**READ THE CASE AND ANSWER ALL QUESTIONS**

CASE STUDY—Babies and the Opioid Crisis Supported by

1. From a **libertarian** point of view, was it ethically acceptable for drug companies like Johnson & Johnson and Purdue Pharma to market pain killers like OxyContin to Americans as safe and effective drugs? Explain why or why not.
2. What about from a **communitarian** point of view? Were these companies ethical for marketing pain killers like OxyContin to Americans as safe and effective drugs? Explain why or why not.
3. Who is responsible for the drug-addicted newborns who are suffering in this case? The mothers? Their doctors? Drug companies like Johnson & Johnson or Purdue Pharma? Explain who bears the most responsibility in your view and why.
4. From a **libertarian** point of view, should taxpayers pay for more treatment programs for opioid addicts? Why or why not?
5. What about from a **communitarian** point of view? Should taxpayers pay for more treatment programs for opioid addicts? Why or why not?
6. Should the business executives who ran companies like Purdue Pharma, which developed and marketed OxyContin for severe pain relief (not for getting high) be held responsible for the opioid epidemic of addiction in the US? Explain why or why not.
7. If you were the attorney general in all the states that have sued Purdue Pharma, would you settle for the $3 billion they offered to help pay for drug treatment programs? Or would you attempt to recover more money from the Sackler family (whose net worth is estimated at more than $13 billion)?

New York Times--Sept. 7, 2019

CHARLESTON, W.Va. — His body dependent on opioids, he writhes, trembles and cries. He is exhausted but cannot sleep. He vomits, barely eats and has lost weight.

He is also a baby. Just 1 month old, he wails in the nursery of the CAMC Women and Children’s Hospital here. A volunteer “cuddler” holds him while walking around, murmuring sweetly, hour after hour, but he is inconsolable. What his body craves is heroin.

Every 15 minutes in America, a child is born after a prenatal exposure to opioids. Here in West Virginia, 14 percent of babies are born exposed to drugs, and perhaps 5 percent more to alcohol, totaling nearly one out of five newborns. Some get by without symptoms, but for many, their very first experience after birth is the torment of withdrawal.

These babies reflect the [catastrophic implosion of drug policy](https://www.nytimes.com/2019/08/23/opinion/sunday/opioid-crisis-drug-seattle.html?module=inline) in America, from the war on drugs that filled prisons to the continuing failure even in 2019 to provide enough treatment for drug users. By [government figures](https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report), only 3.7 million Americans received treatment for substance use disorders last year, out of 21.2 million who needed it — just 17 percent.

How is it acceptable that we treat only 17 percent of those with a life-threatening disorder?

Pharmaceutical executives are battling lawsuits by blaming drug users. I wish those executives had to cuddle these infants who, partly because of their reckless greed, suffer so much.

Executives in three-piece suits were drug lords as guilty as any from Medellín. The Washington Post [reported](https://www.washingtonpost.com/investigations/76-billion-opioid-pills-newly-released-federal-data-unmasks-the-epidemic/2019/07/16/5f29fd62-a73e-11e9-86dd-d7f0e60391e9_story.html) that pharma companies shipped 76 billion opioid pain pills from 2006 through 2012. A single pharmacy in Kermit, W.V., sold more than 13 million over those seven years — and Kermit has a population of just over 400 people.

So today, hospitals in West Virginia and across America struggle to calm babies who sometimes begin to go through withdrawal as soon as the umbilical cord is cut.

“He’s frantic,” Dr. Stefan Maxwell, a neonatologist at CAMC Women and Children’s Hospital, said of the infant going through withdrawal. “Baby isn’t sleeping, isn’t eating, isn’t growing. It’s a disaster.”

“Nurses are in tears at the end of a shift,” said Dr. Maxwell, an expert on prenatal drug exposures.

When babies are going through severe withdrawal, hospitals give them medication to ease the symptoms — here it’s methadone, elsewhere it’s sometimes morphine — and then try to wean them off it over two or three weeks.

There’s plenty of blame to go around, encompassing opioid-abusing moms and opioid-prescribing doctors. But it’s appropriate to feel special loathing for executives at pharma companies whose corporate strategy was to profit by getting people hooked. Some of the companies funded a movement claiming that pain was the “fifth vital sign” and urged doctors to prescribe more painkillers, and then paid them kickbacks to do so.

[Almost 80 percent](https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use) of heroin users began with prescription pain pills, though not necessarily prescribed to them.

In contrast to the executives, some moms acknowledge their failings. They are already suffering terribly from their own addictions, and many will lose custody of their babies.

“Lots of these moms are very well meaning,” said Dr. Cody Smith, a neonatologist at the J.W. Ruby Memorial Hospital in Morgantown, W.V., 150 miles northeast of Charleston. “The vast majority of these moms love their babies, and they feel a tremendous amount of guilt.”

Dr. Smith notes that many of the mothers have mental health problems and their own traumas that they are wrestling with, and he estimates that 85 percent of the pregnancies involving drug exposure are unplanned. Yet the Trump administration is curbing access to Title X family planning funding in ways that may lead to [the closing](https://www.nytimes.com/2019/07/27/opinion/sunday/women-health-trump.html?module=inline) of the only Planned Parenthood clinic in West Virginia.

Better prenatal care for these moms can reduce the suffering of their babies. Overcoming addiction is so difficult — and so unlikely to be successful — that these hospitals do not ask pregnant women to try. Rather, they steer them from street drugs like heroin and fentanyl to alternatives like methadone to stabilize them.

Newborn babies struggling through withdrawal are only one dimension of America’s opioid crisis. Every seven minutes another American dies of an overdose; [2.1 million children](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html) live with a parent with a drug dependency.

McKinsey and Company, the global consulting company, issued [a sober report](https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/why-we-need-bolder-action-to-combat-the-opioid-epidemic) last fall warning that “the opioid crisis will worsen over the next three to five years.” What McKinsey didn’t say was that it had previously [advised Johnson & Johnson](https://www.nytimes.com/2019/07/25/business/mckinsey-johnson-and-johnson-opioids.html?module=inline) to be more aggressive in peddling opioids for back pain and to encourage doctors to prescribe stronger, more addictive pills.

The Sackler family, which owned Purdue Pharma, recently offered to pay $3 billion to settle all the lawsuits that have been brought against the company for selling OxyContin for the past 25 years. The drug has been blamed for starting the opioid epidemic since it was launched in the mid-1990s. Purdue Pharma always contended that they marketed the drug only for acute pain relief, and that abuse of the drug by addicts and overprescribing of it by unscrupulous doctors was not their faulty. As scrutiny of Purdue Pharma’s role in the opioid epidemic intensified during the past dozen years, its owners, members of the Sackler family, withdrew more than $10 billion from the company, distributing it among trusts and overseas holding companies, according to a new audit commissioned by Purdue. About half that money was used to pay taxes; the other half is in offshore accounts owned by the Sackler family.