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**Master's Thesis**

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**FACULTY OF SOCIAL SCIENCES**

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**The Role of Local Government in Addressing the Opioid  
Crisis During Mayor Jim Kenney's Administration**

Master's Thesis

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Study programme: Area Studies (North American Studies)

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In Prague on July 30<sup>th</sup>, 2024

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## References

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## **Abstract**

In the context of the United States, the opioid epidemic represents one of the most serious health crises in decades, with Philadelphia among the hardest hit cities in the country. This paper focuses on studying the role of local government under Mayor Jim Kenney in addressing the opioid crisis. The thesis uses a combination of content and thematic analysis. The purpose of the research was to answer the questions of what key words associated with the opioid epidemic were used by local government to describe it and how they framed the epidemic in official documents. The most frequently occurring keyword was "community". Based on the frequency of occurrence of the words "opioids," "drugs," and "overdose" in each document, the opioid epidemic did not begin to be written into official documents until 2018, two years into the mayor's tenure, and these keywords rarely appeared in earlier documents. The social and health framework emerged as the most significant. These frameworks emphasized collective responsibility, community support, access to treatment services, and prevention. The criminal justice framework, although less common, focused on the public indirectly affected by the opioid crisis and the overall safety of neighborhoods and streets in the city. The analysis revealed that local government, under the leadership of Jim Kenney, has made significant efforts in strengthening the local community as a key means of addressing the crisis. Local government in Philadelphia has played a multifaceted role in addressing the opioid epidemic by focusing on prevention and community support, providing essential services, adjusting priorities over time, addressing related issues such as homelessness, and taking a balanced approach that includes social, health, and criminal justice considerations.

## Abstrakt

V kontextu Spojených států představuje epidemie opioidů jednu z nejzávažnějších zdravotních krizí za poslední desetiletí, přičemž Filadelfie patří mezi nejhůře postižená města v zemi. Tato práce se zaměřuje na studium role místní samosprávy za vlády starosty Jima Kenneyho při řešení opioidové krize. Práce využívá kombinaci obsahové a tématické analýzy. Cílem výzkumu bylo odpovědět na otázky, jaká klíčová slova spojená s opioidovou epidemií místní samopráva využívala k jejímu popisu a jak epidemii rámovala v oficiálních dokumentech. Nejčastěji se vyskytujícím klíčovým slovem bylo „komunita“. Na základě četnosti výskytu slov „opioidy“, „drogy“ a „předávkování“ v jednotlivých dokumentech lze říci, že se opioidová epidemie začala do oficiálních dokumentů propisovat až v roce 2018, tedy po dvou letech starostova funkčního období, přičemž v dřívějších dokumentech se tato klíčová slova objevovala jen zřídka. Jako nejvýznamnější se ukázal sociální a zdravotní rámec. Tyto rámce zdůrazňovaly kolektivní odpovědnost, podporu komunity, přístup k léčebným službám a prevenci. Trestněprávní rámec, ačkoli méně častý, se zaměřoval na veřejnost nepřímo postiženou opioidovou krizí a na celkovou bezpečnost čtvrtí a ulic ve městě. Analýza odhalila, že místní samospráva pod vedením Jima Kenneyho vyvinula značné úsilí při posilování místní komunity jako klíčového prostředku řešení krize. Místní samospráva ve Filadelfii hrála při řešení epidemie opiátů mnohostrannou roli tím, že se zaměřuje na prevenci a podporu komunit, poskytuje základní služby, upravuje priority v čase, řeší problémy s ní spojené, například bezdomovectví, a uplatňuje vyvážený přístup, který zahrnuje sociální, zdravotní a trestní hledisko.

## **Keywords**

Opioids, Overdose, Philadelphia, Drugs, Epidemic, Local government, Content analysis,  
Thematic analysis

## **Klíčová slova**

opioidy, předávkování, Filadelfie, drogy, epidemie, místní samospráva, obsahová analýza,  
tématická analýza

## **Title**

The Role of Local Government in Addressing the Opioid Crisis During Mayor Jim  
Kenney's Administration

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# Introduction

The opioid epidemic represents one of the greatest health crises in modern U.S. history. Since the late 1990s, when there was a massive increase in prescriptions for opioid analgesics, the U.S. has seen a sharp rise in the number of deaths due to opioid overdoses. This crisis has affected all segments of society. In Philadelphia, one of the most affected cities, the situation has been steadily worsening, requiring a strong response from local governments.

One of the key factors in the worsening opioid crisis across the country is the increased use of fentanyl, an extremely potent and dangerous synthetic opioid. In Philadelphia and other cities, it is often mixed with other drugs, such as cocaine or xylazine, making it an unpredictable and deadly substance.

This thesis focuses on an analysis of the key words associated with opioid use and the framing of the opioid epidemic in official documents issued by the local government in Philadelphia during the administration of Mayor Jim Kenney. The thesis aims to answer the following research questions:

What key words associated with opioid epidemic were used in the official documents during the Jim Kenney administration?

How did the local government in Philadelphia frame the opioid epidemic in official documents during the Jim Kenney administration?

For this analysis, a combination of content and thematic analysis was used to examine the texts in detail and identify key themes and frames within them. The data sources were official documents issued by the local government in Philadelphia, which provide valuable information about the approaches and strategies used to address the crisis.

The opioid crisis has been examined from multiple perspectives, including medical, social, and legal. However, the role of local government in addressing the crisis offers room for further research, particularly in the context of specific measures and policies implemented at the local level. This paper focuses on how the local government in Philadelphia approached the opioid crisis and what frameworks and keywords were used in its official documents to discuss the epidemic.

# **1. Theoretical Methodological Framework**

## **1.1 Literature review**

In this literature review, I will focus primarily on those who have turned their academic attention to the opioid epidemic in the USA.

The opioid epidemic is a major public health crisis that has attracted considerable attention from the academic community. This crisis involves the widespread misuse of both prescribed and non-prescribed opioid medications, leading to an increase in addiction, overdoses, and deaths. The scholarly debate on the opioid epidemic spans various disciplines, including public health, sociology, psychology, and law, and addresses the causes of the epidemic, the role of pharmaceutical companies and medical professionals, and the effectiveness of policy measures.

According to Cicero, Ellis, and Surratt (2014), the roots of the epidemic lie in the overprescription of opioid medications in the 1990s and early 21st century, supported by aggressive marketing by pharmaceutical companies.<sup>1</sup> However, Dasgupta, Beletsky, and Ciccarone (2018) highlight socioeconomic factors such as unemployment and poverty that

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<sup>1</sup> Theodore J. Cicero, Matthew S. Ellis, and Hilary L. Surratt, "Effect of Abuse-Deterrent Formulation of OxyContin," *New England Journal of Medicine* 371, no. 2 (2014): 187-189.

exacerbate opioid abuse.<sup>2</sup> Van Zee (2009) critically analyzes Purdue Pharma's marketing, which contributed to the widespread abuse of OxyContin.<sup>3</sup> Kolodny et al. (2015) discuss the lack of physician education in pain management and opioid prescribing as one of the key factors in the epidemic and suggest reforms in medical education and stricter opioid prescribing guidelines.<sup>4</sup>

The research also includes debate about the effectiveness of various policy measures. Fink et al. (2018) examine the effect of prescription monitoring programs on reducing opioid prescriptions, but their effect on overdose rates remains unclear.<sup>5</sup> In contrast, Ruhm (2017) argues for a comprehensive approach that combines law enforcement with an expanded approach to addiction treatment and harm reduction services.<sup>6</sup>

Epidemiological studies, such as that by Scholl et al. (2018), provide detailed data on opioid overdose deaths and point to the increasing prevalence of synthetic opioids such as fentanyl.<sup>7</sup> Sociological research, such as the work of Hansen and Netherland (2016), explores the stigma of opioid users and the social health elements that are connected to addiction, advocating for a more compassionate and holistic approach to addressing the epidemic.<sup>8</sup> Psychological studies, such as those by Blanco et al. (2016), focus on individual-level factors associated with opioid abuse and emphasize the need for integrated treatment approaches.<sup>9</sup> Legal scholars, such as

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<sup>2</sup> Nabarun Dasgupta, Leo Beletsky, and Daniel H. Ciccarone, "Opioid Crisis: No Easy Fix to Its Social and Economic Determinants," *American Journal of Public Health* 108, no. 2 (2018): 182-186.

<sup>3</sup> Art Van Zee, "The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy," *American Journal of Public Health* 99, no. 2: 221-227.

<sup>4</sup> Andrew Kolodny, David T. Courtwright, Catherine S. Hwang, Peter Kreiner, John L. Eadie, Thomas W. Clark, and G. Caleb Alexander, "The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction," *Annual Review of Public Health* 36 (2015): 559-574.

<sup>5</sup> David S. Fink, Silvia S. Keyes, and Katherine M. Cerdá, "Prescription Drug Monitoring Programs: A Strategy to Address the Opioid Crisis," *Epidemiologic Reviews* 40, no. 1 (2018): 181-193.

<sup>6</sup> Christopher J. Ruhm, "Drivers of the Fatal Drug Epidemic," *Journal of Health Economics* 59 (2017): 42-62.

<sup>7</sup> Lawrence Scholl, Puja Seth, Mbabazi Kariisa, Nana Wilson, and Grant Baldwin, "Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017," *Morbidity and Mortality Weekly Report* 67, no.5152 (2018): 1419-1427.

<sup>8</sup> Helena Hansen, and Julie Netherland, "Is the Prescription Opioid Epidemic a White Problem?" *American Journal of Public Health* 106, no. 12 (2016): 2127-2129.

<sup>9</sup> Carlos Blanco, Shuai Wang, Mayumi Iza, Melanie S. Olfson, Mark Olfson, Deborah S. Blanco, and Bridget F. Grant, "Comorbidity of Opioid Use Disorder with Other Psychiatric Disorders: Prevalence and Treatment Patterns in the United States," *Journal of Clinical Psychiatry* 77, no. 10 (2016): 1464-1471.

Gostin, Hodge, and Noe (2017), analyze the regulatory framework and propose reforms to reduce opioid abuse.<sup>10</sup>

Overall, the opioid epidemic is a complex crisis with deep roots and far-reaching consequences. The academic debate highlights the need for a multidisciplinary approach that combines epidemiological data, socioeconomic analysis, psychological insights, and various policy frameworks.

Philadelphia has a rich and deep history, but with that comes many issues the city and its inhabitants have struggled with over time. Philadelphia is home to large social inequalities that can be traced across local neighborhoods and is among the poorest large cities in the country. In recent years, the spike in drug overdose deaths was so significant that it put Philadelphia in the number one spot in the entire country for overall overdose deaths. Let's dive into the academic debate about the opioid epidemic in Philadelphia.

One of the reasons for the growing number of overdoses in Philadelphia has been the ever-increasing presence of a veterinary tranquilizer, xylazine, known as “tranq” which is often found in the presence of fentanyl and other drugs. This trend is well documented in a report by Johnson et al., where the research team presents an increasing number of xylazine occurrences in opioid (mostly fentanyl and heroin) deaths in Philadelphia between 2010 and 2019. By analyzing the number of unintentional fentanyl or heroin deaths over the past 10 years, they uncovered that the presence of xylazine in these cases rose significantly. From 2010 to 2015, the veterinary tranquilizer was found in just 2% of fatal heroin or fentanyl overdoses; in 2019, the presence of xylazine rose to 31%.<sup>11</sup>

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<sup>10</sup> Lawrence O. Gostin, James G. Hodge, and Sarah A. Noe, "Reframing the Opioid Epidemic as a National Emergency," *Journal of the American Medical Association* 318, no. 16 (2017): 1539-1540.

<sup>11</sup> Jewell Johnson et al., "Increasing Presence of Xylazine in Heroin and/or Fentanyl Deaths, Philadelphia, Pennsylvania, 2010–2019," *Injury Prevention* 27, no. 4 (August 2021): 395–398, <https://doi.org/10.1136/injuryprev-2020-043968>.

The racial aspect of this gradually worsening opioid epidemic is more closely covered in the *Journal of Racial and Ethnic Health Disparities*. Lewis et al. focus their research on overdose rates among both white and black residents in cities with notable black urban populations, Philadelphia being one of them, as well as Baltimore, Chicago, Detroit, and DC. The report shows that overdose rates were almost two-fold elevated in these major cities in 2022 compared to 2013 and 2014. When considering ethnicity factors, overdose rates among black citizens exceeded those among whites almost six-fold, with fentanyl, its derivatives, and heroin having a significantly more devastating impact among black communities.<sup>12</sup>

Montero, Bourgois, and Friedman, in their study "Potency-Enhancing Synthetics in the Drug Overdose Epidemic in Philadelphia and Tijuana," point out that the drug market in the United States has become increasingly toxic since 2010 through the introduction of potent synthetics, which has created a new generation of drug users. The study uses insights from both economics and medical science to better understand the serious health problems faced by street drug users, particularly in the industrial areas of the northeastern US and in the border region of northwestern Mexico near Tijuana. It focuses on the real experiences of these drug users and changes in the drug market, highlighting how policies aimed at drug prohibition are linked to harmful impacts on these communities.<sup>13</sup>

A study by Kavanaugh and Schally, "The Neoliberal Governance of Heroin and Opioid Users in Philadelphia City," examines how opioid users are portrayed and what the local government's approach towards them is, using news articles and official documents from 2016 to 2018. The authors reveal through discourse analysis that opioid users are portrayed as both victims and

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<sup>12</sup> Marjorie C. Gondré-Lewis, Tomilowo Abijo, and Timothy A. Gondré-Lewis, "The Opioid Epidemic: A Crisis Disproportionately Impacting Black Americans and Urban Communities," *Journal of Racial and Ethnic Health Disparities* 10, no. 4 (August 2023): 2039–2053, <https://doi.org/10.1007/s40615-022-01384-6>.

<sup>13</sup> Fernando Montero, Philippe Bourgois, and Joseph Friedman, "Potency-Enhancing Synthetics in the Drug Overdose Epidemic: Xylazine ("Tranq"), Fentanyl, Methamphetamine, and the Displacement of Heroin in Philadelphia and Tijuana," *Journal of illicit economies and development* 4, no. 2 (2022): 204–222, <https://doi.org/10.31389/jied.122>.

public “enemies.” They also point out the government's conflicting approach, combining harm reduction responses with more punitive measures. The paper is critical of this approach, arguing that it perpetuates the stereotypical public view of drug users as a threat to public health.<sup>14</sup>

By employing the economic theory of agglomeration, the study by Taniguchi et al., "Where Size Matters: Agglomeration Economies of Illegal Drug Markets," uncovers how the illegal market reacts to law enforcement strategies. This study provides insight into the economic aspects of drug trafficking and offers valuable information about effective policing methods and the dynamics of criminal economies.<sup>15</sup>

Karandino's "The Moral Economy of Violence in the US Inner City" investigates the high levels of violence in North Philadelphia's inner city, particularly related to the drug trade. The study provides an in-depth look at the relationship between poverty, illegal activities, and adverse relationships with state authorities. It offers a comprehensive view of how violence is both a product and a response to the difficult realities of inner-city life, revealing the moral and survival strategies of residents in these challenging environments.<sup>16</sup>

"A Micro-Spatial Analysis of the Demographic and Criminogenic Environment of Drug Markets in Philadelphia" is a study by McCord and Ratcliff that thoroughly investigates how opportunity theory and social disorganization relate to the characteristics of drug markets. The authors reveal that drug businesses situate themselves in environments where members either tolerate the business or are unable to resist its presence. Furthermore, these businesses are often

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<sup>14</sup> Philip R. Kavanaugh and J. Schally, "The Neoliberal Governance of Heroin and Opioid Users in Philadelphia City," *Crime, Media, Culture: An International Journal* 18 (2021): 126-144.

<sup>15</sup> Travis A. Taniguchi, Elizabeth R. Groff, and Ralph B. Taylor, "Where size matters: Agglomeration economies of illegal drug markets in Philadelphia," *Urban Studies* 46, no. 12 (2009): 2555-2575.

<sup>16</sup> George Karandinos, Laurie Kain Hart, Fernando Montero Castrillo, and Philippe Bourgois, "The moral economy of violence in the US inner city," *Current Anthropology* 54, no.7 (2013): 67-77.



found near establishments like liquor outlets or pawn shops, which may increase the revenue of both types of businesses (legal and illegal).<sup>17</sup>

A study by Hudgins et al. (2021) discusses Philadelphia's opioid crisis. According to the authors, the epidemic is heavily exacerbated by poverty and by barriers that users face in receiving proper care. The study interviewed the relatives of 35 individuals who lost their lives due to opioid overdose in 2017 and revealed that while most had sought treatment, they faced significant barriers such as stigma, structural racism, gender inequities, bureaucratic challenges, insurance issues, and high costs. These obstacles highlight the failure of current policies and infrastructure to provide necessary and evidence-based care, placing undue strain on affected individuals and their families.<sup>18</sup>

Another study focuses mainly on the harm reduction aspect of the opioid epidemic in Philadelphia. The rise in fatal opioid overdoses has prompted the proposal of overdose prevention sites (OPS), or safe injection facilities. These sites aim to reduce overdose fatalities by being situated near high-overdose areas. The authors of the study designed a mathematical configuration to simulate the behavior and movements of opioid users toward an OPS, calibrated with data from Philadelphia, specifically targeting the Kensington neighborhood. The model predicts that placing an OPS in Kensington would predominantly benefit white opioid users due to the area's demographic distribution. It also estimates that each of the 30 stations at the site could prevent six fatalities annually. The model further suggests that the effectiveness of OPS would increase with treatment referrals. The authors reveal that to

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<sup>17</sup> Eric McCord and Jerry Ratcliffe, "A Micro-Spatial Analysis of the Demographic and Criminogenic Environment of Drug Markets in Philadelphia", *Australian and New Zealand Journal of Criminology* 40 (April 2007): 43–63, <https://doi.org/10.1375/acri.40.1.43>.

<sup>18</sup> Anastasia Hudgins et al., "Barriers to Effective Care: Specialty Drug Treatment in Philadelphia," *Journal of Substance Abuse Treatment* 131 (December 2021): 108-122, <https://doi.org/10.1016/j.jsat.2021.108639>.

maximize public health benefits, multiple OPS should be distributed across diverse neighborhoods.<sup>19</sup>

Overdose prevention sites are the subject of a study by Roth et al. The authors focused on the Kensington neighborhood of Philadelphia and conducted more than 400 interviews with Kensington residents and business owners to evaluate the acceptability of the OPS site in Kensington. The findings showed that 9 out of 10 of residents and 6 out of 10 of business owners/staff supported the notion of opening an OPS in the Kensington area. Overall, a higher support for OPS was detected among people without stable housing options and current opioid users. Additionally, support was more prevalent among Hispanic and Black respondents compared to white respondents. The study suggests strong community support for OPS in Kensington, especially if these sites effectively reduce drug-related social problems. Continuous monitoring post-implementation will be essential to assess changes in public opinion and the impact on drug-related issues.<sup>20</sup>

## **1.2 Federalism**

In this thesis, I will explore the history and evolution of federalism, which is deeply embedded in the United States' history. I will focus more closely on the last eight years, as the changes and main themes of U.S. federalism are crucial to understanding the current balance between local, state, and federal government. Moreover, I will examine the position of local government within this form of political organization and reveal the kind of power local governments

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<sup>19</sup> Joanna R. Wares et al., "Predicting the Impact of Placing an Overdose Prevention Site in Philadelphia: A Mathematical Modeling Approach," *Harm Reduction Journal* 18, no. 1 (October 2021): 110, <https://doi.org/10.1186/s12954-021-00559-4>.

<sup>20</sup> Alexis M. Roth et al., "Overdose Prevention Site Acceptability among Residents and Businesses Surrounding a Proposed Site in Philadelphia, USA," *Journal of Urban Health* 96, no. 3 (June 2019): 341–352, <https://doi.org/10.1007/s11524-019-00364-2>.

possess, specifically looking at the unique aspects of local government in Pennsylvania, as this may differ across the United States.

Federalism is typically defined as a political system that aims to distribute powers between the federal government and the individual U.S. states. It also distinguishes states and unites them into one larger political entity. The states are assigned different types of powers to make decisions at various levels. This arrangement allows states to have a restricted amount of political independence within an overarching structure. Federalism has been developing gradually, and its progression can be divided into three major phases: dual federalism, cooperative federalism, and new federalism.<sup>21</sup>

In New Federalism, powers that were previously largely in the hands of the federal government were given back to the states. This process was initiated by Richard Nixon but is mostly associated with Ronald Reagan's policy of the “devolution revolution.” This process lasted until the start of the 21st century. The recent form of federalism is not as straightforward as it was with New Federalism. However, some aspects of the current form of federalism are influenced by New Federalism. In the 21st century, the power balance between the federal government and the states has varied considerably and is frequently influenced by the policies of different presidents.<sup>22</sup>

### **1.2.1 Federalism: from Trump to Biden**

To understand the state of federalism in the 21st century and the positions of local government in this system, we need to first establish how federalism has evolved in recent years, particularly under the administrations of Donald Trump and Joe Biden, as it corresponds to the period examined in the case of Philadelphia.

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<sup>21</sup> Larry N. Gerston, *American Federalism: A Concise Introduction* (Routledge & CRC Press, 2007), 12-14.

<sup>22</sup> Gerston, *American Federalism*, 57-58

From 2016, American federalism was characterized by uncertainty. The transition of power from Obama to Trump, two administrations with radically different priorities, foretold an interesting story. The Republicans controlled the House of Representatives since 2010 and the Senate since 2014, which made it challenging for President Obama to pass any legislation into law.<sup>23</sup>

After the 2016 elections, Republicans gained unified control of the federal government as they won the presidency and successfully kept control of both the House and the Senate. This provided the Republican Party with a significant opportunity to advance a conservative ideology with increased vigor. The same was true at the state level, where Republicans had a greater number of governors across the US and controlled the majority of legislative chambers.<sup>24</sup>

The change in party control resulted in a surprising shift given the historic approach of both parties to federalism. Historically, the Republican party strongly emphasized states' rights, often giving state and local governments relative political freedom. On the other hand, Democrats, since the Roosevelt administration and New Deal, have embraced big federal government and were more restrictive regarding states' rights than their Republican counterparts. However, during Trump's administration, this dynamic changed. Democrats, with limited power on the federal level, had to adapt and shift their focus to local governments.<sup>25</sup>

State resistance to Trump's administration was one of the main features of federalism during his four years in office. A few other characteristics are discussed in the annual journal article

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<sup>23</sup> Greg Goelzhauser and Shanna Rose, "The State of American Federalism 2016–2017: Policy Reversals and Partisan Perspectives on Intergovernmental Relations," *Publius: The Journal of Federalism* 47, no. 3 (July 2017): 285–313, <https://doi.org/10.1093/publius/pjx038>.

<sup>24</sup> Goelzhauser and Rose, "The State of American Federalism 2016-2017," 285-313.

<sup>25</sup> Greg Goelzhauser and Shanna Rose, "The State of American Federalism 2017–2018: Unilateral Executive Action, Regulatory Rollback, and State Resistance," *Publius: The Journal of Federalism* 48, no. 3 (July 2018): 319–44, <https://doi.org/10.1093/publius/pjy016>.

"The State of American Federalism," published by Oxford University Press. In the 2019-2020 issue, researchers mention two other main characteristics of American federalism under Trump: polarization and punitiveness.<sup>26</sup>

Polarization has long been a feature of American politics. It has been one of the defining characteristics of the last decade and is regularly associated with federalism. Some even state that polarized federalism has been so significant in recent years that it can be added to the list of entrenched concepts like dual, coercive, and cooperative federalism. In our example, polarization has been mostly evident between local, state, and federal governments, where the political preferences of different levels often resulted in a complete inability to cooperate on crucial issues such as safety, healthcare, or housing.<sup>27</sup>

Evidence confirms that there has been conflict between different levels of government. The increasing partisanship, more evident on a national level, has trickled down to the state level, resulting in conflict between state and federal governments when different parties govern the two bodies. There is currently less research on the state and local government relationship. However, studies extensively cover the preferences of both political elites and the mass public on local issues. The findings show that preferences on local issues among both groups align with the national partisan debate. This evidence suggests a more hostile environment for cooperation between local and state governments when there is a partisan mismatch.<sup>28</sup>

The second main characteristic, punitiveness, is closely connected to polarization. As discussed, polarization has worsened the ability of local, state, and federal governments to cooperate.

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<sup>26</sup> Greg Goelzhauser and David M. Konisky, "The State of American Federalism 2019–2020: Polarized and Punitive Intergovernmental Relations," *Publius: The Journal of Federalism* 50, no. 3 (July 2020): 311–343, <https://doi.org/10.1093/publius/pjaa021>.

<sup>27</sup> Goelzhauser and Konisky, "The State of American Federalism 2019-2020," 311-343.

<sup>28</sup> Katherine Levine Einstein and David M. Glick, "Cities in American Federalism: Evidence on State–Local Government Conflict from a Survey of Mayors," *Publius: The Journal of Federalism* 47, č. 4 (2017): 599–621, <https://doi.org/10.1093/publius/pjx026>.

Cooperative federalism was traded for its coercive version. The 2020 report on American Federalism describes punitive federalism: “Punitive federalism is characterized by the federal government’s use of threats and punishment to suppress state and local actions that run contrary to its policy preferences.”<sup>29</sup>

Differences of opinion on crucial issues have generated a more hostile and vindictive response, often from Trump himself. It was not unusual for the federal government to retaliate against states when they conflicted with federal administration policy preferences. A notable example of this federal retribution is in California, where the state struck a deal with the four biggest car producers to commit to higher gas emission standards against the administration's wishes. The response from the EPA was to revoke a waiver that allowed California to set its carbon emissions standards. This is just one of many examples illustrating the vindictiveness and punitiveness in federal administration motives under Trump.<sup>30</sup>

The 2020 Covid pandemic deepened the pre-pandemic themes of American federalism and reminded many of the importance of local and state level of government. The pandemic response was largely managed by state governors, county health officials, and local mayors, leading to a fragmented strategy. The prominent role of state election administrators in establishing election rules and counting votes emphasized that national elections are determined outside Washington DC. This renewed focus on local and state decision-making brought US federalism back into public consciousness.<sup>31</sup>

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<sup>29</sup> Goelzhauser and Konisky, "The State of American Federalism 2019–2020".

<sup>30</sup> David M. Konisky and Paul Nolette, "The State of American Federalism, 2020–2021: Deepening Partisanship amid Tumultuous Times," *Publius: The Journal of Federalism* 51, no. 3 (July 2021): 327–364, <https://doi.org/10.1093/publius/pjab023>.

<sup>31</sup> David M. Konisky and Paul Nolette, "The State of American Federalism 2021–2022: Federal Courts, State Legislatures, and the Conservative Turn in the Law," *Publius: The Journal of Federalism* 52, no. 3 (July 2022): 353–381, <https://doi.org/10.1093/publius/pjac022>.ibid

Following Joe Biden's victory over the incumbent Donald Trump, who became the first president to lose re-election in almost thirty years, the primary themes of the Biden administration remained relatively unchanged. Over the last years, Democrats have been successful in cementing their positions in local governments and city councils as well as winning the popular vote. Republicans, on the other hand, continued to dominate state legislatures. After Trump's presidency, the federal courts moved considerably towards a more conservative stance. This change is a result of Trump's numerous appointments to the lower courts and his successful nominations of three Supreme Court justices.<sup>32</sup>

The conservative advantage at the federal court has had long-lasting effects. A combination of greater strength at the state level and the federal courts has provided conservatives with a unique opportunity to reshape American politics drastically and effectively. The Trump administration marked the peak of a long-term effort to transform the U.S. judicial system at both federal and state levels, notably illustrated by the appointment of conservative Justice Amy Coney Barrett to replace liberal Supreme Court Justice Ruth Bader Ginsburg. The ramifications of such changes became most evident during the Biden administration. The newly appointed conservative judges were ready to challenge established precedents and introduce significant new legal principles, indicating a dedication to limiting federal administrative authority and enhancing state legislatures' power. Concurrently, conservative courts have restricted liberal state policymaking by advancing a civil rights and liberties agenda that aligns with conservative values, especially notable in fully Democratic states such as Pennsylvania.<sup>33</sup>

Lastly, I would like to mention one more characteristic that is more recent and can be considered a consequence of gradually worsening polarization: escalating culture wars. These conflicts

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<sup>32</sup> Pennsylvania General Assembly, , accessed June 5, 2024, <https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=00&div=0&chpt=3&sctn=20&subctn=0>.

<sup>33</sup> Pennsylvania General Assembly, "The Constitution of Pennsylvania."

have been significant in the growing tension between state and local governments. Internal conflicts have been escalating due to increasing polarization and a widening gap between predominantly Republican state legislatures and predominantly Democratic urban municipalities, which have divergent policy priorities. Earlier disputes often centered on budgetary and economic issues, but recent conflicts focus more on cultural disagreements. States have clashed with cities over topics such as gun policies, transgender rights, and book bans. These culturally charged conflicts intensified after disputes over COVID-19 regulations, where liberal cities enforced stricter masking rules than their conservative state governments. In 2023, these conflicts included instances where state legislatures blocked or expelled legislators from urban areas over gun control policy in Tennessee and transgender rights in Montana.<sup>34</sup>

## **1.3 Local government**

### **1.3.1 State level**

In this part, I would like to discuss the specific role of local government in the In Pennsylvania, the division of powers between state and local governments presents a compelling framework for governance. At the state level, executive authority is vested in the governor, while legislative power resides with the General Assembly, which is divided into the State Senate and the House of Representatives, similar to other states.<sup>35</sup> The powers in the state are given to local municipalities by two different legal principles: Home Rule and Dillon's Rule.<sup>36</sup>

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<sup>34</sup> Rebecca Bromley-Trujillo and Paul Nolette, "The State of American Federalism 2022–2023: Escalating Culture Wars in the States" *Publius: The Journal of Federalism* 53, no. 3 (July 2023): 325–48, <https://doi.org/10.1093/publius/pjad026>.

<sup>35</sup> Josh Shapiro, Austin Davis, and Reggie McNeil, *The Pennsylvania Manual* (Commonwealth of Pennsylvania, 2023): 62-63

<sup>36</sup> "Dillon's Rule vs Home Rule: Implications for Local Government Affairs Team," *FiscalNote*, November 5, 2021, <https://fiscalnote.com/blog/dillons-rule-vs-home-rule>



Firstly, Home Rule is a legal principle that provides local municipalities with greater autonomy and self-governance. Through legislative or constitutional action, states may give cities or towns the right to determine their own governmental structures and pass laws, provided they do not conflict with state laws. Home Rule gives local governments a broader range of powers without needing to obtain special permission from the state for each action.<sup>37</sup>

Dillon's Rule contrasts with Home Rule in that local governments under Dillon's Rule possess only those powers explicitly conferred upon them by the state government. The rule also states that if there is any doubt about the range of local government authority, it is always decided in favor of the state. Named after Judge John Dillon and first enacted in the 19th century, it continues to influence the legal framework in many states even today.<sup>38</sup>

Pennsylvania is one of the states that combines both principles. While it is not uncommon for a state to apply only one, Pennsylvania applies both. In a state like Pennsylvania, where both Dillon's Rule and Home Rule apply, Dillon's Rule is primarily invoked for matters or governmental units not addressed by constitutional provisions or other legislative actions granting Home Rule. This approach allows state governments to provide local governments with flexibility where needed while ensuring state oversight and consistency where it matters.<sup>39</sup>

### **1.3.2 Local level**

It is essential to address the position of local government within American federalism when discussing its role in addressing the opioid crisis for several key reasons. Local governments are uniquely positioned because of their proximity to citizens, which allows them to respond quickly and effectively to specific needs and situations in individual communities. This is

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<sup>37</sup> „Home Rule“, Ballotpedia, accessed June 5, 2024, [https://ballotpedia.org/Home\\_rule](https://ballotpedia.org/Home_rule).

<sup>38</sup> Diane Lang, "Dillon's Rule ... and the Birth of Home Rule," *The Municipal Reporter*, (November 1991): 1-5.

<sup>39</sup> Adam Coester, "Dillon's Rule or Not?" *National Association of Counties* 2, no.1 (January 2004): 1-3.

crucial because each community may face different challenges and have different needs. Local government has the best insight into these specifics and can tailor its interventions and programs to local conditions, which would be more difficult for the state or federal government. Effectively addressing the opioid crisis also requires coordination and collaboration between different levels of government and other stakeholders, including health care organizations, nonprofit organizations, and community groups. Local governments play a key role in this coordination because they can act as a link between citizens and higher levels of government, ensuring that community needs and priorities are effectively communicated, and resources and support services are properly targeted.<sup>40</sup>

In Pennsylvania, the structure of local governance is comprised of six distinct types: counties, boroughs, towns, cities, townships, and school districts. The state is divided into 67 counties, which are further subdivided into 2,560 local municipalities. Notably, two different government types are necessary to define in Philadelphia. Philadelphia is both a mayor-council government and a consolidated city-county.<sup>41 42</sup>

Let's begin with the mayor-council government. In this local government system, powers are divided between the mayor, who is elected directly by the voters and serves as an executive force, and the separately elected city council, which constitutes the legislative body. This form of government is most common in larger cities, while the other common form -the council-manager government- is mostly used in smaller towns and municipalities.<sup>43</sup>

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<sup>40</sup> Trinh Q. Truong, Debu Gandhi, and Jill Rosenthal, "Tackling the Opioid Crisis Requires a Whole-of-Government, Society-Wide Approach," Center for American Progress, accessed July, 16, 2024, <https://www.americanprogress.org/article/tackling-the-opioid-crisis-requires-a-whole-of-government-society-wide-approach/>.

<sup>41</sup> Commonwealth of Pennsylvania Constitution, art. 3, sec. 20.

<sup>42</sup> Commonwealth of Pennsylvania Constitution, art. 9, sec. 14.

<sup>43</sup> Dave C. Saffell and Harry Basehart, *State and Local Government: Politics and Public Policies* (9th ed., McGraw Hill, 2009): 237.

Local government structure can be categorized into two main variations based on the relative power dynamics between the mayor and the council. In a typical strong-mayor system, the elected mayor holds an extensive range of administrative authority, such as the power to appoint and dismiss department heads. The mayor's office is also responsible for preparing the city budget, which generally needs to be reviewed and approved by the council.<sup>44</sup>

In contrast, a weak-mayor system grants the mayor no formal authority outside the council, relegating the role to largely ceremonial duties as the council chairperson. In this system, the mayor cannot directly appoint or remove officials and lacks veto power over council decisions.<sup>45</sup>

The city of Philadelphia is a typical example of a strong mayor form of mayor-council government, which is the most common for larger cities across the U.S. The city (and county) has one mayor with exclusive authority to lead the executive branch of the government. The mayor is tasked with the administration of the city government and, among other key powers, is mainly responsible for preparing and submitting the annual city budget as well as representing the city in official matters. The mayor can also present legislative changes with the cooperation of the city council and can veto bills passed by the city council, although a two-thirds majority in the council can override the mayor's veto.<sup>46</sup>

A consolidated city-county is formed when one or more cities and their surrounding county merge into one unified entity under which they have consolidated jurisdiction and governmental authority of both a municipal corporation and a county. Most commonly, these consolidated city counties are formed to address particular issues the government might struggle with.

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<sup>44</sup> Saffell and Basehart, *State and Local Government*, 250.

<sup>45</sup> Saffell and Basehart, *State and Local Government*, 250.

<sup>46</sup> „Philadelphia Home Rule“, American Legal Publishing, accessed June 5 2024, [https://codelibrary.amlegal.com/codes/philadelphia/latest/philadelphia\\_pa/0-0-0-262986](https://codelibrary.amlegal.com/codes/philadelphia/latest/philadelphia_pa/0-0-0-262986).

Among the benefits of a unified jurisdiction are potential cost savings, enhanced efficiency, increased legal powers and revenue sources, and a more streamlined planning system. The executive branch is represented by a single chief executive who serves as the city's mayor and the county government's head. The legislative part is formed by a multi-district elected council that acts as the legislative body for both the county and the city.<sup>47</sup>

The position of the mayor in Philadelphia is voted at large and is limited, like the U.S. president, to two consecutive four-year terms. However, there is a possibility of running for the mayor's office again after an intervening term.<sup>48</sup> The current mayor of Philadelphia is Cherelle Parker, the first woman to ever hold the office. She was sworn into office in January 2024, succeeding her predecessor, Jim Kenney. Both are members of the Democratic Party.<sup>49</sup>

The legislative body is represented by the Philadelphia city council, which is constituted by ten members elected by district and seven members elected at large.<sup>50</sup> The position of council president, currently occupied by Kenyatta Johnson from the Democratic Party, is voted in by the elected members of the city council from among their numbers. The members serve for four years, and, contrary to the mayor, the number of consecutive terms is not limited. The fact that members are elected in two different types of constituencies ensures that the council represents diverse interests across the city.<sup>51</sup>

Council members elected "by district" are selected by voters in a particular city district. As a result, these council members are better equipped to represent local interests and needs. On the other hand, members elected "at large" are voted in by all eligible voters throughout the city, which can help members push broader initiatives and projects that impact the city as a whole.

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<sup>47</sup> Anthony J. Nownes et al., *City–County Consolidation: Promises Made, Promises Kept?*, ed. Suzanne M. Leland and Kurt Thurmaier (Washington DC: Georgetown University Press, 2010).

<sup>48</sup> "Philadelphia Home Rule Charter," American Legal Publishing.

<sup>49</sup> "Office of the Mayor," City of Philadelphia, <https://www.phila.gov/departments/mayor/>

<sup>50</sup> "Philadelphia Home Rule Charter," American Legal Publishing.

<sup>51</sup> "Philadelphia Home Rule Charter," American Legal Publishing.

The council members can also amend the mayor's proposed budget, conduct hearings and audits, and require regular reports from the mayor's office and other city officials to ensure transparency and accountability in implementing policies and programs. Together, the mayor and city council balance each other to ensure effective governance and representation of Philadelphia's residents.<sup>52</sup>

## 1.4. Opioid Epidemic

Recently, chronic pain has become one of the most common conditions in the United States. It has been reported that chronic pain affects more than 100 million adults across the country. Chronic pain patients experience a decreased quality of life and are more likely to suffer from depression, increasing their risk of suicide.<sup>53</sup> Factors that commonly make a person more prone to developing chronic pain include aging, mental health issues, physical injury, and long-term illness. Interestingly, researchers found that the likelihood of developing chronic pain is connected to income levels. People from lower-income households are more likely to suffer from chronic pain than those who are financially secure.<sup>54</sup>

According to data, opioid overdoses claim the lives of 91 Americans every day, and over 1,000 people are treated in emergency rooms daily for improper prescription opioid use. Over the last few decades, there has been a rapid increase in overdose deaths caused by the improper use of opioids. Research indicates that a significant number of abusers initially began with prescription opioids; 80 percent of heroin users reported misusing prescription opioids before transitioning to heroin. These prescription drugs can be obtained either illegally through diversion or legally

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<sup>52</sup> Nownes et al., *City-County Consolidation*.

<sup>53</sup> Lindsey E. Dayer et al., "A recent history of opioid use in the US: Three decades of change," *Substance Use & Misuse* 54, no. 2 (January 2019): 331–339, <https://doi.org/10.1080/10826084.2018.1517175>.

<sup>54</sup> A. Shmagel, R. Foley & H. Ibrahim, "Epidemiology of chronic low back pain in US adults: Data From the 2009–2010 National Health and Nutrition Examination Survey," *Arthritis Care Research (Hoboken)* 68, no.11 (2016): 1688–1694, doi: 10.1002/acr.22890

with a prescription. Recognizing the severity of the crisis, the US Government declared the opioid epidemic a public health emergency on October 16, 2017.<sup>55</sup>

Before we get to the history of opioid overuse, let's first establish what an opioid is and what it does. Opioids are a class of drugs that act on receptors in the brain essential for relieving emotions and, more importantly, pain. Throughout history, opioids have been used as medicine to alleviate pain and eventually became such a desired commodity that wars were fought over them. There are three types of opioids. The first type, natural opioids, is derived from the opium poppy plant. The most common example of a natural opioid is morphine. The second group, semi-synthetic opioids like heroin or oxycodone, are made from naturally synthesized opium products, such as morphine or codeine. The third type of opioid is made entirely in the laboratory and includes substances like fentanyl or methadone. Notably, synthetically made opioids usually have higher potency than natural ones and, therefore, can pose a higher risk of developing dependency or even resulting in overdose and death.<sup>56</sup>

### **1.4.1 The four waves**

So where can we find the beginning of what we today call “the opioid epidemic”? To answer that question, we must go back to the end of the 20th century. In the 1980s and prior, opioids were prescribed mostly to manage cancer pain and rarely for acute pain cases. Otherwise, opioids were mostly feared by both medical professionals and the public because of their potential for abuse and addiction. The negative view of opioids as a danger to society began to change in the second half of the 1980s. We can divide the development of the opioid epidemic into four waves.

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<sup>55</sup>Dayer et al., "A recent history of opioid use in the US,"2

<sup>56</sup>Mark R. Jones et al., "A Brief History of the Opioid Epidemic and Strategies for Pain Medicine", *Pain and Therapy* 7, no. 1 (June 2018): 13–21. <https://doi.org/10.1007/s40122-018-0097-6>.

The first wave of the opioid epidemic began in the 1990s, driven by a push to use opioid medications for chronic pain management and aggressive promotion by pharmaceutical companies encouraging medical professionals to prescribe these drugs. The second wave emerged around 2010, marked by a sharp increase in heroin use and overdose deaths. According to the CDC, the third wave started in 2013 and ended in 2016, characterized by a significant rise in overdose deaths involving synthetic opioids, especially illicitly manufactured fentanyl. During this time, deaths related to prescription opioids increased slightly, while heroin-related deaths remained relatively stable. The fourth wave, reported to have begun in 2016, is marked by increased use of stimulants such as methamphetamines or cocaine and the rise of deaths caused by a combination of stimulants with fentanyl. I will describe each phase more thoroughly in the next paragraphs.<sup>57</sup>

In 1987, Dr. Ronald Melzack, president of the International Association for the Study of Pain (IASP), highlighted evidence that opioids could be safely used to treat chronic non-malignant pain, emphasizing that most patients do not become drug abusers. This marked the beginning of efforts to reduce stigmas around opioid use, address underprescribing, and loosen regulations for chronic pain treatment. By the end of the 1980s, the number of advocates for adequate pain control began to gradually rise.<sup>58</sup> In a 1989 study carried out by Wazner et al., the moral implications of physicians' responsibility in the pain management of terminally ill patients were examined, claiming that allowing patients to suffer from unbearable pain should be considered "unethical medical practice."<sup>59</sup>

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<sup>57</sup> Dayer et al., „A recent history of opioid use in the US".

<sup>58</sup> R. Pawl, "Prescription narcotic drug abuse: We have met the enemy, and they are ourselves," *Surgical Neurology* 69, no.5 (2008): 538–541. doi: <http://dx.doi.org/10.1016/j.surneu.2007.10.013>

<sup>59</sup> S. H. Wazner, D. D.Federman, S. J. Adelstein, C. K.Cassel, E. H. Cassem, ... R. E. Cranford, "The physician's responsibility toward hopelessly ill patients. Second look," *New England Journal of Medicine* 320, no.13 (1989): 844–849.

The foundation for adequate pain treatment was being laid, creating room for more opioid prescriptions.

By 1994, a national survey showed physicians under-prescribed opioids due to fear of regulatory scrutiny. Collaborations among medical boards, pain experts, and professional organizations aimed to balance the risks of drug diversion with legitimate opioid prescribing. Strategies were developed to combat stigma and clarify the differences between dependence and addiction.

The notion that opioids could be safely used in the general population led to a significant shift in how pain was being assessed and managed. In 1996, the American Pain Society introduced "pain as the fifth vital sign," prompting healthcare professionals to assess pain as frequently as other vital signs.<sup>60</sup> However, this concept was flawed because it treated the subjective measurement of pain as equivalent to objective measures like blood pressure and heart rate. This shift coincided with the 1995 approval of Purdue Pharma's long-acting OxyContin. From 1996 to 2001, Purdue trained over 5,000 physicians, pharmacists, and nurses by organizing more than 40 conferences, and offered substantial sales bonuses to representatives to boost OxyContin prescriptions. Simply put, medical practitioners were trained to rely more and more on the effects of opioids in pain management. This aggressive promotion led to a nearly tenfold increase in prescriptions for non-cancer pain, from about 670,000 in 1997 to approximately 6.2 million in 2002, while cancer pain prescriptions increased fourfold.<sup>61</sup> Additionally, in 1997, 33

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<sup>60</sup> National Pharmaceutical Council and Joint Commission on Accreditation of Healthcare Organizations, *Pain: Current understanding of assessment, management, and treatments* (National Pharmaceutical Council, Incorporated, 2001): 21, retrieved from <http://www.npcnow.org/system/files/research/download/Pain-Current-Understanding-of-Assessment-Management-and-Treatments.pdf>

<sup>61</sup> A. Van Zee, "The promotion and marketing of oxycontin: Commercial triumph, public health tragedy," *American Journal of Public Health* 99, no. 2 (2009), 221–227. doi:10.2105/AJPH.2007.131714



states adopted Intractable Pain Treatment Acts (IPTA), which provided regulatory relief for physicians prescribing opioids and reduced their perceived risk of doing so.<sup>62</sup>

This new approach to opioid prescribing by healthcare practitioners was accompanied by direct-to-consumer advertising that exaggerated the benefits of opioids while downplaying the risks of abuse and addiction. The belief that OxyContin had a lower likelihood of addiction or abuse was the opposite of the truth, and the drug was heavily abused, contributing to an overall increase in opioid use. While opioids were mostly used by cancer patients, by the end of the century, cancer patients constituted only 14% of all opioid prescriptions.<sup>63</sup>

The number of prescriptions for opioids started to grow significantly at the end of the 20<sup>th</sup> century. For comparison in the year 2000, the total consumption of opioids was 46,946 kg, this number increased almost fourfold to 165,525 kg in 2012 which is also considered to be the peak of opioid consumption.<sup>64</sup> One in six drug users was prescribed opioids stronger than morphine in 2002; by 2012, this ratio had more than doubled. Unsurprisingly, the most frequently prescribed opioids were oxycodone and hydrocodone.<sup>65</sup>

This is where the second wave began. As individuals became more and more dependent on prescription opioids, many eventually switched to heroin. Between 2005 and 2012, the number of heroin users almost doubled, increasing from 380,000 to 670,000. In 2010, fatal heroin overdoses reached 2,789, nearly a 50% rise from previous years.<sup>66</sup> This sharp increase has a

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<sup>62</sup> A. M. Martino, "In search of a new ethic for treating patients with chronic pain: What can medical boards do?" *The Journal of Law, Medicine & Ethics* 26, no. 4 (1998):332–349.

<sup>63</sup> Van Zee, "The promotion and marketing of oxycontin," 221-227.

<sup>64</sup> L. Manchikanti, A. M. Kaye, N. Knezevic, et al., "Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines," *Pain Physician* 20 (2017): 3.

<sup>65</sup> Van Zee, "The promotion and marketing of oxycontin," 221-227.

<sup>66</sup> Substance Abuse and Mental Health Services Administration, "Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings," NSDUH Series H-46, HHS Publication, accessed July 4, 2024, <https://www.samhsa.gov/data/sites/default/files/NSDUHnationalfindingresults2012/NSDUHnationalfindingresults2012/NSDUHresults2012.htm>.

simple explanation. Over the years the cost of heroin has decreased significantly and is accessible due to significant changes in its production and supply chain. Therefore, the incentive became much stronger for people already dependent on opioids to switch to cost-effective and more potent alternatives.<sup>67</sup> Drug Enforcement Agency (DEA) estimates indicate that the average retail price per gram of pure heroin dropped by over 70 percent from 1980 to 2016, falling from \$3,260 (in 2012 dollars) to between \$465 and \$1,020.<sup>68</sup> Notably, three out of four new heroin users report having previously abused prescription opioids.<sup>69</sup>

The Centers for Disease Control and Prevention (CDC) states that the third wave began in 2013 and ended in 2016. This wave saw a notable rise in overdose deaths involving synthetic opioids, most notably illicitly manufactured fentanyl. During this time, deaths from prescription opioids increased only slightly, while the number of heroin-related deaths did not change significantly and was relatively stable. The surge in deaths caused by fentanyl overdose is largely due to fentanyl being 50 to 100 times more potent than morphine and the fact that it is often mixed with heroin to boost potency at a lower cost.<sup>70</sup>

Demographically, the most affected group during the third wave was slightly younger than before, not as frequently male, and also more likely to be white and come from a rural region/background. Nonetheless, there was also a significant rise in opioid-related deaths among other ethnic groups, particularly Black and Hispanic citizens residing in urban areas. According to the research Black Americans typically use cocaine more frequently than heroin or prescription opioids compared to white populations, thus the increase in fatalities among

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<sup>67</sup> "Underlying Cause of Death 1999-2018," Centers for Disease and Control Prevention, [wonder.cdc.gov.](https://wonder.cdc.gov/), archived from the original on April 19, 2020, retrieved June 20, 2024.

<sup>68</sup> Congressional Research Service, "Heroin Trafficking in the United States," CRS Report R44599 (2019): 4, <https://fas.org/sgp/crs/misc/R44599.pdf>

<sup>69</sup> Dayer et al., "A recent history of opioid use in the US," 4.

<sup>70</sup> "Understanding the Opioid Overdose Epidemic," Centers for Disease and Control Prevention: Overdose Prevention, accessed April 23, 2024, <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>.

blacks is most likely linked to the greater occurrence of cocaine laced with fentanyl which is a frequent occurrence.<sup>71</sup>

The fourth wave is relatively similar to the previous one, with one notable difference: the increasing number of cases where fentanyl was combined with either a stimulant or Xylazine, a powerful veterinary tranquilizer. A stimulant is a type of drug typical for increasing the activity of the central nervous system; opioids, on the other hand, do the opposite. The fact that the two different drugs have such different effects can have severe consequences as one increases your heart and breathing rate while the other slows both your breathing and heart rate, thus increasing the likelihood of respiratory depression or heart failure. Oftentimes, the mix of the two drug types (for example, cocaine laced with fentanyl) is consumed unintentionally, therefore increasing the risk of overdose when consumed unknowingly. It can be argued that the ongoing opioid epidemic is closely intertwined with the rise in deaths caused by stimulants.<sup>72</sup>

To make the situation even more dire, reports have stated that there has been an increase in the presence of Xylazine in both heroin and fentanyl deaths. Xylazine, known as “tranq,” is a powerful tranquilizer that can slow down users' breathing, heart rate, and blood pressure to extremely low levels. The tranquilizer is dangerous because medications used to reverse the effects of opioids do not have any effect on Xylazine. In addition to the risk of overdose, the repeated use of xylazine has several side effects, particularly skin wounds like open wounds and abscesses. These types of wounds are difficult to heal because they require a high level of

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<sup>71</sup> Keturah James and Ayana Jordan, "The Opioid Crisis in Black Communities", *Journal of Law, Medicine & Ethics* 46, no. 2 (July 2018): 404–21, <https://doi.org/10.1177/1073110518782949>.

<sup>72</sup> Laxmaiah Manchikanti et al., "Fourth Wave of Opioid (Illicit Drug) Overdose Deaths and Diminishing Access to Prescription Opioids and Interventional Techniques: Cause and Effect," *Pain Physician* 25, no. 2 (2022): 97–124.

hygiene, which is hard to maintain in an environment of drug abusers who often live on the streets and do not have regular access to clean water.<sup>73</sup>

### **1.4.2 Opioids 2016 – 2023**

The presence of fentanyl, either by itself or combined with other drugs, has had a deadly effect on the American public. According to research by the CDC, in recent years, fentanyl has been the leading cause of overdose deaths across all regions of the country and among all age, race, and ethnic groups. Moreover, synthetic opioid overdose deaths have been the main cause of overall deaths among people aged eighteen to forty-five.<sup>74</sup>

In 2016, there were a total of 63,632 drug overdose deaths in the United States, with 42,249 of these deaths attributed to opioids, representing 66.4% of the total. By 2017, the number of overdose deaths had increased to 70,237, of which 47,600 were opioid-related, making up 67.8% of the total. According to data from the CDC, in 2018, the total number of overdose deaths slightly decreased to 67,367, with 46,802 deaths involving opioids, accounting for 69.5%. In 2019, the total overdose deaths rose to 70,630, with opioid-related deaths at 49,860, comprising 70.6% of the total. The year 2020 saw a significant increase, with 91,799 total overdose deaths, 69,061 of which were due to opioids, representing 75.2%. In 2021, there were 107,622 total overdose deaths, with opioids involved in 80,411 cases, accounting for 74.7%. The year 2022 had a slight increase in total overdose deaths to 107,941, with 81,481 of these deaths linked to opioids, which constituted 75.5% of the total. Preliminary data for 2023 indicates 107,543 overdose deaths, with opioids causing 81,083 of these deaths, representing 75.4%. For 2024, comprehensive data is not yet available, but trends suggest that the numbers

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<sup>73</sup> “Xylazine,” National Institute on Drug Abuse, accessed July 1, 2024, <https://nida.nih.gov/research-topics/xylazine>

<sup>74</sup> Claire Klobucista and Mariel Ferragamo, “Fentanyl and the U.S. Opioid Epidemic,” Council on Foreign Relations, last updated December 22, 2023, <https://www.cfr.org/background/fentanyl-and-us-opioid-epidemic>.

could be similar or possibly show a slight decrease as observed in the provisional data for 2023. These statistics underscore the persistent and increasing impact of opioids on drug overdose mortality in the United States.<sup>75</sup>

As seen in the previous article, the COVID-19 pandemic worsened the opioid epidemic, with overall overdose and opioid death numbers rising at a quicker pace than in previous years. The social distancing aspect of the pandemic harmed the mental health of everyone affected. People were more likely to take drugs alone, thus increasing the risk of overdosing. Moreover, as the supply chains of certain drugs were disrupted, people were forced to switch to drugs that were more easily attainable (like fentanyl) and with which the users were often less familiar.<sup>76</sup>

The growing availability of illicit fentanyl can be easily illustrated by the data published by the DEA. Fentanyl is brought to the USA by Mexican drug cartels. To import and distribute fentanyl pills more easily, the cartels often disguise the imported goods as legally obtained prescription opioids. According to the DEA, the agency seized a little over fifty million fake prescription pills laced with fentanyl in 2022, more than doubling the number of seized pills from the previous year. The DEA added that more than half of those pills contained a potentially lethal amount of the opioid.<sup>77</sup>

Obviously, the current opioid epidemic has not come without a response from federal agencies. Regulatory measures implemented by the U.S. Food and Drug Administration (FDA), the Centres for Disease Control and Prevention (CDC), and other health organizations have tightened the guidelines for opioid prescriptions. In 2016, the CDC issued guidelines aimed at

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<sup>75</sup> “Drug Overdose Death Rates,” National Institute on Drug Abuse, accessed July 4, 2024, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.

<sup>76</sup> Molly M. Jeffery et al., "Fentanyl-Associated Overdose Deaths Outside the Hospital," *New England Journal of Medicine* 389, no. 1 (July 2023): 87–88, <https://doi.org/10.1056/NEJMc2304991>.

<sup>77</sup> Drug Enforcement Administration, “Drug Enforcement Administration Announces the Seizure of Over 379 million Deadly Doses of Fentanyl in 2022,” Press release, December 20, 2022, <https://www.dea.gov/press-releases/2022/12/20/drug-enforcement-administration-announces-seizure-over-379-million-deadly>.

curbing the excessive prescription of these drugs. Increased awareness among healthcare providers and patients about the risks associated with opioids has led to more cautious prescribing practices, with many doctors now seeking alternative pain treatments.<sup>78</sup> States have introduced Prescription Drug Monitoring Programs (PDMP) to help identify and prevent prescription abuse. Legislative actions at both federal and state levels have also restricted the quantity and duration of opioid prescriptions.<sup>79</sup> Statistics indicate a significant decline in opioid prescriptions from their peak of over 255 million in 2012 to less than 154 million in 2019, with this downward trend continuing in subsequent years.<sup>80</sup>

### 1.4.3 Covid-19 and the Opioid epidemic

Research by the National Institute on Drug Abuse (NIDA) highlights a clear link between COVID-19 and the opioid epidemic. Drug users face a heightened risk of severe COVID-19 outcomes due to the compounded negative effects of both substances and the virus on heart and lung functions. These combined impacts significantly increase the risk of serious health consequences, as each condition exacerbates the detrimental effects of the other.<sup>81</sup>

Research indicates that substance abuse surged following the declaration of a national emergency due to the worsening COVID-19 pandemic in March 2020. A study by Wainwright and Giroir found an increasing trend in positive drug test results for opioids and other substances after this declaration.<sup>82</sup> Similarly, a study by Roberts et al. observed that the

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<sup>78</sup> Deborah Dowell, Kathleen R. Ragan, Christopher M. Jones, Grant T. Baldwin, and Roger Chou, "CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022," Recommendations and Reports 71, no. 3 (November 2022): 1-95. <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>

<sup>79</sup> "Prescription Drug Monitoring Programs (PDMPs)," CDC, accessed July 2, 2024, <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/prescription-drug-monitoring-programs.html>.

<sup>80</sup> "The Opioid Crisis in Data," USA Facts, accessed July 4, 2024, <https://usafacts.org/articles/opioid-addiction-deaths-and-treatment-latest-analysis-data/>.

<sup>81</sup> National Institute on Drug Abuse, "COVID-19 and Substance Use," last modified November 20, 2023, accessed July 30, 2024. <https://nida.nih.gov/research-topics/covid-19-substance-use>.

<sup>82</sup> Jennifer J. Wainwright, Meron Mikre, Pamela Whitley, et al., "Analysis of Drug Test Results Before and After the US Declaration of a National Emergency Concerning the COVID-19 Outbreak," *JAMA* 324, no. 16 (2020): 1674-1677, <https://doi.org/10.1001/jama.2020.17694>

onset of social distancing measures during the pandemic led to a rise in the consumption of alcohol and drugs among many individuals.<sup>83</sup>

According to the National Institute on Drug Abuse (NIDA), determining whether the pandemic directly increased the number of drug overdoses is challenging due to various factors, such as the heightened presence of fentanyl-laced drugs in the supply. Nonetheless, it is evident that several elements during the pandemic potentially elevated the risk of overdose. NIDA states that “These (factors) include social isolation, stress, people using drugs alone and an increase in rates of drug use. People also faced decreased access to substance use treatment, harm reduction services, and emergency services.”<sup>84</sup>

## **1.5. Opioid epidemic in Philadelphia**

The opioid crisis in Philadelphia has reached alarming proportions and significantly impacted the lives of thousands of residents. The epidemic has influenced the entire city, but the most affected area is the Kensington neighborhood, which has become the epicenter of this tragedy. Historically an industrial area, Kensington has been transformed by the decline of industry and the subsequent economic downturn into a haven for drug dealers, where drug use in public spaces is a reality.

In Kensington, 'open-air drug markets' are common, meaning drugs are sold and used right on the streets. This situation leads to serious social and health problems, including high crime rates, homelessness, and the spread of diseases such as HIV and hepatitis. Socio-economic factors

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<sup>83</sup> Amanda Roberts, Jennifer Rogers, Rachel Mason, et al., "Alcohol and Other Substance Use during the COVID-19 Pandemic: A Systematic Review," *Drug and Alcohol Dependence* 229, no. Pt A (2021): 109150, <https://doi.org/10.1016/j.drugalcdep.2021.109150>.

<sup>84</sup> National Institute on Drug Abuse. "COVID-19 and Substance Use"

such as high levels of poverty and unemployment further contribute to the severity of the crisis in the area.<sup>85</sup>

In the next paragraphs, I would like to discuss the history of Philadelphia with special emphasis on socioeconomic and demographic development, the Kensington area, and the drug market.

At the turn of the 20th century, Philadelphia was a hub for European immigrants, primarily from Ireland, Italy, and Germany. By 1900, the city was 94.5% white, with 72% foreign-born. Philadelphia became known as a manufacturing powerhouse, particularly in the textile industry centered in Kensington. However, post-WWI and the Great Depression led to deindustrialization, with many factories relocating to the American South, causing mass unemployment. Concurrently, the Great Migration saw millions of African Americans move from the South to cities like Philadelphia, altering the city's demographics.<sup>86</sup>

By 1939, WWII began, and as it ended in 1945, the GI Bill facilitated the creation of suburbs like Levittown, predominantly for white veterans due to redlining practices. The GI Bill, officially the Servicemen's Readjustment Act, provided low-cost mortgages and financial aid for veterans, enabling them to afford a nice family home. Thus, the idea of suburbia was hatched. At this point, the concept of suburbia did not exist. There were only two types of residential areas: urban and rural centers. The urban areas were in poor shape, and the post-war baby boom and prosperity further created a lack of affordable housing, especially for returning veterans and their families.<sup>87</sup>

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<sup>85</sup> Max Marin, "How Kensington Avenue's open-air drug market went international – and the city's fight to take back the neighborhood," *The Philadelphia Inquirer*, March 25, 2024, <https://www.inquirer.com/news/kensington-philadelphia-history-drug-abuse-20240325.html>.

<sup>86</sup> Russel F. Weigley, ed. *Philadelphia: A 300-Year History* (New York and London: W. W. Norton & Company, 1982): 487-489.

<sup>87</sup> Weigley, *Philadelphia*, 569-570.



A real estate developer company, Levitt and Sons, had the idea to create new residential areas practically overnight by using low-cost mortgages provided by the federal government to quickly accommodate WWII veterans. These types of new suburban areas were called Levittowns. They were mostly set up in rural areas with low population density surrounding major cities like Philadelphia, New York, or Boston.<sup>88</sup> Both white and black veterans applied for federal financial aid. However, discriminatory practices largely excluded African Americans from these benefits, reinforcing segregation and economic disparity. This led to "white flight" from urban centers to suburbs, decreasing Philadelphia's white population from 87% in 1945 to 62% by 1970.<sup>89</sup>

By 1970, Philadelphia was the most predominantly black city on the East Coast and fell deep into poverty as the suburbs expanded. Kensington remained one of the few non-segregated neighborhoods, but it faced significant challenges. In 1945, it was designated to be the concentration area for "undesirables," both low-class whites and blacks. Whites living in Kensington didn't really leave until the 1990s. The area soon became a center for the Irish American criminal underworld, involved in methamphetamine trafficking. These gangs set up in an area in Kensington which is now mostly known for its open drug market.<sup>90</sup>

In the 1990s, crack cocaine was introduced to the streets of Philadelphia, along with new gangs who imported and distributed it, seeking new territories to expand. This ignited a war for control of the drug market between the old and the new gangs, resulting in a second white flight. The spike in homicides was the reason why a significant number of whites decided to leave the urban areas of Philly and move to the suburbs.<sup>91</sup>

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<sup>88</sup> Edward Glaeser, *Triumph of the City: How Our Best Invention Makes Us Richer, Smarter, Greener, Healthier, and Happier* (New York: Penguin Press, 2011): 173–77.

<sup>89</sup> Glaeser, *Triumph of the City*, 707.

<sup>90</sup> Ron Avery, *A Concise History of Philadelphia* (Philadelphia: Otis Books, 1999): 78-79.

<sup>91</sup> Avery, *A Concise History of Philadelphia*, 85-86.

Between 1990 and 2010, the white population decreased from 57% to 33% across the city, leaving some neighborhoods like Kensington populated almost exclusively by black residents. As white residents left Kensington, black and Latino drug traffickers moved in, transforming the neighborhood's drug market dynamics.<sup>92</sup>

From 2010 till now, Philadelphia has experienced gradual population growth as a migration pattern has been established by New Yorkers seeking a lower cost of living compared to New York while being in relatively close proximity to the city.<sup>93</sup>

### **1.5.1 Statistics**

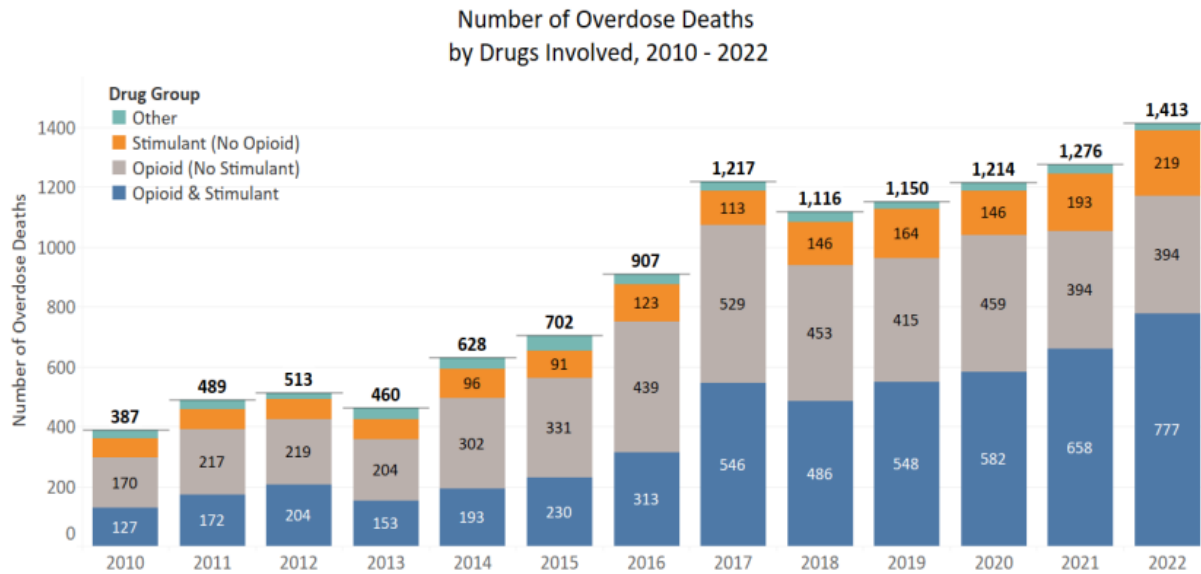
In this section, I will discuss drug overdose statistics in Philadelphia using official data from the document "Unintentional Drug Overdose Fatalities in Philadelphia, 2022," published by the local government of Philadelphia. This report provides the most recent available statistics, offering a detailed analysis of overdose fatalities and highlighting the severity and trends of this ongoing crisis within the city.

Over the past several years, unintentional overdose deaths have consistently reached record highs, not only nationally but also in Philadelphia. Philadelphia has been one of the most affected cities across the country.

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<sup>92</sup> "A City Transformed: The Racial and Ethnic Changes in Philadelphia Over the Last 20 Years," Philadelphia Research Initiative, June 1, 2011,

<sup>93</sup> Ryan Mulligan, "New Yorkers keep moving to Philadelphia, and local Realtors say the influx has 'raised the bar,'" bizjournals.com, September 8, 2022, archived from the original on March 5, 2023, accessed February 22, 2023.



*Graph 1: Number of Overdose Deaths by Drugs Involved in Philadelphia, 2010-2022.<sup>94</sup>*

In 2016, the overall number of overdoses in Philadelphia was 907, with a significant portion, 752 cases (82.9%), involving opioids. In 2017, the total overdoses increased to 1,217, a rise of 34.1% from the previous year, with opioids involved in 1,075 cases (88.3%). In 2018, the number of overdoses slightly decreased to 1,116, a decrease of 8.3% from 2017, with 939 cases (84.1%) involving opioids. In 2019, the total overdoses slightly increased to 1,150, a rise of 3.0% from the previous year, with opioids involved in 963 cases (83.7%). In 2020, the number of overdoses rose to 1,214, a 5.6% increase from 2019, with 1,041 cases (85.8%) involving opioids. In 2021, the total number of overdoses increased to 1,276, a rise of 5.1% from the previous year, with opioids involved in 962 cases (75.4%). In 2022, the number of overdoses surged to 1,413, a 10.7% increase from 2021, with opioids involved in 1,171 cases (82.9%).<sup>95</sup>

When we look at the rough number of total overdoses in 2022 and compare them with other most affected cities across the country, we can see that Philadelphia has recorded the most

<sup>94</sup> Philadelphia Department of Public Health, “Unintentional Drug Overdose Fatalities in Philadelphia, 2022,” CHART 8, no. 3 (2023):1-7.

<sup>95</sup> Philadelphia Department of Public Health, “Unintentional Drug Overdose Fatalities in Philadelphia, 2022,” 1-7.

overall deaths, with Baltimore being second with 990 deaths.<sup>96</sup> In the deaths per 100,000 resident's metric, Philadelphia was in fourth place nationally with 78 deaths per 100,000, while Baltimore ranked first with more than double the amount (170 per 100,000).<sup>97</sup>

As said, the most recent dataset available shows that Philadelphia reported 1,413 overdose deaths in 2022, a new record high. In 2021, there was a significant increase in overdose deaths among non-Hispanic (NH) Black residents compared to other racial and ethnic groups. This disparity widened further in 2022. From 2018 to 2022, overdose deaths increased by 87% among NH Black residents and 43% among Hispanic residents, while NH White residents experienced a 12% decrease. The rise in overdose deaths in Philadelphia communities of color reflects national trends. During this period, the median age of persons dying from overdose in Philadelphia also increased from 43.5 years in 2018 to 48 years in 2022. The largest number of overdose deaths in 2022 was among NH Black males, whose median age of death was 55 years.<sup>98</sup>

In 2022, the majority of overdose deaths (83%; 1,171) continued to be opioid-related. Fentanyl was detected in 96% of opioid deaths and remained the most commonly involved drug in overdose deaths. Stimulants are increasingly common in Philadelphia, a trend that is also observed nationally in the United States, as they were detected in 996 (70%) overdose deaths, a slight increase from 67% in 2021. While most of the stimulant-related deaths also involved opioids, the number of deaths due to stimulant overdoses without opioids increased by 13% from 2021 to 2022. Xylazine, or "tranq," a veterinary tranquilizer, was present in 434 cases of overdose in 2021 (a 39% increase from the previous year) and in 480 cases in 2022. Xylazine

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<sup>96</sup> "Overdose Crisis: Baltimore City," Baltimore City Health Department, last updated July 5, 2024, <https://dashboards.mysidewalk.com/baltimorecityoverdose/copy-of-home-new-graphs-request-0ce724ca8789>

<sup>97</sup> Alissa Zhu, Nick Thieme and Jessica Gallagher, "Almost 6,000 Dead in 6 Years: How Baltimore Became the U.S. Overdose Capital," *New York Times*, May 23, 2024, <https://www.nytimes.com/2024/05/23/us/baltimore-opioid-epidemic-od-deaths.html>.

<sup>98</sup> Philadelphia Department of Public Health, "Unintentional Drug Overdose Fatalities in Philadelphia, 2022," 1-7.

is almost exclusively detected with opioids, and since 2015, there have been fewer than 1% of cases of xylazine overdose without the presence of opioids.<sup>99</sup>

**1.5.2 Factors for opioid crises**

In this part of the chapter, I will discuss the root causes of the epidemic of drug overdoses. Multiple sources indicate a connection between drug use and various socioeconomic factors. A study by Ghertner & Groves (2018) shows that substance use, overdose deaths, and opioid prescriptions highly correspond to the rates of poverty and unemployment in counties across the US. According to the study: “On average, counties with worse economic prospects are more likely to have higher rates of opioid prescriptions, opioid-related hospitalizations, and drug overdose deaths.”<sup>100</sup>

With that in mind, let’s examine how Philadelphia has fared in the poverty and unemployment metrics in recent years compared to the national averages. The table below shows the most recent available data for the four metrics.

<b>Year</b>	<b>Philadelphia Unemployment Rate (%)</b>	<b>National Unemployment Rate (%)</b>	<b>Philadelphia Poverty Rate (%)</b>	<b>National Poverty Rate (%)</b>
2016	6.3	4.9	25.7	12.7
2018	5.8	3.9	24.5	11.8

<sup>99</sup> Philadelphia Department of Public Health, “Unintentional Drug Overdose Fatalities in Philadelphia, 2022,” 1-7.

<sup>100</sup> Robin Ghertner and Lincoln Groves, "The Opioid Crisis and Economic Opportunity: Geographic and Economic Trends," ASPE Research Brief, U.S. Department of Health and Human Services (2018): 1, <https://aspe.hhs.gov/sites/default/files/private/pdf/259261/ASPEconomicOpportunityOpioidCrisis.pdf>.

<b>Year</b>	<b>Philadelphia Unemployment Rate (%)</b>	<b>National Unemployment Rate (%)</b>	<b>Philadelphia Poverty Rate (%)</b>	<b>National Poverty Rate (%)</b>
2019	5.7	3.7	23.3	10.5
2021	9.2	5.4	22.8	11.6
2022	5.4 <sup>101</sup>	3.6 <sup>102</sup>	21.7 <sup>103</sup>	11.5 <sup>104</sup>

*Table 1: Unemployment and poverty rates comparisons, 2016-2022. <sup>105</sup>*

From 2016 to 2022, Philadelphia consistently exhibited higher average unemployment and poverty rates compared to national averages. The average unemployment rate in Philadelphia was 6.48%, significantly higher than the national average of 4.3%. Similarly, the average poverty rate in Philadelphia was 23.6%, more than double the national average of 11.64%. These figures highlight the persistent socioeconomic challenges faced by Philadelphia over this period.<sup>106</sup>

When we look at the development of employment and poverty rates each year, we can observe that the mentioned trend closely. In 2016, Philadelphia's unemployment rate was 7.1%, 2.2%

<sup>101</sup> The Pew Charitable Trust, “Philadelphia 2023: The State of the City,” 2023, accessed July 5, 2024, <https://www.pewtrusts.org/-/media/assets/2023/05/philadelphia-2023-the-state-of-the-city.pdf>

<sup>102</sup> “Unemployment rate in the United States from 1990 – 2023,” Statista, accessed July 5, 2024, <https://www.statista.com/statistics/193290/unemployment-rate-in-the-usa-since-1990/>.

<sup>103</sup> The Pew Charitable Trust, “Philadelphia 2024: The State of the City,” report, April 2024, accessed July 5, 2024, <https://www.pewtrusts.org/-/media/assets/2024/04/philadelphia-2024.pdf>

<sup>104</sup> Emily A. Shrider and John Creamer, “Poverty in the United States: 2022,” United States Census Bureau, September 12, 2023, <https://www.census.gov/library/publications/2023/demo/p60-280.html>.

<sup>105</sup> Note: Data for 2017 and 2020 is not included. Several years ago, the Census Bureau identified an error in some of its 2017 data for Philadelphia and recommended discontinuing its use. And the bureau did not release one-year American Community Survey data for 2020, citing the pandemic’s impact on data quality. Because the Census Bureau does not plan to update the data from either of these years, this thesis is not using that data.

<sup>106</sup> Averages are calculated from the numbers allocated in the table above

higher than the national average of 4.9%, while its poverty rate was 25.7%, 13% higher than the national average of 12.7%. In 2018, Philadelphia's unemployment rate further decreased to 5.6%, yet still 1.7% higher than the national average of 3.9%, with the poverty rate slightly decreasing to 24.5%, 12.7% above the national average of 11.8%. In 2021, Philadelphia's unemployment rate decreased to 7.9%, 2.5% higher than the national average of 5.4%, and the poverty rate decreased to 22.8%, 11.2% above the national average of 11.6%. In 2022, the unemployment rate in Philadelphia further decreased to 5.8%, 2.2% higher than the national average of 3.6%, while the poverty rate fell slightly to 22.8%, 11.3% higher than the national average of 11.5%.<sup>107</sup>

Given that poverty and unemployment rates are factors associated with the opioid epidemic, and these figures in Philadelphia significantly surpass national averages, it is evident that these two factors exacerbate the opioid epidemic in Philadelphia.

Another factor I would like to mention is homelessness. Multiple studies show that homelessness and the U.S. opioid epidemic are closely linked problems that interact and exacerbate each other.<sup>108 109</sup> Many individuals who become addicted to opioids lose their ability to maintain employment and financial stability, often leading to the loss of housing. Moreover, living on the streets or in unstable conditions can increase the risk of substance abuse as a way of coping with stress and trauma, further contributing to opioid addiction.<sup>110</sup> According to a

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<sup>107</sup> Note: Data for 2017 and 2020 is not included. Several years ago, the Census Bureau identified an error in some of its 2017 data for Philadelphia and recommended discontinuing its use. And the bureau did not release one-year American Community Survey data for 2020, citing the pandemic's impact on data quality. Because the Census Bureau does not plan to update the data from either of these years, this thesis is not using that data.

<sup>108</sup> Aya Yamamoto et al., "Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visit," *Social Science & Medicine* 242, no. 112585 (December 2019), <https://doi.org/10.1016/j.socscimed.2019.112585>.

<sup>109</sup> T. P. Baggett, S. W. Hwang, J. J. O'Connell, B. C. Porneala, E. J. Stringfellow, E. J. Orav, & N. A. Rigotti, "Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period," *JAMA Internal Medicine* 173, no.3 (2013): 189-195.

<sup>110</sup> U.S. Department of Housing and Urban Development. The 2022 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Washington, D.C.: U.S. Department of Housing and Urban Development, 2022. <https://www.huduser.gov/portal/sites/default/files/pdf/2022-ahar-part-1.pdf>.

study by Yamamoto et al., there is a significantly higher chance of opioid overdose among homeless and unsheltered individuals than among housed ones.<sup>111</sup>

In Philadelphia, homelessness has been an issue for many years. The most recent statistics show that there were 4,725 individuals experiencing homelessness in 2023, which is a notable improvement from previous years. At the end of 2019, the Philadelphia Department of Public Health released a report covering homelessness and deaths among those experiencing homelessness. The report shows that there were 5,735 homeless individuals in Philadelphia. The report states that “People experiencing homelessness are more vulnerable to disease complications and mortality than those who have a home. Also, many medical and behavioral health conditions are overrepresented among people experiencing homelessness, including hypertension, diabetes, and substance use disorders. All of this leads to a significantly decreased life expectancy for people experiencing homelessness as compared to the overall population.”<sup>112</sup>

If we look at the statistics presented in the report, we can see a worsening trend in the deaths of homeless individuals. From 2009 to 2018, the number of deaths registered more than a three-fold increase, from 43 deaths to 132. According to the report, this increase in deaths is connected to an increase in people who found themselves without a home, largely due to a worsening opioid epidemic. Between 2016 and 2018, the leading cause of death among the homeless was drug-related in 59% of cases, a significant increase from the previous reviewed period, 2009 to 2015, where drugs were detected in only 37% of deaths.<sup>113</sup>

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<sup>111</sup> Ayae Yamamoto et al., "Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits," 1.

<sup>112</sup> Philadelphia Department of Public Health, "Deaths among people experiencing homelessness," CHART 4, no. 9, December 2019, <https://www.phila.gov/media/20191220101010/CHART-v4e9.pdf>.

<sup>113</sup> Philadelphia Department of Public Health, "Deaths among people experiencing homelessness."



The report also adds that: “Among 171 drug-related deaths in people experiencing homelessness at the time of death in 2016 through 2018, 86 percent had detectable levels of any type of opioid, most (73%) had fentanyl.”<sup>114</sup>

### **1.5.4 Response to the Opioid Epidemic in Philadelphia**

During Mayor Jim Kenney's administration, several measures were taken to address the opioid epidemic in Philadelphia. The first significant initiative took place in 2017 with the formation of the Mayor's Task Force to Combat the Opioid Epidemic, which released a comprehensive report outlining 18 key recommendations. These recommendations focused on prevention, education, treatment, overdose prevention, and criminal justice reforms.

The city launched public education campaigns to raise awareness about opioid risks and the life-saving potential of naloxone, while also working to reduce the stigma associated with opioid use disorder. Access to medication-assisted treatment (MAT) was expanded, including mandates for halfway houses to accept individuals on MAT, and efforts were made to educate healthcare professionals on safe opioid prescribing and appropriate treatment. Overdose prevention measures included increasing naloxone availability and exploring comprehensive user engagement sites, along with establishing rapid response protocols for overdose outbreaks. The administration also focused on enhancing support services by providing safe housing, recovery, and vocational training for those affected by opioid use, and ensuring "warm handoffs" to connect overdose survivors to treatment. Criminal justice reforms were implemented to expand diversion programs and provide substance use disorder assessments and treatment within the prison system. Additionally, the city engaged the community through

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<sup>114</sup> Philadelphia Department of Public Health, “Deaths among people experiencing homelessness.”

listening sessions and subcommittees, ensuring a well-rounded and inclusive response to the crisis.<sup>115</sup>

In 2018, Jim Kenney signed an executive order to combat the opioid epidemic, establishing The Philadelphia Resilience Project (PRP), which was responsible for addressing the crises. Later, the PRP was succeeded by the Opioid Response Unit (ORU); however, the agenda at hand did not change.<sup>116</sup>

Currently, according to [phila.gov](http://phila.gov), the opioid response is mainly coordinated by the ORU and the city's Health Department in cooperation with other city departments and community partners. Recently, in addressing the rising number of overdose deaths, the agencies are focused mainly on four major initiatives.

The first initiative is coordinating a citywide review of overdose deaths to analyze the circumstances leading to these deaths and to implement system and policy changes to prevent them. One result of this initiative was a strategic decision to make several investments in the Kensington area, which included a rent relief initiative, investment in the public school system in the neighborhood, and basic home repair support.<sup>117</sup>

The second initiative involves significantly expanding outreach in underserved communities through the Philly Counts door-to-door survey, which reaches up to 600 households per day, and engaging neighborhoods where the epidemic has hit the hardest. These efforts also include a direct mail campaign highlighting the risks of mixing opioids and stimulants, working with

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<sup>115</sup> Kenney Administration (2016-2023), "Task Force to Combat the Opioid Epidemic to Announce Recommendations," press release, May 19, 2017, <https://www.phila.gov/press-releases/kenney/task-force-to-combat-the-opioid-epidemic-to-announce-recommendations/>.

<sup>116</sup> James F. Kenney, Executive Order no. 3: Opioid Emergency Response Executive Order, accessed July 5, 2024, <https://www.phila.gov/media/20210602145015/executive-order-2018-03.pdf>

<sup>117</sup> Kenney Administration (2016-2023), "City Announces Spending Plan for Opioid Settlement Funds," Press release, January 5, 2023, <https://www.phila.gov/2023-01-05-city-announces-spending-plan-for-opioid-settlement-funds/>.

healthcare providers to discuss safer stimulant use and targeted media campaigns in high-risk areas.<sup>118</sup>

A third initiative is to provide training and technical assistance to healthcare providers, including pharmacists, to increase the availability of medications for opioid use disorders.<sup>119</sup>

The fourth initiative focuses on continuing to prioritize harm reduction in the community by distributing naloxone and test strips for fentanyl and xylazine, offering free harm reduction and overdose reversal training, and providing wound care education for those affected by xylazine use. In addition, this initiative supports rapid transfers to substance abuse treatment facilities from emergency departments, prisons, and the community.<sup>120</sup>

The homelessness issue needed a separate sort of response which I would like to mention. Over the years, Philadelphia has implemented a comprehensive approach to addressing the housing and homelessness crisis, with a strategy focused on individuals with drug addictions.<sup>121</sup>

The city expanded emergency and transitional housing capacity and added long-term housing units for those in need. The ongoing goal is to create new low-income and permanent supportive housing units. Philadelphia has focused on "Housing First" models and permanent supportive housing in areas with high overdose rates. This approach emphasized the provision of stable housing as the foundation for successful treatment, with the belief that housing services must be integrated to achieve success.<sup>122</sup>

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<sup>118</sup> Department of Public Health, "Philadelphia Records More than 1,400 Overdose Deaths in 2022; Deaths among Black Residents Rose Nearly 20%," press release, October 2, 2023, <https://www.phila.gov/2023-10-02-philadelphia-records-more-than-1400-overdose-deaths-in-2022-deaths-among-black-residents-rose-nearly-20/>

<sup>119</sup> Department of Public Health, "Philadelphia Records More than 1,400 Overdose Deaths in 2022; Deaths among Black Residents Rose Nearly 20%."

<sup>120</sup> Department of Public Health, "Philadelphia Records More than 1,400 Overdose Deaths in 2022; Deaths among Black Residents Rose Nearly 20%."

<sup>121</sup> Philadelphia Resilience Project, *The City of Philadelphia's emergency response to combat the opioid crisis*, June 2019, accessed July 10, 2024, 5, <https://www.phila.gov/media/20190619122049/Resilience-Report-06-2019.pdf>

<sup>122</sup> Philadelphia Resilience Project, *The City of Philadelphia's emergency response to combat the opioid crisis*, 7.

The current plan in place includes several innovative programs. One of these is the 100 Day Challenge, which used funds from opioid settlements to expand housing options and supported individuals and couples transitioning from the streets to stable housing. The Housing Smart Re-Entry model provides safe housing for released inmates in treatment, reducing recidivism. The Couples Safe Haven initiative addresses the needs of homeless couples with drug addiction by offering low-income housing and mental health services. Additionally, Rapid Rehousing: Street to Home and the Shallow Rent program: Home \$200, provide rental assistance and long-term housing stability for those in treatment and on low, fixed incomes. Together, these initiatives seek to reduce homelessness and promote recovery by providing stable housing for people in various stages of treatment.<sup>123</sup>

These efforts are supported by the recently set-up Overdose Prevention and Community Healing Fund. This fund has been in operation since 2022 to respond to the ongoing opioid epidemic.<sup>124</sup>

## **1.6. Methodology**

Research questions:

What key words associated with opioid epidemic were used in the official documents during the Jim Kenney administration?

How did the local government in Philadelphia frame the opioid epidemic in official documents during the Jim Kenney administration?

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<sup>123</sup> City of Philadelphia, *Philadelphia's Overdose Response: 2023 Action Plan*, April 2023, accessed July 10, 2024, 30, <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>

<sup>124</sup> Kenney Administration (2016-2023), "City Announces Spending Plan for Opioid Settlement Funds."

This thesis focuses on analyzing how the local government in Philadelphia framed the opioid epidemic in official documents during Jim Kenney's administration. To achieve this goal, two complementary research methods will be used: content analysis and thematic analysis. Content analysis will identify and quantify the keywords and phrases in the texts, allowing us to determine the most used terms to describe the drug problem. Thematic analysis will provide deeper insight into the framing of the issue, revealing how opioid epidemic issues are presented and interpreted. Together, these methods will provide a comprehensive understanding of how the opioid epidemic is perceived and communicated in the public discourse of local government.

Thematic analysis is a qualitative research method used to identify, analyze, and interpret patterns (or themes) in textual data. One of the key theoretical frameworks often used in this method is Framing Theory. Originally developed in the fields of social psychology and media, this theory examines how an issue is presented and interpreted. In the context of thematic analysis, researchers examine how issues such as drug problems are framed in texts and how these frames influence public perceptions and responses. Thematic analysis allows us to uncover how different topics are constructed and interpreted in various contexts, crucial for understanding the social and cultural meanings attributed to these topics. This method provides deeper insights into processes of social construction and allows researchers to understand how language and discourse shape and reflect social reality.<sup>125</sup>

Content analysis is a methodological approach used to systematically, objectively and quantitatively describe the apparent content of a message. One common use of content analysis is to examine the occurrence of keywords in texts. This process involves identifying and quantifying the key words or phrases that are used in the texts being analyzed. The results can

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<sup>125</sup> Virginia Braun, Victoria Clarke, and Philip Weate, *Using Thematic Analysis in Sport and Exercise Research* (Routledge Handbook of Qualitative Research in Sport and Exercise, September 2016): 191-205.

provide a deeper understanding of the topics that are most frequently discussed in each set of texts and can reveal patterns in communication or changes in discourse over time.<sup>126</sup>

The research will focus on the administration of Jim Kenney, who served as the mayor of Philadelphia from January 4, 2016, to January 1, 2024, completing two consecutive terms. This timeframe is chosen mainly for practical reasons, as it presents a completed term, allowing for the evaluation of results. The primary focus of the research is on how Kenney's administration framed the drug problem and related social issues. Notably, the drug epidemic, which had been worsening in the years leading up to Kenney's administration, reached its peak during this period. Therefore, this context likely provided the administration with strong incentives to tackle these issues, and these efforts are expected to be reflected in the official documents examined.

The research will focus on two sets of official documents. The first set comprises documents published by the mayor's office covering major milestones in the mayor's two terms. These are more general and serve to showcase framing and context in a broader sense. The second set focuses solely on the opioid epidemic and aims to uncover the framing and context of the drug abuse issue. Although this set of documents is limited in terms of timeframe coverage, it is critical for understanding the administration's specific responses to the crisis.

After Jim Kenney signed an executive in 2018 order to combat the opioid crisis to establish the Philadelphia Resilience Project (PRP), which was later replaced by the Opioid Response Unit (ORU), several documents covering the opioid response of the city were released. The

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<sup>126</sup> Mojtaba Vaismoradi, Hannele Turunen, a Terese Bondas, "Content Analysis and Thematic Analysis: Implications for Conducting a Qualitative Descriptive Study," *Nursing & Health Sciences* 15, n. 3 (2013): 398–405, <https://doi.org/10.1111/nhs.12048>.

documents published by these agencies were published on Philadelphia's official website and form a key part of the analysis.<sup>127</sup>

The selection of these documents was narrowed relatively easily. The local government in Philadelphia consists of various departments and commissions that release reports, articles, notices, and other documents, creating a multitude of possible sources. For this thesis, it was decided that only documents released by the mayor and ORU/PRP will be analyzed, as these provide the most direct source of information from the decision-makers most responsible for the drug issue response, making them the most reliable and relevant for the selected research design.

The analyzed documents published by the mayor's office can be divided into two categories. The first category consists of two priority reports where the Kenney administration set policy priorities at the beginning of each term. The first report was released in February 2016 and the second in November 2020. The second and more comprehensive category contains nine progress reports. Four documents evaluate the administration's achievements after certain concluded terms – after 100 days, one year, 1000 days, and the first term.

Another five reports evaluate the administration's goals at the conclusion of the second term based on key issues that have shaped Philadelphia in previous years. The series starts with an analysis of Philadelphia's financial health, followed by a look at substantial investments in education and the city's future development. The third document focuses on major initiatives and investments that support equitable and inclusive growth in Philadelphia. The fourth report addresses the city's efforts to reduce gun violence, detailing key progress, challenges, and future recommendations. The fifth and final report highlights investments and programs centered on

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<sup>127</sup> James F. Kenney, Executive Order no. 3: Opioid Emergency Response Executive Order, accessed July 5, 2024, <https://www.phila.gov/media/20210602145015/executive-order-2018-03.pdf>.

neighborhoods, aimed at enhancing quality of life, improving access to public spaces and public art, and ensuring clean and safe streets for all residents.<sup>128</sup>

These documents were chosen for their comprehensive evaluation of the Kenney administration's approach to drugs. Some documents may not discuss the opioid epidemic or the drug issue directly, but this information is also valuable for the research.

The Philadelphia Resilience Project (PRP) released one crucial progress report before it was replaced by the ORU. The report, published in 2019, covers the period since the executive order to combat the opioid crisis was signed in 2018. According to the website, the PRP focused on "the most pressing needs and critical neighborhoods, including Kensington and surrounding areas" and set up seven key missions

That is:

- “Clearing major encampments.
- Reducing criminal activity.
- Reducing the number of unsheltered individuals.
- Reducing trash and litter.
- Reducing overdoses and the spread of infectious diseases.
- Increasing treatment options.
- Mobilizing community resources.”<sup>129</sup>

The Opioid Response Unit (ORU) has released four action plans annually since 2021, with one document being the 6-month update of the 2023 action plan serving as the most recent

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<sup>128</sup> “Kenney Administration progress report series: 2023,” City of Philadelphia, accessed July 11, 2024, <https://www.phila.gov/documents/kenney-administration-progress-report-series/>.

<sup>129</sup> “Philadelphia Resilience Project archives,” City of Philadelphia, accessed July 11, 2024, <https://www.phila.gov/documents/philadelphia-resilience-project-archives/>.



document for the opioid response part. According to the website, the action plans serve to present:

- “The most recent trends about substance use in Philadelphia.
- Progress made in the previous year, including lessons learned.
- Goals for the future.”<sup>130</sup>

The data analysis will be conducted using qualitative analysis to examine how the local government in Philadelphia frames the drug issue in official documents during Jim Kenney's administration. This process involves several steps. Firstly, I will identify keywords using the qualitative analysis software NVivo, which can uncover the frequency of keywords and the number of references in each chosen document. This part should help me understand the prevalent language and terms used to describe the issue. Afterward, I will create coding categories that correspond to different ways of framing the drug issue. Next, I will read each document and manually mark sections of texts that correspond to each coding category. This will be done by selecting the text by paragraph and assigning it to the corresponding code in NVivo. This process will allow me to categorize information systematically and uncover the main narratives.

### **1.6.1 Limitations**

Content and thematic analysis have their limits, which I will discuss in the next paragraphs. When researchers identify keywords and themes, their personal perspectives can influence what terms they consider important or how they interpret a particular text. For example, in an analysis of texts related to the opioid crisis, different researchers may differ in their assessment of the

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<sup>130</sup> “Philadelphia Opioid Response Action Plan,” City of Philadelphia, accessed July 12, 2024, <https://www.phila.gov/documents/philadelphia-opioid-response-action-plan/>.

meaning of words such as "crisis," "prevention," or "addiction." Keywords can also be taken out of context, leading to misleading conclusions.

Another problem arises if only certain types of documents or sources are analyzed, as the results may be biased. For example, if only official documents issued by the local government are analyzed, the perspectives of other relevant actors, such as NGOs, may be missing. Thematic analysis presents a similar problem to keyword analysis in that it is subjective and depends on how the analyst interprets the symbols found in the text. This can lead to two analysts reaching different conclusions.

## **2. Empirical chapter**

### **2.1 Key words**

The most prevalent keyword found in the official documents was the word “community(ies).” It appeared 1,097 times across all 14 selected documents, with the highest frequency found in the “Resilience Report” from 2019. This report is the first official document directly addressing the opioid epidemic in the city. The word "community" in this context refers to a group of people who share a geographic location but, more importantly, share interests, values, and goals. In the context of public policy, it often refers to a population targeted by specific interventions or programs aimed at improving their health and social conditions.

In the selected documents, the word "community" is used in several contexts. First, many documents emphasize the importance of community-based opioid abuse prevention programs that include educating residents about the risks and proper use of medications. Second, communities are identified as key points for providing support and treatment to addicted individuals. This includes creating and supporting community centers where people can access

treatment, counseling, and other services. Additionally, the documents often emphasize the importance of collaboration between various community organizations, healthcare facilities, local governments, and other stakeholders in addressing the opioid crisis.

As stated in the “Resilience Report”: “...the city cannot do this work on its own, the goal of Mission Area Seven (MA7) is to mobilize the community in response to the opioid epidemic. MA7 focuses on engagement with community members within the Kensington and Fairhill neighborhoods. By organizing monthly volunteer cleanups and weekly community meetings, MA7 has successfully engaged residents and empowered them to become community leaders who encourage the positive change they want to see in their neighborhoods.”<sup>131</sup> The second most frequently used keyword is “service(s).” It appeared 785 times across all selected documents, most commonly in the Opioid Response United (ORU) “Action Plan” from 2023. In the context of the City of Philadelphia's official documents related to the opioid crisis, "service" refers to the wide range of activities and interventions provided to promote public health, prevention, treatment, and rehabilitation.

When examining the context of the word “service(s)” more closely, the documents frequently mention the availability and quality of healthcare services, including naloxone therapy, opioid substitution treatment, and other forms of medical care. Emphasis is placed on providing social services that support individuals and families affected by the opioid crisis, which may include housing, food, employment, and other forms of assistance. The documents frequently emphasize the availability of counseling and therapeutic services, which are crucial for the mental wellbeing and rehabilitation of individuals struggling with addiction. Opioid abuse prevention includes a variety of educational programs designed to further bring attention and provide information about the dangers connected to opioid use.

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<sup>131</sup> Philadelphia Resilience Project, The City of Philadelphia’s emergency response to combat the opioid crisis, 5.

To illustrate the use of the word "service," the ORU "Action Plan" from 2023 includes the following paragraph: "The Mobile Wound Care Van paves a pathway to housing and treatment by addressing open wounds, a common barrier to accessing treatment. In addition to wound care, the team offers a wide range of services, and their consistent engagement with individuals opens the conversation towards accessing treatment and/or shelter."<sup>132</sup>

Another word often found in the selected documents is "opioid(s)," detected 367 times across 9 out of the 14 selected documents. The absence of this keyword in some documents is particularly interesting as it helps us understand how the recognition of the opioid epidemic as a pressing issue evolved over the years of Kenney's administration. For example, the word appears only twice in the "Transition Report" released in 2016 by the Kenney administration, which set out priorities for the first term. In this context, the word is simply used to acknowledge the existence of a crisis and the need to find a solution. The word is completely absent from the "First 100 Days Report" and is mentioned just 10 times in the "First-Year Report." However, the "First-Year Report" is the first document that, even if only briefly, discusses possible solutions and actions to address the growing number of overdose deaths and unsheltered individuals abusing drugs on the city streets in Kensington and other parts of the city. Despite the epidemic being well underway with 702 overdose deaths in 2015 and 907 in 2016, it does not seem to be fully reflected in the initial documents published by the mayor's office.

The first document that seems to fully reflect the epidemic is the report from October 2018 called the "First 1000 Days of Kenney's Administration." The word "opioid" is mentioned 33 times. This corresponds with the signing of an executive order by Kenney in the same month, in which the mayor declared the opioid epidemic in Philadelphia a public health emergency.<sup>133</sup>

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<sup>132</sup> City of Philadelphia, *Philadelphia's Overdose Response: 2023 Action Plan*, April 2023, accessed July 10, 2024, 30, <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>.

<sup>133</sup> James F. Kenney, Executive Order no. 3: Opioid Emergency Response Executive Order, accessed July 5, 2024, <https://www.phila.gov/media/20210602145015/executive-order-2018-03.pdf>.

This suggests that the perception of the severity of the opioid crisis began to change in 2018, following 1,217 recorded overdose deaths in 2017.<sup>134</sup>

After 2018, the first task force to battle the opioid crisis was set up, and the Philadelphia Resilience Project was created. Consequently, the frequency of the word “opioid(s)” in documents rose significantly, with the highest occurrence (114 mentions) in the “Action Plan” by ORU from 2023.

The mentions of the word “opioid(s)” in documents from 2018 onwards often include detailed statistics on opioid use, overdoses, and deaths, illustrating the scope and severity of the crisis. The term "opioid" is regularly used in the context of healthcare and addiction treatment, particularly in conjunction with medication-assisted treatment with methadone. Discussions of preventive measures include strategies aimed at regulating prescriptions and educational campaigns to reduce the risk of opioid abuse. The documents also stress the importance of collaborative efforts among all government levels, health organizations, and community groups to effectively combat the opioid crisis.

A specific keyword for the Philadelphia case of the opioid epidemic is “Kensington,” perhaps the most affected neighborhood in the entire city and the center of opioid use. The word has been used 279 times across 8 documents. The first mention is in the “First-Year Reflection” document, where the word is used to merely acknowledge the existence of the opioid crisis in the neighborhood. The frequency of the word rose after the special units were created (Resilience Project and ORU). In the “Action Plans” by both units, the word is mentioned frequently, most commonly in the “2021 Action Report.”

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<sup>134</sup> Philadelphia Department of Public Health, “Unintentional Drug Overdose Fatalities in Philadelphia, 2022,” CHART 8, no. 3 (2023):1-7.

The number of mentions of Kensington gradually rises throughout the documents; the more recent the document, the more mentions there are. This trend suggests that the Kensington area was not a priority in the early years of the mayor's administration.

The word "Kensington" is mentioned in official Philadelphia documents in relation to data on the number of overdoses and deaths, underscoring the severity of the situation in the neighborhood. Kensington is often cited as a location where health and social services are provided for opioid addicts, including mobile health units and harm reduction centers. The documents discuss specific prevention measures aimed at reducing opioid abuse in Kensington, including increased police presence and community education programs.

The word "overdose(s)" has been mentioned 329 times across 10 out of 14 documents. It refers to a situation where an individual takes an amount of a substance that exceeds a safe level, causing serious health problems or death. The most prevalent use of the word is observed in the "2023 Action Plan," with 138 mentions. Documents published by the mayor's office mention the word overdose almost exclusively in connection with statistics.

The fact that the word overdose is most frequently mentioned in the most recent "Action Plan" suggests that the City of Philadelphia has started to place greater emphasis on the urgency of addressing this crisis. The document is likely part of a broader effort to raise public awareness and mobilize resources to combat overdoses.

The word is often used in connection with other words such as "crisis," "opioid," "death," "response," and "prevention," and it rarely stands on its own. It is frequently used to illustrate the scale of the crisis by including the number of individuals who lost their lives due to the drug overdose in certain years.

For example, one quote states: "...the city launched a \$3.5M grant program that awards grants to community-based organizations engaging communities impacted by the overdose crisis in Philadelphia."<sup>135</sup>

Another keyword that needs further examination is "drug(s)." In the documents, it refers to a substance that affects physical or mental functions. It has been mentioned 198 times across 10 documents, with the most mentions (64) in the "2023 Action Plan" by ORU. The word rarely appears in documents published in the early years of Kenney's administration, further confirming that drugs were not considered as pressing an issue at that time,

The word "drug(s)" is specific in that it can be easily substituted with a more concrete term, particularly a type of drug such as "opioid" or "stimulant." It does not feature as frequently in the "Resilience Report" from 2019 (22 times) and the "Action Plans" by ORU from both 2021 (41 times) and 2022 (26 times), but it is most prevalent in the latest "Action Plan" from 2023 (64 times). This possible change in rhetoric might be due to the growing presence of stimulants on the drug market, prompting the author of the latest action plan to use the more universal word "drug(s)" instead of the more specific "opioid(s)."

A quote from the "2023 Action Plan" illustrating the use of the word in this context goes as follows: "In recent years, we have gained more insight on Philadelphia's overdose crisis and the changing nature of the drug supply. The growing prevalence of fentanyl and xylazine, and increased polysubstance use, present a unique danger to Philadelphians."<sup>136</sup>

The word "homeless(ness)" is closely related to the opioid crisis in Philadelphia and refers to a condition in which an individual does not have a permanent and safe place to live. It is

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<sup>135</sup> City of Philadelphia, *Philadelphia's Overdose Response: 2023 Action Plan*, April 2023, accessed July 10, 2024, 30, <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>.

<sup>136</sup> City of Philadelphia, *Philadelphia's Overdose Response: 2023 Action Plan*, April 2023, accessed July 10, 2024, 30, <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>.

mentioned 138 times across eleven documents, most commonly (74 times) in the “2023 Action Plan” by ORU. However, it also makes 31 appearances in the “2019 Resilience Report” and 24 in the “First Year of Kenney Administration Report.” The word is mentioned even before the opioid crisis was fully acknowledged in the official documents, suggesting that homelessness has been a longstanding problem exacerbated by the opioid epidemic, as it is most frequently mentioned in the opioid response documents.

The documents mostly mention the word “homeless(ness)” in the context of presenting prevention measures taken to help those experiencing life on the streets, including support for affordable housing and integration programs. Homelessness is often mentioned in relation to the provision of health and social care for homeless people, mostly those suffering from opioid addiction.

An example of such an initiative aimed at helping those experiencing homelessness from the “2023 Action Plan” by ORU states: “Through a Housing First approach, households at risk of or experiencing homelessness are housed quickly without preconditions or service participation requirements; a homeless assistance systems approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life.”<sup>137</sup>

A word closely connected to homelessness is “housing.” For this analysis, the words “house,” “housed,” and “houses” are also included. The word appears 330 times across thirteen documents, most frequently in the 2023 Action Plan report by ORU (74 times). The word is also featured in many instances in the “Transition Report” (46 times) from 2016, the first published document by the Kenney administration, and the “First 1000 Days of Kenney

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<sup>137</sup> City of Philadelphia, *Philadelphia’s Overdose Response: 2023 Action Plan*, April 2023, accessed July 10, 2024, 30, <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>.



Administration Report” (43 times). This suggests a similar story to the word “homelessness.” Housing was an important topic for the mayor’s office even before the opioid epidemic was reflected; however, as it is also heavily featured in the documents responding to the opioid crisis, the importance of housing as a possible solution rose as the epidemic worsened.

There are interesting differences in the context of the word "housing" when comparing older documents covering important milestones of Kenney’s administration with newer ones focusing on the opioid crisis. Both types of documents stress the importance of providing those who could find themselves without means to secure steady housing through various programs and initiatives. However, the older documents focus more on general low-income households and foreclosure prevention, emphasizing direct financial and infrastructure investments in affordable housing and foreclosure prevention. The newer documents integrate housing with treatment and support programs for individuals with drug addiction, the homeless, and ex-convicts returning from prison. They also focus on the specific needs of the homeless and those with substance use disorders.

A quote highlighting the focus of Kenney’s administration on helping residents avoid foreclosure states: “The City supports foreclosure prevention efforts that include community outreach, housing counseling, and legal assistance. During this administration, approximately 2,500 homeowners have avoided foreclosure because of these efforts.”<sup>138</sup>

An example of one of the initiatives to provide individuals with housing while they are recovering from drug addiction from the latest “Action Plan” by ORU goes as follows: “Housing Smart Re-Entry is a master leasing model for returning citizens who were homeless

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<sup>138</sup> City of Philadelphia, *First 1,000 Days of the Kenney Administration*, October 2018, accessed July 10, 2024, 30, <https://www.phila.gov/media/20181016172638/1000dayreport10.16.18.pdf>.

prior to incarceration and are in recovery from SUD (substance use disorder). Safe, stable housing upon re-entry dramatically reduces recidivism and return to the street.”<sup>139</sup>

These differences reflect a shift in the city's strategy as it adapts to the changing needs of residents and new housing and social care challenges.

## **2.2 Framing of the Opioid epidemic**

Framing the opioid epidemic is essential to understanding how local government in Philadelphia approaches this complex issue. An analysis of official documents issued during the Jim Kenney administration identified the following major codes: Community Support, Prevention, Public Safety, Treatment, Housing, and Racial and Social Equity. An additional code was also detected: Covid-19 pandemic impact. This code was not treated as a main code because it is strongly connected to a limited time and therefore cannot feature in all the documents. However, the connection between Covid-19 and the opioid crisis was emphasized strongly in some documents, making it impossible to leave out entirely.

These codes provide key insights into the various aspects and approaches that local government takes in addressing the opioid crisis.

**Social Framework:** This framework encompasses the broader social and economic aspects of the opioid epidemic. The codes “Community Support,” “Housing,” and “Racial and Social Equity” reflect the perception of the crisis as a problem closely linked to social conditions and inequalities. Supporting community initiatives, providing stable housing for those affected by addiction, and striving for equitable access for all citizens regardless of race and social status are key elements of this framework.

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<sup>139</sup> City of Philadelphia, *Philadelphia's Overdose Response: 2023 Action Plan*, April 2023, accessed July 10, 2024, 30, <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>.

Health Framework: This framework focuses on codes associated with treatment and prevention, specifically “Treatment,” “Prevention,” and “Covid-19 pandemic impact.” These codes reflect the view of the opioid crisis as a health issue that necessitates medical and preventive interventions.

Criminal Framework: This framework focuses on the public safety and legal aspects of the opioid crisis. The "Public Safety" code signifies that the local government perceives the opioid crisis as a threat to the safety of ordinary citizens and to law and order, prompting efforts to restore both. This framework includes measures to prevent drug-related crime, increase street safety, and work with police to combat opioid trafficking.

Before we look at the results of the research framework by framework, let’s review the final numbers for each code. As mentioned, the analyses were carried out on two different types of documents – the first released by the mayor’s office and the second by the Opioid Response Units. Based on the results for each type, we see differences in terms of the number of codes and the most prevalent code.

Among the documents from the mayor’s office, there are fewer codes as the documents don’t focus solely on the opioid issue and address the city more broadly. Altogether, there are 90 codes across 10 documents: 16 for “Community Support,” 18 for “Prevention,” 13 for "Public Safety,” 17 for "Treatment,” 15 for "Housing,” 10 for "Racial and Social Equity," and 1 for “Covid-19 pandemic impact.”

The documents from the Opioid Response Units were coded more extensively as they directly address the opioid issue, producing more text corresponding to opioids. Across 4 documents, 177 paragraphs corresponding to the codes were detected: 38 for “Community Support,” 31 for “Prevention,” 31 for "Public Safety,” 29 for "Treatment,” 23 for "Housing,” 12 for "Racial and Social Equity," and 13 for “Covid-19 pandemic impact.”

## **2.2.1 Social framework**

The social frame emerged as the most used code in the framing analysis of the opioid epidemic in Philadelphia. This frame emphasizes the social dimensions of the crisis, including collective responsibility and community support. Framing the opioid crisis as a social problem underscores the importance of community-wide engagement, inclusive approaches, and local initiatives that address the specific needs of diverse populations. The social framework includes aspects such as affordable housing, eviction prevention, supporting marginalized groups, and promoting racial and social justice. For the social framework, the codes “Community Support,” “Housing,” and “Racial and Social Equity” were assigned, amounting to 114 codes in total. In the next paragraph, I will discuss each code separately to highlight their specifics

### **2.2.1.1 Community Support**

Community support was the most frequent code across documents. Overall, there were 54 paragraphs reflecting an emphasis on supporting community programs and initiatives. Throughout the documents, it was evident that the local government in Philadelphia sees the community as a vital part of their plan to deal with the opioid epidemic and high number of drug overdose. Generally, we can say that the local government is focused on strengthening communities and engaging citizens in addressing the opioid crisis, demonstrating the need for collective effort and collaboration.

Community Support plays a key role in the social framework by emphasizing collective responsibility, framing the opioid crisis as a problem that requires the efforts of the entire community, not just individuals. It promotes inclusive approaches, presenting solutions that include all community members, especially the most vulnerable and marginalized. It reinforces local ownership, showing the importance of local initiatives and programs that are tailored to the specific needs of communities and are led by local actors.

By focusing on community empowerment, supporting marginalized groups, and leveraging local resources, it contributes to sustainable and effective solutions that have the potential to improve the lives of many people affected by the opioid crisis.

#### **2.2.1.2 Housing**

The concept of "Housing" plays a critical role in the social framework by emphasizing the importance of affordable and safe housing as a key element in addressing the crisis. Overall, 38 paragraphs discussed housing in relation to the opioid epidemic.

“Housing” is seen as one of the possible solutions and the lack of affordable housing and homelessness as one of the causes. Providing affordable and safe housing is essential for stabilizing those affected by the opioid crisis. It is key to preventing homelessness and ensuring long-term stability, with a particular focus on supporting permanent housing for very low-income individuals. Supporting homeless individuals includes providing housing and support services for homeless individuals, including those addicted to opioids. This provides comprehensive support that includes health and social services and helps people find stability and begin the recovery process.

Another important aspect that fits into the social framework of addressing the opioid crisis is eviction prevention. It focuses on measures to prevent the loss of housing and emphasizes tenant protection and mediation to resolve evictions. This approach promotes accountability and community support, which is critical to effectively addressing the opioid crisis at the local level.

#### **2.2.1.2 Racial and Social Equity**

Racial and Social Equity is an essential aspect of the social framing of the opioid epidemic because it highlights the need for justice, equity, and inclusion in addressing this crisis. Overall, 22 paragraphs discussed racial and social equity in relation to the opioid epidemic.

Framing the opioid epidemic through a racial and social justice prism highlights the need to address deeply entrenched inequities that affect access to resources, health care, and support. Historical discrimination and systemic racism have led to a disproportionate impact on Black and Latino communities, which must be considered when addressing the crisis. Within the social framework, ensuring equal access to health care and support services for all, regardless of race or social status, is critical. This includes removing barriers to accessing treatment, such as financial constraints or lack of awareness. Social justice and inclusion promote inclusive approaches that ensure no group is left behind.

### **2.2.2 Health Framework**

The health frame emerged as the second most frequently used code in the analysis framing the opioid epidemic in Philadelphia. This framework emphasizes approaching the opioid crisis as a serious health problem that requires medical care and professional support. It portrays opioid addiction as a disease requiring appropriate medical interventions, prevention efforts, and rehabilitation. The focus on the medical aspects of the epidemic underscores the need for widely available health services and resources that can help individuals recover and reintegrate into society. This approach aims to reduce the stigma of opioid addiction and promote more humane and effective ways to address the crisis. The following codes were assigned to the health framework: “Prevention,” “Treatment,” and “Covid-19 pandemic impact.”

#### **2.2.2.1 Prevention**

The code “prevention” was detected in 49 instances, making it the second most prominent code in the research sample. Philadelphia's local government takes a comprehensive approach to prevention that includes harm reduction services, education, targeted interventions, and support for families and communities. This approach is vital to a successful and sustainable opioid crisis response.

Prevention plays an important role in framing the opioid crisis as a health issue because it focuses on stopping the problem before it starts. The risk of more people becoming addicted to opioids or other substances can be reduced by educating the public about the risks of opioids and offering alternative solutions.

Prevention measures include harm reduction services, such as distributing clean syringes and naloxone. These initiatives help reduce the health risks associated with drug use, including infectious diseases and overdose. Investing in prevention also has economic benefits, as it can save long-term costs for health care, social services, and the penal system.

The local government places great emphasis on the community and its vital role in dealing with the epidemic. Prevention programs promote overall community wellbeing by ensuring the availability of necessary measures and assistance to those most at risk for addiction, including targeted programs for youth, families, marginalized groups, and other vulnerable populations. Prevention also includes education that helps reduce the stigma of those suffering from addiction by presenting addiction as a health problem to be addressed humanely and with empathy, which can change public perception and support for affected individuals.

#### **2.2.2.2 Treatment**

The code "treatment" was mentioned 46 times in the document under review, making it the third most frequently used code, only slightly less than the code "prevention." In the health framing of the opioid crisis, treatment is seen as a complex and essential aspect of addressing addiction. It requires a coordinated and multifaceted approach aimed at achieving complete recovery and long-term improvement in the quality of life for affected individuals.

Treatment for opioid dependence is seen in the health framework as essential health care that should be available to all, just like treatment for other chronic diseases. This approach emphasizes that addiction is a medical condition requiring specialist care and support.

Ensuring easy access to treatment services is a key element, including removing the stigma associated with addiction so that people can more easily seek help. Overall, treatment is seen as a continuous process that requires long-term support and systems to ensure ongoing care, thereby minimizing the risk of relapse and promoting recovery.

### **2.2.2.3 Covid-19**

The code “COVID-19” was not as frequent as the other codes and was mostly featured in the “2021 Action Plan,” appearing 10 times out of 22 overall. The need to use “COVID-19” as a code in the health framing of the drug issue arose from its close relation to the opioid epidemic, which was mentioned in some of the examined documents, making it impossible to omit from the analysis.

It is important to talk about the impact of the COVID-19 pandemic in the context of health framing because the pandemic has significantly worsened the situation of the individuals suffering from the opioid addiction. The social isolation necessary to limit the spread of the virus has led to more people using drugs alone, increasing the risk of overdose. The limited number of available treatment beds due to the pandemic and the shift of many outpatient programs to a virtual format has also reduced access to needed care.

The local government in Philadelphia addressed the health framing of the opioid epidemic in the context of the COVID-19 pandemic by discussing the need for accessible treatment services including through virtual platforms. Additionally, the trend of focusing on supporting communities was not halted by the pandemic as certain communities were hit the hardest by



the pandemic's economic and social effects, particularly Black and Latino communities, which experienced higher rates of unemployment and isolation. This multi-faceted approach aimed to maintain effective treatment and support despite the pandemic's challenges.

### **2.2.3 Criminal framework**

The criminal framing highlights the link between the opioid epidemic and criminality incorporating the code "public safety." This framework has the lowest prevalence in the analysis, suggesting that other frameworks were preferred when approaching the opioid crisis.

#### **2.2.3.1 Public safety**

Talking about "public safety" within the criminal framing is important because this code links drug use and related criminal activity, which affects the safety of communities. The code "public safety" occurs 44 times in the analysis.

Local government approaches to the "public safety" code in criminal framing include several key strategies that focus on improving community safety by linking drug use to crime and public safety. There is an emphasis on collaboration between different levels of government agencies, ensuring a coordinated approach to public safety in the opioid crisis. This includes sharing information and resources among local, state, and federal agencies, allowing for more effective intervention and prevention.

Additionally, the need for greater community engagement is evident even in the criminal framework, with efforts to engage the community and create safe public spaces in at-risk neighborhoods. This approach involves not only ensuring the safety of these areas but also promoting positive community activities that can reduce crime. A significant amount of attention is put on the need to create safe streets in Philadelphia and, more importantly, pathways to crucial infrastructure such as schools or kindergartens for children and their

parents.

Previous codes focused more on how the local government conceptually thinks about helping those directly affected by the opioid epidemic, such as drug users or their families. The task in this framework is approached in a way that highlights the need for the safety of ordinary residents living in a city struck by the opioid crisis. These methods align with the criminal framing framework by considering the opioid epidemic as both a public health concern and a public safety issue. This places an emphasis on the public safety of Philadelphia residents, contributing to an overall improvement in the safety and quality of life in the city.

## **Conclusion**

This thesis focused on examining the framing of the opioid crisis by the local government in Philadelphia during the administration of Mayor Jim Kenney. The goal was to answer the questions of how the local government framed the crisis and what key words were used to describe it. The thesis is structured into two chapters.

In the first chapter, the thesis discusses the theoretical framework and methodology, beginning with the academic debate on the opioid crisis in the US and Philadelphia. It then explores federalism, covering its theory and the dominant aspects from 2016-2023, including polarization, changing party attitudes, federal punitiveness, local and state government roles in crisis resolution, the conservative judiciary shift, and escalating culture wars. The chapter further examines federalism in Pennsylvania and local government in Philadelphia, focusing on the specific powers and responsibilities of local government with the mayor as its main executive body.

The second chapter is devoted to the empirical part of the thesis, where, through a combination of content and thematic analysis, it examines the occurrence of keywords in the documents and the framing of the opioid epidemic by the local government.

The keyword analysis revealed that the most frequent term used in the examined documents was "community(ies)," emphasizing community-based response, support, and collaboration efforts. "Service(s)" was the second most common term, highlighting various healthcare and social services provided. The keyword "opioid" was detected only a handful of times in the early documents before 2018, but over time showed an increase in frequency. The same trend can be observed with the words "Kensington," one of the centers for opioid use, and "overdose(s)." With the words "opioid," "overdose," and "Kensington" only starting to appear in documents after 2018, this trend suggests that this is when the opioid epidemic became one of the city's priorities, whereas before it wasn't as much of a focus. The terms "homeless(ness)" and "housing" were frequently mentioned, illustrating the interconnected issues of homelessness and the opioid epidemic, with evolving strategies from general housing support to targeted assistance for those who suffer from drug addiction.

Based on the framing analysis, we can say that the local government in Philadelphia frames the opioid epidemic as a combination of three approaches: social, health, and criminal. Social and health frameworks emerged as the most frequent, with both emphasizing collective responsibility, community support, access to treatment services, and prevention. The social framework emphasized aspects such as affordable housing, preventing evictions, supporting marginalized groups, and promoting racial and social justice. The health framework focused on approaching the opioid crisis as a serious health issue that requires medical care, professional support, prevention, and the removal of stigma associated with opioid addiction. The criminal approach, although less frequent, emphasizes public safety for residents of the city.

In summary, the local government in Philadelphia plays a multifaceted role in addressing the opioid epidemic by focusing on community-based prevention and support, providing essential services, adjusting priorities over time, addressing interconnected issues like homelessness, and employing a balanced approach that includes social, health, and criminal perspectives.

## Shrnutí

Tato diplomová práce se zaměřuje na to, jak místní vláda ve Filadelfii za starosty Jima Kenneyho prezentovala opioidovou krizi. Cílem bylo zjistit, jakým způsobem byla krize rámcována a jaké klíčové výrazy byly použity. Práce je rozdělena do dvou kapitol: první kapitola se věnuje teoretickému rámci a metodologii, zahrnuje akademickou debatu o opioidové krizi a zkoumá federalismus, zejména v období 2016-2023, a jeho vliv na místní vládu ve Filadelfii.

Analýza klíčových slov ukázala, že nejčastěji používaným termínem bylo "komunita(y)", následované slovem "služba(y)". Slovo "opioid" se začalo výrazněji objevovat až po roce 2018, stejně jako slova "Kensington" a "předávkování", což naznačuje, že až tehdy se opioidová krize stala prioritou města. Časté byly také termíny "bezdomovectví" a "bydlení", ilustrující propojení těchto problémů s opioidovou krizí.

Místní vláda ve Filadelfii rámcuje opioidovou epidemii kombinací tří přístupů: sociálního, zdravotního a kriminálního. Sociální a zdravotní rámce byly nejčastější, zdůrazňující kolektivní odpovědnost, komunitní podporu, přístup ke službám léčby a prevenci. Kriminální přístup kladl důraz na veřejnou bezpečnost.

## List of References

### Books:

Avery, Ron. *A Concise History of Philadelphia*. (Philadelphia: Otis Books, 1999). ISBN 0-9658825

Braun, Virginia. Victoria Clarke, and Philip Weate. *Using Thematic Analysis in Sport and Exercise Research* (Routledge Handbook of Qualitative Research in Sport and Exercise, September 2016): 191-205.

Gerston, Larry N. *American Federalism: A Concise Introduction: A Concise Introduction* (Routledge & CRC Press, 2007).

Glaeser, Edward. *Triumph of the City: How Our Best Invention Makes Us Richer, Smarter, Greener, Healthier, and Happier*. (New York: Penguin Press, 2011). ISBN 978-1-59420-277-3.

National Pharmaceutical Council and Joint Commission on Accreditation of Healthcare Organizations. *Pain: Current understanding of assessment, management, and treatments* (National Pharmaceutical Council, Incorporated, 2001). Retrieved from <http://www.npcnow.org/system/files/research/download/Pain-Current-Understanding-of-Assessment-Management-and-Treatments.pdf>.

Nownes, Anthony J. et al. *City–County Consolidation: Promises Made, Promises Kept?*, ed. Suzanne M. Leland and Kurt Thurmaier (Washington DC: Georgetown University Press, 2010).

Saffell, Dave C., and Harry Basehart. *State and Local Government: Politics and Public Policies* (9<sup>th</sup> ed. McGraw Hill, 2009).

Weigley, Russell F., ed. *Philadelphia: A 300-Year History*. (New York and London: W. W. Norton & Company, 1982). ISBN 0-393-01610-2.

### **Journals:**

Baggett, T. P., Hwang, S. W., O'Connell, J. J., Porneala, B. C., Stringfellow, E. J., Orav, E. J., ... & Rigotti, N. A. "Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period." *JAMA Internal Medicine* 173, no.3 (2013): 189-195.

Blanco, Carlos, Shuai Wang, Mayumi Iza, Melanie S. Olfson, Mark Olfson, Deborah S. Blanco, Bridget F. Grant. "Comorbidity of Opioid Use Disorder with Other Psychiatric Disorders: Prevalence and Treatment Patterns in the United States." *Journal of Clinical Psychiatry* 77, no. 10, (2016): 1464-1471

Bromley-Trujillo, Rebecca, and Paul Nolette. "The State of American Federalism 2022–2023: Escalating Culture Wars in the States." *Publius: The Journal of Federalism* 53, no. 3 (July 2023): 325–348. <https://doi.org/10.1093/publius/pjad026>.

Cicero, Theodore J., Matthew S. Ellis, and Hilary L. Surratt. "Effect of Abuse-Deterrent Formulation of OxyContin." *New England Journal of Medicine* 371, no.2 (2014): 187-189.

Coester, Adam. "Dillon's Rule or Not?" *National Association of Counties* 2, no. 1 (January 2004).

Daye, Lindsey E., et al. "A recent history of opioid use in the US: Three decades of change." *Substance Use & Misuse* 54, no. 2 (January 2019): 331–339. <https://doi.org/10.1080/10826084.2018.1517175>.

Dasgupta, Nabarun, Leo Beletsky, and Daniel H. Ciccarone. "Opioid Crisis: No Easy Fix to Its Social and Economic Determinants." *American Journal of Public Health* 108, no 2 (2018): 182-186.

Dowell, Deborah, Kathleen R. Ragan, Christopher M. Jones, Grant T. Baldwin, and Roger Chou. "CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022." *Recommendations and Reports* 71, no. 3 (November 2022): 1-95. <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>.

Fink, David S., Silvia S. Keyes, Katherine M. Cerdá. "Prescription Drug Monitoring Programs: A Strategy to Address the Opioid Crisis." *Epidemiologic Reviews* 40, no. 1 (2018): 181-193.

Ghertner, Robin, and Lincoln Groves. "The Opioid Crisis and Economic Opportunity: Geographic and Economic Trends," ASPE Research Brief, U.S. Department of Health and Human Services (2018). <https://aspe.hhs.gov/sites/default/files/private/pdf/259261/ASPEEconomicOpportunityOpioidCrisis.pdf>.

Goelzhauser, Greg, and David M. Konisky. "The State of American Federalism 2019–2020: Polarized and Punitive Intergovernmental Relations." *Publius: The Journal of Federalism* 50, no. 3 (July 2020): 311–343. <https://doi.org/10.1093/publius/pjaa021>.

Goelzhauser, Greg, and Shanna Rose. "The State of American Federalism 2016–2017: Policy Reversals and Partisan Perspectives on Intergovernmental Relations." *Publius: The Journal of Federalism* 47, no. 3 (July 2017): 285–313. <https://doi.org/10.1093/publius/pjx038>.

Goelzhauser, Greg, and Shanna Rose. "The State of American Federalism 2017–2018: Unilateral Executive Action, Regulatory Rollback, and State Resistance." *Publius: The Journal of Federalism* 48, no. 3 (July 2018): 319–344. <https://doi.org/10.1093/publius/pjy016>.

Gondré-Lewis, Marjorie C., Tomilowo Abijo, and Timothy A. Gondré-Lewis. "The Opioid Epidemic: A Crisis Disproportionately Impacting Black Americans and Urban Communities." *Journal of Racial and Ethnic Health Disparities* 10, no. 4 (August 2023): 2039–2053. <https://doi.org/10.1007/s40615-022-01384-6>.

Gostin, Lawrence O., James G. Hodge, and Sarah A. Noe. "Reframing the Opioid Epidemic as a National Emergency." *Journal of the American Medical Association* 318, no. 16 (2017): 1539–1540.

Hansen, Helena, and Julie Netherland. "Is the Prescription Opioid Epidemic a White Problem?" *American Journal of Public Health* 106, no. 12 (2016): 2127–2129.

Hudgins, Anastasia, et al. "Barriers to Effective Care: Specialty Drug Treatment in Philadelphia." *Journal of Substance Abuse Treatment* 131 (December 2021).

James, Keturah, and Ayana Jordan. "The Opioid Crisis in Black Communities." *Journal of Law, Medicine & Ethics* 46, no. 2 (July 2018): 404–421. <https://doi.org/10.1177/1073110518782949>.

Jeffery, Molly M., et al., "Fentanyl-Associated Overdose Deaths Outside the Hospital." *New England Journal of Medicine* 389, no. 1 (July 2023): 87–88. <https://doi.org/10.1056/NEJMc2304991>.

Johnson, Jewell, et al. "Increasing Presence of Xylazine in Heroin and/or Fentanyl Deaths, Philadelphia, Pennsylvania, 2010–2019." *Injury Prevention* 27, no. 4 (August 2021): 395–398, <https://doi.org/10.1136/injuryprev-2020-043968>.

Jones, Mark R., et al. "A Brief History of the Opioid Epidemic and Strategies for Pain Medicine." *Pain and Therapy* 7, no. 1 (June 2018): 13–21. <https://doi.org/10.1007/s40122-018-0097-6>.



Karandinos, George, Laurie Kain Hart, Fernando Montero Castrillo, and Philippe Bourgois. "The moral economy of violence in the US inner city." *Current Anthropology* 54, no. 7 (2013): 67-77.

Kavanaugh, Philip R., and J. Schally. "The Neoliberal Governance of Heroin and Opioid Users in Philadelphia City." *Crime, Media, Culture: An International Journal* 18 (2021): 126-144.

Kolodny, Andrew, David T. Courtwright, Catherine S. Hwang, Peter Kreiner, John L. Eadie, Thomas W. Clark, and G. Caleb Alexander. "The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction." *Annual Review of Public Health* 36 (2015): 559-574.

Konisky, David M., and Paul Nolette. "The State of American Federalism, 2020–2021: Deepening Partisanship amid Tumultuous Times." *Publius: The Journal of Federalism* 51, no. 3 (July 2021): 327–364. <https://doi.org/10.1093/publius/pjab023>.

Konisky, David M., and Paul Nolette. "The State of American Federalism 2021–2022: Federal Courts, State Legislatures, and the Conservative Turn in the Law." *Publius: The Journal of Federalism* 52, no. 3 (July 2022): 353–381. <https://doi.org/10.1093/publius/pjac022>.

Lang, Diane. "'Dillon's Rule ... and the Birth of Home Rule.'" *The Municipal Reporter* (November 1991).

Levine Einstein, Katherine, and David M. Glick. "Cities in American Federalism: Evidence on State–Local Government Conflict from a Survey of Mayors." *Publius: The Journal of Federalism* 47, no. 4 (2017): 599–621. <https://doi.org/10.1093/publius/pjx026>.

Manchikanti, Laxmaiah, et al. "Fourth Wave of Opioid (Illicit Drug) Overdose Deaths and Diminishing Access to Prescription Opioids and Interventional Techniques: Cause and Effect." *Pain Physician* 25, no. 2 (2022): 97-124.

Manchikanti L, A. M. Kaye, N. Knezevic et al. "Responsible, safe, and effective prescription of opioids for chronic non-cancer pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines." *Pain Physician* 20 (2017): S3–92.

Martino, A. M. "In search of a new ethic for treating patients with chronic pain: What can medical boards do?" *The Journal of Law, Medicine & Ethics* 26, no. 4 (1998): 332-349. doi:10.1111/j.1748-720X.1998.tb01679.x

Mccord, Eric, and Jerry Ratcliffe. "A Micro-Spatial Analysis of the Demographic and Criminogenic Environment of Drug Markets in Philadelphia." *Australian and New Zealand Journal of Criminology* 40 (April 2007): 43–63. <https://doi.org/10.1375/acri.40.1.43>.

Montero, Fernando, Philippe Bourgois, and Joseph Friedman. "Potency-Enhancing Synthetics in the Drug Overdose Epidemic: Xylazine ("Tranq"), Fentanyl, Methamphetamine, and the Displacement of Heroin in Philadelphia and Tijuana." *Journal of Illicit Economies and Development* 4, no. 2 (2022): 204–222. <https://doi.org/10.31389/jied.122>.

Pawl, R. "Prescription narcotic drug abuse: "We have met the enemy, and they are ourselves"" *Surgical Neurology* 69, no. 5 (2008): 538–541. doi: <http://dx.doi.org/10.1016/j.surneu.2007.10.013>

Philadelphia Department of Public Health. "Deaths among people experiencing homelessness." CHART 4, no. 9. December 2019. <https://www.phila.gov/media/20191220101010/CHART-v4e9.pdf>.

Philadelphia Department of Public Health. "Unintentional Drug Overdose Fatalities in Philadelphia, 2022." CHART 8, no. 3 (2023): 1-7.

Roberts, Amanda, Jennifer Rogers, Rachel Mason, et al. "Alcohol and Other Substance Use during the COVID-19 Pandemic: A Systematic Review." *Drug and Alcohol Dependence* 229, no. Pt A (2021): 109150, <https://doi.org/10.1016/j.drugalcdep.2021.109150>.

Roth, Alexis M., et al. "Overdose Prevention Site Acceptability among Residents and Businesses Surrounding a Proposed Site in Philadelphia, USA." *Journal of Urban Health* 96, no. 3 (June 2019): 341–352. <https://doi.org/10.1007/s11524-019-00364-2>.

Ruhm, Christopher J. "Drivers of the Fatal Drug Epidemic." *Journal of Health Economics* 59 (2017): 42-62.

Scholl, Lawrence, Puja Seth, Mbabazi Kariisa, Nana Wilson, and Grant Baldwin. "Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017." *Morbidity and Mortality Weekly Report* 67, no. 5152 (2018): 1419-1427.

Shmagel, A., Foley, R., & Ibrahim, H. "Epidemiology of chronic low back pain in US adults: Data From the 2009–2010 National Health and Nutrition Examination Survey." *Arthritis Care Research* (Hoboken) 68, no. 11 (2016): 1688–1694. doi: 10.1002/acr.22890

Taniguchi, Travis A., Elizabeth R. Groff, and Ralph B. Taylor. "Where size matters: Agglomeration economies of illegal drug markets in Philadelphia." *Urban Studies* 46, no. 12 (2009): 2555-2575.

Yamamoto, Ayae, et al. "Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits." *Social Science & Medicine* 242, no. 112585 (December 2019).

Vaismoradi, Mojtaba, Turunen, a Terese Bondas. "Content Analysis and Thematic Analysis: Implications for Conducting a Qualitative Descriptive Study." *Nursing & Health Sciences* 15, n. 3 (2013): 398–405. <https://doi.org/10.1111/nhs.12048>.

Van Zee, Art. "The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy." *American Journal of Public Health* 99, no. 2 (2009): 221-227.

Wainwright, Jennifer J., Meron Mikre, Pamela Whitley, et al. "Analysis of Drug Test Results Before and After the US Declaration of a National Emergency Concerning the COVID-19 Outbreak." *JAMA* 324, no. 16 (2020): 1674-1677. <https://doi.org/10.1001/jama.2020.17694>.

Wanzer, S. H., Federman, D. D., Adelstein, S. J., Cassel, C. K., Cassem, E. H., ... Cranford, R. E. "The physician's responsibility toward hopelessly ill patients. Second look." *New England Journal of Medicine* 320, no. 13 (1989): 844–849. doi:10.1056/NEJM198903303201306.

Wares, Joanna R., et al. "Predicting the Impact of Placing an Overdose Prevention Site in Philadelphia: A Mathematical Modeling Approach." *Harm Reduction Journal* 18, no. 1 (October 2021): 1-11. <https://doi.org/10.1186/s12954-021-00559-4>.

### **Electronic Sources:**

Klobucista, Claire, and Mariel Ferragamo. "Fentanyl and the U.S. Opioid Epidemic." Council on Foreign Relations. Last updated December 22, 2023. <https://www.cfr.org/backgroundunder/fentanyl-and-us-opioid-epidemic>.

American Legal Publishing. "Philadelphia Home Rule Charter." Accessed June 5, 2024. [https://codelibrary.amlegal.com/codes/philadelphia/latest/philadelphia\\_pa/0-0-0-262986](https://codelibrary.amlegal.com/codes/philadelphia/latest/philadelphia_pa/0-0-0-262986).

Ballotpedia. "Home Rule." Accessed June 5, 2024. [https://ballotpedia.org/Home\\_rule](https://ballotpedia.org/Home_rule).

Baltimore City Health Department. "Overdose Crisis: Baltimore City." Last updated July 5, 2024. <https://dashboards.mysidewalk.com/baltimorecityoverdose/copy-of-home-new-graphs-request-0ce724ca8789>.

Centers for Disease and Control Prevention. "Prescription Drug Monitoring Programs (PDMPs)." Accessed July 2, 2024. <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/prescription-drug-monitoring-programs.html>.

Centers for Disease and Control Prevention. "Underlying Cause of Death 1999-2018." [wonder.cdc.gov](https://wonder.cdc.gov). Archived from the original on April 19, 2020. Retrieved April 20, 2020.

Centers for Disease and Control Prevention: Overdose Prevention. "Understanding the Opioid Overdose Epidemic." Accessed April 23, 2024. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>.

City of Philadelphia. *First 1,000 Days of the Kenney Administration*. October 2018. Accessed July 10, 2024. <https://www.phila.gov/media/20181016172638/1000dayreport10.16.18.pdf>.

City of Philadelphia. "Kenney Administration progress report series: 2023." Accessed July 11, 2024. <https://www.phila.gov/documents/kenney-administration-progress-report-series/>.

City of Philadelphia. *Philadelphia Opioid Response: 2021 Action Plan*. April 2021. <https://www.phila.gov/media/20210421131023/ORUStrategicReport42021.pdf?ref=kensingtonvoice.com>.

City of Philadelphia. *Philadelphia's Overdose Response: 2023 Action Plan*. April 2023. Accessed July 10, 2024. <https://www.phila.gov/media/20230426091358/Philadelphia-ORU-Action-Plan-2023.pdf>Philadelphia-ORU-Action-Plan-2023.pdf

City of Philadelphia. “Philadelphia Resilience Project archives.” Accessed July 11, 2024. <https://www.phila.gov/documents/philadelphia-resilience-project-archives/>.

City of Philadelphia. “Philadelphia Opioid Response Action Plan.” Accessed July 12, 2024. <https://www.phila.gov/documents/philadelphia-opioid-response-action-plan/>.

Department of Public Health. “Philadelphia Records More than 1,400 Overdose Deaths in 2022; Deaths among Black Residents Rose Nearly 20%.” Press release. October 2, 2023. <https://www.phila.gov/2023-10-02-philadelphia-records-more-than-1400-overdose-deaths-in-2022-deaths-among-black-residents-rose-nearly-20/>.

Drug Enforcement Administration. “Drug Enforcement Administration Announces the Seizure of Over 379 million Deadly Doses of Fentanyl in 2022.” Press release. December 20, 2022. <https://www.dea.gov/press-releases/2022/12/20/drug-enforcement-administration-announces-seizure-over-379-million-deadly>.

Kenney Administration (2016-2023). “City Announces Spending Plan for Opioid Settlement Funds.” Press release. January 5, 2023. <https://www.phila.gov/2023-01-05-city-announces-spending-plan-for-opioid-settlement-funds/>.

Kenney Administration (2016-2023). “Task Force to Combat the Opioid Epidemic to Announce Recommendations.” Press release. May 19, 2017. <https://www.phila.gov/press-releases/kenney/task-force-to-combat-the-opioid-epidemic-to-announce-recommendations/>.

Marin, Max. “How Kensington Avenue’s open-air drug market went international – and the city’s fight to take back the neighborhood.” *The Philadelphia Inquirer*. March 25, 2024. <https://www.inquirer.com/news/kensington-philadelphia-history-drug-abuse-20240325.html>.

Mulligan, Ryan. "New Yorkers keep moving to Philadelphia, and local Realtors say the influx has 'raised the bar.'" Bizjournals.com. September 8, 2022. Archived from the original on March 5, 2023. Accessed February 22, 2023.

National Institute on Drug Abuse. "Drug Overdose Death Rates." Accessed July 4, 2024. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.

National Institute on Drug Abuse. "COVID-19 and Substance Use." Last modified November 20, 2023. Accessed July 30, 2024. <https://nida.nih.gov/research-topics/covid-19-substance-use>.

National Institute on Drug Abuse. "Xylazine." Accessed July 1, 2024. <https://nida.nih.gov/research-topics/xylazine>.

Pennsylvania General Assembly. "The Constitution of Pennsylvania" Accessed June 5, 2024. <https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=00&div=0&chpt=3&sctn=20&subsctn=0>.

Philadelphia Research Initiative. "A City Transformed: The Racial and Ethnic Changes in Philadelphia Over the Last 20 Years." Philadelphia Research Initiative. June 1, 2011. [https://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/philadelphia\\_research\\_initiative/philadelphiapopulationethnicchangespdf.pdf](https://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/philadelphia_research_initiative/philadelphiapopulationethnicchangespdf.pdf).

Philadelphia Resilience Project, *The City of Philadelphia's emergency response to combat the opioid crisis*, June 2019, accessed July 10, 2024, 7, <https://www.phila.gov/media/20190619122049/Resilience-Report-06-2019.pdf>

Shrider, Emily A., and John Creamer. "Poverty in the United States: 2022." United States Census Bureau. September 12, 2023. <https://www.census.gov/library/publications/2023/demo/p60-280.html>.

Statista. "Unemployment rate in the United States from 1990 – 2023." Accessed July 5, 2024. <https://www.statista.com/statistics/193290/unemployment-rate-in-the-usa-since-1990/>.

Substance Abuse and Mental Health Services Administration. "Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings." NSDUH Series H-46, HHS Publication. Accessed July 4, 2024. <https://www.samhsa.gov/data/sites/default/files/NSDUHnationalfindingresults2012/NSDUHnationalfindingresults2012/NSDUHresults2012.htm>.

The Pew Charitable Trust. "Philadelphia 2023: The State of the City." 2023. Accessed July 5, 2024. <https://www.pewtrusts.org/-/media/assets/2023/05/philadelphia-2023-the-state-of-the-city.pdf>.

The Pew Charitable Trust. "Philadelphia 2024: The State of the City." Report. April 2024. Accessed July 5, 2024. <https://www.pewtrusts.org/-/media/assets/2024/04/philadelphia-2024.pdf>.

Truong, Think Q., Debu Gandhi, and Jill Rosenthal. "Tackling the Opioid Crisis Requires a Whole-of-Government, Society-Wide Approach." *Center for American Progress*. Accessed July, 16, 2024. <https://www.americanprogress.org/article/tackling-the-opioid-crisis-requires-a-whole-of-government-society-wide-approach/>.

USA Facts. "The Opioid Crisis in Data." Accessed July 4, 2024. <https://usafacts.org/articles/opioid-addiction-deaths-and-treatment-latest-analysis-data/>.

Zhu, Alissa, Nick Thieme and Jessica Gallagher. "Almost 6,000 Dead in 6 Year: How Baltimore Became the U.S. Overdose Capital" *New York Times*. May 23, 2024. <https://www.nytimes.com/2024/05/23/us/baltimore-opioid-epidemic-od-deaths.html>.



## Primary sources

Commonwealth of Pennsylvania Constitution. Article 3. Section 20.

James F. Kenney. Executive Order no. 3: Opioid Emergency Response Executive Order. Accessed July 5, 2024. <https://www.phila.gov/media/20210602145015/executive-order-2018-03.pdf>.

Shapiro, Josh, Austin Davis, and Reggie McNeil. *The Pennsylvania Manual* (Commonwealth of Pennsylvania, 2023).

U.S. Department of Housing and Urban Development. The 2022 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Washington, D.C.: U.S. Department of Housing and Urban Development, 2022. <https://www.huduser.gov/portal/sites/default/files/pdf/2022-ahar-part-1.pdf>.

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<a href="#">Philadelphia-ORU-Action-Plan-2023.pdf</a>	12	9	7	10	6	2	x	
<a href="#">ORU-Action-Plan-2022.pdf</a>	7	10	7	8	2	x	3	
<a href="#">ORUStrategicReport42021.pdf</a>	12	6	9	7	9	8	10	
<a href="#">Resilience-Report-06-2019.pdf</a>	7	6	8	4	6	2	x	
	<b>38</b>	<b>31</b>	<b>31</b>	<b>29</b>	<b>23</b>	<b>12</b>	<b>13</b>	<b>177</b>
<a href="#">transitionreport217.pdf</a>	1	2	x		1	x	x	
<a href="#">2016FirstYearKenneyAdministration.pdf</a>	3	4		3	3	2	2	
<a href="#">1000dayreport10.16.18.pdf</a>	6	5		5	6	5	1	
<a href="#">Kenney-Administration-First-Term-Reflect</a>	4	3		4	5	3	2	
<a href="#">PhiladelphiaForward-copy.pdf</a>	x		2	x		1	2	4
<a href="#">Kenney-Administration-Progress-Report-C</a>		2	2		1	1	3	1
	16	18	13	17	15	10	1	90
<b>Overall</b>	<b>54</b>	<b>49</b>	<b>44</b>	<b>46</b>	<b>38</b>	<b>22</b>	<b>14</b>	
Health Framework	109							
Social Framework	114							
Criminal framework	44							

*Appendix 1: Excel spreadsheet of codes for framing analysis of the opioid epidemic (Table). Source: Author's own analysis.*

<b>ZÁVĚREČNÉ TEZE MAGISTERSKÉ PRÁCE NMTS</b>
Závěrečné teze student odevzdává ke konci Diplomního semináře III jako součást magisterské práce a tyto teze jsou spolu s odevzdáním magisterské práce do SIS předpokladem udělení zápočtu za tento seminář.
<b>Jméno:</b> Matěj Šmutzer
<b>E-mail:</b> 43353945@fsv.cuni.cz
<b>Specializace (uveďte zkratkou)*:</b> SAS
<b>Semestr a školní rok zahájení práce:</b> ZS 2023/2024
<b>Semestr a školní rok ukončení práce:</b> LS 2023/2024
<b>Vedoucí diplomového semináře:</b> PhDr. Jan Hornát, Ph.D.
<b>Vedoucí práce:</b> PhDr. Pavel Szobi, Ph.D.
<b>Název práce:</b> Úloha místní samosprávy při řešení opioidové krize za vlády starosty Jima Kenneyho
<b>Charakteristika tématu práce (max 10 řádek):</b> Tato práce se zabývá rolí místní samosprávy při řešení opioidové krize ve Filadelfii za úřadu Jima Kenneyho (2016-2023). Práce využívá kombinaci obsahové a tématické analýzy. Cílem výzkumu bylo odpovědět na otázky, jaká klíčová slova spojená s opioidovou epidemií místní samospráva využívala k jejímu popisu a jak epidemií rámovala v oficiálních dokumentech.
<b>Vývoj tématu od zadání projektu do odevzdání práce (max. 10 řádek):</b> Prvotní myšlenkou bylo zabývat se působením fentanylu a xylazinu na ulicích města Filadelfie a rozebírat vliv užívání těchto drog na společnost ve městě. Po diskuzích s vedoucím diplomového semináře a vedoucím práce bylo rozhodnuto zapojit do práce i faktor místní samosprávy, jejíž role jako orgánu nejbližší občanům se v akademických pracích často nepropisuje. Nakonec byly zvoleny otázky zaměřené na klíčová slova a rámování v oficiálních dokumentech vydaných samosprávou ve Filadelfii, které ilustrují její přístup k epidemií.
<b>Struktura práce (hlavní kapitoly obsahu):</b> Práce je rozdělena do dvou hlavních kapitol. První kapitola se zabývá teoreticko-metodologickým rámcem. Nejprve hodnotí akademickou debatu, poté představuje koncept federalismu a specifika místní samosprávy. Dále se věnuje opioidové krizi ve Spojených státech i ve Filadelfii. Nakonec představuje zvolenou metodologii práce. Druhá kapitola se věnuje výsledkům zkoumání. Představuje nejčastější klíčová slova použitá v oficiálních dokumentech a rámce prezentované ve zvolených dokumentech.
<b>Hlavní výsledky práce (max. 10 řádek):</b> Analýza klíčových slov ukázala, že nejčastěji používaným termínem bylo "komunita(y)", následované slovem "služba(y)". Slovo "opioid" se začalo výrazněji objevovat až po roce 2018, stejně jako slova "Kensington" a "předávkování", což naznačuje, že až tehdy se opioidová krize stala prioritou města. Časté byly také termíny "bezdomovectví" a "bydlení", ilustrující propojení těchto problémů s opioidovou krizí. Místní vláda ve Filadelfii rámcuje opioidovou epidemií kombinací tří přístupů: sociálního, zdravotního a kriminálního. Sociální a zdravotní rámce byly nejčastější, zdůrazňující kolektivní odpovědnost, komunitní podporu, přístup ke službám léčby a prevenci. Kriminální přístup kladl důraz na veřejnou bezpečnost.
<b>Prameny a literatura (výběr nejpodstatnějších):</b> Avery, Ron. A Concise History of Philadelphia. (Philadelphia: Otis Books, 1999). ISBN 0-

9658825		
Braun, Virginia. Victoria Clarke, and Philip Weate. Using Thematic Analysis in Sport and Exercise Research (Routledge Handbook of Qualitative Research in Sport and Exercise, September 2016): 191-205.		
Cicero, Theodore J., Matthew S. Ellis, and Hilary L. Surratt. "Effect of Abuse-Deterrent Formulation of OxyContin." <i>New England Journal of Medicine</i> 371, no.2 (2014): 187-189.		
Dayer, Lindsey E., et al. "A recent history of opioid use in the US: Three decades of change." <i>Substance Use &amp; Misuse</i> 54, no. 2 (January 2019): 331-339. <a href="https://doi.org/10.1080/10826084.2018.1517175">https://doi.org/10.1080/10826084.2018.1517175</a> .		
James, Keturah, and Ayana Jordan. "The Opioid Crisis in Black Communities." <i>Journal of Law, Medicine &amp; Ethics</i> 46, no. 2 (July 2018): 404-421. <a href="https://doi.org/10.1177/1073110518782949">https://doi.org/10.1177/1073110518782949</a> .		
Jeffery, Molly M., et al., "Fentanyl-Associated Overdose Deaths Outside the Hospital." <i>New England Journal of Medicine</i> 389, no. 1 (July 2023): 87-88. <a href="https://doi.org/10.1056/NEJMc2304991">https://doi.org/10.1056/NEJMc2304991</a> .		
Philadelphia Department of Public Health. "Unintentional Drug Overdose Fatalities in Philadelphia, 2022." <i>CHART</i> 8, no. 3 (2023): 1-7.		
Etika výzkumu:**		
Jazyk práce: Angličtina		
Podpis studenta a datum Matěj Šmutzer, 31.07.2024		
Schváleno	Datum	Podpis
Vedoucí práce		
Vedoucí diplomového semináře		
Vedoucí specializace		
Garant programu		

\* BAS – Balkánská a středoevropská studia; ES – Evropská studia; NRS – Německá a rakouská studia; RES – Ruská a eurasijská studia; SAS – Severoamerická studia; ZES – Západoevropská studia.

\*\* Pokud je to relevantní, tj. vyžaduje to charakter výzkumu (nebo jeho zadavatel), data, s nimiž pracujete, nebo osobní bezpečnost vaše či dalších účastníků výzkumu, vysvětlíte, jak zajistíte dodržení, resp. splnění těchto etických aspektů výzkumu: 1) informovaný souhlas s účastí na výzkumu, 2) dobrovolná účast na výzkumu, 3) důvěrnost a anonymita zdrojů, 4) bezpečný výzkum (nikomu nevznikne újma).