

Billions in Settlements Could Mean an Opportunity for Central Florida to Address Opioid Abuse

Co-Founder and Managing Partner [Harry Nelson](#) wrote a compelling Op-ed for the [Orlando Sentinel](#). The piece goes into detail about the current status of the United States' opioid litigation and what the future holds for the state of Florida. According to the [Florida Department of Health's Bureau of Vital Statistics](#), Florida's unintentional and undetermined drug overdose deaths more than doubled from 2014 to 2016, with 2,175 deaths in 2014, 2,805 in 2015, and 4,672 in 2016.

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For anyone following the lawsuits against opioid manufacturers and distributors, each week brings news of another settlement. Pressure is mounting for a global settlement, with state attorney generals and lawyers, for thousands of cities and counties negotiating a settlement expected to exceed \$50 billion. What will it mean for the country, for Central Florida and the State of Florida?

In my book, [*The United States of Opioids*](#), I examine the history of opioid settlements, beginning with West Virginia's 2004 settlement with Purdue Pharma (\$10 million) for the unprecedented rise in overdose deaths and addiction resulting from the marketing of Oxycontin. With hundreds of thousands of Americans dead from overdoses and millions more struggling with addiction, one important question is why it took fifteen years to get to a global settlement? Our delay has caused an extension of the challenge, which has been a powerful lesson in the need for transparency. Each time that a judge, prosecutor, or plaintiff attorney agreed to keep the evidence of opioid harm *confidential*, it slowed down the path to real solutions.

The good news is that the days of sealed evidence are behind us. But the central message of my book – and my visit to Orlando this week – is that we have plenty of work to do to understand the problem and move toward solutions. For anyone who thinks that the settlements with drug companies are the beginning of an end to the story... think again. In 2018 alone, there were over a million prescriptions written for opioids in Orange, Osceola, and Seminole counties alone. While some prescriptions are for legitimate treatment for severe pain, overprescribing continues to be a challenge. Two weeks ago, I sat on a plane next to a widow, who asked me what to do with the 1,500 pills she had on hand after her husband died of cancer. Meanwhile, the number of people who have been denied pain medication and are turning, as a result, to the streets – and finding fentanyl – is surging. Last year, illegal fentanyl, often laced into other drugs (including counterfeit OxyContin) killed 40,000 people last year across North America. What keeps me up at night is the unintended consequences of the excessive restriction of prescription opioids: a coming “opioid singularity” around fentanyl that could dwarf the tragic toll of the crisis to date.

No matter how many billions of dollars are paid out in the opioid litigation, the bigger questions commanding our attention are: how will we bring down the death toll from both prescribed and illegal opioids? How will we provide access to evidence-based, effective treatment to people who are addicted, as well as resources for unintended victims, such as children born with opioid dependencies (NAS, neonatal abstinence syndrome) or growing up with addicted parents? What are we going to do to address the 50 million Americans for whom chronic pain is a daily reality?

While significant work remains ahead to answer these questions, we have evidence in the result of several key ingredients of saving lives. The most immediate issues are deploying Naloxone (Narcan), the overdose reversal drug that saves lives when administered while people who have overdosed before they stop breathing, and expanding access to Medication Assisted Treatment (MAT), which has emerged as the linchpin of evidence-based treatment. According to the 2017 Presidential Opioid Commission Report, only ten percent (10%) of addiction treatment programs nationally offered any form of MAT. Central Florida is no exception, with far too few providers and programs to meet current needs (let alone the anticipated rise in demand in coming years) – in part, a legacy of MAT stigmatization that needs to end.

While Naloxone and MAT are essential pieces of the puzzle, there remains bigger challenges ahead, including needed research to identify best practices nationwide, and coordinating the delivery of education and resources. One lesson is the need for law enforcement leadership, both in stopping fentanyl trafficking and coordinating the diversion of drug users into treatment. Next week, I will be in Orlando to discuss “The Prescription for Change” and lessons from *The United States of Opioids*, including the need for a coordinated regional response that leverages the resources of our schools, workplaces, research institutions, civic and faith communities in the work ahead. The opioid settlements ahead present an opportunity to invest in solutions to address the biggest public health crisis we face. Let's make sure the money is put to good, life-saving, use.

Learn more about [Project Opioid](#).
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