

Attorney General Phil Weiser Remarks

Colorado Consortium for Prescription Drug Abuse Prevention Annual Conference

Thursday October 22, 2020

It is my pleasure to be speaking today at the Colorado Consortium for Prescription Drug Abuse's Annual Conference. At the Attorney General's Office, we work closely with the Consortium to continue Colorado's efforts to respond to the opioid crisis. Over the past decade, Colorado has suffered heavily from this epidemic – we lost over 5,000 Coloradans to opioid overdose deaths and another 2,000 to heroin and fentanyl overdoses.¹ As part of our response to this crisis, our office filed a lawsuit against Purdue Pharma, as well as the Sackler family. We are also engaged in a range of settlement conversations with other companies to bring needed funds to Colorado to support prevention & education efforts, drug treatment, and recovery programs.

As I discussed before, we are now suing Purdue Pharma and the Sackler family in bankruptcy court to ensure that this family pays its fair share of a settlement and that the company is held accountable for its actions. When a company is unwilling to take responsibility on its own, we hold them accountable in court to defend Colorado's interests. Where appropriate, moreover, we are committed to entering into reasonable settlements. Just recently, for example, we settled with Mallinckrodt Pharmaceuticals, one of the largest manufacturers of generic opioids. That settlement comes in the context of Mallinckrodt's recently filed bankruptcy. When that process concludes, Colorado will have additional funds to respond to the many problems inflicted by the opioid crisis.

Colorado is also currently engaged in negotiations with other large opioid manufacturers, including Johnson & Johnson, as well as the three largest drug distributors, that appear promising to result in payments to Colorado if and when those negotiations result in a final settlement. The details of those discussions are still in flux, but there is one fundamental tenet of the settlement plan that is likely to remain—Colorado will receive twice the overall amount of settlement dollars if the state and local governments align on a viable plan on how to manage the funds. We always prioritize collaboration, but the premium here could hardly be higher: the state and local governments must agree to a single plan. If we can't, we would be left with only half of the amount of settlement funds. We are committed to working toward the best solution for the people of Colorado, across all of Colorado—a solution that maximizes the money received in the state.

To spearhead engagement with local governments and forge a viable plan, we hired Heidi Williams, former Mayor of Thornton, to serve as our Director of Opioid Response. As part of her role—and drawing on her eight years' experience leading a local government—she has facilitated ongoing discussions with county, municipal, and local stakeholders to discuss successes, challenges, and gaps in their communities related to opioid use disorder. If you are interested in

¹ CDPHE. (n.d.). Counts of drug overdose deaths due to any opioid in Colorado, 2010-2019. Retrieved from https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/PoisoningDeathFrequencies?iframeSizedToWindow=true&:display_count=n&:showAppBanner=false&:origin=viz_share_link&:showVizHome=n&:isGuestRedirectFromVizportal=y&:embed=y

engaging in discussions with your partners and community stakeholders to determine the gaps and challenges in your region, or how to best manage the opioid recovery funds, please reach out to Heidi. These discussions will continue to be important as we get closer to reaching settlements.

To provide some context on the likely framework for a settlement that would double Colorado's settlement dollars, let me offer a high-level picture of what we are currently discussing with local leaders. And please do keep in mind that this could still change as negotiations continue and we continue to engage with our partners. First off, there will be a portion of funds that will go directly to local governments to use as they best see fit for their communities. Second, there will be a portion of funds that will go to the state to support state-led initiatives that support broader populations. Third, a portion of funds will be available for local governments to support regional and local government partner initiatives at the state level. Finally, we envision that the majority of the funds will be used to fund regional abatement efforts, such as investments in education/prevention, drug treatment, and recovery programs.

With respect to regional-based solutions, it is not difficult to understand why they are necessary. Most communities across Colorado lack the resources and infrastructure to stand up drug prevention, treatment, and recovery programs on their own. With respect to prevention efforts, for example, there are a range of community efforts that we could support, including education campaigns that work with youth, their parents, athletic directors, teachers and counselors as well as prescribers and dispensers; these may be hard for one municipality or county, for example, to fund on its own but could be possible with regional partnerships. In addition to developing greater economies of scale and critical mass, a benefit of regional-based efforts is that they enable communities to develop programs that work for them. After all, what works for Northeastern Colorado might not work well in Southwestern Colorado. At the same time, we envision a model where different regions, supported by the state, are able to learn from practices used elsewhere and continue to improve how they address this crisis.

On the drug treatment front, the painful fact of life in Colorado, like many states, is that we don't have sufficient capacity to support everyone who needs help. Indeed, one estimate is that we have only between 20-30% of the amount we need.² Relatedly, we also lack recovery programs in many parts of our state. This means, for example, that after someone goes through drug treatment while in jail—say, a Medication Assisted Treatment (MAT) program—there may well not be a program that they can be connected to once they leave. Consequently, our jails continue to be places where individuals who are dependent on opioids end up and without the support they need. Or, even if they gain access to MAT, without ongoing recovery assistance, there is a far greater chance of relapse. As a state, we need to work together to ensure we have the type of resources needed for successful and ongoing recovery.

It is also worth noting that at least 1/3 of Americans involved in the criminal justice system are addicted to opioids³. In Alamosa County, for example, we know that up to 90% of people in jails are addicted to opioids.⁴ We have to do a better job as a state to get people the treatment they need

² Brown, J. (2020, June 28). Opioid crisis in Colorado could get worse amid pandemic. Retrieved from <https://apnews.com/article/bf1c11ac45d63808ffeae945c750cd81>

³ SAMHSA. (2019, July). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. Retrieved October 21, 2020, from file:///C:/Users/Heidi.Williams/Downloads/pep19-matusecjs.pdf

⁴ Sherry, A. (2019, July 01). Colorado's Opioid Crisis Fuels Alamosa's Jail Overcrowding. Retrieved from <https://www.cpr.org/2018/03/29/colorados-opioid-crisis-fuels-alamosas-jail-overcrowding/>

– even if that is, unfortunately, in jail. We must also provide strong case management and recovery programs to help them reintegrate into the community, rather than having them overdose because they weren't given the ongoing support they need to be successful. As we receive funds from settlements and support regional-based solutions, we will be better positioned to do just that.

Before I close, let me acknowledge that this Saturday, October 24, 2020, is National Take Back Day. On this day, people have an opportunity to safely and anonymously dispose of prescription drugs, allowing leaders around the state to engage the public on an important prevention tool—to reduce medication misuse and theft by removing expired, unused, and unwanted prescription drugs from our homes and communities. The opioid epidemic is devastating our communities and, as we know, opioid addiction often starts with these unneeded pills in our medicine cabinets. Please join me in telling everyone you know about National Take Back Day. Participating Coloradans can visit the DEA's Take Back website to locate convenient disposal locations.

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No country in the world has suffered as much as the United States from the opioid epidemic. In Colorado, we have a commitment to collaborative problem solving and working towards sustainable solutions for education/prevention, treatment, and recovery. I applaud the Consortium for its work in this area and I appreciate, in particular, Rob Valuck and José Esquibel's leadership. We are most fortunate to live in a state where our ethos is one of being in this together and looking out for one another. Thanks to all of you who are working together to make progress to address this crisis.