Colorado Opioid Crisis Response Blueprint:

A Guide for Opioid Settlement Investments

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COLORADO HEALTH INSTITUTE

Skaggs School of Pharmacy and Pharmaceutical Sciences
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

COLORADO CONSORTIUM
for Prescription Drug Abuse Prevention

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About the Colorado Health Institute

The Colorado Health Institute, which produced this publication, is a nonprofit and independent health policy research organization that is a trusted source of objective health policy information, data, and analysis for the state's health care leaders. The Colorado Health Institute is primarily funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

About the Colorado Consortium for Prescription Drug Abuse Prevention

The Colorado Consortium for Prescription Drug Abuse Prevention helps coordinate Colorado's statewide response to the prescription drug abuse epidemic, focusing on the opioid crisis. The consortium works with stakeholders such as government agencies, community groups, law enforcement, and the medical community. The consortium is part of the Colorado Center for Prescription Drug Abuse Prevention in the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences at the CU Anschutz Medical Campus.

For further information visit corxconsortium.org or contact info@corxconsortium.org.

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- **Colorado Pharmacists Society**
- **Colorado Providers Association**
- **Colorado School of Public Health**
- **County Sheriffs of Colorado**
- **Crossroads Turning Points**
- **Harm Reduction Action Center**
- **Region Six Alcohol and Drug Abuse (RESADA)**
- **Sobriety House**
- **Step Denver**
- **UCHealth**
- **County commissioners and administrators of Logan County, Montezuma County, and Prowers County**
- **Members of the recovery community**

Between 2000 and 2016, nearly 5,000 Coloradans died due to an opioid overdose.[1]

State leaders have created much of the infrastructure needed to address the problem — including prevention, harm reduction, law enforcement services to address the opioid epidemic, and treatment and recovery supports — but many communities lack the resources to deal with the magnitude of the challenge.

To continue the fight against the opioid crisis, multiple states — including Colorado — sued drug manufacturers and other companies and individuals that contributed to the opioid epidemic. The first settlements in other opioid lawsuits around the country were announced in the spring and fall of 2019. While Colorado's lawsuit has not settled, there is reason to believe that Colorado could receive settlement funds. Depending on the specifics of the settlements, local communities and/or the Colorado Office of the Attorney General could have a measure of control over how to spend settlement dollars.

It is unlikely that settlement payments, even if large amounts are received, can adequately cover the costs of addressing all the negative impacts of the opioid crisis in communities. Policymakers will have to prioritize how they use the money. This guide can help.

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) engaged the Colorado Health Institute (CHI) to help inform a spending strategy for state and local policymakers who are expecting these dollars. In partnership with the Consortium, Colorado Counties Inc., the Colorado Municipal League, the Colorado Medical Society, the Colorado Office of the Attorney General, the Colorado Chapter of the American College of Emergency Physicians, the Colorado Office of Behavioral Health, and other experts, CHI generated a "spending blueprint" on how to best address the opioid crisis. Most items in the blueprint apply just as well to other substances, such as methamphetamines, as they do to opioids.

Key Takeaways

- Community leaders and policymakers want to plan now for putting anticipated settlements from opioid lawsuits to the best use.
- Colorado's opioid experts recommend using the largest portion of the opioid settlement money to expand treatment and recovery efforts, particularly in rural areas.
- All communities are different. While this blueprint provides a guide, investment decisions will need to consider issues ranging from local workforce capacity to sustainable financing.

To make the blueprint, CHI and the Consortium convened a team of experts to identify a list of 20 investment options under four categories: prevention, treatment and recovery, harm reduction, and criminal justice. Experts working in law enforcement, clinical care, prevention, and other areas prioritized these investment options in a survey asking how they would allocate a hypothetical $100 million in opioid settlement dollars.

The results reveal that Colorado's experts recommend prioritizing treatment and recovery services, followed by prevention, criminal justice, and finally harm reduction. That said, depending on their area of expertise, there was a range of preferences for the best allocation of resources.

This report details the findings of the survey.

What are the Opioid Litigation Settlements?

Colorado's lawsuit is a Colorado state court case against opioid manufacturers and others. It seeks monetary damages for harm caused to the State of Colorado and its citizens as a result of deceptive marketing of opioids. If there is a settlement of Colorado's case, funds will be available to address the opioid epidemic.

Separately, the National Prescription Opiate Multidistrict Litigation consists of more than 2,000 federal court cases brought by counties, cities, tribes, and individuals against chain pharmacies and manufacturers and distributors of prescribed opioids. The defendants are accused of exacerbating the opioid crisis by misrepresenting the risks of long-term use of those drugs, aggressively marketing them, and failing to prevent suspicious shipments of prescription opioids. A negotiating class has been formed to provide a method for all counties and municipalities in the United States to join the litigation and receive funds from settlements, as long as at least 75 percent of six different categories of local governments agree to global settlement terms.[3]

Settlement funds received by the state, and separately by Colorado cities and counties, present an opportunity to address the opioid crisis at the local level. While this blueprint provides one guide for communities as they consider strategies to implement locally, other state-level and national resources exist. For example:

What is this Guide?

This guide, or "blueprint," is a tool to help decision-makers at municipal, county, and state levels allocate the opioid settlement dollars received. Other community members — including law enforcement, health care providers, community coalition members, educators, and public health officials — may also use this framework to assess their community's available resources and gaps in addressing drug abuse and addiction.

- **The Opioid Epidemic: From Evidence to Impact** provides an overview of evidence-based approaches to addressing the opioid crisis.[4]

- **The President's Commission on Combatting Addiction and the Opioid Crisis** summarizes the results of a federal commission tasked with making recommendations to state and federal policymakers on how to address the addiction crisis.[5]

For Colorado-specific strategies that are aligned with national strategies, see Prescription Drug Abuse Prevention: A Colorado Community Reference.[6]

Strategies to Address the Opioid Epidemic

The blueprint draws on a survey that asked experts to prioritize 20 potential investments they could make to address the opioid epidemic.[7] The investments are organized into four domains: prevention, treatment and recovery, harm reduction, and criminal justice.

In the survey, Colorado experts were asked how they would allocate a hypothetical $100 million over five years to address the opioid epidemic. Local decision-makers can use this table to apply the same concept to their hypothetical share of a settlement.

Decision-makers can use the tool below as they consider what programs already exist in their communities and what gaps remain. See page 8 for more on how to use this guide.

PREVENTION

		Insert Your Allocation Here
Prescription Drug Monitoring Program (PDMP)	Developing Colorado's Prescription Drug Monitoring Program to improve usability and increase utilization via electronic health records or other methods	$
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Workforce training and funding to implement evidence-based secondary prevention approaches that identify and intervene with problematic use, abuse, and dependence on substances	$
Provider Education	Trainings for practitioners on non-opioid pain treatments, non-addictive chronic pain therapies, and guidelines for opioid prescribing best practices	$
Community Development	Funding for community development, schools, child care, family services, and job training to combat drug use	$
Primary Prevention	Evidence-based primary prevention programs and strategies, including family and youth programming, to promote protective factors and reduce risk factors, as well as adult education programs and public communications campaigns	$
Drug Take Back and Storage	Expand universal drug take-back programs to allow drugs to be returned to any pharmacy on any day and distribute secure containers for prescription drugs	$

CRIMINAL JUSTICE

		Insert Your Allocation Here
Law Enforcement	Increased funding and training for local police, drug task forces, and interdiction efforts	$
Community Corrections	Developing or expanding drug or family courts and other pre-arraignment or law enforcement diversion programs	$
Jail-Based Addiction Treatment	Expansion of addiction treatment in jails and prisons	$
Post-Incarceration Social Programs	Programs for reintegrating people recovering from substance use disorders into communities following incarceration	$

TREATMENT AND RECOVERY

		Insert Your Allocation Here
Substance Use Disorder Treatment Expansion	Expansion of the full spectrum of substance use disorder treatment: detox, inpatient/residential and outpatient treatment, and medication-assisted treatment	$
Recovery Supports	Developing programs to improve access to housing and health care (other than for substance use disorders); employment opportunities and job training; community-based services, including peer supports and other resources aimed at promoting recovery	$
Rural/Frontier and Underserved Treatment Programs	Expand treatment options in rural, frontier, and underserved areas, including mobile programs and telehealth/telemedicine programs	$
Research and Evaluation	Funding for research into treatment outcomes, evaluation of program effectiveness, and the impact of policy interventions in Colorado	$

HARM REDUCTION

		Insert Your Allocation Here
Overdose Surveillance	Drug death and nonfatal overdose surveillance, including funding for law enforcement, medical examiners, and coroners to improve accuracy and timeliness of autopsy drug-testing	$
HIV And Hepatitis Treatment	Screening, early detection, vaccines, and treatment for HIV, hepatitis, and other medical issues occurring among people who inject drugs	$
Overdose-Reversal Drugs	Increased naloxone distribution and training	$
Drug Checking	Production and distribution of testing strips for fentanyl and other adulterants, and other drug-checking services	$
Syringe Exchanges	Establishing, running, and expanding existing syringe exchange programs, including syringe disposal	$
Family Support	Support services for children and families affected by substance use disorders, including training for professionals such as teachers, law enforcement, and others	$

How to Use This Guide

This blueprint is a tool for local and state policymakers. The process requires three steps — prioritize your community's needs, compare them with the blueprint, and identify next steps to address the needs.

STEP ONE: Prioritize your community's needs.

Use the survey (see pages 6-7) to gather community input on needs and resources.

Questions for consideration:

- *What's working well that needs to be scaled up?*
- *Which populations (by age, race/ethnicity, language spoken, etc.) are most in need of these services?*
- *What outcomes are we interested in achieving?*
- *What are the priorities of the community members?=*
- *What resources are already available for each investment domain?*

STEP TWO: Use the blueprint.

Check your community's prioritized needs and resources against the blueprint (see pages 10-15).

Questions for consideration:

- *How do our priorities line up with the results of the blueprint?*
- *Which subgroup priorities are most important in our community (e.g., law enforcement, health care professionals, others)?*
- *Which strategies are we already addressing with our community's resources?*
- *Which are we not?*

STEP THREE: Identify next steps.

Based on your community's needs and the blueprint's guidance, decide which strategies are best-suited for additional investment.

Questions for consideration:

- *Which agencies have the capacity to spend the dollars?*
- *How much time do we have to deliver the programs and strategies?*
- *What will we need to implement the selected programs and strategies in terms of training and costs?*
- *Who will lead this work?*

Methods

To prepare the survey, the Consortium and CHI "Colorado-ized" a 2018 New York Times survey that asked experts how they would allocate $100,000,000 to fund 20 investment options in prevention, treatment and recovery, harm reduction, and criminal justice to address the opioid epidemic.[8] Staff of the Consortium conferred with Daniel Ciccarone, MD, of the University of California School of Medicine, and Josh Katz, a journalist with The New York Times, about the questions used in the survey and received permission to use and adapt the questions. Additionally, the survey included a write-in portion, in which experts could allocate funding toward an area not already mentioned.

CHI gathered and analyzed 24 responses via email from a group of experts identified in partnership with the Consortium. The respondents represented four general professional groups:

Health and Public Health: Health care, prevention, public health, education

Intervention and Recovery: Substance Use Disorder (SUD) treatment, SUD recovery, harm reduction, behavioral health

Local and State Government: Elected officials and local and state government employees representing various departments and agencies

Law Enforcement: Law enforcement professionals

CHI and the Consortium convened the experts who completed the survey and facilitated a discussion using the Delphi method to adjust initial findings. The Delphi method aggregates experts' opinions through a series of questions and discussions, with the goal of coming to a group consensus. Experts reviewed and adjusted their own set of priorities based on the collective expertise of the group.[9] Following the application of the Delphi method, the results were adjusted to reflect the revised priorities of the experts.

Addressing the Opioid Crisis: Colorado's Recommended Approach

Colorado's opioid experts identified treatment and recovery (41.3 percent) as the most urgent areas of investment to address the opioid crisis. They devoted less to prevention (21.8 percent) and criminal justice strategies (21.7 percent). Respondents allocated the least amount to harm reduction strategies (14.2 percent).

Although given the option to write in investment suggestions, most experts surveyed did not add to the list — suggesting that this list is a comprehensive view of the options available. Experts allocated only one percent of their potential investment to other strategies not listed below.

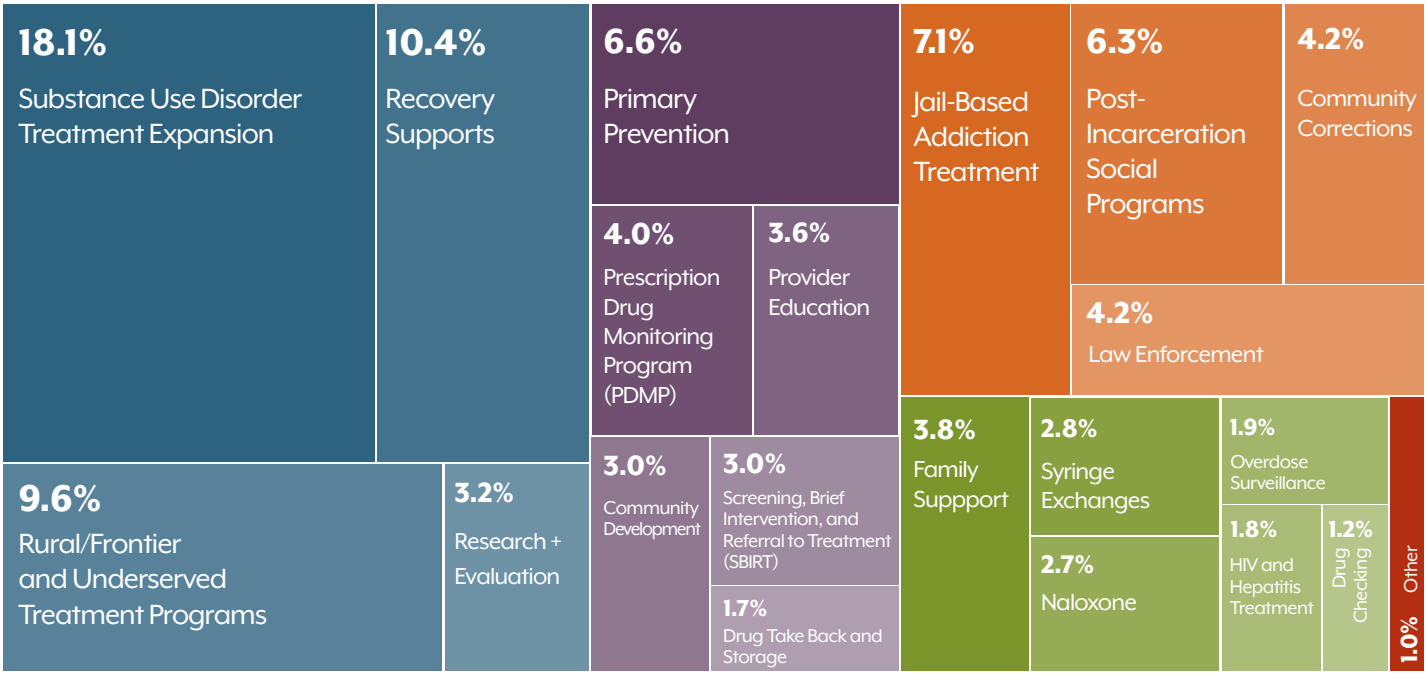
Below, the results are illustrated in a series of charts.

Each box represents a potential investment area, such as naloxone expansion or primary prevention. The size and color intensity correspond to the share of proposed spending.

There was substantial agreement among the group to allocate the most funding towards treatment and recovery. Within this domain, substance use disorder treatment expansion (18.1 percent) was heavily emphasized, with recovery supports (10.4 percent) and a focus on rural/frontier programs (9.6 percent) almost equally considered as the second priority.

The percentages of funding allocated to the investment domains and items is an average, as experts' opinions differed in a few of the domains.

Figure 1: Aggregate Survey Results



- Treatment and Recovery **(41.3 percent)**
- Prevention **(21.8 percent)**
- Criminal Justice **(21.7 percent)**
- Harm Reduction **(14.2 percent)**
- Other **(1.0 percent)**

Findings by Area of Expertise

To address the unique needs of their community, local decision-makers should consider the priorities and perspectives of different groups of experts. Figure 2 illustrates the blueprint survey results by area of expertise.

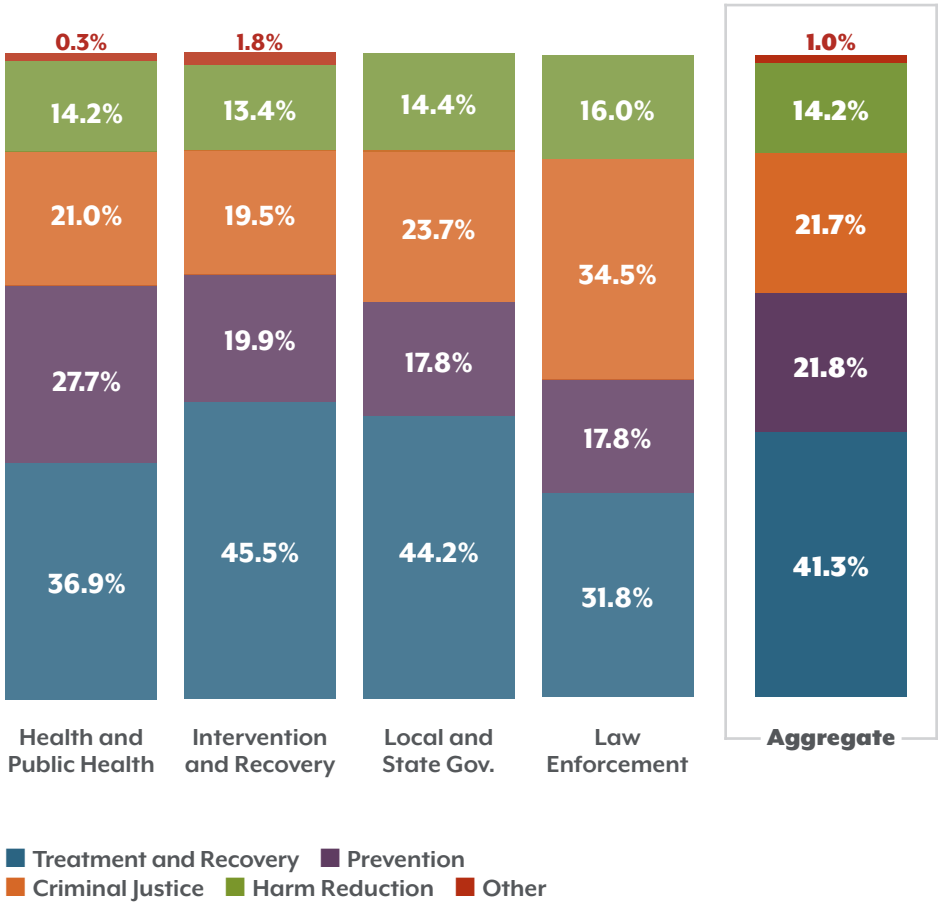
Most groups identified treatment and recovery as their top priority and gave the least allocation to harm reduction. The exception was respondents identifying as law enforcement professionals. Those individuals allocated less funding to treatment and recovery (31.8 percent) than the three other groups and more to criminal justice (34.5 percent).

Two groups ranked prevention as the second highest funding priority, but the other two prioritized criminal justice over prevention.

Harm reduction scored lowest among all groups. Experts may prioritize treatment and recovery over other strategies because those services and supports generally cost more and therefore need additional resources.

On the following pages, four graphics illustrate the results from each of the four expert groups. Though there was agreement across the groups to prioritize treatment and recovery or criminal justice, some groups emphasized different strategies. Those variations are highlighted in each graphic.

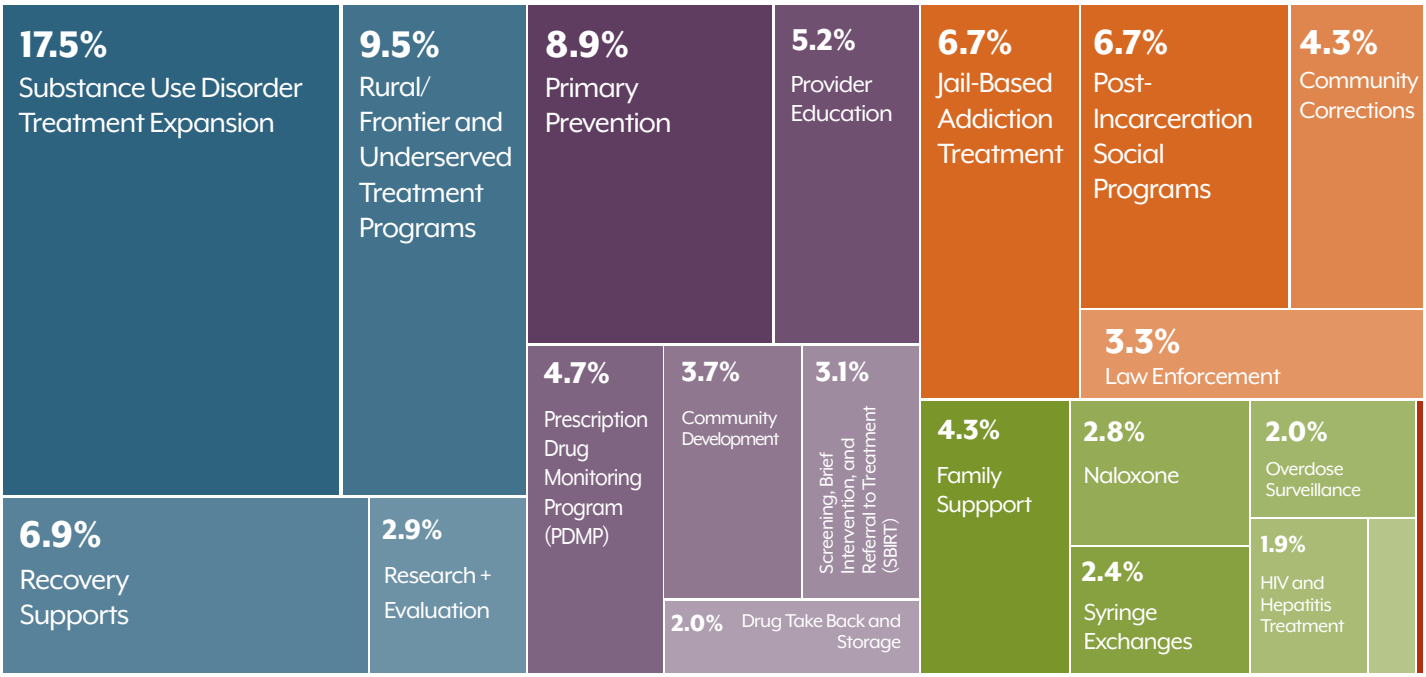
Figure 2: Funding Allocated by Area of Expertise



**Due to rounding, percentages may not sum to 100 percent.*

Health and Public Health Experts

Figure 3: Funding Allocation from Health and Public Health Experts



- Treatment and Recovery **(36.9 percent)**
- Prevention **(27.7 percent)**
- Criminal Justice **(21.0 percent)**
- Harm Reduction **(14.2 percent)**
- Other **(0.3 percent)**

POINTS OF INTEREST AMONG **HEALTH AND PUBLIC HEALTH EXPERTS**

- **Prescription Drug Monitoring Programs**
- **Provider Education**

CHI found that responses of health care and public health professionals were consistent with those of the overall group. That said, this group recommended investing more in the **Prescription Drug Monitoring Program (PDMP)** with 4.7 percent of the allocation. They emphasized that linking drug prescribing to electronic health records is critical to addressing the epidemic, and that Colorado is far from having a statewide system in place.

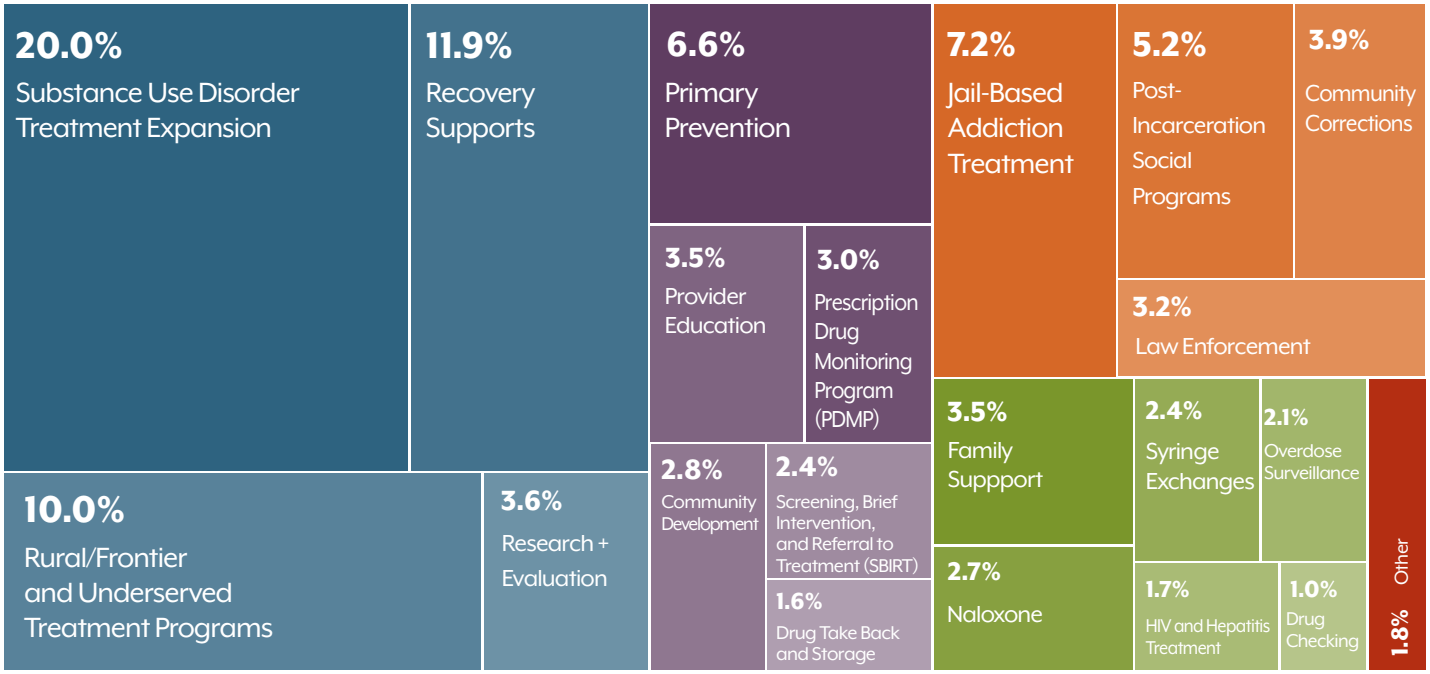
During the Delphi discussion, this group of experts also recommended **training allied professionals** on reducing access to opioids, such as the investment of funds to promote best practices in opioid prescribing among veterinarians and trainings for employers. In addition, other members of this group recommended training employers on best practices for prevention, including workplace health promotion programs to meet the needs of workers prone to injury and prescription drug use.

Intervention and Recovery Experts

Intervention and recovery professionals and advocates prioritized **treatment and recovery** — services that directly affect their work — with 45.5 percent of the allocation. The group also allocated the least to harm reduction, though they directed as many resources to **syringe exchanges** (2.4 percent) as most other groups. Meeting participants felt that syringe exchanges were helpful in the downtown areas of large cities but less so in rural areas with sparse populations.

Several respondents wanted to improve the quality of facilities. For instance, one respondent put $14 million toward renovating and purchasing facilities for treatment services. Another respondent recommended $8 million to support those who don't qualify for Medicaid to obtain treatment and housing assistance.

Figure 4: Funding Allocation from Intervention and Recovery Experts



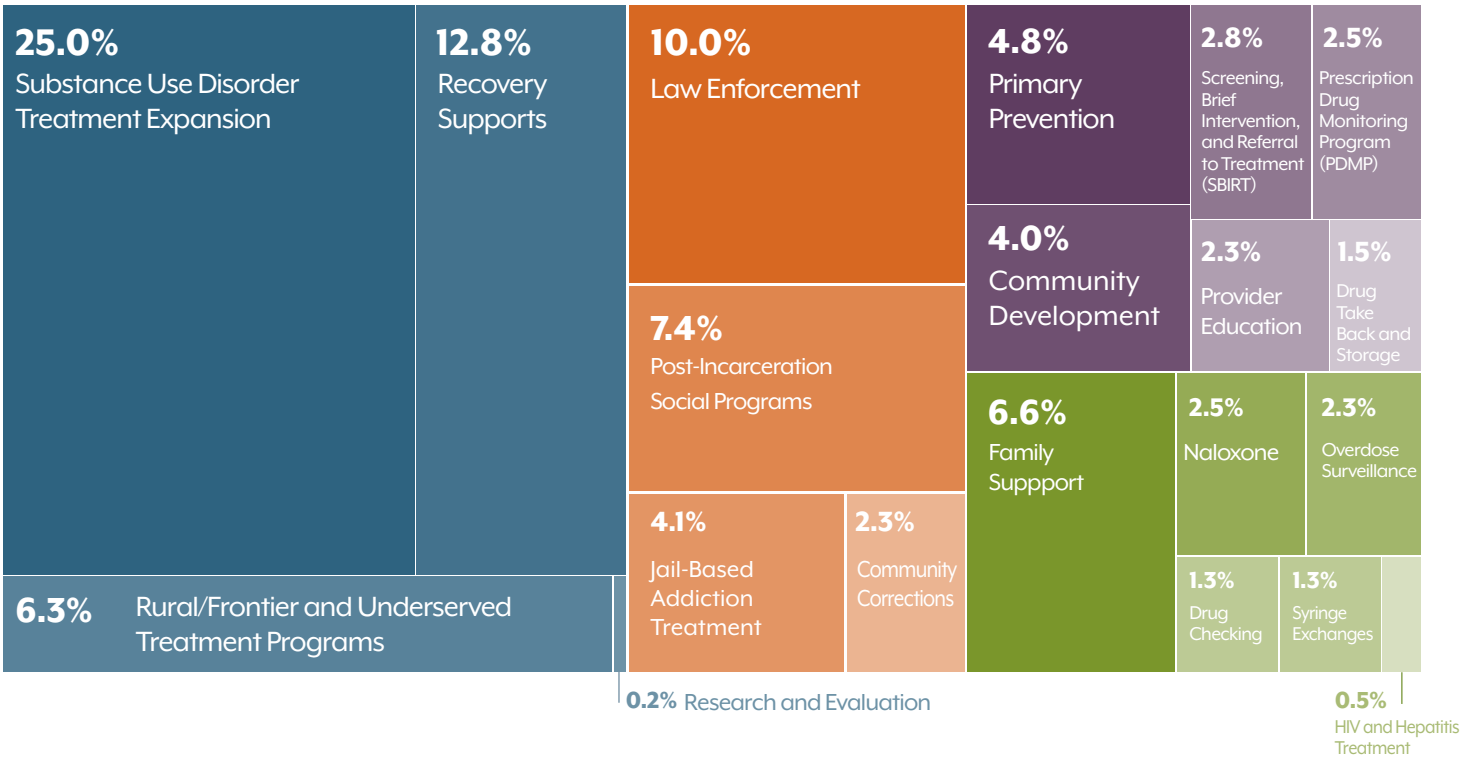
- Treatment and Recovery **(45.5 percent)**
- Prevention **(19.9 percent)**
- Criminal Justice **(19.5 percent)**
- Harm Reduction **(13.4 percent)**
- Other **(1.8 percent)**

POINTS OF INTEREST AMONG **INTERVENTION AND RECOVERY EXPERTS**

- **Treatment and Recovery**
- **Syringe Exchanges**

Local and State Government Officials

Figure 5: Funding Allocation from Local and State Government Officials



Compared with other groups, local and state government officials invested more in **substance use disorder treatment expansion** (25.0 percent). They also recommended investing more in **family support** (6.6 percent) in the harm reduction domain than any other group. Respondents in this group also allocated significant funding to **law enforcement** (10.0 percent) — the same amount allocated by law enforcement professionals themselves.

This group also noted several benefits of allocating more dollars toward **overdose surveillance**. With greater surveillance, policymakers could target areas of need rather than producing a nontargeted response that is less cost-effective.

- Treatment and Recovery **(44.2 percent)**
- Prevention **(17.8 percent)**
- Criminal Justice **(23.7 percent)**
- Harm Reduction **(14.4 percent)**
- Other **(0.0 percent)**

POINTS OF INTEREST AMONG **LOCAL AND STATE GOVERNMENT OFFICIALS**

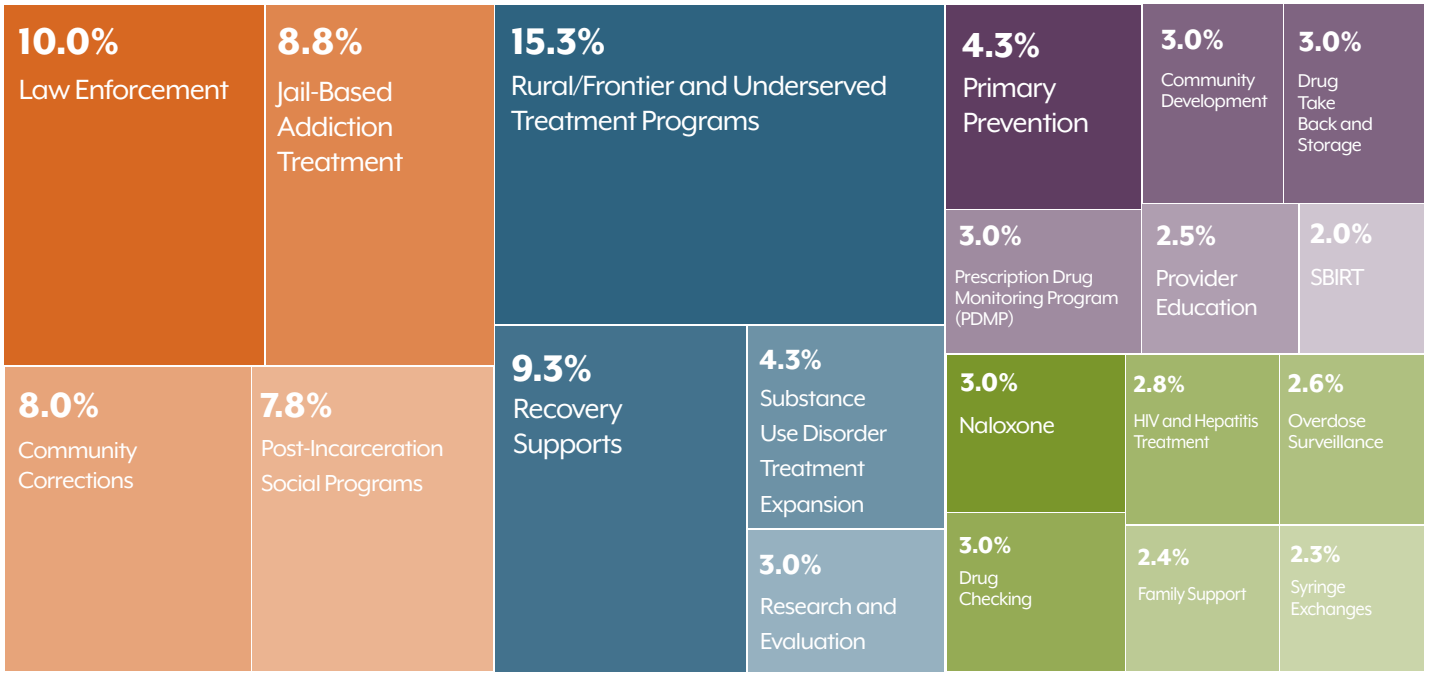
- **Family Support**
- **SUD Treatment Expansion**
- **Law Enforcement**
- **Overdose Surveillance**

Law Enforcement Professionals

Law enforcement professionals allocated more funding toward **criminal justice** (34.5 percent) than other groups. Members of this group also allocated less than a quarter of the amount of funding to **substance use disorder treatment expansion** compared with other respondents. Other groups devoted around 20 percent of funds to that strategy, while this group allocated 4.3 percent.

Compared with other groups, law enforcement professionals devoted more to **rural/frontier and underserved treatment programs** (15.3 percent). Meeting participants noted that the group's strong emphasis on rural/frontier programs was possibly due to the high costs of building the infrastructure in rural and frontier counties to address treatment needs.

Figure 6: Funding Allocation from Law Enforcement Professionals



- Treatment and Recovery **(31.8 percent)**
- Prevention **(17.8 percent)**
- Criminal Justice **(34.5 percent)**
- Harm Reduction **(16.0 percent)**
- Other **(0.0 percent)**

POINTS OF INTEREST AMONG **LAW ENFORCEMENT PROFESSIONALS**

- **Criminal Justice**
- **SUD Treatment Expansion**
- **Rural/Frontier and Underserved Treatment Programs**

Looking Ahead — Colorado's Settlements

As state and local decision-makers anticipate potential settlement dollars, they should consider different mechanisms to fund, allocate, and leverage these funds. Several examples are described below:

Competitive funding

Competitive funding is a process of proposal selection based on the evaluation of a team of reviewers.

Noncompetitive funding allocation to communities

In contrast to competitive funding, this form of funding is given to predetermined recipients based on population, the severity of the local drug problem, or other census criteria, as well as government-to-government transfer of funds.

Pay for Success Contracts

These contracts are an innovative approach to improving outcomes and reducing costs to government. A pool of government funds are leveraged to secure upfront capital from private investors to implement services aimed at achieving specific outcomes.

If outcomes are met, investors receive performance-based payments and a portion of savings to government.

Matching Funds

Funds are provided by the government, foundations, or other sources by matching the community contribution to a project. For instance, private foundations could match community settlement funds to leverage and support the blueprint's strategies.

The Current State of Play

At the time of publication, no opioid settlements have been finalized. It is not known how much money Colorado can expect from opioid settlements or when settlement funds may be received.

While any settlement negotiated by the Colorado Attorney General's Office will benefit the entire state, Colorado local government, cities, and counties can also follow the National Prescription Opiate Litigation known as multidistrict litigation (MDL) 2804.

MDL 2804 includes more than 2,000 lawsuits filed against companies and individuals in the opioid supply chain by counties, cities, tribes, and individuals. If there are settlements in any of those cases, every municipality, tribe, and county in the United States could receive funds in accordance with an allocation model that accounts for the amount of opioids shipped to the area, the number of opioid deaths in the area, and the number of people in the community who have opioid-related substance abuse disorders.[10]

Information — including an allocation map that estimates how much funding each local government might receive through a settlement — is available at the MDL 2804 negotiation class website: www.opioidsnegotiationclass.info.[11]

Another development to follow is the Purdue Pharma bankruptcy case that is ongoing in bankruptcy court in New York. Purdue Pharma has proposed a structure to resolve lawsuits against it that could result in distribution of settlement funds.

Policy Considerations

This blueprint provides a guide for local and state decision-makers as they allocate resources to address the opioid crisis and other behavioral health challenges. However, depending on individual community needs — from workforce shortages to existing financing streams — community leaders should adjust their allocation. Several considerations are described below:

Breadth versus depth. Some communities may benefit from broad financial support across their behavioral health system. But others may create the biggest impact from a significant influx of funding into one part of the system — such as building a system of recovery supports or increasing the number of medication-assisted treatment providers in the region. What impact could a community create by focusing investments in one domain?

Outcome alignment. Policymakers should identify key outcomes to target — and in what time frame — and prioritize their investments accordingly. For example, if the goal is to reduce misuse of all substances and not just opioids, then policymakers could focus on family supports, access to health care, and primary prevention. But if the goal is to reduce the number of opioid-related deaths, then investing in treatment and overdose prevention would be a higher priority.

Cost-effectiveness. This blueprint offers a general guide for policymakers considering how to use opioid settlement dollars. But it does not quantify the needs for each item in the survey. For instance, if $20 million were allocated to treatment, how many additional people could be served, and how does that match up with the need? Policymakers will need more information before they can understand exactly what they can "buy" with their share of the settlement.

Sustainability. When thinking long-term, policymakers and communities should consider the sustainability of the investments and grant funding, as well as strategies themselves. If the time line for the goal is shorter, policymakers should take into account the threshold at which program funding can adequately address the issues within the allotted time frame.

Spending capacity. Following an analysis of a community's resources, policymakers should think about the extent to which these service areas have capacity to spend the dollars. For example, can treatment centers hire and pay more staff? What is the cost of training new staff or relocating them to certain areas of need?

Conclusion

As of December 2019, Colorado communities are waiting on whether settlements will come out of the multiple ongoing opioid lawsuits. It is not clear how large settlements will be, how settlement funds will be allocated, or when settlement payments will be received. This analysis provides guidance to local and state decision-makers in communities considering how to allocate these resources — and how to strengthen their service systems in response to the opioid crisis.

Endnotes

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