

## A Roadmap for Opioid Settlement Funds: Supporting Communities & Ending the Overdose Crisis

**Context:** Over the next 18 years, states across the country will receive over \$50 billion from settlements with opioid manufacturers, distributors, and retailers. Secured through the suffering of people who use drugs and their loved ones, these funds should be used to help individuals directly impacted by the failed “War on Drugs.” ***Sadly, in many places, people are not seeing opioid settlement dollars put toward things that would actually improve their lives.***

**Our collective position:** While these funds were secured in response to the dramatic increase in deaths and harms from opioid pill dispensing stemming from corporate greed, they provide an opportunity to more broadly address the damage of over 50 years of drug war policies grounded in criminalization, incarceration and anti-evidenced-based approaches to drug use. These drug war policies have made our nation a global leader in mass incarceration, mass death and mass harms, including the dual pandemics of HIV and hepatitis C, as well as poverty and homelessness. Black and Brown people bear the brunt of the harms of these policies and so a data-driven approach should be used to direct funds toward those disproportionately impacted by deaths, nonfatal overdoses, and individual and community health and social harms. This funding should be spent thoughtfully on things that other funds are not already available for.

As organizations working on the frontlines of this crisis, **we call on states, counties, and municipalities to adopt the below priorities** for all opioid settlement funds spending:

### Opioid settlement funding **MUST** be spent on:

- Proven public health interventions - including harm reduction - as well as hopeful innovations: *There is overwhelming scientific support for a variety of proven public health interventions. Despite their role in reducing overdose deaths and improving lives, many – if not most – of these critical tools are unavailable to the vast majority of people, especially those in rural communities and cities or states ideologically opposed to them.*
  - Everyone should have access to all forms of FDA-approved medication for addiction treatment (MAT) and harm reduction services including syringe services programs and safer smoking supplies, naloxone, drug checking technology, and overdose prevention centers.
  - There are also critical innovations in need of funding to better understand their role in tackling overdose and supporting those struggling with drug use, including, but not limited to, safe supply, ibogaine treatment and other psychedelic-assisted therapies.
- **Housing, outreach and wraparound support services for people who use drugs and people with drug-related convictions that could bar them from housing:** *Our nation is facing the dual crises of overdose and homelessness, and no city or state in the country adequately provides housing, outreach services or wraparound services to ensure people stay housed, even though there is evidence that these programs reduce.*

*homelessness and improve lives. People who use drugs are often denied housing, and countless others are unable to find housing due to collateral consequences of past convictions.*

- Communities should prioritize a “housing first” approach to make housing immediately available to people who use drugs struggling with homelessness and housing insecurity without sobriety requirements.
- Supportive housing – where people receive necessary on-site services – is a critical intervention for saving and improving lives.
- Providing outreach services is a necessary component of moving people from the streets and emergency rooms to housing and care.
- Peer support in emergency rooms and in other community settings is the most effective way to engage and sustain people who use drugs in care.
- **Addressing collateral consequences of drug war policies:** *Tough-on-crime approaches have led to families being torn apart, past criminal convictions barring people from housing and employment, and denial of access to critical government benefits.*
  - Second-chance employment and recovery-to-work programs provide social support and financial resources for people to attain education and employment despite prior criminal charges related to drug use.
  - Legal aid services should be made available for free for people who use drugs and/or are in recovery to expunge their record, and to help fight discrimination in housing, healthcare, child custody, and employment.
  - Settlement monies should go to community-based organizations and birth workers that specialize in providing services and support that keep families together and support kinship care.
- **Supporting small, community-based organizations:** *Despite the critical, “on-the-ground” work many small organizations perform, many funding streams are inaccessible due to onerous applications and reporting processes.*
  - Application forms should be well-publicized and simple to complete. It is unrealistic to expect under-resourced groups to take time away from critical frontline work in order to fill out lengthy application forms.
  - Programs should be funded upfront rather than through a process where they must frontload costs and then be reimbursed. This kind of system is prohibitive for many community-based programs that currently operate on shoestring budgets.
  - Funding should not be prescriptive. General operating support for comprehensive harm reduction service organizations must be prioritized.
  - States and localities should explore putting settlement monies into participatory funds, where the management of the fund and development of the portfolio is overseen by individuals who are directly impacted, BIPOC-led and/or community based.

## Opioid settlement funding must NOT be spent on:

- **Further criminalization or incarceration:** *For decades, we have pursued policing and incarceration as our primary response to drug use and overdose. That approach has been an utter failure: rates of drug use and overdose only continue to increase. Incarceration is known to increase overdose risk exponentially, and policing leads to greater harm by disrupting the drug supply and criminalizing people who might otherwise seek help, facilitating riskier drug use. Across the nation, law enforcement and corrections funding already far outweigh funding for public health interventions including housing, care and treatment.*
  - No opioid settlement money should be spent on law enforcement personnel, overtime, or equipment.
  - No settlement dollars should facilitate renovations or maintenance of jails or prisons.
  - We support money for access to all forms of FDA-approved MAT inside prisons and jails, but not where it is supplanting other existing funds devoted to this purpose. These programs must also provide connections to care and continued medication upon release.
- **Family separation:** *Research shows separating a child from their parent(s) has detrimental, long-term emotional and psychological consequences due to the trauma of removal itself and the unstable nature of, and high rates of abuse in, foster care. Nevertheless, the child welfare system errs on the side of removal and almost uniformly fails to consider the harms associated with that removal.*
  - No settlement dollars should be used to support the child welfare system (also known as the family regulation or family policing system) because these entities have incentives to remove children from their parents and have a history of doing so in ways that disparately impact Black and Brown families.
- **Abstinence-only treatment and education**
  - Abstinence-only drug treatment can increase stigma and have dangerous outcomes such as increased risk of overdose and death. Settlement dollars should be directed to evidence-based treatment programs that provide access to FDA approved forms of MAT, specifically opioid agonist medications, which have been shown to be most effective.
  - Many school-based drug prevention programs, such as DARE and hiring celebrity speakers to encourage kids to “just say no,” are proven to be ineffective. Money should not be spent on programs that have little impact.
- **General funds or supplantation:** *Every single dollar should be earmarked for ending overdose, saving and improving lives, and addressing the collateral harms of drug war policies. Cities and states should not use the money for unrelated needs, or to pay for programs and services already funded through other mechanisms. To do so would ignore the very reason this funding was secured: the lives lost, families torn apart, and communities hurt.*

## The process **MUST** be transparent and inclusive:

- **There must be transparency and accountability in decision making and distribution:** *Communities should have a say in spending priorities. For example, [Austin, TX](#) City and County officials committed to create a community advisory process for the use of millions in opioid settlement funds. Communities should also be able to track the impact of spending. Only a [handful of states](#) have committed to detailed public reporting of 100% of their funding. States like [North Carolina](#) and [Colorado](#), and counties like [Alleghany Co, PA](#), have created their own public dashboards to report detailed funds distribution and spending, which every jurisdiction should aspire to.*
- **There must be inclusion of directly impacted people and communities, including people who are actively using drugs:** *People closest to the crisis must be included in the decision-making process on how funds are spent; to do otherwise would lead to ineffective interventions. This must include active drug users, including those struggling with homelessness and incarceration. Involving these stakeholders on advisory councils and through community conversations and focus groups can lead to critical interventions to tackle the crisis. Localities should also explore community-based, participatory decision-making models, such as a [participatory budgeting process](#) or adopt models similar to [Ryan White HIV Planning Councils](#).*
  - A person who has been in recovery for many years is not an acceptable representation of “people who use drugs.”
  - It is not enough to seek input from one directly impacted person. People who use drugs have a range of lived experiences, so it is critical to include a multiplicity of voices in all levels of decision making.

Tragically, not a single state is currently fully adopting the above priorities. Below we share highlights from some states that have taken positive steps (though in many cases, funding amounts are grossly insufficient) and examples of others that are at odds with the above priorities.

## Examples of Good Spending:

- [Rhode Island agreed to dedicate \\$2 million](#) to support an overdose prevention center (also known as a safe consumption site), in addition to millions more for harm reduction.
- [North Carolina allocated \\$380,000](#) to support a statewide drug checking program.
- [Pennsylvania announced a \\$4 million BIPOC grants program](#) that will award funds of up to \$400,000 to organizations that do work related to harm reduction, access to low- barrier medication treatment for opioid use disorder, recovery and peer support, or reentry support.
- [Kentucky granted \\$1 million](#) among four legal aid groups to support people who use drugs.
- [Colorado is encouraging new ideas](#) by soliciting applications from organizations to support emerging and innovative approaches to “combat Colorado’s opioid crisis.”
- [Philadelphia, PA is using funds](#) for housing and a wound care van.

- [Mecklenburg County, NC](#) is spending nearly \$11 million of settlement funds over two years on, among other things, syringe services programs, naloxone distribution, employment-related services, and housing. This includes using funds for job training, interview coaching, professional attire, and paying for relevant courses at community colleges and vocational schools.
- [Camden County, NJ](#) is funding a mobile buprenorphine pilot along with mental health navigators.
- [Ulster County, NY](#) is funding a street outreach program that will provide harm reduction education, naloxone kits, transportation to appointments, and connections to medication and treatment.
- [New York State dedicated \\$7.5 million](#) to support comprehensive low-threshold buprenorphine programs throughout the state.
- [Philadelphia utilized a participatory grantmaking process](#) to allocate an initial \$2 million in opioid settlement funds.
- [Massachusetts awarded \\$3.4 million](#) to naloxone purchasing, fentanyl test strips, and a program to increase collaboration between harm reduction programs and programs serving BIPOC populations.
- [Michigan's plan](#) includes funds aimed at keeping families together and reducing rates of child removal.

#### **Examples of Problematic Spending:**

- [Louisiana's settlement framework specifies](#) that local governments must allocate 20% of their settlement funds to sheriffs.
- [Sullivan County New York is using some of their opioid settlement funds](#) to pay for overtime expenses for law enforcement personnel conducting narcotics investigations.
- [Kentucky will use more than \\$90,000](#) of its first tranche of funds to support the Scott County Sheriff's office. \$1M will also go to Operation UNITE (Unlawful Narcotics Investigations, Treatment, and Education), which has a heavy focus on law enforcement.
- [Greene County Tennessee plans to use settlement money](#) to pay off county debt and for general capital funds projects.
- [Wyoming County, WV is planning to set aside](#) \$750,000 for a new police cruiser, and \$500,000 to pay off regional jail fees.
- [Chautauqua County, NY](#) has budgeted \$5,000 of settlement funds to bring former NBA player Chris Herren to county schools to talk about addiction.
- [Texas will lead a \\$10 million](#) "One Pill Kills" public ad campaign and plan to distribute doses of Narcan to county sheriffs' offices with no plans to distribute to people most at risk of overdose. This will be partly paid out of opioid settlement funds.
- [Maine will use some of its state share](#) to fund the OPTIONS program, which is embedded with the police.
- [Boulder County, Colorado used \\$80,000](#) of settlement funds for new equipment for law enforcement, including products that help law enforcement bypass security on electronic devices and recover deleted data in order to glean information for arrests, identify unknown substances, and analyze case information to speed up investigations.

Additionally, the state of [Colorado will use \\$24,944](#) for a statewide fentanyl conference for law enforcement.

- [Wisconsin is using \\$3 million](#) of its opioid settlement funds to purchase naloxone – which would be a good thing, except that they’re using all of that allotment to purchase the expensive branded Narcan product. Generic injectable naloxone works just as well and is a fraction of the price; the same \$3 million could buy more than six times as much injectable naloxone.
- [Berkeley County, SC devoted \\$563,322](#) to treatment programs that either don’t allow or strongly discourage use of gold standard medications to treat opioid use disorder.
- [Solon, Ohio announced that they planned to use some of their funds](#) to support a DARE officer in Solon City schools.

### **Advocates Should Develop Their Own Localized Platforms**

*Local advocates know best what their communities need and what gaps exist. We encourage advocates working at the state and local level to produce their own context-specific platforms for spending. Tailor the points above to your own context or get inspired by these examples!*

- [New York](#)
- [Ohio](#)
- [Texas](#)

### **Signed,**

ACLU of Kentucky

AHEC West

AIDS Alabama

The AIDS Institute

AIDS United

All of Us or None Kentucky

Alliance for Positive Change

Anchor Medical, LLC

Austin Justice Coalition

Baltimore Harm Reduction Coalition

BHG (Behavioral Health Group)

Black Leadership Action Coalition of Kentucky (BLACK)

Broken No More

CASES

Celeste Kranick Consulting

Cempa Community Care

Center for Artistic Activism

Center for Coalfield Justice

The Center for Popular Democracy

The Centre for Prophetic Activism  
Challenges, Inc.  
Citizen Action of Wisconsin  
Clergy for A New Drug Policy  
The Coalition for the Homeless, Inc.  
The Community Based Public Safety Collective  
Community Catalyst  
Community Education Group  
Connecticut Harm Reduction Alliance  
Crossing Wellness  
Detroit Action  
Dickenson County Behavioral Health Services  
Door to Serenity  
DOVE Delegates  
Down Home NC  
Dream.org  
Drug Policy Alliance  
Drug Policy Forum of Hawaii  
ekiM for Change  
Fairness Campaign  
Faith in Harm Reduction  
Feed Louisville  
Fight Toxic Prisons  
Fruit of Labor Action Research & Technical Assistance, LLC  
Full Circle Recovery Center  
Fyrebird Recovery  
Generation Hope  
Georgia Budget & Policy Institute  
Harm Reduction Action Center  
Harm Reduction Coalition of San Diego ON POINT  
Harm Reduction Michigan  
Harm Reduction Ohio  
Harm Reduction Sisters  
Harm Reduction Therapy Center  
Hawai'i Health & Harm Reduction Center  
The Healing House, Inc.  
Hep Free Hawai'i

Homes For All South  
Illinois Harm Reduction & Recovery Coalition  
Indiana Recovery Alliance  
Iowa Citizens for Community Improvement  
Kentucky Center for Economic Policy  
Kentucky Equal Justice Center  
Kentucky Harm Reduction Coalition  
Kohnling, Inc.  
Legal Action Center  
Louisville Family Justice Advocates  
Louisville Recovery Community Connection  
Louisville Urban League  
Maine Access Points  
Maine People's Alliance  
Maine Recovery Advocacy Project  
Maryland Rural Health Association  
Minnesota Community Care  
National Center for Advocacy and Recovery  
National Council on Alcoholism and Drug Dependence-Maryland Chapter  
National Harm Reduction Coalition  
National Health Care for the Homeless Council  
National Sea Change Coalition & Sea Change Recovery Community Organization, NJ  
National Viral Hepatitis Roundtable (NVHR)  
Native American Community Clinic  
New Alternatives for Homeless LGBT Youth  
New Jersey Addiction Professionals Association  
New Jersey Organizing Project & New Jersey Resource Project  
New Jersey Policy Perspective  
New Mexico Harm Reduction Collaborative, Inc.  
Newark Community Street Team  
NEXT Distro  
Next Step Initiative  
North Carolina Council of Churches  
North Carolina Survivors Union  
Northern Nevada Harm Reduction Alliance  
Opioid Policy Institute  
Orixa Healing Arts Wellness and Spiritual Centre



Overdose Crisis Response Fund  
PAIN  
Pennsylvania Harm Reduction Network  
People Advocating Recovery  
People's Action  
Poder in Action  
The Porchlight Collective SAP  
Port City Harm Reduction  
Prevention Point Pittsburgh  
Project Lazarus  
QC Harm Reduction  
The RASE Project  
RecoveryATX  
Remedy Alliance/For the People  
Rights and Democracy Project NH/VT  
Rio Grande Valley Harm Reduction  
Robert Jamison Ministries, Inc.  
Salvation and Social Justice  
San Francisco Drug Users Union  
SHRED the Stigma  
Smoky Mountain Harm Reduction  
The SocialCareRx Initiative of SocialHealthRx  
South Carolina Harm Reduction Coalition  
Southside Harm Reduction Services  
Southwest Recovery Alliance  
The Steady Collective  
Stop the Pain of Substance Use  
Students for Sensible Drug Policy  
Texas Harm Reduction Alliance  
Twin City Harm Reduction Collective  
United in Recovery  
Vilomah Foundation  
Virginia Rural Health Association  
VOCAL-KY  
VOCAL-NY  
VOCAL-TX  
Wheeling Health Right, Inc.

Wilkes Recovery Revolution, Inc.

Worth Saving

WV Citizen Action