Case Study #2: Free Will and the Opioid Crisis

Read the sections on d’Holbach and Sartre in the chapter on Freedom in our text and the attached opinion piece from The Guardian. The completed assignment should be three pages long, (approximately 2000 words) using 12 pt. fonts and single spacing with one inch margins. Please follow the detailed instructions provided with Case Study #1 which include rubrics and a sample completed assignment. Each answer should be separated, numbered and proportionate to the number of points possible. This study is worth a total of 100 points

Your completed assignment is due on the 4th (MW)/ 5th (TTH) of December.

No late case studies will be accepted!1

Questions:

1. **Paraphrase:** Who does McGreal hold as the “real culprits” of the opioid crisis in America? (Hint: the answer is conveniently highlighted in the subtitle of the article.) What reasons does McGreal offer in support of his claim? Remember, you’re not summarizing the whole article – you’re just looking for reasons that would support his conclusion. (10 points)

2. **Asking the Right Questions:** The big philosophical question here is whether anyone’s beliefs and actions based on those beliefs are freely chosen. But, before you can answer this question about free will, you need to gather some evidence and critical information. What facts would you need to know about this case to make a reasonably informed judgment? In this section, note that you should be raising questions such as the rates of fentanyl and opioid addiction and death from overdoses in the nation, the addictive properties of opioids and other various synthetics, etc. but not questions about d’Holbach or Sartre. Provide as a bulleted list and pose in question form. For this assignment, you do not have to do the research but you need to raise the kind of questions that would drive such a project. These should be research questions and as such should be data-driven, concrete and answerable. (20 points)

3. **Would d’Holbach have agreed with McGreal’s claim?** Defend your answer including specific details from d’Holbach’s hard determinism & provide citations from d’Holbach (primary source = d’Holbach’s writings and does not include secondary commentary from Solomon or from me) to support your answer. Include d’Holbach’s notion of what it would take for someone to be called free and be very specific regarding the causes which d’Holbach would regard as causally relevant. (30 points)

4. **Would Sartre have agreed with McGreal’s claim?** Defend your answer using specific details from Sartre’s existentialism & provide citations from Sartre (primary source = Sartre’s writings and does not include secondary commentary from Solomon or from me) to support your answer. Be sure to include a discussion of Sartre’s point that we are still free even if our choices are determined by prior causes (which would include biological

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1 This policy may be waived if extraordinarily strong justification can be presented and documentation is provided.
and neurological states) and might even at some point become utterly predictable if those causes are known. (30 points)

5. **Conclusion:** Where do you stand on this issue? Who should be held accountable for America’s opioid crisis? Briefly defend your answer without resorting to a repetition of points made in previous sections. (10 points)

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**Background²: Case Study #2**

**Opioids**

*Don't blame addicts for America's opioid crisis. Here are the real culprits³*

Chris McGreal

America’s opioid crisis was caused by rapacious pharma companies, politicians who colluded with them and regulators who approved one opioid pill after another

‘Opioids killed more than 33,000 Americans in 2015 and the toll was almost certainly higher last year.’ Photograph: Matt Rourke/AP

Sunday 13 August 2017 06.00 EDT
Last modified on Sunday 13 August 2017 06.01 EDT

Of all the people Donald Trump could blame for the opioid epidemic, he chose the victims. After his own commission on the opioid crisis issued an interim

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² Please note that you are not limited to the background offered – you may feel free to use any credible/reliable source as evidence for your arguments. Please provide full citation for all research.

report this week, Trump said young people should be told drugs are “No good, really bad for you in every way.”

The president’s exhortation to follow Nancy Reagan’s miserably inadequate advice and Just Say No to drugs is far from useful. The then first lady made not a jot of difference to the crack epidemic in the 1980s. But Trump’s characterisation of the source of the opioid crisis was more disturbing. “The best way to prevent drug addiction and overdose is to prevent people from abusing drugs in the first place,” he said.

That is straight out of the opioid manufacturers’ playbook. Facing a raft of lawsuits and a threat to their profits, pharmaceutical companies are pushing the line that the epidemic stems not from the wholesale prescribing of powerful painkillers - essentially heroin in pill form - but their misuse by some of those who then become addicted.

The amount of opioids prescribed in the US was enough for every American to be medicated 24/7 for three weeks.

In court filings, drug companies are smearing the estimated two million people hooked on their products as criminals to blame for their own addiction. Some of those in its grip break the law by buying drugs on the black market or switch to heroin. But too often that addiction began by following the advice of a doctor who, in turn, was following the drug manufacturers instructions.

Trump made no mention of this or reining in the mass prescribing underpinning the epidemic. Instead he played to the abuse narrative when he painted the crisis as a law and order issue, and criticised Barack Obama for scaling back drug prosecutions and lowering sentences.

But as the president’s own commission noted, this is not an epidemic caused by those caught in its grasp. “We have an enormous problem that is often not beginning on street corners; it is starting in doctor’s offices and hospitals in every state in our nation,” it said.

‘This is an almost uniquely American crisis.’ Photograph: Spencer Platt/Getty Images
Opioids killed **more than 33,000 Americans in 2015** and the toll was almost certainly higher last year. About half of deaths involved prescription painkillers. Most of those who overdose on heroin or a synthetic opiate, such as fentanyl, first become hooked on legal pills.

This is an almost uniquely American crisis driven in good part by particular American issues from the influence of drug companies over medical policy to a “pill for every ill” culture. Trump’s commission, which called the opioid epidemic “unparalleled”, said the grim reality is that “the amount of opioids prescribed in the US was enough for every American to be medicated around the clock for three weeks”.

The US consumes more than 80% of the global opioid pill production even though it has less than 5% of the world’s population. Over the past 20 years, one federal institution after another lined up behind the drug manufacturers’ false claims of an epidemic of untreated pain in the US. They seem not to have asked why no other country was apparently suffering from such an epidemic or **plying opioids to its patients at every opportunity**.

With the pharmaceutical lobby’s money keeping Congress on its side, **regulations were rewritten** to permit physicians to prescribe as many pills as they wanted without censure. Indeed, doctors sometimes found themselves hauled before ethics boards for not supplying enough.

> It’s an epidemic because we have a business model for it. Follow the money.

Unlike most other countries, the US health system is run as an industry not a service. That gives considerable power to drug manufacturers, medical providers and health insurance companies to influence policy and practices.

Too often, their bottom line is profits not health. Opioid pills are far cheaper and easier than providing other forms of treatment for pain, like physical therapy or psychiatry. As Senator Joe Manchin of West Virginia **told the Guardian** last year: “It’s an epidemic because we have a business model for it. Follow the money. Look at the amount of pills they shipped in to certain parts of our state. It was a business model.”

But the system also gives a lot of power to patients. People coughing up large amounts of money in insurance premiums and co-pays expect results. They are, after all, more customer than patient. Doctors complain of patients who
arrive expecting a pill to resolve medical conditions without taking responsibility for their own health by eating better or exercising more.

In particular, the idea has taken hold, pushed by the pharmaceutical industry, that there is a right to be pain free. Other countries pursue strategies to reduce and manage pain, not raise expectations that it can simply be made to disappear. In all of this, regulators became facilitators. The Food and Drug Administration approved one opioid pill after another.

"The Food and Drug Administration approved one opioid pill after another."

As late as 2013, by which time the scale of the epidemic was clear, the FDA permitted a powerful opiate, Zohydro, onto the market over the near unanimous objection of its own review committee. It was clear from the hearing that doctors understood the dangers, but the agency appeared to have put commercial considerations first.

US states long ago woke up to the crisis as morgues filled, social services struggled to cope with children orphaned or taken into care, and the epidemic took an economic toll. Police chiefs and local politicians said it was a social crisis not a law and order problem.

Some state legislatures began to curb mass prescribing. All the while they looked to Washington for leadership. They did not get much from Obama or Congress, although legislation approving $1bn on addiction treatment did pass last year. Instead, it was up to pockets of sanity to push back.

Last year, the then director of the Centers for Disease Control, Tom Frieden, made his mark with guidelines urging doctors not to prescribe opioids as a first step for chronic or routine pain, although even that got political pushback in Congress where the power of the pharmaceutical lobby is not greatly diminished.

There are also signs of a shift in the FDA after it pressured a manufacturer into withdrawing an opioid drug, Opana, that should never have been on sale in the first place. It was initially withdrawn in the 1970s, but the FDA permitted it back on to the market in 2006 after the rules for testing drugs were changed. At the time, many accused the pharmaceutical companies of paying to have them rewritten.
Trump’s opioid commission offered hope that the epidemic would finally get the attention it needs. It made a series of sensible if limited recommendations: more mental health treatment people with a substance abuse disorder and more effective forms of rehab.

Trump finally got around to saying that the epidemic is a national emergency on Thursday after he was criticised for ignoring his own commission’s recommendation to do so. But he reinforced the idea that the victims are to blame with an offhand reference to LSD.

Real leadership is still absent – and that won’t displease the pharmaceutical companies at all.