

# Reducing Harm

## *Overdose Prevention in Philadelphia*

### *Practitioner Guide*

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### Overview

A case study is a story about how a person or group of people faced and dealt with challenges or opportunities. It is based on desk research and interviews with key actors but does not provide analysis or conclusions. Written from the perspective of the protagonist(s), it is designed to raise questions and generate discussion about the issues they faced. Cases are meant to help participants develop analytic reasoning, listening, and judgment skills to strengthen their decision-making ability in other contexts.

A case-based conversation is a way to anchor a conceptual discussion to concrete examples. It can bring a case to life and allow participants to place themselves in the shoes of the case protagonist(s), while also allowing a variety of perspectives to surface. This guide is designed to help you lead a conversation about the case, “Reducing Harm: Overdose Prevention in Philadelphia.”

### Role of a Facilitator

The facilitator leads a conversation with a clear beginning and end, ensures that everyone is heard, and keeps the group focused. The conversation can be broken into three distinct segments: exploring the case, applying the central questions of the case to your organization’s challenges, and formulating takeaway lessons. Some facilitation tips and tricks to keep in mind are below.

#### **BEFORE the discussion**

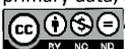
Make sure everyone takes the time to read the case. Participants have the option to fill out the attached worksheet to prepare themselves for the case discussion. If you choose to use the worksheet, make sure you bring enough printouts for all. When setting up the room, think about situating participants where they can see you and each other. Designate a notetaker as well as a place where you can take notes on a flipchart or white board. Plan for at least sixty to seventy-five minutes to discuss the case and takeaways and have a clock in the room and/or an assigned timekeeper. Mention that you may interrupt participants in the interest of progressing the conversation.

#### **DURING the discussion**

Encourage participants to debate and share opinions. State very clearly that there is no right or wrong “answer” to the case—cases are written so that reasonable people can disagree and debate different ideas and approaches. Be careful not to allow yourself or others to dominate the discussion. If the

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conversation is getting heated or bogged down on a particular issue, consider allowing participants to talk in pairs for a few minutes before returning to a full group discussion. Do not worry about reaching consensus, just make the most of this opportunity to practice thinking and learning together!

## Case Synopsis

In the late 2010s, Philadelphia was the epicenter of the opioid epidemic in the United States. The city's Kensington neighborhood was home to the largest open-air drug market on the east coast and to squalid encampments where people with opioid use disorder lived, injected drugs, and frequently overdosed. Parents forbade their children to play outdoors for fear they would pick up or step on discarded needles. Local librarians administered Narcan on their doorsteps, reversing otherwise fatal reactions. Overdose deaths averaged around three a day. 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.

## Key Questions

1. What constraints did Mayor Kenney face when deciding whether to establish supervised injection sites in the city, and how did he address these?
2. What would be the advantages and disadvantages of opening a supervised injection site?
3. What key factors did Kenney consider? Were there any factors he failed to consider?
4. What alternative actions could he have considered, and what do you think the likely consequences of those actions would have been?

## Conversation Plan

### Part 1: Exploring the Case (20–30 minutes)

The goal of this part of the conversation is to review the case from the point of view of the people involved. Suggested questions:

- *What were the advantages and disadvantages of having a nonprofit take responsibility for opening the sites?*
- *What alternative approaches could Kenney have considered?*
- *How would these different approaches have affected different stakeholders in the community?*

### Part 2a: Diagnosing Moral Leadership Challenges (20–30 minutes)

This part of the discussion allows participants to analyze Kenney’s decision as a moral leadership problem. Suggested questions:

- *What personally held values played a part in Kenney’s actions and statements? What norms, rules, or expectations associated with his role as mayor constrained his actions?*
- *What were the expectations associated with Kenney’s role? Were these primarily limitations or opportunities?*
- *Were there possibilities associated with his role that he overlooked in the case? If so, what strategies could he have employed to take advantage of them?*
- *What institutional, societal, and cultural norms or values were relevant to the question of whether and where to open a supervised injection facility?*
- *How did Kenney’s actions reflect or challenge social norms and community values?*

### Part 2b: Application (20 minutes)

If time allows, participants may break into groups to apply the concepts discussed to their own moral leadership challenges, repurposing the questions posed in part 2a.

### Part 3: Formulating Lessons (15–20 minutes)

This part of the conversation focuses on the lessons of the case that participants will continue to reflect on and apply to collaborative challenges in their work. Some sample, high-level takeaways to review after a productive discussion:

- Sometimes public leaders facing a moral issue feel compelled to risk operating outside of the usual scope of their authority.
- Sometimes a public leader’s perceived scope of authority is significantly smaller than the actual scope.
- Public leaders must seek a path that
  - aligns their **personal morality** with the expectations and constraints associated with their **role**; and
  - affirms shared values within their **community**.

