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

This second annual edition of **"A Roadmap for Opioid Settlement Funds: Supporting Communities & Ending the Overdose Crisis"** provides a path forward for elected officials, government agencies and others involved with the allocation of these critical funds. In particular, this updated Roadmap serves three major purposes:

1. **Call to Action:** This Roadmap calls on those responsible for the allocation of funds from settlements with opioid manufacturers and distributors to support approaches that are proven to save lives, help people get the care they need, and make communities healthier.
2. **Proven Solutions:** This Roadmap urges that not a single dollar go toward outdated and ineffective Drug War approaches that prioritize arresting people over proven treatment and care.
3. **Transparency in Fund Allocation:** Lastly, the Roadmap calls for a fair and transparent process for choosing how and where to spend the funding.

Unfortunately, since we released our inaugural Roadmap last year, the overdose epidemic has only gotten worse. In fact, we are in the midst of an unprecedented overdose epidemic, with more than 220 people each day dying from opioid-related drug overdoses.

Rather than focus on proven solutions —such as supportive housing, services and care — state lawmakers across the country are instead trying to "ticket and arrest" their way out of the problem. These punishing measures are torn directly from the well-worn pages of failed Drug War and "tough on crime" playbooks, which for decades have failed to get people off the streets and into stable housing. These tactics worsen homelessness on our streets, overcrowd our jails and hospitals, and wastes millions of taxpayer dollars.

Complicating matters further, the "ticket and arrest" approach is now being pushed by a corporate-funded agenda that intentionally demonizes housing solutions while promoting the policing of people who deserve housing, services and care. The Cicero Institute — the leading proponent of this agenda — is tied to corporate interests that profit off the policing and jailing of the poor and those struggling with substance use issues.

Our leaders must stop pushing ineffective policies; they must also stop advancing the false narrative that this punishment-focused approach is actually more compassionate towards people struggling on the streets. Politicians on both sides of the aisle acknowledge the Drug War was a failure and admit we cannot arrest our way out of this crisis. Yet they continue to push policies that do just that while misleadingly claiming that policies that do actually work — such as providing homeless people with the housing and supportive care they need — are enabling and ineffective. Doing so stigmatizes people who are in urgent need of the care that many politicians refuse to fund or create through legislation.

If followed, the Roadmap provides a guide for turning the tide of our tragic overdose crisis. It will:

- ❖ Dramatically reduce the number of people struggling with drug use;
- ❖ Help get people struggling on our streets and with drug use into stable homes;
- ❖ Reunite families and whole communities.

We urge our elected officials to stop fixating on short-term, ineffective solutions and instead advocate for policies grounded in evidence and supported by experts.

The context for this updated Roadmap: States and localities will receive more than $55 billion from opioid-related lawsuits over the next two decades. Most settlements stipulate that states must spend at least 85% of the money they will receive over the next 15 years on addiction treatment and prevention.[1] However, defining those concepts depends on stakeholders' views and state politics. Due to minimal oversight, there is a real concern that the money will be used to support activities unrelated to the epidemic. These uses might include offsetting budget shortfalls, fixing old roads, or funding law enforcement. None of these efforts prevent overdoses or provide people the care they may need.

Our collective position: These funds were secured from lawsuits against corporations that helped make, sell or distribute painkillers that fueled the overdose crisis — contributing to a staggering number of deaths and harms to individuals, families, and whole communities. Leaders responsible for allocating these funds, then, have an opportunity to — and bear a huge responsibility to ensure — that these resources are used to combat the devastation caused by the over 50-year-old Drug War in this country, which is grounded in stigmatization, criminalization, incarceration and family separation. These Drug War policies have made our nation a global leader in mass incarceration, mass death and harms including the dual pandemics of HIV and hepatitis C, increased poverty and historic levels of homelessness. Black, Brown and Indigenous people, moreover, have borne the brunt of these harms.

An evidence-based and data-driven approach should be used to direct funds toward those disproportionately impacted by deaths, **nonfatal overdoses, and other economic and health harms.** This funding should be spent thoughtfully on the priorities outlined below and not on other already-funded programs that do not aim to heal those directly impacted by this epidemic. As organizations working on the frontlines of this crisis, **we continue to urgently 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: There is overwhelming *data-driven* 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 lacking supportive policies. Settlement funds must be used to increase access to proven interventions such as: comprehensive access to harm reduction through trained, front-line harm reductionists; harm reduction centers (HRCs); and overdose prevention centers (OPCs). Funding should also be dedicated to hopeful, up-and-coming innovations.

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[1] Pattani, A. (2023, March 30). *$50 Billion in Opioid Settlement Cash Is on the Way. We're Tracking How It's Spent.* KFF Health News. https://kffhealthnews.org/news/article/opioid-drugmakers-settlement-funds-50-billion-dollars-khn-investigation-payback/

- **Evidence-based Treatment and Harm Reduction:** Everyone should have access to all forms of FDA-approved medication for addiction treatment (MAT) and harm reduction services. These include: syringe services programs and safer smoking supplies, naloxone, drug checking technology, and overdose prevention centers.
- **Innovations:** There are also novel approaches that need more funding to better understand their potential role in tackling overdoses and supporting those struggling with drug use. Some of these include: safe supply, contingency management, ibogaine treatment and other psychedelic-assisted therapies.

Housing, Outreach and Wraparound Support Services: Our nation is facing worsening numbers of overdoses, homelessness, and unmet mental health needs. Moreover, no city or state in the country adequately provides housing, outreach services or wraparound services to ensure people stay housed — even though there is ample 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. These supports should be provided for people who use drugs as well as those with drug-related convictions that could bar them from housing**.**

- **Housing First:** 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**: Supportive housing ensures people receive necessary on-site services — a critical intervention for saving and improving lives.
- **Compassionate Outreach:** Providing community-based, non-police led outreach services is a necessary component of moving people from the streets and emergency rooms to housing and care.

Addressing Collateral Consequences of Drug War Policies: Tough-on-crime approaches to drug use have torn families apart, barred people with criminal convictions from accessing housing and employment, and prevented people in need from accessing critical government benefits. The following initiatives would help begin to right the wrongs of the failed War on Drugs.

- **Employment Supports:** 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**: Free services should be made available for people who use drugs and/or are in recovery to expunge their record. Legal aid funds should also help fight discrimination in housing, healthcare, child custody, and employment.
- **Family Togetherness:** Settlement money should go to community-based organizations and birth workers that specialize in providing services and support that keep families together, such as kinship care.

Supporting Small, Community-Based Organizations: Despite the critical on-the-ground work many small organizations perform, many funding streams are inaccessible to them due to onerous applications and reporting processes. These funds should be accessible to those who are and who have been directly impacted by the overdose crisis and the War on Drugs.

- **Simplified Applications:** Processes to apply for funding should be well publicized and less complicated. It is unreasonable to expect under-resourced groups to take time away from critical frontline work in order to fill out lengthy application forms. The distribution of

funds should not be handled like government funds since they have been secured through lengthy litigation by those who have been devastated. These funds could be handled more efficiently and effectively through foundation-based models.

- **Upfront Funding:** 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.
- **Non-Prescriptive Funding:** Funding should be allocated for general operating support for comprehensive harm reduction service organizations — without burdensome grant requirements.
- **Participatory Decision Making:** States and localities should explore putting settlement money 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. This can be accomplished via a participatory grantmaking model where private community foundations support the portfolio distribution.

Opioid settlement funding must NOT be spent on:

Further Criminalization or Incarceration: For decades, our leaders have pursued policing and incarceration as our primary response to drug use, addiction and overdose. That approach has been an utter failure. Substance use disorder (SUD) and overdoses continue at alarming rates. Our strategy must recognize this as a national health crisis, not a criminal one. Incarceration is known to increase overdose risk exponentially. Policing leads to greater harm by making the drug supply more unstable and dangerous, and criminalizing people who might otherwise seek help — facilitating riskier drug use. Across the nation, funding for law enforcement, jails and prisons already far outweigh funds for proven public health interventions like housing, care and treatment.

- **Law Enforcement:** No opioid settlement money should be spent on law enforcement personnel, overtime, or equipment.
- **Jails and Prisons:** No settlement dollars should facilitate renovations or maintenance of jails or prisons.
- **Already-Funded Programs:** We support money to increase access to all forms of FDA-approved Medication Assisted Treatment (MAT) — specifically, the gold standard medications methadone and buprenorphine — inside prisons and jails. However, we don't support supplanting other existing funds allocated to this purpose. These programs must also provide connections to continued care and medication upon release without the risk of retaliation.

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 family regulation 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 family regulation system (also known as the child welfare 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.

Dangerous "Treatment" Programs: Advocates of the following programs claim they are designed to help those struggling with drug use and addiction — but ample research has shown otherwise. No settlement funds should be used on the following programs:

- **Abstinence-Only Drug Treatment:** This approach increases stigma and has 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 methadone and buprenorphine, which have been shown to be most effective.
- **Involuntary Commitment:** Settlement dollars should not support any program that forces people to receive treatment against their will. Research suggests this approach is ineffective, disruptive, and may also increase overdose risk.
- **Unproven Treatment:** Settlement funds should not be spent on experimental treatment technologies when treatments with solid evidence of effectiveness are so vastly inaccessible to those who need them.

Unproven Youth-Focused Prevention Programs: Though many youth-focused prevention programs have been evaluated, few have been proven effective; some may even worsen substance-related outcomes. Many school-based drug prevention programs, such as Drug Abuse Resistance Education (DARE), hire celebrity speakers to encourage kids to "just say no". However, research shows these programs are ineffective and may even increase substance use. Money should not be spent on unevaluated programs or those that have questionable impact. Instead, funds should be directed to programs known to be effective, such as **Safety First: Real Drug Education for Teens** and programs to address adverse childhood experiences (ACEs).

Corporate Money-Grabs Masquerading as Harm Reduction: The limited funding available for harm reduction is sometimes diverted to for-profit companies that offer unnecessary or overly expensive interventions. Harm reduction dollars should g o to proven interventions at the core of the approach, including sterile supplies, wound care, low-threshold treatment, low-cost naloxone, and drug checking. They should not go to name-brand products when less expensive or free alternatives are available.

- **Drug Disposal Kits:** Opioid settlement funds should not be wasted on drug disposal kits. The FDA notes that it is acceptable (and free) to simply dispose of opioids by flushing them down the toilet. Similarly, drug take-back events do not have robust evidence of effectiveness.
- **High-Dose and High-Cost Naloxone:** Naloxone is a proven, critically important intervention for reducing overdose. However, in recent years, corporations have tried to cash in by contending that higher-dose products are needed to reverse overdoses caused by fentanyl and its analogues. However, mounting evidence suggests this is not the case. Research to date shows that standard low-cost, lower milligram, intramuscular or nasal naloxone works to reverse fentanyl overdoses — and that additional doses are not necessary. Many of the newer higher-dose brand-name products are exponentially more expensive than the original formulation that has been used for decades. In order to reach scale and maximize settlement funds, decision makers should purchase low-cost naloxone products and avoid high-dose formulations, which can lead to dangerous prolonged, precipitated withdrawal that can be life threatening and increase the risk of overdose.

General Funds or Supplantation: Every single dollar should be earmarked for ending overdoses, 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.**

Decision makers MUST follow the following guidelines when allocating these funds.

Transparency and Accountability: There must be transparency and accountability in decision making and distribution. Communities must have a say in spending priorities and should be able to track the impact of that spending. Less than half of states have committed to detailed public reporting of 100% of their funding. States like North Carolina and Colorado, and counties like Alleghany County, PA, have created their own public dashboards to report detailed funds distribution and spending, setting an example that every jurisdiction must follow.

Include Directly Impacted People: There must be inclusion of directly impacted people and communities, including people who are actively using drugs in deciding where the funds should go. 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 and poor outcomes. 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 will not be able to fully represent the lived experience and needs of people who currently 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 many voices with diverse experiences in all levels of decision making.

Examples of Good Spending: 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.**

Harm Reduction

- **South Carolina** awarded a grant of $137,500 to Fyrebird Recovery, a syringe services program (SSP) in Myrtle Beach that was originally slated to go to a drug court, including for purchase of a gun. This is precedent-setting; previously, SSPs in South Carolina did not receive public funding.
- **Greenville County, South Carolina** voted to appropriate $200,000 of settlement funds to Challenges, Inc., an SSP that has been volunteer-run since it was established in 2017. This funding will allow the director to receive a paycheck for the first time. Another $50,000 will be sent to the county EMS department to not only bolster its naloxone supply, but also to start a syringe exchange program.
- **New Jersey** is also investing in harm reduction: State opioid settlement funds are going to expand the number of harm reduction centers throughout the state, with the goal of having one in each county.
- **Texas** is investing $25 million into naloxone training and distribution across the state.
- **Ocean County, New Jersey** funded a grassroots recovery community organization and harm reduction center to expand outreach and wraparound services in rural areas of the county.
- **Dane County, Wisconsin** used settlement funds to pay for a feasibility study of overdose prevention centers.
- **Travis County, Texas** declared the opioid overdose epidemic a public health crisis and voted to invest $350,000 of settlement funds into harm reduction outreach, naloxone and MAT.

Evidence-Based Treatment:

- **Mecklenburg County, North Carolina** awarded: $500,000 to Charlotte Health Community Clinic to offer MAT to those under- or uninsured; $372,000 to Carolina Cares Partnership to provide peer navigation and mental health treatment to Latinx and LGBTQIA populations in treatment and recovery and hire a Peer Support Specialist and Addictions Specialist to provide substance use treatment to 100 individuals over two years; and $250,000 to Amity Medical Group's MAT and transportation vouchers for uninsured and underinsured patients.
- **Washington State** funded the development of health hubs across the state, where people can receive on-demand opioid agonist therapy treatment and access to other harm reduction services.

Housing First and Supportive Housing:

- **Mecklenburg County, North Carolina** awarded: $1 million in settlement funds to Queen City Harm Reduction to provide permanent housing to 40 people per year, as well as rental and utility assistance to an additional 135 people; $250,000 to McLeod Centers for Wellbeing to develop an emergency financial assistance fund to support past-due rent and utility disconnection, among other programs; and $820,000 to Hopes Homes Recovery Services to expand its recovery housing capacity to serve 40 more individuals throughout six MAT supportive homes.

Compassionate Outreach:

- **Buncombe County, North Carolina** has used settlement funds to support seven community paramedics who respond to drug overdoses and conduct mental health crisis outreach.

Legal Aid:

- **Virginia awarded $224,745** to the Virginia Indigent Defense Commission to imbed re-entry and recovery specialists within public defender offices in seven localities.

Family Togetherness:

- **Allegheny County, Pennsylvania** spent more than $452,000 to provide childcare through Early Head Start for kids whose caregivers have opioid use disorder and are undergoing treatment or job searching.

Simplified Applications:

- **Indiana Family and Social Services Administration** issued a request for proposals specifically for harm reduction outreach teams. Organizations can receive grants up to $200,000. Applications are to be done in an oral format.

Directing Funds to Those Most Impacted:

- **Wisconsin** included $6 million for harm reduction, treatment and prevention for federally recognized tribes in the state for the 2025 fiscal year.

Examples of Problematic Spending: Below are examples of programs that are at odds with the above priorities. No settlement funds should be allocated to these types of programs.

Law Enforcement: States and localities gave countless settlement dollars to law enforcement, to fund salaries, a shooting range, police dogs, new technology for police, and other supplies that do nothing to prevent overdoses:

- **Pennsylvania's Opioid Misuse and Addiction Abatement Trust** is allowing counties to give opioid settlement money to prosecutors' offices, but they have advised that sending funds to public defender offices is not allowable. The Public Defender Association of Pennsylvania has asked the Trust to reconsider and clarify the issue.
- **Jackson County, West Virginia** commissioners allotted $293,326.57 for a law enforcement shooting range and $222,729.43 for improvements to property that houses a police training center.
- **Bradley County, Tennessee** allocated its settlement funds to the drug enforcement budget, with provisions for hiring two sheriff's investigators and funding for juvenile and adult drug courts. $24,000 from these funds were used to acquire a new police dog to replace a retiring canine in the sheriff's office.
- **Kansas** awarded the Kansas Bureau of Investigation $110,000 in settlement dollars for its joint fentanyl impact team, which targets people in the illicit drug market. It also awarded the Kansas Highway Patrol $186,000 to purchase fingerprint readers and TruNarc devices, which are used by police to identify drugs, but are criticized by advocates for being inaccurate.
- **Wheeling, West Virginia** awarded opioid settlement funds to the police department to purchase: a police dog ($20,000); crisis intervention team equipment ($1,179); a utility terrain vehicle/trailer ($83,244.08), a TruNarc handheld drug identification device ($33,133); and a covert camera ($14,882). They also awarded money to the fire department for things like: disinfecting equipment ($63,766.16); ballistic vests ($29,035.52); and power stair chairs used to move incapacitated individuals safely up and down stairs ($64,714.55).
- **Brownwood, Texas** is using settlement funds for BolaWrap, a Kevlar cord used by police to restrain suspects.

Jails and Prisons
- **Montgomery County, Ohio**, will use $20 million of ARPA and opioid settlement funds to renovate its jail.
- **Kalamazoo, Michigan** spent close to $200,000 on an intercept body scanner for their jail.

Abstinence-Only Drug Treatment:
- **North Carolina's** 2023 budget allocated $3.5 million of the state's portion of opioid settlement funds to abstinence-only treatment programs, many of which are part of Bridge to 100, an organization that aims to get settlement dollars for their statewide coalition of faith-based programs, none of which allow participants to utilize MAT.

Involuntary Commitment:
- **Harlan County, Kentucky** used settlement funds to hire a Casey's Law Advocate. The law allows parents, relatives, and friends to petition the court for treatment on behalf of a person using substances, although involuntary commitment does not have evidence of effectiveness and may increase overdose risk.

Unproven Treatment:
- **Bullitt County, Kentucky** and other Kentucky counties are spending settlement funds on the NeuroElectric Therapy device that claims to rewire the brain.

Unproven Prevention Programs:
- **Chatham County, Georgia** allocated $71,900 in settlement funds to the Chatham-Savannah Counter Narcotics Team for a 2024 Chevrolet Silverado 2500 — which will be

used to tow the “Hiding in Plain Site” trailer that recreates a teen’s bedroom to show parents where teens might be hiding their drugs.
- **Greenville County, South Carolina** awarded $561,953.93 to the Greenville County sheriff's office for a partnership to provide anti-drug education and distribute patented Safe Rx Locking Pill Bottles — even though prescription drugs are no longer driving overdoses.
- The **Pender County, North Carolina** sheriff’s office will receive $634,883 to hire new officers and buy vehicles for school DARE programs.
- **Monmouth County New Jersey** awarded the Girl Scouts of the Jersey Shore $138,400 for an opioid prevention program designed for middle schoolers.

Drug Disposal Kits:
- **Delaware County, Pennsylvania** spent $1 million in settlement dollars on Deterra Drug Deactivation and Disposal System pouches — even though unused opioids can be safely disposed of by simply flushing them down the toilet.
- In **Wisconsin,** the $6 million of the state's opioid settlement funds allocated for harm reduction for the 2025 fiscal year includes drug disposal kits and medication lock boxes — even though these are not truly harm reduction supplies, thus detracting from the already-limited funds for evidence-based harm reduction services.

High-Dose and High-Cost Naloxone:
- **Wayne County, New York** is using $50,000 in opioid settlement funds for 100 Narcan Red Boxes (boxes that contain naloxone and can be situated in public places). These boxes are not cost effective — they cost $500 per unit when intramuscular naloxone is available at less than $5 per dose.

General Funds or Supplantation:
- **Lancaster County, Pennsylvania** spent $193,000 to pay for a prosecutor and a drug enforcement team detective within the District Attorney's office. These positions had previously been covered by other dollars, suggesting that this is a case of supplantation — as well as a counterproductive continuation of the Drug-War approach.

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
- New Jersey
- Ohio
- Louisville, Kentucky

Signed,

ACLU of Kentucky
ACR Health
Addiction Recovery Channel
AIDS Foundation Chicago
AIDS United
Alliance for Positive Change
Angels in Motion
Appalachian Family Care, LLC

AppalAction
Beloveds CommUNITY Initiative
Bienestar Human Services
Black Leadership Action Coalition of Kentucky (BLACK)
Bluegrass Harm Reduction Alliance
BOOM!Health
Borderbelt Behavioral Healthcare LLC
Brave Tech Coop
Broken No More
Carolina Wellness and Recovery of Powdersville
Center for Coalfield Justice
Center for Health Progress
Center for HIV Law and Policy
Center for Popular Democracy
Challenges Inc. SC
Children's Trust Fund Alliance
Citizen Action of New York
Citizen Action of Wisconsin
Community Catalyst
Community Education Group
Community in Crisis/Connection
Community Voices Heard
Connecticut Harm Reduction Alliance
Decriminalize Vermont
Detroit Action
Diverse Options: Voice & Empowerment (DOVE) Delegates
Divine Spirit Life Church
Doctors for America
Down Home North Carolina
Dream.Org
Drug Policy Alliance
ekiM for Change
Expanse MN
Faith in Harm Reduction
Falcon Recovery
First Call Alcohol/Drug Prevention & Recovery
Folding Chair Project
Forward Justice Action Network
Full Circle Recovery Center, LLC
Fyrebird Recovery
Ground Game LA/Power
Harm Reduction Action Center
Harm Reduction Michigan
Harm Reduction Ohio
Harm Reduction Sisters
Harm Reduction Therapy Center
Hawai'i Opioid + Consumer Alliance
HEAL Ohio
Hellbender Harm Reduction
HIPS: Honoring Individual Power and Strength
HIV/HCV Resource Center
I Fit Out

Impact MN
Indiana Recovery Alliance
Iowa Citizens for Community Improvement
Kentucky Committee to End Executions
Kentucky Equal Justice Center
Kentucky Harm Reduction Coalition
Kentucky Society of Addiction Medicine (KYSAM)
Kintsugi Consulting, LLC
Kohnlinq, Inc.
Life Coach Each One Teach One Reentry Fellowship
Life From Inside Out
LifeBridge Healthcare
Louisville CPUSA
Louisville Outreach for the Unsheltered
Louisville Recovery Community Connection
Louisville Urban League
Maine Access Points
Maine People's Alliance
Maine Recovery Advocacy Project
Material Aid and Advocacy Program
Michigan Drug Users Health Alliance
Midwest AIDS Training & Education Center, MN-IA
Minnesota Alliance of Recovery Community Organizations
Minnesota Incarcerated Workers Organizing Committee
MoNetwork
Mootual Aid
MOTHRR
Musicians for Overdose Prevention
NASTAD
National Association of Social Workers
National Center for Advocacy and Recovery, Inc.
National Council on Alcoholism and Drug Dependence - Maryland Chapter
National Council on Alcoholism and Drug Dependence - National Office
National Healthcare for the Homeless Council
National Rural Social Work Caucus
National SeaChange Coalition
National Survivors Union
Native American Community Clinic
Naxos Neighbors, LLC
New Hampshire Youth Movement
New Jersey Organizing Project
New Jersey Policy Perspective
New Jersey Resource Project
New Mexico Recovery Coalition
Newark Community Street Team
No More O.D.s
North Carolina Council of Churches
North Carolina Survivors Union
One Voice Recovery, Inc.
OnPoint NYC
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
Port City Harm Reduction
Prevention Point Pittsburgh
Prison Policy Initative
Progressive Leadership Alliance of Nevada
Project Weber/RENEW
Psychedelic Society of Minnesota
P.U.L.S.E.
RealFix, City of Paterson
Recovery Advocacy Project, Nevada Chapter
Recovery Alliance Duluth
Recoveryatx
Redeeming Love
Reduce Harm Inc.
Remedy Alliance/For the People
Rights and Democracy New Hampshire
Rights and Democracy Vermont
Rio Grande Valley Harm Reduction
River Valley Organizing
Robert Jamison Ministries Inc.
Run 4 Recovery
Rural AIDS Action Network (RAAN)
Safe Horizon, Streetwork Project
Safehouse
Sana Healing Collective
SeaChange Harm Reduction Center
SeaChange RCO
Sex Workers In Minneapolis (SWIM)
Smoky Mountain Harm Reduction
SOAR WV
SocialHealthRx Incorporated
South Carolina Harm Reduction Coalition
Southern Tier AIDS Program
Southwest Recovery Alliance
SpacesInAction
SSDP New York University Chapter
St. Ann's Corner of Harm Reduction
Stand Up Alaska
Starting Point Rural Harm Reduction Collective
Steve Rummler HOPE Network
Streetwatch LA
Students for Sensible Drug Policy (SSDP)
Tae's Pathway
TEAM for WV Children
Tennessee Healthcare Campaign
Texas Drug User Health Union
Texas Harm Reduction Alliance

The Center for Health Law and Policy Innovation of Harvard Law School
The Everywhere Project
The Helios Alliance
The Perfectly Flawed Foundation
The Porchlight Collective SAP
The Skyler Brunson Foundation
The Spark Collective LLCD
The Steady Collective
The Urban Village
Tia Hart Community Recovery Program
Twin City Harm Reduction Collective
Unharming Ohio
United Vision for Idaho
Unity Fellowship of Christ Church - NYC
VICTA
VOCAL-KY
VOCAL-NY
VOCAL-TX
VOCAL-US
VOCAL-WA
WeKonnect, LLC
West Virginia Citizen Action
West Virginia Hepatitis Academic Mentoring Partnership
Whose Corner is it Anyway
Wilkes Recovery Revolution, Inc.
Worth Saving
Xodus Recovery Community Center
Zero Overdose