



Barnstable County

Regional Government of Cape Cod
3195 Main Street | Barnstable, Massachusetts 02630

Joseph R. Pacheco
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Department of Human Services

December 30, 2022

FROM: Barnstable County Department of Human Services and the Regional Substance Addiction Council (RSAC)

SUBJECT: Statewide Opioid Settlements with Opioid Industry Defendants: Memo, Program Options, and References

INTRODUCTION AND BACKGROUND

On July 21, 2021 Massachusetts Attorney General Maura Healey announced a \$26 billion settlement agreement with opioid distributors and Johnson & Johnson, which will provide more than \$500 million to the Commonwealth and its cities and towns for **prevention, harm reduction, treatment, and recovery** across Massachusetts. (More information can be found at the Attorney General's website: <https://www.mass.gov/service-details/learn-about-the-ags-statewide-opioid-settlements-with-opioid-industry-defendants>)

This settlement holds accountable several corporations that contributed to the over-prescription of opioids in Massachusetts and brings needed relief to people struggling with substance use disorder. The settlement agreement includes pharmaceutical distributors Cardinal, McKesson, and AmerisourceBergen as well as Johnson & Johnson, which manufactured and marketed opioids. The settlement also requires significant industry changes that are designed to prevent this from happening again. The AG's Office supports the settlement and has been laying the groundwork for its implementation in Massachusetts and has created the Opioid Recovery and Remediation Fund (ORRF). For more information on the ORRF: <https://www.mass.gov/orgs/opioid-recovery-and-remediation-fund-advisory-council>.

Per information distributed from the Attorney General's office ([https://www.mass.gov/info-details/frequently-asked-questions-about-the-ags-statewide-opioid-settlements#\(1\)-how-will-abatement-funds-ma-receives-under-statewide-opioid-settlements-be-distributed?-](https://www.mass.gov/info-details/frequently-asked-questions-about-the-ags-statewide-opioid-settlements#(1)-how-will-abatement-funds-ma-receives-under-statewide-opioid-settlements-be-distributed?-)), under the state's approved State-Subdivision Agreement, 40% of abatement funds coming into the Commonwealth under statewide opioid settlements will be allocated to the state's municipalities. 60% of the abatement funds will be allocated to the Opioid Recovery and Remediation Fund to further be dispensed into the community through Department of Public Health grants. Municipalities that



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completed the Subdivision Settlement Participation Form by March 31, 2022 and agree to use the payments to abate the opioid crisis in their communities will be receiving a portion of the settlement funds directly in the form of eighteen (18) payments over the next seventeen (17) years.

STATE GUIDELINES FOR MUNICIPALITIES

According to the State-Subdivision Agreement, abatement funds allocated to municipalities shall be used to implement the strategies set forth below. Municipalities are encouraged to pool abatement funds to increase their impact, including by utilizing the Office of Local and Regional Health's (OLRH) Shared Service infrastructure (<https://www.mass.gov/service-details/public-health-shared-services>). Municipal abatement funds shall not be used to fund care reimbursed by the state, including through MassHealth and the Bureau of Substance Addiction Services (BSAS), although local or area agencies or programs that provide state-reimbursed services can be supported financially in other ways that help meet the needs of their participants. The sectors in which settlement funds may be spent include:

1. Opioid Use Disorder Treatment
2. Support People in Treatment and Recovery
3. Connections to Care
4. Harm Reduction
5. Address the Needs of Criminal-Justice-Involved-People
6. Support Pregnant or Parenting Women and their Families, Including Babies with Neonatal Abstinence Syndrome
7. Prevent Misuse of Opioids and Implement Prevention Education

See **Appendix A** for expanded guidelines for municipal funding put forth by the Attorney General's office.

MUNICIPAL REPORTING REQUIREMENTS

Please refer to the following link for more information regarding requirements for municipalities:
<https://www.mass.gov/doc/massachusetts-abatement-terms/download>

REGIONAL SUBSTANCE ADDICTION COUNCIL (RSAC) GUIDANCE

The below list of example programs is by no means an exhaustive list of all evidence-based uses of the funds. The Prevention, Harm Reduction, Recovery, and Treatment lists of options were based on community needs as collected by the RSAC and RSAC topical Work Groups and reflects identified gaps in services within Barnstable County.



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GENERAL RECOMMENDATIONS

1. Municipalities are encouraged to pool funds and/or to collaborate.
2. Include people impacted by substance use disorder as part of the decision-making on how to spend the funds (i.e.: people in recovery, people who are actively using substances, family members).
3. Create evidence-based plans for spending that are cognizant of any spending constraints there may be (timeframe, content).
4. Spend funds on substance use-related projects that will directly impact people with substance use disorder and their loved ones.

PREVENTION

Provide:

1. Support for youth behavioral health and substance use surveys in schools and in other youth-serving organizations.
2. Substance use and health decision-making education in schools.
3. Education on risk and protective factors, including practical information on how to increase protective factors and decrease risk factors.
4. More clinicians to serve youth and young adults.
5. Financial and clinical support services to children who have lost a parent to substance use or overdose, as well as to the family members taking care of them.

HARM REDUCTION

Increase empathy and decrease stigma through education on addiction, substance use, harm reduction, fentanyl, and why people use substances.

Create:

1. More safe and secure day programs and housing for people who are actively using substances.
2. Harm Reduction or Drug User Health Manager roles within towns to provide support for people who are actively using or in early recovery.

Provide:

1. Resources for people who use drugs on occasion versus on a regular basis.
2. Broader and lower barrier access to Narcan.



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RECOVERY

Ensure programming focuses on long term recovery in addition to short term recovery. Promote recovery support group alternatives to NA/AA (i.e.: Refuge Recovery, SMART Recovery)

Create:

1. Recovery Support Navigator roles within towns, emergency departments, courts, and jails to support people in all stages of recovery. This role should embrace all forms of treatment, all definitions of recovery, and should operate within a Harm Reduction framework.

Provide:

1. Education on relapse prevention.
2. Recovery Support Funding: transportation, basic needs (toiletries, clothing, nutrition), housing (emergency, sober, long term), legal (IDs, sealing records).

TREATMENT

1. Research and develop plans to create Patient Assessment Centers for a centralized resource referral system. This would be an opportunity to collaborate with neighboring towns.
2. Increase access to and develop more low barrier treatment.
3. Address gaps in services for youth, teens, and young adults, for example:
 - a. Develop safe and specific treatment and recovery services for youth.
 - b. Institute support protocols for students transitioning back to school post-treatment.
 - c. Implement alternative peer group programs and alternatives to suspension programs.
4. Develop safe treatment options tailored for specialized populations and training for all staff on working with more diverse populations, i.e.: youth, older adults, LGBTQIA+, Black, Indigenous, People of Color (BIPOC).
5. Conduct feasibility and needs study on development of a Recovery High School on Cape Cod to assess the region's need, desire, and sustainability.

APPENDICES

Appendix A: Opioid Settlement MA- Subdivision Agreement v. McKesson-Cardinal-AmBergen-JNJ

Appendix B: Maximum Distributor and Johnson and Johnson Payments

Appendix C: Menu of Program Examples

Appendix D: References