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Housing as Harm Reduction

A Toolkit for Advocating for Affordable Housing Using Opioid Settlement Funding

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Who We Are: CPD's Ending the War on Drugs Network

The Center for Popular Democracy (CPD) empowers communities to create an inclusive, equitable society where people of color, immigrants, working families, women, and LGBTQ communities thrive together. We're a federal network of 47 grassroots organizations across 34 states, DC, and Puerto Rico.

At CPD, we believe healthcare is a human right. We're working to improve and expand healthcare in America, lower prescription drug prices, protect Medicaid and Medicare, and end the war on drugs.

CPD has been working with affiliates and allies like you for years to keep people safe as they use drugs and to end the overdose epidemic through investments in harm reduction. Our Ending the War on Drugs Network (formerly the Opioid Network) is a collection of harm reduction providers, drug user unions, drug policy advocacy organizations, and community organizers working across the country to end the war on drugs, divest from carceral approaches to overdose, and invest in public health approaches to keeping our communities safe.

With your help, we won:

- ◇ The first federal fund exclusively devoted to harm reduction: a \$30 million Substance Abuse and Mental Health Services Administration (SAMHSA) fund through the American Rescue Plan Act.
- ◇ The Mainstreaming Addiction Treatment (MAT) Act, which removes barriers to care for people seeking treatment for substance use disorder.
- ◇ Steady increases in budgetary appropriations for harm reduction.
- ◇

So what's next?

Right now, tens of billions of dollars are flowing to states as part of legal settlements with pharma companies and drug distributors that helped fuel the overdose epidemic.

These funds are supposed to be used to help treat people struggling with opioid addiction and to end the opioid crisis.¹ This offers us a once-in-a-generation opportunity to secure mass investments in life-saving harm reduction and treatment programs to keep our communities safe. But we need your help to do it!

This guide provides background information about the opioid crisis, describes a harm reduction approach to using settlement funds, and offers resources that will help you find important information about the opioid crisis, the settlement money, and what's

happening in your state to help you start organizing to make sure settlement funds are going where you want them to locally.

This guide focuses specifically on using settlement funds to support affordable and green social housing. **Permanent, safe, and affordable housing is vitally important to supporting recovery, health, and well-being, and programs that dramatically increase access to housing must be part of any plan to address the opioid crisis.**

Together, we can expand harm reduction investments across the country and keep our communities safe and secure. Let's get to it!

House Every One!

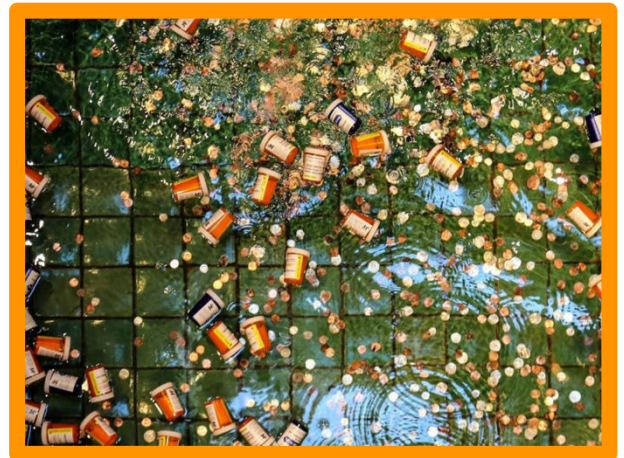
"Housing is a human right" should be more than empty rhetoric. Working together with all 47 of our affiliates, CPD is going to make that a reality. Through our new national "House Every One!" campaign, we are calling on elected officials at all levels of government to commit to a platform of a bold investment in housing to address our country's affordable housing crisis.

We are building a mass movement of renters, homeowners, and houseless people around the country **to win massive public funding for green social housing for every single person:** housing that is permanently and truly affordable for low-income families of color; that is publicly owned or under democratic community control, so it cannot be resold for profit; and that protects residents from climate disasters, while being energy efficient and more sustainable for the environment.

How We Got Here: A Brief History of the Opioid Crisis

First, let's take a look at how this all happened. And keep in mind, this can be dispiriting stuff to sit with. The opioid crisis took root in the late 1990s when pharmaceutical companies declared that prescription opioid pain relievers would not lead to addiction and began to aggressively advertise for them. Healthcare providers soon began to prescribe them more frequently. Opioids proved to be highly addictive, and over the last few decades, the overdose crisis—fueled by opioids—grew rapidly, devastating communities across the US.²

Opioids first gained notoriety as opioid addiction and overdose deaths skyrocketed in white middle class suburban and rural communities, with prescription opioids (such as oxycodone, morphine, hydrocodone or Vicodin, and Methadone) largely to blame. Since the mid-2010s, there has been a dramatic rise in overdose deaths involving synthetic opioids, especially illegally manufactured fentanyl,³ which has hit Black and Indigenous communities the hardest, with rates of overdose deaths involving synthetic opioids increasing most rapidly in those communities.⁴



Today, millions of people suffer from opioid addiction, and tens of thousands die from opioid overdoses each year.⁵ Drug overdoses are now the leading cause of injury-related death in the US.⁶ In 2021, over 106,000 people died from a drug-involved overdose,⁷ and over 75 percent of overdose deaths involve opioids.⁸ CPD affiliates know this all too well, as many have lost family members, friends, and fellow affiliate members to overdose over the last few years.

For decades the US has waged a racist “war on drugs,” which was fueled by anti-Black rhetoric to treat drug use and addiction as criminal, mass imprison drug users, and devastate Black communities.⁹ In contrast, the US policy response to opioid addiction largely treated it as a public health problem (i.e. people suffering from addiction need

treatment), at least in part because media, health, political, and policy-making attention on the opioid crisis has been focused on white rural and suburban communities.¹⁰

Black people struggling with opioid addiction have a harder time than white people getting into treatment programs and getting the best medications for treatment because of poverty, racism, and longstanding inequalities in health care and health insurance access. White communities also tend to get more funding and resources for recovery programs.¹¹ Black and Latine people are also less likely to complete treatment programs when they are in them, largely because of unemployment, poverty, and housing instability.¹²

Moreover, the attention to how white people experience opioid addiction has shaped policy responses, which can hurt Black communities and communities of color. Cultural identity and experiences shape people's understanding of health, pain, and illness. Because the standard medical approach to pain assessment has been defined by middle- and upper-class white cultural norms, doctors don't always understand how Black people and people of color experience and explain pain, which means they may not get the right treatment.¹³

To make the necessary changes to the racist medical and punitive responses that have harmed Black communities and communities of color while generally providing more funding and resources to white communities,¹⁴ we must prioritize the voices and needs of Black, Latine, Indigenous, and low-income communities that are hardest hit by the opioid epidemic in how and where the opioid settlement money is distributed.

These are your voices—our affiliate members and allies working across the country to end the overdose epidemic, and we have a unique opportunity to do that through opioid settlement funds.



Opioid Lawsuit Settlements

Over the past decade or so, thousands of lawsuits were filed by states, cities, counties, tribes, hospitals, individuals, and other entities against opioid manufacturers, distributors, pharmacies, and others for their role in creating and sustaining the opioid crisis.¹⁵ In the past few years, many of these lawsuits have been consolidated and settled. ***Total funding from all settlements is currently more than \$50 billion.***¹⁶

The largest settlements include:¹⁷

- ◇ \$26 billion from four pharmaceutical companies—McKesson, AmerisourceBergen, Cardinal Health, and Johnson & Johnson—that distributed or manufactured opioids.
- ◇ \$6 billion from Purdue Pharma, which manufactures OxyContin and other opioid drugs.
- ◇ \$13.8 billion from CVS, Walmart, and Walgreens.

This funding will be distributed through the states, DC, and Puerto Rico to cities and counties. The amount of funding for each state depends on the size of its population and how the opioid crisis has impacted their residents. Each state has control over where and how to distribute their funds. See the [“Resources” section](#) at the end for resources that will help you find out more about the specifics for your state.

At least 85 percent of the funds must go to opioid-related expenses in most settlements,¹⁸ but that still leaves states broad discretion about how to use that funding (for example, does it go to public health remedies, such as recovery housing and needle exchange programs, or to police).

These settlements open up incredible opportunities to substantially fund much needed programs and other supports for people and communities that have been devastated by the opioid crisis. **We need strategic, targeted public health solutions that use a harm reduction model and are responsive to and grounded in the cultural, economic, and health needs of the most affected communities—especially Black, Indigenous, Latine, and low-income communities.** We must also fight against the usual harmful approaches, especially law enforcement and abstinence-only programs, and decisions

that waste settlement money by funding programs and other things that do not address the opioid crisis, such as using it to fill city budget gaps.¹⁹

Providing safe, affordable, permanent housing is an incredibly important part of supporting people and communities that have been devastated by the opioid crisis and ending the crisis itself. **People need safe, stable housing for their recovery, health, and well-being.** Many of the communities hardest hit by the opioid crisis—especially Black, Latine, and low-income communities—are also experiencing an affordable housing crisis. The opioid settlement funding is an important opportunity to address both interconnected crises.



Harm Reduction: Why It's Important and Where We Want the Money to Go

The opioid epidemic is a public health crisis that demands public health solutions, not criminalization and policing. A public health approach should invest in harm reduction that seeks to reduce the damage caused by drug use and drug policy by meeting people where they are and respecting the inherent dignity of people who use drugs. Because so many people who use drugs do not want treatment, investing in treatment alone is not enough to prevent overdose. Settlement money can and should be used for harm reduction programs.²⁰

Many of you are deeply familiar with what harm reduction is, but if you aren't, here's a good definition and some additional context.

***"Harm reduction** is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."*²¹ –

National Harm Reduction Coalition

Harm reduction is rooted in the understanding that many people who use drugs do not seek sobriety. Harm reduction programs meet people where they are at, respect their choices, and keep them safe while they use drugs.

Examples of harm reduction programs include:

- ◇ *Supportive housing that follows a housing first model:* Providing housing, food, and support services without conditions, such as not using drugs (a condition that is common for supportive housing programs). Safe, stable housing is incredibly important to health and recovery but is often very difficult for people struggling with addiction, especially because many housing programs require residents to be clean first and many affordable housing programs exclude people who used drugs or have drug-related convictions.²² See the next section for more information on this model.

- ◇ *Syringe Services Programs*: Providing clean syringes and decriminalizing syringe possession promotes safe drug use and reduces the transmission of HIV and Hepatitis C.²³
- ◇ *Naloxone Distribution*: This FDA-approved drug helps to quickly reduce overdose and poses no health risks itself. The wide distribution of Naloxone is key to safe drug use.²⁴
- ◇ *Drug Checking/Testing*: Testing equipment allows people to check drugs for dangerous contaminants like fentanyl, ensuring people know exactly what they are consuming.²⁵
- ◇ *Safe Consumption Services*: This allows for the supervised, safe use of drugs. While these centers have been found to reduce overdose, it's unclear if they are legal. In 2021, a federal judge ruled that they are illegal,²⁶ but last year, the Biden administration's Department of Justice said it may allow them, and two sites have opened in New York City.²⁷

Harm reduction saves lives, supports the health and well-being of people who use drugs (especially those at risk of overdosing or who use needles and are at risk for contracting infectious diseases, such as HIV and Hepatitis), and increases access to healthcare, social

services, and treatment.²⁸ The US Department of Health and Human Services recognizes harm reduction as a critical part of their overdose prevention strategy.²⁹

A harm reduction approach for supportive, affordable, and other housing programs is very important to support the basic needs of people using drugs and is more likely to support them remaining stably housed.³⁰



EXAMPLE OF A HOUSING FIRST PROGRAM

Pathways to Housing PA is a community-based organization in Philadelphia that provides housing, healthcare, and wraparound services to people who are experiencing chronic homelessness and mental illness and/or substance use disorder.³¹ Using a housing first model, they house people in apartments scattered around Philadelphia and support clients' health, recovery, and housing stability through case management and services, such as transportation, access to Narcan, education and job training support, and connections to pharmacy, primary care, mental health, and addiction treatment services.³² They run a satellite location of a federally qualified health center (FQHC) that provides primary care and addiction treatment services. Their model, including "scattered-site" housing and emphasizes community integration and choice, allowing clients to choose what neighborhood they live in, what kind of apartment, and what other services and care they need.³³ They have an 85% housing retention rate (after 5 years), including among people who are considered unready for housing by most other programs.³⁴

Housing as Harm Reduction

We believe that settlement money should be spent on many different public health interventions that use a harm reduction approach. Housing programs are an incredibly important part of those interventions. **Safe, stable housing is vital for people's health, well-being, and recovery. Housing instability can exacerbate substance abuse or make it difficult to recover.**³⁵

Housing is a human right. Yet, corporate landlords have expanded their control over our homes while policymakers have drastically slashed public funding for affordable housing.³⁶ As a direct result, communities in every state face a serious, long-standing lack of quality, affordable housing. Over the past decade, nationwide, we lost at least 4 million deeply affordable homes, which rent for \$600 or less monthly, largely because profit-driven landlords increased rents.³⁷ The lowest income renters—especially Black, Latine, Indigenous, and immigrant households—have the fewest affordable housing options.³⁸

We need housing for people, not profit. The government must step in to guarantee access to housing, because the for-profit sector is unable to create the affordable housing we need.

Many of these same communities are also on the frontlines of the opioid crisis. Drug addiction can make it very hard to keep stable housing and take care of other basic needs, and people with substance use challenges are more likely to become houseless, which puts them at significantly higher risk for overdosing.³⁹ One study found that people who are houseless are nine times more likely to die from an opioid overdose than people who are stably housed.⁴⁰ Yet, people who use drugs or have a drug conviction are often denied housing, especially affordable housing—whether that is because of landlords running criminal background checks and discriminating against people with convictions or because many supportive housing programs require sobriety.⁴¹

To support the recovery, health, and well-being of people struggling with opioid addiction and the communities devastated by the opioid crisis, we recommend the following:

- ◇ **Fund investments in social housing** – i.e., housing that is permanently and deeply affordable, protected from the private market, and either publicly owned or under democratic community control.⁴² Funding should be made available for creating social housing in the forms of community land trusts and affordable housing cooperatives, whether through rehabilitation, renovation, or new construction; as well as for repairing, modernizing, and greening existing public housing and expanding the public housing stock. It is important to not just build new construction but also to fund acquisition strategies of existing buildings and rehab, renovate, or convert those buildings.
- ◇ **Fund “housing first” approaches to providing housing to people who are houseless or housing insecure.** A housing first approach prioritizes providing housing, food, and support services without conditions. This is particularly important for people using drugs, who are often shut out of public housing. This approach is

based on the premise that all people deserve and need basic necessities, like food and housing, first before taking care of other aspects of their lives, including addressing substance use issues and getting a job, and that housing is vitally important to good health and well-being.⁴³ Research supports these claims, finding that people in programs using a housing first approach get housed faster and are more likely to stay stably housed. They were also more likely to participate in job training programs, attend school, spend less time in the hospital, and are less likely to perpetrate domestic violence. *The housing first model is particularly effective for people who have substance use issues, and research has found that people with substance use issues who participated in a housing first program were more likely to stay stably housed and reduce drug use.*⁴⁴ In addition to it being more just and humane, studies have shown that housing people who are houseless saves public money because it costs less to house people than for the costs of healthcare, law enforcement, and the judicial system associated with homelessness.⁴⁵

- ◇ **Fund supportive housing with wrap around services**, which provides voluntary, holistic, coordinated supportive social services along with housing. These services can include mental health and substance use treatment, support with financial literacy such as learning how to pay their rent and other bills on time (something that can be difficult for people with mental illness or substance use issues), job training programs, support applying for benefits, and others. These services should be voluntary and tailored to the needs of the individual. Research has shown that supportive housing with wrap around services greatly improves the chances of someone staying stably housed, reduces the likelihood of incarceration or stays in homeless shelters and psychiatric hospitals, reduces the likelihood of going to the emergency room or needing to stay in the hospital, improves people's health, and potentially improves the chances of recovering from substance abuse.⁴⁶
- ◇ **Fund outreach services** to help move people from the streets and emergency rooms to housing and other services. Outreach is very important to get information about available services and support to those who need it. CPD affiliates are well situated to do this outreach as frontline community organizations and should be funded to do so.

This funding presents a unique opportunity to drive investments in harm reduction and housing. Beyond the suggestions listed here, CPD recently joined affiliates—VOCAL, Center for Coalfield Justice, Detroit Action—and allies across the country in releasing “[A Roadmap for Opioid Settlement Funds: Supporting Communities & Ending the Overdose Crisis](#),” which outlines the ways states can make the best use of funding. This is a useful resource for further reading and also for use in state advocacy campaigns. *The New York Times* [covered](#) the roadmap and the dangers of misusing settlement funds.⁴⁷

Pitfalls and Where We Don’t Want the Money to Go

We see these problems time and time again: funds misused, wasted, or used for projects that are never explained or disclosed. We saw this with the big tobacco settlement in 1998, as a huge amount of the money went to things that didn’t help people addicted to or harmed by cigarettes.⁴⁸ We don’t want history to repeat itself with opioid settlements.

Unfortunately, there are many common funding options that do not support opioid addiction recovery and are harmful to the communities most impacted by the opioid crisis, especially communities of color. While advocating for the programs we want funded, we also need to advocate against these harmful options, including law enforcement and the criminal legal system, abstinence-only programs, and others.

Law enforcement and the criminal legal system

Over the last forty years, the primary US response to drug addiction has been the “war on drugs,” which has defined the drug use of Black people, Indigenous people, people of color, and people with low incomes as criminal and deserving of punishment by incarceration rather than treatment. Meanwhile, white middle and upper class communities have not experienced this criminalization and mass incarceration, and their drug use has often been effectively decriminalized.⁴⁹ The war on drugs has devastated Black, Latine, Indigenous, and low-income communities and fueled the massive expansion of the US prison and jail system.⁵⁰ Criminalization and incarceration for addiction not only tear families and communities apart but also are more likely to worsen

addiction, and the war on drugs has done nothing to reduce addiction rates in the US.⁵¹ In the over forty years of the war on drugs, rates of drug use in the US have remained largely consistent and drug-related health harms and overdose deaths have significantly worsened.⁵²

Abstinence-only programs

Abstinence-only programs, which require people to detox before receiving permanent housing and completely abstain from using drugs while in the program, can be a significant barrier to maintaining housing stability for many people who use drugs.⁵³ Most treatment and supportive housing programs in the US are abstinence-only. While this can be helpful for some people, it can be harmful and a significant barrier to recovery and housing stability for many others.⁵⁴ Further, these programs can reinforce stigma that there is something inherently wrong with people who use drugs, and many people are forced into these programs involuntarily.

Other uses that do not support people addicted to opioids and the communities devastated by the opioid crisis

It is important to use all the money from these settlements for programs that support people addicted to opioids and the communities that have been devastated by the opioid crisis, including low-income and marginalized communities of color. This will require oversight and transparency, including public reporting on where all funding is going and who is making funding decisions and how, so there are opportunities for meaningful public input on funding decisions. We must also prioritize the inclusion of people from impacted communities as decision-makers.

We should learn lessons from the tobacco settlements. In 1998, the big four tobacco companies settled a series of lawsuits by agreeing to provide about \$246 billion over 25 years to states for programs preventing people from smoking and helping people addicted to cigarettes. Yet, very little of that funding actually went to these kinds of programs, instead most states diverted the money to their general funds. A study found that 19 years into the settlement, only 2.6% of the funds went to smoking prevention and cessation programs.⁵⁵

So You Want to Influence Your State's Settlement Spending

Step 1 – Seek out organizations in your state who are already involved. State campaigns are underway across the country, likely near you. We can help plug you into campaigns in your state. If one doesn't exist, seek out other members of your community who are impacted by substance use, overdose, or the war on drugs. We can help you find folks in your area who want to organize.

Step 2 – Identify targets. Who is making decisions about the funding? A state legislature? A county legislature? A trust or board or council? Christine Minhee⁵⁶ has put together [advocacy guides](#) for each state, listing who is in charge of distributing funds in your state. She also lists local meetings you can attend and where to go online to find more information on who's in charge.

Step 3 – Find out where the funding is going. Many states are not being transparent about where funding is going and aren't required to be, so it may be difficult to find out where your state's funding is going. You can see what your state has committed to publicly report [here](#). Christine's [advocacy guides](#) list any public source of spending information, although it's possible no such source exists in your state.

Step 4 – Organize. This is what we all do best. We've done it countless times to protect and expand healthcare in the US. Below, we walk through some advocacy tactics you can use to pressure local leaders to spend settlement funds properly: on harm reduction, housing, and other public health interventions.



Advocacy Tactics

In order to ensure that settlement funds are spent on programs that support the communities hit hardest by the opioid epidemic and are not used to fund harmful programs, such as police, we can use a number of different advocacy tools. These tools should focus on building our base and bringing the people at the center of the pain to engage directly with decision-makers, tell their stories, and demand action. In doing so, we can move policy at the local and national level that aligns with our values and protects our communities.

We've done this throughout CPD's 10 year history—to protect the Affordable Care Act from GOP attacks, to win the first federal fund devoted to harm reduction, to help our allies pass the MAT Act, to win drug price negotiating power for Medicare, and to pass tenant protections for millions of renters across the country.

You can see several examples of positive/constructive uses of opioid settlement funds and examples of more harmful uses of funds in our [Roadmap for Opioid Settlement Funds](#).

The following are some common advocacy tools we use across our campaigns.

Each depends on directly impacted individuals telling their stories. CPD can host advocacy trainings for your members on any of the topics below.



Petitions, Sign-on Letters: A great way to bring in new people to your base and demonstrate the scope of concern to your target. Physical delivery is an effective component of direct action.

Social Media Storms: A day of digital action sparking coordinated posts and tweets @ officials can be an effective way to shape your narrative publicly and pressure officials to action.

Phone Banks: Programs such as [CallHub](#) allow a small group of people to drive hundreds of constituent calls to an official's office and are a fun way to build power and community with your membership. You can see templates of phone bank call scripts and sign-on letters [here](#).

Lobby Visits: Setting up meetings with legislative staff, an elected official, or a candidate and sharing personal stories and demands is an incredibly effective way to move policy. In the COVID era, most offices will offer these meetings via zoom, making them accessible to folks across your state.

Birddogging: Putting our elected officials or candidates on the spot—in person, in public, and on camera—so they do the right thing. This typically involves recording direct questioning of officials at town halls, official speeches, or in more ad hoc venues like in public transit or at public events.

Direct Action: Marches, rallies, and civil disobedience have been key tools to opposing harmful, unjust policies and enacting positive change in this country. Direct action often involves carrying out our demands ourselves (integrating a kitchen, offering someone a clean syringe) and highlighting the cruelty of the legal consequences. CPD staff would love to talk through how to do this safely and effectively with you and your members.



Resources

Opioid settlement funding will be distributed through states to cities and counties to help treat people with substance use disorder and end the opioid crisis.⁵⁷ The amount of funding to each state will depend on their population and the impact of the opioid crisis on the state, mainly measured by the number of overdose deaths, the number of people with a substance use disorder, and the number of opioids distributed there.⁵⁸

Each state has control over where and how to distribute their funds. For example, many states have set up councils that either decide where the funding goes or establish budget priorities and make recommendations. Some states have set up transparent, publicly available processes that have mechanisms for public input, while others have not made their decision-making transparent or public.⁵⁹

Below are resources that will help you find out what's happening in your state:

Opioid Settlement Tracker: <https://www.opioidsettlementtracker.com/>

This website is your best resource for finding more information about the settlements. It includes [guides for every state](#) that includes information about total state funds, decision-making processes, how to engage that process, and other resources.

Tribal Opioid Settlements: <https://www.tribalopioidsettlements.com/>

For information on the settlement funding for tribes.

Payback: Tracking the Opioid Settlement Cash (Kaiser Family Foundation):

<https://kffhealthnews.org/opioid-settlements/>

This website includes information and reporting about the settlements, including information about the decision-making bodies and processes, key decision-makers, and total funds for each state.

The National Harm Reduction Technical Assistance Center:

<https://harmreductionhelp.cdc.gov/s/>

Part of the Centers for Disease Control and Prevention, the National Harm Reduction Technical Assistance Center provides free help to anyone offering harm reduction services in their communities.

Social Housing for All: A Vision for Thriving Communities, Renter Power, and Racial Justice (Center for Popular Democracy):

<https://static1.squarespace.com/static/62290093087a9c0c4d6bd4d9/t/623a607f9bfe1a34b7f7b2a2/1647992973082/Social+Housing+for+All+-+English+-+FINAL+3-21-2022.pdf>

This 2022 CPD report provides information about, examples of, and policy tools for social housing and why social housing programs are an important tool for ending the affordable housing crisis for low income people and communities of color.

“What do we mean by Social Housing?” (Center for Popular Democracy):

<https://docs.google.com/document/d/1f1dyeZvFmPJ3eV3qQ4Lp7mAT74hUfoLH4GbZVhmNRQ4/>

This document by CPD provides a brief explanation of social housing and compares it to existing public housing programs, like Section 8 and the Low-Income Housing Tax Credit.

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

<https://www.vocal-ny.org/resource/a-roadmap-for-opioid-settlement-funds-supporting-communities-ending-the-overdose-crisis/>

This statement from CPD and affiliates—including VOCAL, Center for Coalfield Justice, and Detroit Action—provides our position about how opioid settlement funds should be used and includes demands for how the funding can best help our communities. These demands overlap with but also go beyond the demands in this toolkit.

Templates of phone bank call scripts and sign-on letters:

https://docs.google.com/document/d/1tgQ4_FfI4Oryz4-5kTG2iv5Fm_ljZzXy0oeOMwU8ppw

Endnotes

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- ⁶ “America’s Drug Overdose Epidemic: Putting Data to Action,” Centers for Disease Control and Prevention, accessed July 1, 2021, <https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html>.
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- ⁸ “Drug Overdose Deaths Remain High,” Centers for Disease Control, accessed September 25, 2023, <https://www.cdc.gov/drugoverdose/deaths/index.html>.
- ⁹ Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: The New Press, 2010).
- ¹⁰ Katharine Q. Seelye, “In Heroin Crisis, White Families Seek Gentler War on Drugs,” *New York Times*, October 30, 2015, <https://www.nytimes.com/2015/10/31/us/heroin-war-ondrugs-parents.html>.
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- ¹² Brendan Saloner and Benjamin Le Cook, “Blacks and Hispanics are Less Likely Than Whites to Complete Addiction Treatment, Largely Due to Socioeconomic Factors,” *Health Affairs* 32, no. 1 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3570982/>; Susan G. Pfefferle, Samantha S. Karon, and Brandy Wyant, *Choice Matters: Housing Models that May Promote Recovery for Individuals and Families Facing Opioid Use Disorder* (Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, June 23, 2019), <https://aspe.hhs.gov/reports/choice-matters-housing-models-may-promote-recovery-individuals-families-facing-opioid-use-disorder-0>.
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