



OPIOID & FENTANYL RESPONSE IN WASHINGTON

June 2024

Executive Summary

The opioid epidemic has been at crisis levels in Washington and across the country with growing intensity over the four waves to date of the epidemic: over-prescribing of prescription opioids (1999-2017), increased heroin-related overdose deaths (2010-2017), a surge in overdose deaths from synthetic opioids like fentanyl (2014-present), and the emerging wave of mixing fentanyl with stimulants like methamphetamine and cocaine.¹ In an effort to hold accountable the companies responsible for the epidemic (opioid manufacturers, distributors, and pharmacies), states and local governments across the country have filed lawsuits, which recently have started reaching settlements.

This policy brief will provide background on the opioid and fentanyl crisis in Washington and a brief overview of the Washington State Opioid & Overdose Response Plan. It will then give background on the opioid lawsuits and settlements, and a summary of how the funds that have been distributed to the state so far have been appropriated by the legislature during the 2023 and 2024 legislative sessions.

Opioid & Fentanyl Crisis in Washington

The opioid crisis continues to have a significant impact on individuals and communities throughout Washington and across the country. The crisis began in the 1990s with the increased prescribing and over-prescribing of opioids as painkillers without disclosure of their highly addictive nature. The number of opioids prescribed and sold in the United States nearly quadrupled from 1999 to 2014.² The misuse and abuse of prescription opioids contributed to the modern opioid epidemic as people became addicted and turned illicit opioids such as heroin, and then more recently the skyrocketing rise in the use of fentanyl. Fentanyl is a synthetic opioid, which means it can be made cheaply in a lab and is significantly more potent than prescription opioids and heroin (~50 to 100 times stronger). Fentanyl is also often unknowingly mixed into other drugs such as cocaine and methamphetamine, and can be made into pills that resemble other prescription opioids. This means many people are unaware that they are taking a drug containing fentanyl, which even in small doses can be deadly.³

The progression in opioid type from prescription painkillers to heroin to fentanyl has corresponded with the drugs growing increasingly deadly. Opioid overdoses are the leading cause of accidental death nationwide, and fentanyl currently drives over 90% of opioid-related deaths. Between 2007 and 2021, 17,502 Washington residents died from a drug overdose, and

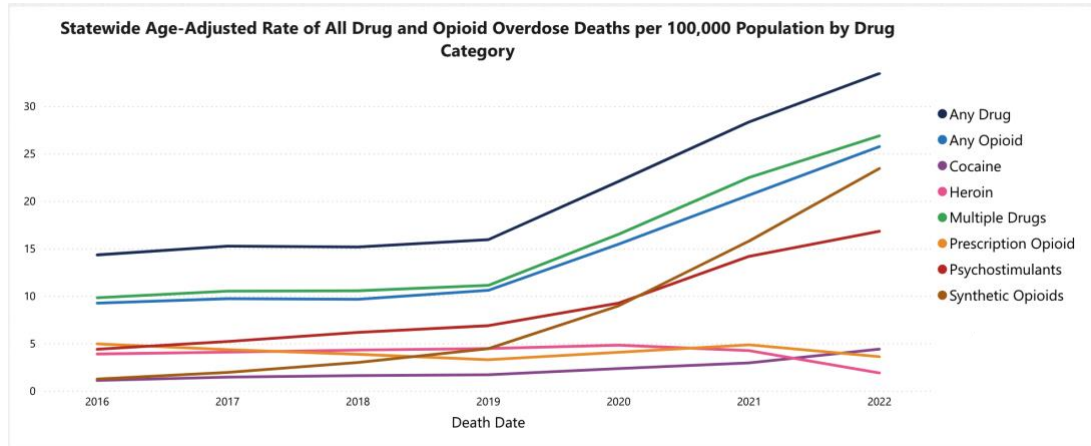
¹ Ciccarone D. [The rise of illicit fentanyls, stimulants and the fourth wave of the opioid overdose crisis](#). *Curr Opin Psychiatry*. 2021 Jul 1;34(4):344-350.

² Washington Department of Health, [Opioid Data](#).

³ [Fentanyl Facts](#). Centers for Disease Control & Prevention.

of those deaths, 68% involved an opioid. Since 2019 the annual number of opioid drug overdose deaths has more than doubled, from 827 deaths in 2019 to 2,048 in 2022 (see Graph 1). And of those opioid-related fatalities in 2022, fentanyl was responsible for 1,850 (90%).⁴

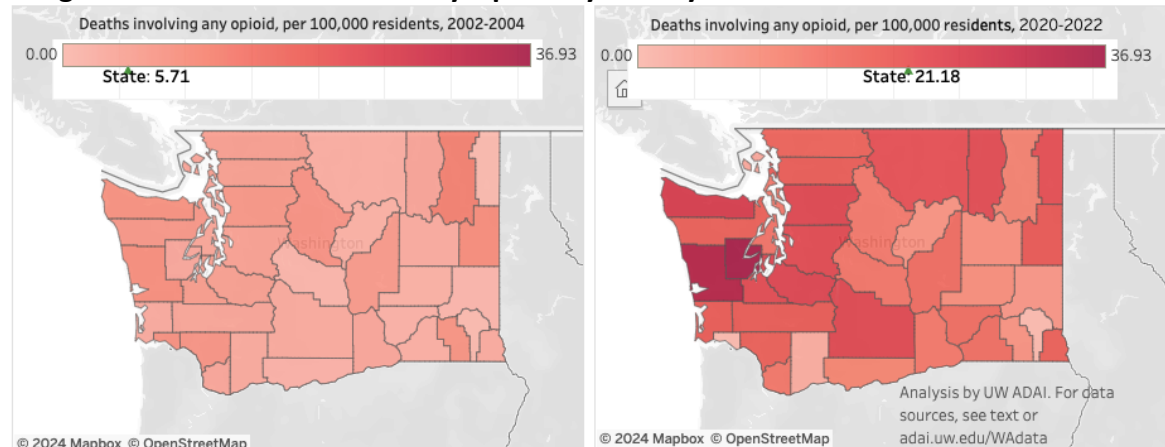
Graph 1: Statewide Rate of All Drug and Opioid Overdose Deaths by Drug Type



Source: Washington Department of Health, [Overdose Dashboard](#)

While some communities have seen higher rates of opioid-related deaths, the drastic rise in deaths has occurred across the state in both urban and rural communities (see Image 1). The counties with higher populations (King, Pierce, and Snohomish) all had opioid death rates increase by over 200% between 2002 to 2022, while some smaller counties had increases of five-fold or more.⁵

Image 1: Deaths Attributed to Any Opioid by County: 2002-2004 v. 2020-2022



Source: [Opioid Trends Across Washington State](#). University of Washington Addictions, Drug & Alcohol Institute.

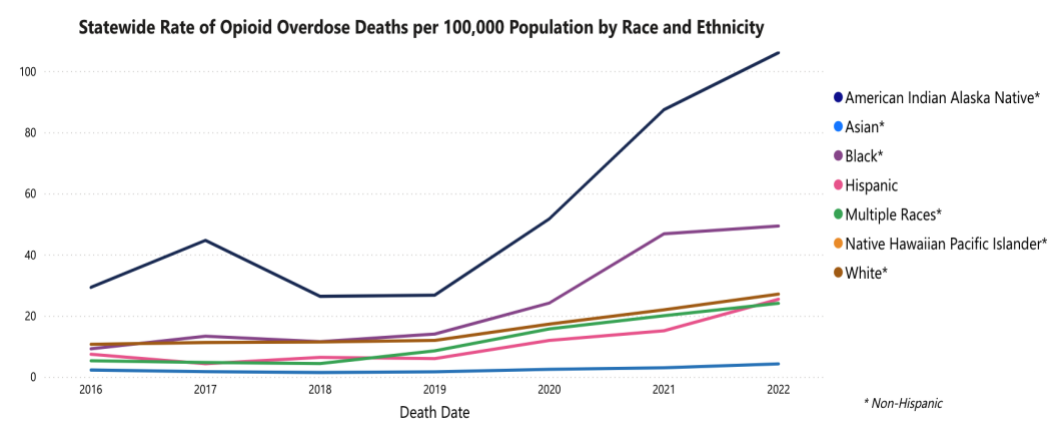
While the impact of the opioid crisis is felt statewide, there are significant racial and ethnic disparities with some communities being disproportionately affected (see Graph 2). American

⁴ Washington Department of Health, [Opioid Data](#).

⁵ [Opioid Trends Across Washington State](#). University of Washington Addictions, Drug & Alcohol Institute.

Indian & Alaska Native communities in particular are being impacted with an opioid overdose death rate that is four times the state rate.

Graph 2: Statewide Age Adjusted Rate of All Drug and Opioid Overdose Deaths by Race & Ethnicity



Source: Washington Department of Health, [Overdose Dashboard](#)

State Opioid & Overdose Response Plan

In response to the opioid crisis, Washington state agencies, tribal governments, first responders, health care providers, health organizations, local public health, academia, and other community stakeholders have partnered together to develop the [State Opioid and Overdose Response Plan](#) (SOORP). The SOORP is the state’s comprehensive strategy to reduce morbidity and mortality associated with opioids, and it has the following priority goals:

- Goal 1 – Prevent opioid and other drug misuse
- Goal 2 – Identify and treat opioid misuse and stimulant use disorder
- Goal 3 – Ensure and improve the health and wellness of people who use opioids and other drugs
- Goal 4 – Use data and information to detect opioid misuse, monitor drug user health effects, analyze population health, and evaluate interventions
- Goal 5 – Support individuals in recovery

There are workgroups organized around each of the 5 goals, and additional workgroups for priority populations (American Indian/Alaska Native, criminal justice, pregnant and parenting), and support workgroups (communications, data). These workgroups plan and develop recommendations for strategies and activities to work towards meeting the five goals. The strategies and activities are detailed in the SOORP and include who the lead agency or entity is, and funding sources if available.

Each year, the SOORP executive sponsors review recommendations from the different workgroups and make recommendations to the governor for consideration to be included in the governor’s proposed budget and for consideration by the legislature.

Lawsuits & Settlements with Opioid Manufacturers, Distributors, and Pharmacies

As the overprescribing of opioids was identified as a root causes of the opioid epidemic, states and municipalities started filing lawsuits to hold the companies that manufacture, distribute, and sell prescription opioids responsible for the harms caused by opioid epidemic. By 2020, the number of lawsuits grew to well over 2,400 cases filed by state and local governments.⁶ Many of these lawsuits have been consolidated in the courts, and most have moved toward settlement agreements rather than going to trial.

The State of Washington as well as over 100 Washington cities and counties were part of this movement to file legal action against the companies responsible for the opioid crisis. The Washington Attorney General's office is the lead state agency for the lawsuits and has been working to negotiate settlement agreements. On October 3, 2022, the state of Washington entered into one of the earliest settlements, which is known as the Distributors Settlement, with three Companies – McKesson, Cardinal Health, and AmerisourceBergen. The settlement found that these companies played key roles in the opioid epidemic.

Since that early Distributors Settlement, numerous other settlement agreements have been reached. As of June 2024, nationwide settlement amounts were reported to be up to \$55.2 billion⁷, with Washington's total opioid-related recoveries from the opioid settlements to date being over \$1.29 billion. The amount to date for Washington includes the following settlements:⁸

- \$518 million awarded through a joint resolution with distributors McKesson, Cardinal Health and AmerisourceBergen.
- \$183 million from manufacturer Purdue Pharma and the Sackler family bankruptcy.
- \$149.5 million in a settlement with Johnson & Johnson.
- \$120.3 million in a settlement with Walgreens.
- \$110.7 million in a settlement with CVS.
- \$90.8 million in a settlement with Teva Pharmaceuticals.
- \$62.6 million in a settlement with Walmart.
- \$50 million in a settlement with Allergan.
- \$13.5 million in a settlement with McKinsey, a consulting firm that advised Purdue Pharma.
- \$7.9 million in a settlement with public relations firm Publicis Health.
- \$7.7 million from the Mallinckrodt bankruptcy.

Settlements with other distributors, producers, and pharmacies are still pending. Payments from the settlements will be received by the state over time periods ranging from immediate lump sums up to 17 years of payment distributions. Given the variance in distribution timing and amounts depending on the terms of each settlement, the amount

⁶ [Overview of the Opioid Litigation and Related Settlements and Settlement Proposals](#). Congressional Research Service Legal Sidebar. November 2019.

⁷ [The Opioid Settlement Tracker](#) – accessed June 4, 2024.

⁸ Washington State Office of the Attorney General – [June 18, 2024 press release](#).

available to the state and local governments will vary every year over the course of 17 years (which we are in the second year).

[Under the One Washington Memorandum of Understanding](#) (MOU) signed by the state and 125 Washington cities, the distribution of opioid settlement dollars will be 50% to the state and 50% to local governments.

State Settlement Dollars

The funds that come in from these settlements for the state go into the Opioid Abatement Settlement Account ([Fund 27W](#)). As established by the legislature through [SB 5293: Creating an opioid settlement abatement account in the state treasury](#), funds from the Opioid Abatement Settlement Account are “to be used only for future opioid remediation as provided in the applicable settlement. ‘Opioid remediation’ means the care, treatment, and other programs and expenditures designed to (a) address the use/abuse of opioid products; (b) treat/mitigate opioid use or related disorders; or (c) mitigate other alleged effects of the opioid epidemic, including those injured as a result of the opioid epidemic.” There is not currently a requirement for the state to publicly report on how the state portion of the opioid settlement dollars are spent.

While there are several state agencies involved in implementing the spending of the state share of opioid settlement dollars (as directed by the legislature), as the ‘steward’ of the State Opioid Overdose Response Plan, the Health Care Authority is considered the lead agency for processes related to use and distribution of funds.⁹

Local Government Settlement Dollars

The distribution of funds to participating local governments which are determined per an [allocation agreement](#) in the MOU. Each region under the agreement must establish an Opioid Abatement Council (OAC) to oversee regional distributions and review the expenditures of participating local governments in the region. The local governments then are supposed to create a process for collecting proposals for the use of funds on approved uses such as expanding harm reduction and treatment services, gathering community feedback on funding priorities, and reporting their expenditures to the OAC and the public.¹⁰

Tribal Settlement Dollars

Given the disparate impact of the opioid crisis in Tribal communities, there have been specific legal and legislative strategies to support the Tribes in addressing and supporting their prevention and treatment needs. In relation to the lawsuits, several Tribes in Washington have joined a [national Tribal opioid settlement](#) that is separate from the state and local government efforts discussed above so that Tribes are able to seek compensation as sovereign governments and on behalf of their citizens. Legislatively, during the 2024 session, the legislature passed [Senate Bill 6099](#), which established the Tribal Opioid Prevention and Treatment Account

⁹ [Washington State Opioid Settlements: Frequently Asked Questions](#). Healthier Washington Collaboration Portal. Information updated as of January 6, 2023.

¹⁰ [Guide for Community Advocates on the Opioid Settlement](#). Vital Strategies. June 5, 2023.

(TOPTA), and also directs that beginning July 1, 2025, and annually thereafter, the State Treasurer must transfer the greater of \$7.75 million or 20% of receipts from the prior fiscal year from the Opioid Abatement Settlement Account to TOPTA. Appropriations from TOPTA must be used to “address the opioid epidemic in tribal communities including prevention and recovery services, treatment programs including medication-assisted treatment, peer services, awareness campaigns, education, and support for first responders.”¹¹

Lessons Learned from the Tobacco Master Settlement Agreement

One of the key points of discussion in the opioid settlements is how the settlement funds are spent. In these discussions, there is a lot of comparing with the 1998 Master Settlement Agreement (MSA) between the four major tobacco manufacturers and 46 states attorneys general plus six other jurisdictions. The tobacco MSA resulted in a settlement worth \$206 billion over 25 years plus \$9 billion per year in perpetuity thereafter. While in many respects the MSA is viewed as a public health victory, it has also faced criticism due to the fact that the settlement included no binding restrictions on how the settlement money was to be spent. In most cases (including Washington State), the MSA funds now roll into general state revenue with little-to-no funding dedicated to tobacco prevention or treatment. Some estimates suggest that nationwide, only 2–3.5% of tobacco MSA revenues were used for smoking control and prevention programs.¹²

In learning from the MSA, most of the opioid settlement agreements say that at least 85% of the money must be spent on opioid remediation. However, ‘opioid remediation’ is very broadly defined and is non-exhaustive. There are no reporting requirements under the settlement agreements, so it is left to the states and local governments to determine how those funds will be spent, and the use of those dollars is proving to be far ranging.

In Washington, the legislature determines how the state share of the opioid settlement dollars is appropriated, and local governments determine how to spend their share. Both the state and local governments are directed to use the funds to combat the opioid and fentanyl epidemics. While there could be different interpretations of ‘combatting the opioid epidemic’, under the state statute for the opioid abatement settlement account (RCW [43.79.483](#)), parameters are established around the use of funds appropriated from that account in an effort to ensure the funds are actually spent on opioid abatement as intended.

As discussed above, Washington State does have a State Opioid & Overdose Response Plan. While the SOORP provides funding recommendations to the Governor for consideration in the governor’s proposed budget, it is important to note that the legislature is not required to follow these recommendations for the use of the state’s share of the opioid settlement dollars. They can look at these recommendations, or they can identify different priorities to invest in with the funds in the Opioid Abatement Settlement Account, as long as they meet the statutory spending requirements discussed above for funds in that account.

¹¹ [Senate Bill 6099 Final Bill Report](#).

¹² Haffajee RL. [The Public Health Value of Opioid Litigation](#). J Law Med Ethics. 2020 Jun; 48(2):279-292.

Opioid Settlement State Appropriations

There have been two legislative sessions since the first opioid settlement dollars started being distributed to Washington. The first was the 2023 long session where the legislature did the work of writing the 2023-25 biennial budget, and then the 2024 short session where the legislature passed a supplemental budget. Both the 2023-25 biennial budget and the 2024 supplemental budget included significant investments for opioid abatement using opioid settlement dollars. The funding appropriated from the Opioid Abatement Settlement Account in the past two sessions is summarized in Tables 1 & 2 below.

Table 1: Appropriations Made from the Opioid Abatement Settlement Account During the 2023 Legislative Session

Agency	Amount¹³ & Item Funded
Administrative Office of the Courts	\$1 million is provided for transportation costs related to substance abuse disorder assessments for persons participating in a pretrial diversion program created in SB 5536
Health Care Authority	\$4 million is provided for short-term housing vouchers for individuals with SUD.
	\$6 million is provided to expand recovery residences for people living with opioid use disorders. The funding must be used for operational costs of new staffed recovery residences which serve individuals with substance use disorders who require more support than a level 1 recovery residence.
	\$3.5 million is provided for support funds to new and established Clubhouse programs throughout the state.
	\$15.447 million is provided for Tribes to be used for prevention, treatment, and other strategies to address and mitigate the effects of the misuse and abuse of opioid related products.
	\$2 million is provided for development of a health promotion and education campaign, with a focus on synthetic drug supplies, including fentanyl, and accurate harm reduction messaging for communities, law enforcement, and others.
	\$2 million is provided to continue the Partnership for Success (PFS) program, which provides services that address underage drinking, cannabis/tobacco prevention, and opioid/prescription drug misuse among individuals between the ages of 12 and 25
	\$1.83 million is provided for the HCA to contract with programs to prevent inappropriate opioid prescribing at the following sites: 1) Washington State University's College of Nursing; 2) the Washington State Medical Association and the Washington State Hospital Association's Joint Better Prescribing Better Treatment initiative; and 3) the Department of Labor and Industries and the University of Washington's joint Occupational Epidemiology and Health Outcomes Program.
	\$538,000 is provided for technical assistance for improving access to Medication for Opioid Use Disorder (MOUD) in jails and to support efforts for jails to navigate regulatory pharmacy and health care requirements related to these services.
	\$5 million is provided to continue Law Enforcement Assisted Diversion programs outside of King County previously funded on a one-time basis.
	\$5 million is provided to continue Medication for Opioid Use Disorder (MOUD) treatment services in jails. This continues funding that was previously provided on a one-time basis.
	\$5.5 million is provided for HCA to implement a pilot program to reimburse a licensed pediatric transitional care facility in Spokane county to provide neonatal abstinence syndrome services to infants who have prenatal substance exposure.
	\$3 million is provided for HCA to contract for opioid prevention, outreach, treatment, or recovery support services that are not reimbursable under the state Medicaid plan. Of these amounts, \$500,000 is provided for Spanish language opioid prevention services.
	\$300,000 is provided for a work group to evaluate potential models for safe supply services and make recommendations on inclusion of a safe supply framework in the Washington state substance use recovery services plan to provide a regulated, tested supply of controlled substances to individuals at risk of drug overdose.
\$300,000 is provided for HCA to contract with the Washington Alliance for Quality Recovery Residences to expand the network of accredited recovery residences and provide ongoing technical assistance to existing approved residences.	

¹³ In some cases, the amount listed includes other funding sources (such as Medicaid funding) in addition to funds drawn from the Opioid Abatement Settlement Account. You can find additional details in the 2023-25 budget documents here: <https://fiscal.wa.gov/statebudgets/2023proposals/so2325bien>

	<p>\$500,000 is provided for grants to support SUD Family Navigators as directed in SB 5536.</p> <p>\$3.6 million is provided to expand the Alternatives to Arrest and Jail programs as directed in SB 5536.</p> <p>\$7.593 million is provided to HCA for the administrative workload associated with SB 5536.</p> <p>\$3.768 million is provided to increase the number of mobile methadone units operated by existing Opioid Treatment Providers (OTPs), increase the number of OTP fixed medication units operated by existing OTPs, and expanding OTPs with a prioritization for rural areas as directed in SB 5536.</p> <p>\$5.242 million is provided for grants to providers of education and employment services for individuals with SUD as directed in SB 5536.</p> <p>\$2.4 million is provided for grants to establish a health engagement hub pilot program to include both urban and rural locations as directed in SB 5536.</p>
Department of Labor & Industries	\$250,000 is provided for the continuation of a three-phase research project to analyze patients who are maintained on chronic opioids to understand their clinical needs and evaluate potential interventions. The project started in the 2021-23 biennium and is scheduled to last three biennia.
Department of Health	<p>\$2 million is provided for prevention, treatment, and recovery support services to remediate the impacts of the opioid epidemic.</p> <p>\$5 million is provided for the distribution of naloxone through DOHs overdose education and naloxone distribution program. Funding must be prioritized to fill naloxone access gaps in community behavioral health and other community settings, including providing naloxone for first responders and agency staff in organizations such as syringe service programs, housing providers, and street outreach programs.</p> <p>\$400,000 is provided to implement strategies identified in the state opioid response plan that address the needs of pregnant and parenting individuals with opioid use disorder and for the treatment of infants born with neonatal abstinence syndrome.</p>
Department of Children, Youth, and Families	\$2.304 million is provided for naloxone purchasing by DCYF as directed in SB 5536 .

Table 2: Appropriations Made from the Opioid Abatement Settlement Account During the 2024 Legislative Session

Agency	Amount¹⁴ & Item Funded
Administrative Office of the Courts	\$479,000 is provided to implement SB 6109 , which includes child abuse or neglect resulting from a high-potency synthetic opioid in a list of what may establish the basis for a determination of imminent physical harm when a child is removed from a parent by court order, law enforcement, or a hospital, and also provides for various services to families impacted by high-potency synthetic opioids.
Health Care Authority	<p>\$2.999 million is provided for service subsidies for eight mobile opioid treatment service providers. This includes an increase in the amount of funding budgeted for annual services subsidies for five new providers from \$744,000 to \$840,000 and funding to extend these subsidies to three providers that were in operation prior to the current biennium</p> <p>\$1.5 million is provided to establish high intensity community-based teams to serve people with opioid use disorders. It is assumed these services shall be funded through the end of FY 2026.</p> <p>\$7.361 million is provided in to increase funding to the initial 19 MOUD in jail programs and to expand to additional city, county and tribal jails. HCA has received approval from the CMS to cover MOUD for individuals covered by Medicaid residing in jails and it is assumed that the increase is only needed for FY 2025 as a bridge until the federal funds become available through the 1115 waiver.</p> <p>\$3 million is provided to increase access to long-acting injectable opioid use disorder medications. This includes one-time funding to support efforts for small providers serving publicly funded clients to begin providing these medications and ongoing support for low-income uninsured individuals that do not qualify for other state or federal health insurance programs.</p> <p>\$1.85 million is provided to support a new Opioid Recovery and Care Access (ORCA) Center that will provide post-overdose medical stabilization, rapid initiation of evidence-based medications for opioid use disorder and harm reduction services.</p>

¹⁴ In some cases, the amount listed includes other funding sources (such as Medicaid funding) in addition to funds drawn from the Opioid Abatement Settlement Account. You can find additional details in the 2024 supplemental budget documents here: <https://fiscal.wa.gov/statebudgets/2024proposals/so2024Supp>

	<p>\$3 million is provided to add three additional health engagement hubs in FY 2025. In selecting new sites, HCA shall consider geographic distribution across the state, and prioritize proposals that demonstrate an ability to serve communities disproportionately impacted by overdose, health issues, and other harms related to drugs as well as communities impacted by the criminal-legal system.</p>
	<p>\$2 million is provided for a pilot program to provide rapid methadone induction services to clients in hospitals electing to provide these services on an inpatient basis.</p>
	<p>\$750,000 is provided for a summit to bring Tribal leaders, the Governor, and state agency leaders together to discuss the impact of the opioid crisis on Native communities across Washington State.</p>
	<p>\$2 million is provided for Native Lives, a campaign to inform and educate tribal communities about opioid misuse prevention, overdose response, and treatment. The campaign, geared to multiple age groups including youth, provides Tribes with education on using naloxone, finding drug treatment, helping people who are in recovery, and preventing addiction.</p>
	<p>\$750,000 is provided for additional outreach workers to open an assumed six additional Oxford Houses with up to 50 beds.</p>
Department of Health	<p>\$2.623 million is provided to implement SB 5906 (Drug overdose prevention) or HB 1956 (Substance use prevention ed.), which direct DOH to implement an ongoing drug overdose prevention campaign for youth and adults</p>
	<p>\$384,000 is provided to DOH to implement SB 6109 (children & families).</p>
	<p>\$4 million is provided for the distribution of naloxone through DOH's Overdose Education and Naloxone Distribution program.</p>
	<p>\$400,000 is provided to provide increased support for first responders in opioid overdose prevention, including naloxone leave-behind programs, overdose response communications, and staffing costs for community-based paramedics serving as navigators.</p>
	<p>\$1.25 million is provided to purchase a dedicated supply of naloxone for first responders across the state.</p>
	<p>\$2 million is provided for DOH to administer grants to local health jurisdictions for opioid and fentanyl awareness, prevention, and education campaigns.</p>
	<p>\$133,000 is provided to maintain a supply of naloxone in public libraries for emergency response.</p>
	<p>\$745,000 is provided to maintain a supply of naloxone in public libraries for emergency response.</p>
	<p>\$100,000 is provided for implementation of HB 2396 (Synthetic opioids), which requires DOH to compile resources on how to decontaminate motor vehicles of fentanyl or other synthetic opioid residue.</p>
	<p>\$750,000 is provided for DOH to contract with the Tacoma-Pierce County Health Department to develop a comprehensive model toolkit to address local opioid and fentanyl crisis response needs.</p>
Department of Children, Youth, and Families	<p>\$6.67 million is provided to DCYF to implement SB 6109 (children & families). Among other things, this includes increased funding for Home Visiting and contracted child care slots as directed under SB 6109.</p>
	<p>\$1.35 million is provided for a pilot program to provide support for child welfare workers from public health nurses.</p>
Department of Corrections	<p>\$4.7 million is provided to expand the use of medications for the treatment of opioid use disorder in prisons for individuals receiving treatment prior to entering DOC's custody.</p>
Office of the Superintendent of Public Instruction	<p>\$900,000 is provided for OSPI to administer a pilot program for state-tribal education compact schools and before and after school programs offered by tribes to adopt opioid and fentanyl abuse prevention materials and resources during the 2024-25 school year.</p>
University of Washington	<p>\$250,000 is provided for the UW Center for Novel Therapeutics in Addiction Psychiatry for an initial study of ibogaine assisted therapy.</p>
Special Appropriations to the Governor	<p>\$743,000 is provided for expenditure into the Health Professions Account to implement SB 6228 (Substance use treatment). Funding is to backfill revenue lost from capping substance use disorder (SUD) professional certification fees at \$100 annually.</p>

Conclusion

States and local governments nationwide have filed thousands of lawsuits against opioid manufacturers, distributors, and pharmacies for their respective roles in the opioid epidemic. Starting in 2022, many of these lawsuits started reaching settlements – often consolidated settlements on behalf of multiple states and/or municipalities – in order to avoid going to trial.

The funds resulting from those settlements are being distributed out to states and local government with the intention of using those funds to prevent future opioid use, expand treatment options, and support other opioid remediation efforts.

In Washington, the settlement dollars are split 50/50 between the state and participating local governments. For the state share, we have two sessions of budgets that have passed since settlement dollars started coming into the state, and through those budgets we are seeing how the legislature is prioritizing funding to try to address the opioid epidemic. We are early in the distribution of these funds with up to 15 more years for distribution of some settlements, and there are additional settlements to come. Without any required reporting of how the state funds are spent, it will be important for stakeholders and decision makers to monitor how opioid settlement dollars are spent to ensure they are focused on addressing the greatest needs of the current crisis and preventing future waves of the opioid epidemic.

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