

How opioid lawsuit money could help solve the epidemic

March 27 2018, by Allie Nicodemo



Professor Leo Beletsky poses for a portrait on March 12, 2018. Beletsky holds a joint appointment with the School of Law and Bouvé College of Health Sciences and expertise is on the use of law to improve health, with focus on drug policy, reducing the spread of infectious disease, and the role of the criminal justice system in shaping public health outcomes. Credit: Matthew Modoono/Northeastern University

More than 400 cases against opioid manufacturers, distributors, and pharmacies are pending before a single federal judge, with the potential to net billions to address the crisis. But winning those suits would only be the first step to victory, said Leo Beletsky, a drug policy expert and associate professor of law and health sciences at Northeastern. The solution, he said, lies in how we spend that money to address the many tentacles of the opioid epidemic.

Beletsky said we might see sweeping litigation, similar in some respects to the Tobacco Master Settlement Agreement that was reached in 1998. In the largest civil litigation [settlement](#) in U.S. history, major cigarette manufacturers agreed to pay an initial fee of \$27 billion to 46 states and six other U.S. jurisdictions, plus annual multi-billion-dollar payments every year after that.

But Beletsky said money from this settlement was largely misappropriated, resulting in its limited public health impact. We now have a chance to learn from the tobacco example and avoid repeating history. "When we get a master settlement with [opioid](#) manufacturers, how do we spend that money? That's probably the most important question right now," Beletsky said.

He noted that the settlement money should primarily be used to expand access to evidence-based treatment, which is currently "pretty dismal." Less than 10 percent of people currently get the treatment they need for opioid addiction, Beletsky said. He also advocated for expanding access to harm-reduction tools, including syringe exchange programs and naloxone, an opiate antidote.

More broadly, he said [money](#) should be allocated to expanding other healthcare services. "A lot of times, people are using opioids inappropriately because they have other underlying health problems that are not being taken care of," Beletsky said. He also cited the need to

address structural problems like employment, education, and social safety net programs, all of which are inextricably tied to the opioid crisis.

Provided by Northeastern University

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