



Center For
POLICING EQUITY

Advocating for Funding Community-Based Responses to the Opioid Crisis

Community Toolkit

Despite using and selling drugs at similar rates, Black people face higher rates of [overdose deaths](#) and [arrests](#) for drug offenses than their White counterparts and are also [less likely to receive treatment](#). Punishing substance use is costly, harms Black communities, and does not curtail drug use. The number of overdose deaths in 2021 was [six times](#) the number of overdose deaths in 1999, despite federal drug control spending steadily increasing during the same time period. A community-based, public health-centered approach is needed to comprehensively treat substance use and address the racialized harm of the war on drugs that has exacerbated the ongoing opioid epidemic, and new opioid settlement funds provide an unprecedented opportunity for communities to do just that. Since 2022, at least [\\$50 billion](#) dollars has been allocated to states and local communities through opioid settlement funds that are to be distributed over the next 18 years. These and new federal funding streams (such those made available by the [American Rescue Plan Act](#)) can be directed by communities and elected officials into crisis care programs that are grounded in [harm reduction](#). Harm reduction includes a set of strategies that focuses on ensuring that people who use substances live healthy lives, rather than focusing on eliminating drug use—and are proven to reduce the harms associated with drug use. This resource offers community advocates a framework to consider when advocating for local opioid settlement funds and other federal dollars to be allocated toward community-based responses to substance use.



Community members can track the amount of opioid funding allocated to their state and local government using the National Academy for State Health Policy’s [state tracker](#). To date, only [18 states](#) have agreed to report 100% of their settlement spending to the public. Some jurisdictions are allocating money to law enforcement programs and other investments that are not clearly related to improving the health and safety of people affected by the opioid crisis. State and local governments should rely on the expertise of community members and direct service providers to ensure that incoming funds are allocated in a way that effectively meets their most urgent needs.

1.

Evaluate where existing dollars allocated towards substance use services are going and identify gaps. Understanding existing funding for substance use treatment, crisis care, and harm reduction services is useful to advocate for programs or resources that do not already exist or are less funded. Information on your community’s substance use care spending can be found by contacting your city councilperson, or in your city or county budget or annual report. In states that have committed to transparent spending of opioid settlement funds, community members can track how their state and locality are allocating funds using this [opioid settlement fund expenditure report tracker](#). Advocates should prioritize funding existing community-based programs that need additional financial support, and new programs that will fill a necessary gap in the community’s care continuum. Conducting a [community needs assessment](#) can support communities in identifying gaps, assessing community needs relating to substance use and crisis care, and maximizing the impact of new funding opportunities.

2.

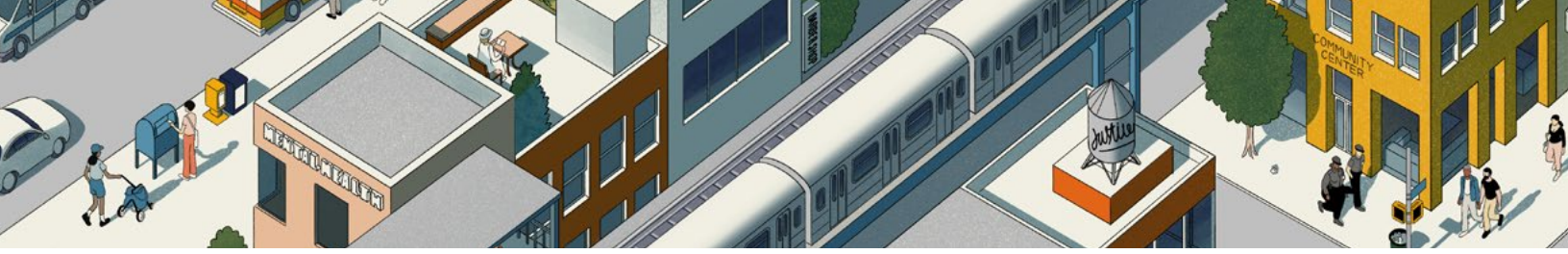
Prioritize sustainable programming. With new potential funding streams, many communities are eager to stand up new community-based programs to respond to substance use. While a variety of community-based and harm reduction-centered programs are urgently needed, new programs are also costly and take considerable time to build and demonstrate impact. Because opioid settlement funds are time-limited, and many communities need programs that can immediately offer support to those at risk of overdose, first consider how such funding can be used to improve or expand existing community-based programs to meet service gaps. If additional programs are necessary based on community needs, proactively seeking out long-term funding is important (for example, through a city budget or ballot initiative) and can be accomplished through early evaluation of the program’s impact. Stable funding is key to meeting community needs in the long term.



3.

Uplift community-centered and public health-based programs. Community advocates should advocate for and uplift [evidence-informed](#) programs that meet people's needs regarding their substance use, rather than punish them for continued use. Many communities are using new funding opportunities to address substance use and overdose emergencies without police:

- Community-based [alternative response programs](#) provide an unarmed alternative to police response for people experiencing mental health or [substance use emergencies](#) and can offer services, medication, and basic necessities that a typical police response does not provide. Emerging evidence shows that these programs are effective in [reducing](#) hospital visits and low-level crimes, which may reduce arrest and incarceration rates for people experiencing a substance use emergency.
- [Street outreach programs](#) focus on building trusting relationships with people who use drugs and offer resources and connections to housing, mental health, and other harm reduction services. Programs like the [New Jersey Harm Reduction Coalition's Street Outreach Team](#) distribute [naloxone](#) (also known by its brand name Narcan) and other risk reduction supplies, provide non-judgemental harm reduction counseling, and collaborate with mutual aid and community-based direct service providers to meet other needs.
- [Crisis stabilization units](#) are care centers that offer a range of services to those in need of urgent care due to a substance use disorder, mental illness, or both. Studies show that crisis stabilization centers are [effective](#) in reducing costs and involuntary hospitalizations, and treating people in crisis.
- [Housing-first program models](#) help move people into permanent supportive housing without barriers to entry that commonly exclude people with a substance use disorder, like sobriety or mandated treatment. Unhoused people who use drugs are at [increased risk](#) of associated harms like overdoses and infectious diseases; housing stability significantly improves people's recovery prospects and [reduces](#) their use of substances over time. [Houston, Texas](#), a national model for housing-first programming, has moved 25,000 people into homes of their own over the past decade.



4.

Assess and leverage federal funding opportunities. Communities should seek to use their opioid settlement funds to supplement and not supplant other existing federal funding streams, like Medicaid or Substance Abuse and Mental Health Services (SAMHSA) grants. [Medicaid](#), a foundational care system for low-income people, can be used to cover a wide range of substance use and mental health treatment and recovery services, including [mobile crisis response programs](#), but is not always maximally used by communities to offset the costs of such programs. Other funding sources like [SAMHSA grants](#) and opioid settlement funds should seek to cover services that support the recovery of people with substance use disorder but that are not covered by Medicaid, such as housing, certain harm reduction services, and programs for the underinsured. Advocates should speak to their elected leaders at the state level to ensure that they have fully expanded Medicaid coverage and are making full use of Medicaid, SAMHSA, and other federal funding streams for substance use treatment and recovery.

5.

Be collaborative and flexible. Joining together with other [local partners](#) may increase the likelihood of community-based programs getting fully funded and support the overall success of your community's substance use care continuum. Collaboratives reduce redundancies in programming while ensuring that localities have comprehensive programming, with multiple actors and streams of resources contributing towards systems of care. It is also important to advocate for community-based responses with an open mind. For example, if funding is allocated towards an expansion of a mobile crisis team, rather than a new crisis stabilization unit, consider how the mobile crisis response team can still fill a necessary gap in the community and achieve similar outcomes.

Identifying and advocating for community-based responses to substance use that best fit your community's unique needs can save lives and reduce inequitable public safety outcomes for Black communities. To learn more about the various public health and harm reduction strategies that can be used to address and prevent substance use and its associated harms, read CPE's Redesigning Public Safety Substance Use white paper at policingequity.org/substance-use.

