

GREAT MEADOWS OPIOID ABATEMENT ASSESSMENT RESULTS



Bedford · Carlisle · Concord · Lincoln · Sudbury · Wayland · Weston

Purpose

This data brief aims to outline the findings of the SAFE Great Meadows Regional Opioid Assessment. These findings will be used to determine spending priorities of opioid abatement settlement funds received by our municipalities of Bedford, Carlisle, Concord, Lincoln, Sudbury, Wayland, and Weston, Massachusetts. This assessment aims to uplift the voices of those who have been impacted by the opioid epidemic, and inform strategies that address community concerns around substance use and meet the requirements set by the Statewide Settlement Agreement.

Background

Opioid Abatement Funds in Massachusetts

State Distribution

The state is receiving 60% of all funds (2)

- 100% of these funds will be placed into the statewide Opioid Recovery and Remediation Fund to be used for supporting harm reduction, treatment, and recovery programs
- The RIZE Mosaic grant, which aims to strengthen municipal and non-profit capacity to address the opioid epidemic, is supported by these funds (3)

Local Distribution

Local municipalities are receiving the other 40% of the funds (2), equating to about \$360 million.

- Payments are being given directly to municipalities by the companies involved in the lawsuit
- These payments began in 2022 and will be disbursed over an 18 year period
- The municipal funds must also be put towards opioid prevention or treatment, though a variety of methods are approved for the funds (4)
- Municipalities are encouraged to do this work on a regional level through shared services infrastructure (4)

Local Distribution:

Distribution of funding was determined by an algorithm that was intended for county-wide distribution, where it accounts for opioids delivered to each county and federal data on opioid use (5).

Massachusetts does not have county-wide government infrastructure to support the allocation of the funds, and so they had to utilize a different algorithm that was designed for counties to allocate funding within their borders (5)

- A weakness of this model is that there is not federally available data on opioids at the local level. Therefore, funding distribution was based on town's operational spending in 2012 as a percentage of total county spending (5)
- This has resulted in a disparity between impact of the opioid epidemic and amount of funds recieved by individual towns across the Commonwealth.

Results

Municipality	Responses	Percent of Population
Bedford	152	1.17%
Carlisle	56	1.08%
Concord	303	1.63%
Lincoln	101	1.44%
Sudbury	163	0.88%
Wayland	133	0.96%
Weston	104	0.89%

Table 1. Number of survey responses from each municipality in the region, percent of the population from each town, and the goal responses.

Connection	Frequency	Percent of Responses
Active Use	10	0.01%
In Treatment	1	0.001%
In Recovery	9	0.01%
Family Connection	143	14.1%
Loss of a Loved One	158	15.6%
Professional Connection	181	17.9%
Know Someone	387	38.2%
No Impact	433	42.7%

Table 2. Participants connection to the opioid use/the opioid epidemic.

Methods

This assessment used a mixed-methods analysis including surveys, focus groups, and key-informant interviews. Each municipality had a separate survey form, and focus groups and key-informant interviews were conducted regionally to increase the pool of potential participants. Surveys were administered via anonymous google forms. Primary methods of survey distribution included: direct to home mailing, school and library newsletters, municipal websites, flyers, and tabling at in-person events. Paper copies of the survey were available at libraries and Councils on Aging.

Category	# of Participants
Lived and Living Experience	5
Supported and/or Lost a Loved One	7
Professional Connection	11
Concerned Citizen	6

Table 3. Focus group participants connection to the opioid epidemic.

Results

Strategy	Mean	Median	Mode
Strategy 1: Treatment for opioid use disorder	3.83	4	5
Strategy 2: Support for people in treatment and recovery	3.75	4	5
Strategy 3: Connection to care	4.00	4	5
Strategy 4: Harm reduction	3.78	4	5
Strategy 5: Support for criminal justice involved persons with opioid use disorder	3.21	3	3
Strategy 6: Support for pregnant and parenting people with opioid use disorder	3.84	4	5
Strategy 7: Prevention and education	4.11	5	5

Table 4. Quantitative results of strategies ranked by survey participant. Participants ranked each strategy on a scale from 1 (lowest priority) to 5 (highest priority).

“The best strategy is a well-designed combination of these initiatives. In addition to better outcomes like fewer deaths or fewer people with OUD, these combinations can also make better use of limited resources. For example, identifying and treating SUD's early with techniques like SBIRT will reduce the number of people needing more extensive and expensive treatment once they develop OUD.”

Wayland Resident, works in the substance use field

“There was stigma and a lack of education/resources 10 years ago which left caregivers feeling alone. Relying on ineffective out-patient treatment centers due to the expense of in-patient rehabilitation facilities which many families can not afford.”

Sudbury resident, lost a loved one to overdose

To view the full regional report, scan this QR code or visit this link:
<https://tinyurl.com/GMPHCRegionalReport>



References

- <https://www.naag.org/issues/opioids/>
- <https://www.mass.gov/info-details/learn-about-the-ags-statewide-opioid-settlements-with-opioid-industry-defendants>
- <https://mosaic.rizema.org/>
- <https://www.mass.gov/doc/massachusetts-abatement-terms/download>
- <https://www.harvardpress.com/News/News-Articles/unsettled-how-harvard-landed-an-opioid-settlement-windfall-while-others-got-shortchanged?fbclid=IwZXh0bgNhZW0CMTEA>