self-determination, not to be swept away by the crisis of the moment.

What should we do to reduce the opioid epidemic facing our communities? This issue guide is a framework for citizens to work through these important questions together. It offers three different options for deliberation, each rooted in different, widely shared concerns and different ways of looking at the problem. The resulting conversation may be difficult, as it will necessarily involve tensions between things people hold deeply valuable, such as a collective sense of security, fair treatment for all, and personal freedom. No one option is the "correct" one; each includes drawbacks and trade-offs that we will have to face if we are to make progress on this issue. They are not the only options available. They are presented as a starting point for deliberation.

Summary

Option 1:

Focus on Treatment for All

THIS OPTION SAYS THAT, GIVEN THE RISING NUMBER OF DEATHS FROM OPIOIDS, WE MUST DEVOTE CONSIDERABLY MORE RESOURCES TO TREATMENT IN ORDER TO MAKE ANY REAL HEADWAY IN TURNING AROUND THE EPIDEMIC. Addiction is primarily a medical and behavioral problem and those are the best tools for combating the crisis. Treatment should be available on demand for anyone who wants it. At the same time, the pharmaceutical companies that have profited from making and promoting opioid painkillers need to contribute more to the solution.

A Primary Drawback

This option does little to stop people from becoming addicted in the first place.

ACTIONS	DRAWBACKS
Greatly expand the number of treatment centers, especially long-term facilities.	More treatment centers will be located in neighborhoods around communities where they could well pose problems.
Require that all treatment be fully covered by both private and government-funded health insurance plans.	Treatment on demand will require a huge investment of public and private money.
Release low-level offenders from prison and send them to mandatory treatment.	Releasing low-level offenders will put them back on the streets, where they could commit crimes to support their habit.
Require drug companies to put more of their profits into creating less-addictive painkillers.	Requiring new research will drive up the cost of pain medicine.
What else?	What's the trade-off?

Summary

Option 2: Focus on Enforcement

THIS OPTION SAYS THAT OUR HIGHEST PRIORITY MUST BE KEEPING OUR COMMUNITIES SAFE AND PREVENTING PEOPLE FROM BECOMING ADDICTED IN THE FIRST PLACE. Strong enforcement measures are needed, including more arrests and harsher sentences for dealers, distributors, and overprescribing doctors. And we should take tougher measures to cut off the supply of drugs at the source. Addiction to opioids and other hard drugs brings with it crime and other dangers, and closing our eyes to these dangers only makes the problem worse. Mandatory drug testing for more workers is needed. In the long run, a tough approach is the most compassionate.

A Primary Drawback

This option criminalizes a public health problem and makes it less likely those who are addicted will seek treatment.

ACTIONS	DRAWBACKS
Sharply increase law enforcement and sentencing for drug dealing and distributing.	**Longer sentences will result in many more people in prisons that are already dangerously overcrowded and underfunded.**
Increase mandatory drug testing for people on public assistance, students, public employees, and teachers.	**More testing means drug users will be less likely to try to look for jobs.**
Allow police, with warrants if necessary, to go through cell phones of those arrested for drug violations to identify dealers.	**Police snooping in cell phones is an intrusion into people's private lives.**
Expand use of alternative treatments for pain, such as physical therapy and meditation, to reduce the number of opioid prescriptions.	**This would leave many patients suffering from severe pain.**
What else?	**What's the trade-off?**

Summary

Option 3:

Focus on Individual Choice

THIS OPTION RECOGNIZES THAT SOCIETY CANNOT FORCE TREATMENT ON PEOPLE. We should not continue to waste money on a failed "war on drugs," but focus instead on reducing overdoses. Only those who wish to be free of addiction end up recovering. We should be clear that crime will not be tolerated, but if people who use drugs are not harming society or behaving dangerously, they should be tolerated and allowed to use safely, even if they are damaging their own lives. Those who do not or cannot make the decision to get well should not be required to do so, and communities shouldn't spend their limited resources trying to force treatment on people.

A Primary Drawback

This option makes addiction seem okay.

ACTIONS	DRAWBACKS
Eliminate penalties for using drugs; the police should only pursue dealers.	**By only pursuing dealers, there will be no deterrant for individual users.**
Set up community-based centers where people who are addicted can inject drugs safely.	**Such "safe places" could actually promote and encourage drug use.**
Offer complete amnesty from prosecution for anyone who seeks treatment.	**Too many people will live their lives addicted; their families and taxpayers will end up supporting them through disability and other public and private programs.**
Equip all police with naloxone, an overdose-treatment drug, and make it available cheaply and without prescription.	**Police and paramedics will be out treating overdoses when they could be chasing criminals or treating heart attacks.**
What else?	**What's the trade-off?**

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The National Issues Forums (NIF) is a network of organizations that bring together citizens around the nation to talk about pressing social and political issues of the day. Thousands of community organizations, including schools, libraries, churches, civic groups, and others, have held forums designed to give people a public voice in the affairs of their communities and their nation.

Forum participants engage in deliberation, which is simply weighing options for action against things held commonly valuable. This calls upon them to listen respectfully to others, sort out their views in terms of what they most value, consider courses of action and their disadvantages, and seek to identify actionable areas of common ground.

Issue guides like this one are designed to frame and support these conversations. They present varying perspectives on the issue at hand, suggest actions to address identified problems, and note the trade-offs of taking those actions to remind participants that all solutions have costs as well as benefits.

In this way, forum participants move from holding individual opinions to making collective choices as members of a community—the kinds of choices from which public policy may be forged or public action may be taken, at community as well as national levels.

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