

AVOIDING INDUSTRY INFLUENCE IN OPIOID SETTLEMENT SPENDING

An FAQ Series

Key Principle:

Opioid settlement funds represent a historic opportunity to reduce overdose mortality and strengthen long-term support systems for people affected by substance use. Funds should be spent to save lives, and spending decisions should be guided by comparative effectiveness, cost-efficiency, equity, and demonstrated impact on overdose morbidity and mortality.

Methodology

This poster draws from four policy-focused Frequently Asked Questions (FAQs) reviewing:

- Peer-reviewed research
- Federal regulatory determinations
- Cost comparisons
- Public health surveillance literature
- Harm reduction implementation literature

Evidence was assessed for:

- Study design quality
- Demonstrated impact on overdose
- Cost relative to alternatives
- Alignment with national recognized guidance: The Principles for the Use of Funds from the Opioid Litigation

The goal was not to evaluate specific manufacturers, but to assess intervention categories based on strength of evidence and public health return on investment.

What Should Be Prioritized?

High-Evidence Investments

- Targeted distribution of standard-dose naloxone to people who use drugs first
- Low-threshold access to methadone and buprenorphine
- Syringe services programs with wraparound services
- Community-based drug checking
- Evidence-based youth and family interventions that teach coping skills and communication
- Treatment and support programs for people who use drugs who are pregnant and/or parenting
- Programs addressing structural drivers of substance use risk including systemic racism, poverty, housing instability, under-resourced communities, and discriminatory laws

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Full FAQ
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Opioid Overdose Reversal Products

Are new high-dose and long-acting products better than standard naloxone products?

What the evidence shows

- Standard-dose naloxone effectively reverses overdoses, including those involving fentanyl.
- Distribution programs reduce mortality when naloxone is prioritized for people who use drugs.
- High-dose or long-acting products are associated with increased risk of precipitated withdrawal.

Other considerations

- Intranasal formulations are substantially more expensive than intramuscular options.
- Criminalization and stigma create barriers to naloxone carriage.

Implication

Prioritizing widespread access to affordable, standard-dose naloxone can maximize lives saved per dollar spent.

Neuromodulation Devices

Are these devices an effective replacement for existing treatment for withdrawal symptoms?

What the evidence shows

- Some devices are FDA-cleared as an aid for withdrawal symptoms, not as treatment for OUD.
- Limited evidence of their effectiveness in reducing withdrawal symptoms.
- No evidence demonstrates reduced relapse or overdose risk.

Other considerations

- Treatments are expensive and most insurance plans do not cover this intervention.
- Managing withdrawal symptoms using methadone, buprenorphine, or lofexidine is effective, lower cost, and widely covered by insurance.

Implication

Given limited evidence and high cost, neuromodulation devices should be considered supplemental or experimental rather than core settlement investments.

Drug Disposal Initiatives

Do take-back events and drug deactivation products reduce medication diversion and opioid overdose?

What the evidence shows

- No studies demonstrate a direct association between take-back events or deactivation products and reduced overdoses.
- Most overdose deaths today involve illicit synthetic opioids, not unused prescriptions.

Other considerations

- While these programs offer an outlet for medication disposal, other no-cost outlets exist.
- There are alternative opportunities to hold awareness and community engagement events.

Implication

There are higher-impact investments to address overdose driven by synthetic opioids, such as targeted naloxone distribution and low-barrier access to medications for opioid use disorder.

Field-Based Drug Supply Surveillance Tools

How does the use of different tools to monitor drug supply trends impact overdose risk?

What the evidence shows

- Test strips and handhelds provide limited detection, whereas compact FTIRs can detect many substances within complex samples.
- The use of drug test strips and compact FTIRs within community programs are associated with behavior changes that reduce overdose risk.

Other considerations

- Handheld devices are primarily designed for law enforcement use and numerous studies show that police activity, arrests, and incarceration are associated with higher risk of relapse, overdose, and other poor health outcomes

Implication

Tools deployed in community-based drug checking settings align more closely with evidence-based overdose prevention goals than enforcement-oriented surveillance technologies.

This poster was written and designed by Tricia Christensen, MPP & Abigail Winiker, PhD, MSPH, with financial support by the Bloomberg Overdose Prevention Initiative at the Johns Hopkins University Bloomberg School of Public Health (Winiker) and by the Open Society Foundations (Christensen). Additional contributors include Eric Hulsey, DrPH, MA of Institute for Research, Education and Training in Addictions (IRETA) and Alejandro Alves, MPP of Vital Strategies.