

From: [Robert Novatin](#)
To: [Clerk Board Records](#)
Subject: Re: Public Statement for the Record
Date: Tuesday, May 20, 2025 10:51:19 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

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“Good afternoon, and thank you for the opportunity to speak today. I come with over a decade of personal experience navigating opioid treatment programs, and I want to share what I’ve witnessed firsthand about their impact.

I appreciate the work being done to address the opioid crisis, but after more than a decade of personal experience with these programs, I’ve seen nothing but more suffering and pain. Inpatient treatment often feels like daycare for adults—full of strict rules designed to push people out rather than help them heal. Counselors sometimes pressure patients to stay dependent on methadone, telling them they’ll end up dead without it.

For over ten years, these programs mainly OPERATION PAR, have repeated the same lessons with no real progress. When counselors who genuinely wanted to help they were replaced by stricter staff, the environment became harder, pushing people away instead of pulling them in. Despite having facilities with 32 beds, I’ve seen them claim full capacity with only 13 patients admitted, raising serious concerns about access and transparency.

They always say the front door is open, and you can leave at any time—but often it feels like there's more pressure to leave than support to stay but at that point you are too weak to even move and they know that. By the third or fourth day of detox—when you're at your most vulnerable—staff start pushing medication therapy, telling you your insurance can cover it, and that you might not survive without methadone. They call it the ‘hump day’ of relapse, but instead of helping you through it, they swoop in with methadone as the solution. They’ll even pay for it for a year—and then it’s just \$12 a day for life... unless you enter another special program just to detox off your detox medication. It feels eerily like the Oxycontin and the old Purdue Patient Assistance Program—where Purdue paid for your OxyContin for a year, then left you addicted and stuck paying \$4,000 a month for what used to be free.” But i digress

.....

Once you’re on one of one of their six or seven treatments—whether Suboxone, methadone, or injections—you’re told you now have a year of free medication or DRUGS. But after that year and its no longer free if you’re even a few cents short on the daily fee, you get kicked out of line and endure withdrawal all day. It feels like addiction with extra punishment, controlled by people we’re told are doctors and therapists. Families face heartbreaking choices—watching a

loved one suffer withdrawal because they can't pay, some having to raise children in withdrawal over a \$1 or someone missing work because they're a dollar short. But have to get work to get your --- to get your dose in the next morning

In many ways, the methadone clinic feels no different than going to a neighborhood drug dealer. There's even dealers around most clinics selling cheaper alternatives for people who run out of 50 cents or 75 cents. I have witnessed distraught people in recovery relapse because they were kicked out of line over a dollar and less than a minute away they hand that money over to the first person who will take it and most times the guy on the street doesn't seem to care as much care about that \$1 as the person at the window did,What's called 'help' ends up being a revolving door—same problems, different people.”

.....And while I talk about being turned down your daily medication for only a dollar lets do just a little math

Each methadone dose costs at least twelve dollars. With just a hundred patients a day, that's nearly half a million dollars a year from methadone alone. Add Suboxone, which costs even more, and Vivitrol treatments that run into the thousands, and these clinics are making close to a million dollars a year—or more—from drug sales. So I have to ask: if this is already a business making that kind of money, why do they need more funding? We deserve transparency on where these funds really go. I was once told by the director that they are the most underfunded program in Florida which leaves even more questions.

I'm part of the class action lawsuit against Purdue Pharma—the one that held them accountable for the opioid crisis and fought to recover funds for the people they hurt. I spent years working on that case. I filled out the paperwork myself. I stayed committed even when it took a toll on my mental health. My attorneys worked hard for justice, and I stood right there with them. But now, I'm watching the money we fought for get funneled back into the same cycle—into methadone clinics and programs that feel more like controlled addiction than recovery. It feels like the drug manufacturers are still winning—and they're doing it with the money we bled and broke ourselves to recover for you.

real change demands more than recycled systems dressed up as solutions. We owe it to those suffering—

not to feed their pain into another form of controlled addiction, but to offer real, evidence-based healing. Look at Portugal, where compassion—not profit—has turned the tide's of their drug crisis.

I have lost my life, my wife, and my family lost everything to this epidemic. I wish they were alive to stand here and speak alongside me—but they can't. Overdose after overdose took that chance and there chance at life away from us. And even within these so-called treatment programs, the chances of relapse and overdose still remain at 50 to 60%.

So in my closing I ask: are we helping people live—or just managing how they die? As someone personally affected by the opioid crisis, I ask these questions not just for myself, but for every family torn apart:

What percentage of these funds are going to direct services versus administration and executive pay?

What accountability exists for organizations like Operation PAR and the Recovery Epicenter Foundation?

And will individuals with lived experience—like myself—have any role in guiding or reviewing these programs?

Let's not allow this class action money—my** class action money—to become just another set of numbers lost in bureaucracy. We have a duty to make sure it reaches the people it was meant to help.”**

Thank you for your time have a wonderful day

On Tue, May 20, 2025 at 10:49 AM Clerk Board Records
<BoardRecords@mypinellasclerk.gov> wrote:


Hello and Good Morning, Mr. Novatin,

You have pre-registered to speak during public comment today at the BCC meeting. We did not receive any attachments when you pre-registered. Are you able to forward your attachment for the record?

Serving you,

Dere Lynn Revie, J.D.
Manager | Board Records

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