

Responding to the Opioid Crisis

Three Teaching Cases

Case Set Note

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Learning Objectives

This set of teaching cases explores the opioid crisis from different angles and perspectives in city government. The premise is that there are no “quick fixes” or technical solutions available to solve the problem—neither at the level of the individual or family, nor at the level of the community or society. The cases invite audiences to adopt a holistic perspective, see the role each person or organization plays in addressing the problem, and ask themselves what it might take to leverage the diversity of knowledge, expertise, and positional power distributed across social actors facing opioid use disorder (OUD). How can you expand your own capability by learning how to build coalitions, collaborate, and address root causes?

This set of cases lends itself to classes and courses focused on leadership, management, governance, collaboration, and negotiation. Each case comes with a detailed educator guide with suggested learning objectives, class plans, and additional resources.

Teaching Sensitive Subject Matter

Before putting these materials in front of any audience or group, bear in mind that substance use, drug policy, and the ways in which health systems, social services, and law enforcement respond to drug use and its associated activities and problems may be painful or difficult to discuss. Many individuals and

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families have struggled with substance use disorder, lost loved ones to overdoses, or suffered losses as a result of past policy. Participants may also experience or interpret these issues in moral terms.

The best way to facilitate potentially fraught conversations is context dependent, so it will be helpful to carefully consider the context in which you plan to share these materials. Understandings of OUD and attitudes toward it may vary widely within your group based on professional training, political leanings, unconscious biases, lived experience, or racial, cultural, and religious differences. The following resources may help you think through how to navigate case discussions with sensitivity:

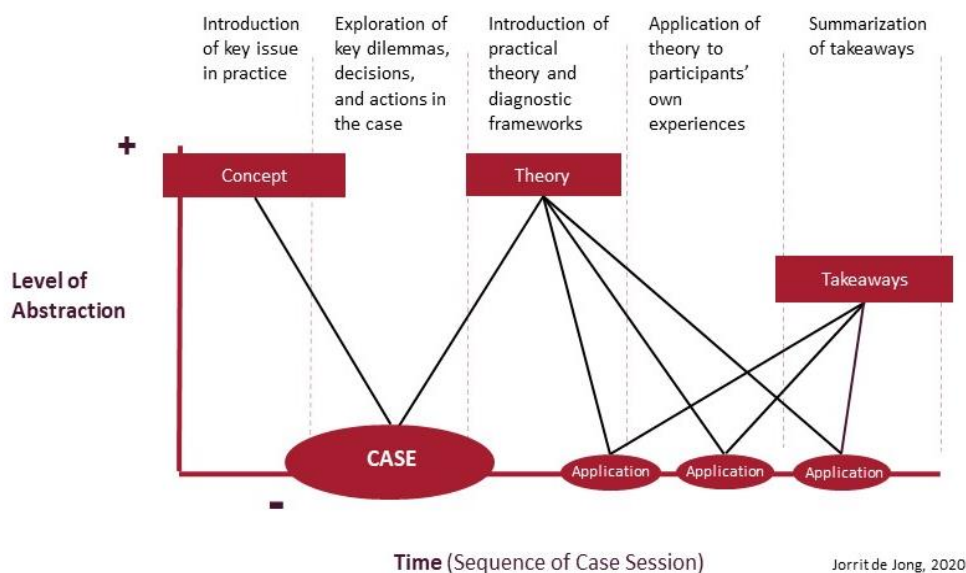
- For guidance on handling “difficult discussions” in a learning environment, see this [compilation of tips and materials](#) from Georgetown University’s Center for New Designs in Learning and Scholarship.
- For guidance on language pertaining to substance use, see [recommendations from the National Institute on Drug Abuse](#).

The Case Method

Case pedagogy invites participants to put themselves in the shoes of the protagonist(s) of the case and imagine how they would respond to the circumstances. Participants should read the teaching cases in advance and identify key issues as a preliminary step toward meeting the learning objectives. Instructors may then use the time in the classroom to guide participants in exploring the issues and examining the challenges in the case; to introduce key concepts, tools, and frameworks; and to assist participants in applying their learning to their own environments and challenges.

One Approach to Designing a Case Session

A case session aims to increase participants’ ability to use theory and frameworks to guide their thought and action in practical circumstances. To train the mental muscle and integrate theory and practice, a case session moves up and down in level of abstraction frequently, testing and refining abstract theory through practical application.



Who Can Use These Cases?

Educators and practitioners in city government, public health, public policy, healthcare and behavioral health, social work, and other support services can utilize these cases individually or in combination to think through collaborative solutions and compassionate responses to the opioid crisis and other “wicked problems.” Educators can use these cases to encourage participants in the case session to step back from their particular position and the habits of thought or familiar lenses they apply to the opioid problem and try on a different perspective. These cases may be especially helpful for those teaching leadership in a health profession or health policy context.

The Cases

Nobody’s Core Business: Confronting Cross-Cutting Problems in the Public Sector

A city librarian grappled with the question of what to do about opioid use and overdoses in her library. Changes over the past two decades had dramatically expanded the mission of the public library. What began as a repository of human knowledge, offering lending services and study space, had become a community and cultural center with programming and services for people of all ages, from all walks of life. As the library’s mission broadened, its partnerships with other municipal organizations, local businesses, and nonprofits multiplied. The librarian, who once advocated for expanding the mission to accommodate young people in need a safe indoor place after school, faced a new set of library users with needs that seemed far outside her mandate.

This fictionalized case explores tensions between working to achieve a prescribed mission and adapting missions and organizational capacities to changing social, political, and practical realities.

The Queen City’s Collective and Compassionate Approach: Fighting Opioids and Homelessness in the Granite State

Elected at the height of the opioid epidemic, Mayor Joyce Craig began representing the city of Manchester, New Hampshire as it grappled with the dual tragedies of substance abuse and chronic homelessness. An idealist in a state that valued personal responsibility and financial restraint, Craig had successfully expanded her city’s services to those seeking treatment for opioid use disorder and shelter. But these were hard-fought victories at every stage, and there was still work to be done. With just a few months remaining in her first two-year term, the mayor found herself on the eve of another difficult negotiation. She had recently established a diverse Task Force on Homelessness and set her sights on permanently solving Manchester’s homelessness and opioid crises. Next, Craig had to convince her counterparts at the state and local level to dedicate equitable funding to solve a problem that some considered to be an intractable, moral challenge.

This case will help participants explore the varying sources of power a city leader can leverage, analyze collaborative efforts to secure resources, and consider the conditions under which similar policy agendas become more or less achievable.

Reducing Harm: Overdose Prevention in Philadelphia

In the late 2010s, Philadelphia was the epicenter of the opioid epidemic in the US. The city’s Kensington neighborhood was home to the largest open-air drug market on the east coast and to

squalid encampments where people, some of whom used opioids, lived, injected drugs, and frequently overdosed. The city's public health and social services were overwhelmed. Mayor Jim Kenney convened a task force to address the problem, and the group recommended, among other interventions, "comprehensive user engagement sites" to connect those in the grips of opioid addiction to services and health care and, controversially, to provide them a safe, medically supervised environment in which to use illegal intravenous drugs. Though available evidence suggested that supervised injection facilities saved lives and reduced the spread of diseases like AIDS and hepatitis C, the US Department of Justice held that such sites were illegal under the Controlled Substances Act of 1970. With legal challenges guaranteed and resistance anticipated from local communities near any likely proposed site, Kenney's administration and the leaders of Safehouse—the local nonprofit established to run the facility—needed to win both in federal court and in the court of public opinion to become the first official "overdose prevention site" in the US.

The case is designed to help mayors, city leaders, other public executives, and students of public leadership and public policy think through moral leadership challenges and questions about the bases and boundaries of authority, discretion, and legitimate action on controversial topics with highly sensitive moral dimensions.

How to Use the Cases

Bringing perspectives from the cases and from participants in the case session can help uncover the underlying problems and root causes to be addressed. Whether you are a doctor, a social worker, or a person recovering from OUD, these cases invite you to diagnose an adaptive problem and prescribe some kind of coordinated action across the entire ecosystem of the opioid crisis. Where were the bottlenecks and pain points in the system from the perspective of those seeking and those providing services? How could they have come together to make a whole greater than the sum of its parts?

You may use the cases individually or in sequence and plan your session according to your specific learning objectives and the composition of your group. For example, if you have a mixed group focused on collaboration, you may choose to start with "Nobody's Core Business" to reflect on how problems with complex origins can show up in unexpected places, and who has the responsibility to act; then move onto the "Queen City" case to examine how a coalition comes together to act in concert; and close with "Reducing Harm" to pull in the question of community attitudes, values, and the power of public opinion. Or, if you are working with a group of practitioners in the same field, you could start with "Queen City," to examine how a coalition of stakeholders can get unstuck; then use "Nobody's Core Business" to consider how coalition partners' competing commitments contribute to collaborative challenges; and again close with "Reducing Harm" to bring in community perspectives.

Background and Additional Resources

Opioid use has been on the rise in the US since the mid-1990s, when pharmaceutical companies began aggressively marketing prescription opioids and spreading misinformation about the drugs' addictiveness. Since 2010, the number of people losing their battle with OUD (mostly through overdose of heroin or synthetic opioids like fentanyl) each year has more than doubled.¹ In October

2017, the US Department of Health and Human Services declared the opioid crisis a public health emergency.

If you would like to situate these cases within broader policy issues or provide participants with additional background information, we suggest these resources:

- [General background, data, and key resources on the opioid crisis from the National Institutes of Health](#)
- [The White House’s statement of drug policy priorities](#)
- [Recommended spending priorities for opioid settlement money from Arnold Ventures](#)
- [Stakeholder perspectives on the opioid crisis from the National Institute on Drug Abuse](#)

¹ “Overdose Death Rates,” National Institute on Drug Abuse, accessed July 1, 2021 at <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>.