



Sackler money to go towards reducing overdose deaths

A US \$6 billion settlement must help to expand treatment access, harm reduction programmes, and recovery services. Susan Jaffe reports.

For the Johns Hopkins opioid litigation funding principles see <https://opioidprinciples.jhsph.edu/>

Federal, state and local governments along with community organisations may soon receive an infusion of US\$6 billion to fight the opioid epidemic, including at least \$775 million for victims and their families, after a federal appeals court approved a bankruptcy settlement for Purdue Pharma and its founders, the multi-billionaire Sackler family. However, in a controversial move last month, the court also restored protections for the Sacklers from civil lawsuits, despite accusations that their illegal schemes to boost sales of the company's strongly addictive pain killer, OxyContin (oxycodone), vastly increased their wealth. But without this shield, the agreement would have remained mired in court challenges.

"We need to get that \$6 billion flowing into the states and municipalities, and, more importantly, to help victims", said Kay Scarpone, a member of the Ad Hoc Group of Individual Victims of Purdue Pharma, which represents individual plaintiffs in the lawsuit. "We're still losing 200 people a day", Scarpone added. Over the past two decades, more than 500 000 US citizens have died from opioid abuse, according to the Centers for Disease Control and Prevention. There were 106 000 drug overdose deaths in the USA in 2021, an increase of 16% compared with 2020 and 51% higher than 2019.

Under the settlement, the money must be used to reduce overdose deaths by expanding treatment, harm reduction, and recovery services, said Regina LaBelle, Director of the Addiction and Public Policy Initiative at the O'Neill Institute for National and Global Health Law at Georgetown University Law Center, Washington, DC. The settlement provides "an opportunity to really invest in what works for a community, but it has to be a community-based solution", she said.

Most of the allowable uses described by the court mirror guidance for state and local policy makers developed by the Johns Hopkins Bloomberg School of Public Health's Overdose Prevention Initiative and a coalition of substance abuse treatment providers. The Principles for the Use of Funds from the Opioid Litigation explains how to spend money from the Purdue and other opioid settlements, and has been endorsed by several dozen organisations, including the American Medical Association.

In addition to the Purdue-Sackler settlement, a \$26 billion fund was created to settle lawsuits against four opioid manufacturers (Purdue Pharma, Teva Pharmaceuticals, Endo, and Johnson & Johnson), three drug distributors (McKesson, AmerisourceBergen, and Cardinal Health), and three retailers (CVS Pharmacy, Walgreens, and Wal-Mart). So far, litigation has generated about \$52 billion to respond to the opioid epidemic, said Sara Whaley, Programme Manager for the Bloomberg Overdose Prevention Initiative and a Faculty Research Associate at the Johns Hopkins Bloomberg School of Public Health.

The guidance applies to all opioid settlement funds and includes best practices for decision making and "how to ensure that the dollars are used most effectively, in a way that considers evidence-based strategies but also focuses on equity and making sure that the dollars go towards communities and individuals with the most need", said Whaley. As a first step, states should put their opioid settlement money in a dedicated fund rather than mixing the proceeds with their general funds, which occurred with some of the \$246 billion fund created by the 1998 tobacco settlement. States spent

only about 3% of the money on anti-smoking programmes, according to the Campaign for Tobacco-Free Kids. Instead, it was used for unrelated projects, such as shipping docks in Alaska, a county jail and office building in New York, and even subsidies for tobacco farmers in North Carolina.

Rather than simply duplicate existing addiction abatement programmes, Whaley said state and local governments should assess what programmes are effective, whether they need additional support, and identify any gaps in services that could be supplemented with the opioid settlement money. "One of the effective harm reduction programmes Whaley cited was a syringe service initiative in New York City, which provides sterile syringes, access to naloxone to prevent overdose deaths, and other services—such as HIV and Hepatitis C testing.

LaBelle said another example of how the settlement money could be spent comes from Rhode Island, where the state provided methadone or other medication-assisted treatment to reduce overdose deaths among people in prison. Scarpone would like the settlement money used to subsidise effective rehabilitation and re-entry programmes, which health insurance might not cover.

Nine states, including California and Connecticut, initially held up the Purdue settlement by opposing civil immunity for the Sacklers, but dropped their objections after Purdue raised the settlement amount by 33% to \$6 billion. The settlement could still be appealed to the US Supreme Court, but legal observers consider it unlikely. "If the Sacklers go to jail and we don't get money, then this crisis just continues", Scarpone said.

Susan Jaffe