For the past two years, a group of community leaders and direct care workers has convened under the banner of Prescription for Progress to explore how to combat the opioid crisis that has hurt so many families in the Capital Region and beyond. Organized by the Times Union, and with support from many community institutions, the Prescription for Progress coalition’s task forces have probed the medical, economic and legal issues surrounding this problem. We have studied what has worked elsewhere and weighed how we might confront an epidemic that has taken 770,000 American lives over 20 years, including many in our own neighborhoods. Even after all this time, opioid overdoses still claim 130 lives each day.

Our group – including leaders in healthcare, media, government, law enforcement, philanthropy, education and addiction services – now finds itself compelled to take a stand. However, we are concerned that our greatest opportunity to fight this crisis may be at risk.

Across the country, local and state governments have sued manufacturers and distributors of prescription opioids, claiming that over-prescription played an outsized role in fueling opioid use disorder. Early settlements suggest that a final accounting could yield hundreds of billions of dollars in payments to communities across the nation. We join now in asserting that this money must be spent on those affected by the opioid crisis, rather than to subsidize other government programs. It should be spent on relieving suffering and preventing future addiction, through shrewd allocation of dollars to treatment, education and healthcare programs.

That this is even a matter of dispute may be surprising to some. But unfortunate experience with another health crisis suggests that we need to be attentive to how the money is spent. In 1998, a multi-state settlement with tobacco manufacturers yielded a $206 billion fund. Yet the $156 billion received by states so far, along with an additional $297 billion in tobacco tax revenues, has been spent largely on other programs. In fact, the Campaign for Tobacco-Free Kids estimates that only $11.6 billion, or 2.6 percent, was spent on tobacco prevention programs.
If we are to stop the senseless loss of life to opioid abuse, we must not tolerate a similar diversion of opioid settlement funds. We need a structure that prioritizes efforts to save lives and help make our communities whole again. Here are some areas that our group believes deserve support:

- Treatment and harm reduction initiatives based on evidence for people with opioid use disorder along with a commitment to a continuum of care.

- Expansion of medication-assisted treatment, and elimination of barriers to access those treatments.

- Funding for public awareness and education campaigns, both to prevent opioid use and to diminish the stigma associated with addiction.

- Enhancement and expansion of training programs for health care professionals and peer recovery advocates in both addiction treatment and pain management.

- Support for efforts by the justice system, including law enforcement and corrections officials, to assure the continuity of care for people with opioid use disorder.

Many of the steps we recommend have been embraced by the leading national experts on opioid use disorder. We are particularly guided by the recent report and recommendations of a task force formed by the Association of Schools and Programs of Public Health (https://www.aspph.org/opioids/). Many extraordinary efforts undertaken by caring professionals in the Capital Region have eased the pain of people affected by opioid use disorder and their loved ones. But their best work has proven insufficient in the fight against opioid abuse. By committing to support the most productive use of the multi-state settlement dollars, we hope to put our community on a course toward ending this deadly scourge. We ask your support in pursuit of that goal.

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