



ADDICTION AND PUBLIC POLICY INITIATIVE
FIVE-YEAR REVIEW



**O'NEILL
INSTITUTE**
FOR NATIONAL & GLOBAL HEALTH LAW
GEORGETOWN LAW



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*Recovery-Ready Workplaces
Congressional Briefing, 2022*

*Back left to right: Regina LaBelle; Shelly Weizman; Greg Nalley, Nalley Fresh Restaurants; Peter Gaumond, Office of National Drug Control Policy
Front: Jennifer Sheehy, U.S. Department of Labor*

WHAT WE DO

The Addiction and Public Policy Initiative is at the forefront of advocacy, education, research, and scholarship in the field of addiction policy.

WHO WE ARE

The Addiction and Public Policy Initiative at the O’Neill Institute for National and Global Health Law was established in 2018 through a generous grant from Arnold Ventures. Housed at Georgetown Law, the Addiction and Public Policy Initiative works at the intersection of public health and the law to advance a public health approach to substance use disorder and the overdose epidemic through legal and policy strategies that promote evidence-based treatment, harm reduction, and recovery.

The Addiction and Public Policy Initiative works with physicians, researchers, government officials, advocates, people with lived experience, and others to advance public policy that promotes a public health approach to substance use disorders. Members of our team have advised congressional representatives, the White House, and federal agencies, as well as state and local government officials.

We seek to distill research into actionable steps, so policymakers can develop evidence-based strategies to address addiction, increase equitable access to care, and support recovery.

LETTER FROM THE DIRECTORS

Dear Friends,

As the Addiction and Public Policy Initiative reaches its five-year milestone, we are taking a moment to reflect on our accomplishments and anticipate the work ahead.

The U.S. continues to grapple with record rates of overdose morbidity and mortality, affecting communities nationwide. Since the beginning of our initiative, we have identified key steps that must be taken to decrease overdoses and improve outcomes for people with, or at risk of developing, substance use disorder. These steps include acknowledging the specific needs of communities who have been disproportionately affected, particularly Indigenous and Black communities, as well as individuals involved in the criminal legal system. We have also identified actionable ways to expand the policy response from rescue to recovery, with a focus on the governance and fiscal infrastructures underpinning our systems.

Our efforts have focused on the intersection of public health and the law, with an eye for using legal and policy tools to improve the nation's approach to addiction. With this in mind, we have brought together seemingly unlikely partners to identify and work toward long-term solutions.

In addition, we have been fortunate to draw upon the resources available in an academic setting to develop the leadership and policy skills of people affected by addiction, both mid-career and early-stage professionals. Our Addiction Policy Scholars program has been a highlight of the last five years, bringing together a diverse set of individuals with lived experience from across the country to identify solutions to vexing issues relating to substance use disorder. This program exemplifies an underlying goal of our work — to build and support policy capacity among individuals most affected by addiction. Our projects and publications center the input and reflect the voices of people with lived experience with addiction and recovery at every stage. This is a deliberate decision we have made and is reflected in all of our work products.

Our work has received generous support from Arnold Ventures, and we have been fortunate to work with other organizations, including the National Governors Association, American Institutes for Research, the U.S. Bureau of Prisons, the Global Health Advocacy Incubator, C4 Recovery Foundation, Justice Catalyst, and the Legislative Analysis and Public Policy Association. Together with these organizations, we have developed model laws that have been implemented in states across the country, drafted policy documents that have been used by both governors and local officials, and acted as an incubator for thoughtful dialogues on drug policy.

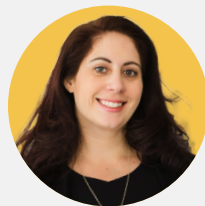
As we look to the next decade and beyond, we look forward to continuing our work on these and other projects. Our work seeks to look around the corner at issues that may not have been anticipated and to identify issues otherwise overlooked.

Thank you for partnering with us as we work to identify and advance policies that improve outcomes for individuals, families, and communities affected by substance use disorder. We look forward to the next five years.



REGINA LABELLE
Director

A handwritten signature in black ink, appearing to read "Regina Labelle".



SHELLY WEIZMAN
Associate Director

A handwritten signature in black ink, appearing to read "Shelly Weizman".

HIGHLIGHTS

2018

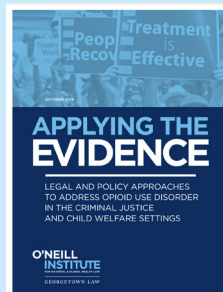
NOVEMBER

Addiction and Public Policy Initiative launched at the O’Neill Institute

2019

OCTOBER

“Applying the Evidence” convening held and report published



2020

APRIL

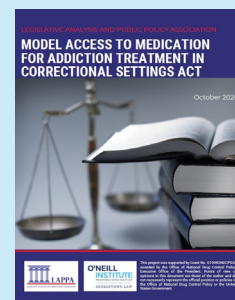
Virtual Congressional Briefing on COVID-19 and Addiction: Local Communities Respond

JUNE

Applying the Evidence Summer Series

OCTOBER

Published “Model Access to Medication for Addiction Treatment in Correctional Settings Act” in collaboration with the Legislative Analysis and Public Policy Association



2021

JANUARY

Regina LaBelle appointed as acting director of the Office of National Drug Control Policy in the Biden administration

JULY

Master's Addiction Policy & Practice Program launched

AUGUST

Shelly Weizman received the 2021 Mary L. Fleming Memorial Mentor of the Year Award

SEPTEMBER

Opioid Litigation Summit

OCTOBER

Published "Model Opioid Litigation Proceeds Act" in collaboration with the Legislative Analysis and Public Policy Association, the Center for U.S. Policy, and Brown & Weinraub, PLLC

2022

JULY

Shelly Weizman received the 40 Under 40 Public Health Catalyst Award

SEPTEMBER

Addiction Policy Scholars Program launched

OCTOBER

O'Neill Colloquium: Preventing Overdose Deaths

NOVEMBER

Congressional Briefing on Recovery-Ready Workplaces

DECEMBER

Regina LaBelle received the 2022 AAAP Arts and Advocacy Award

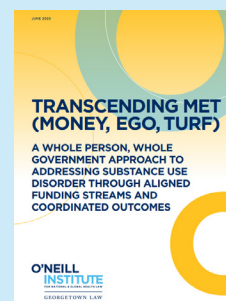
2023

MARCH

Published "Model Substance Use Disorder Treatment in Emergency Settings Act" in collaboration with the Legislative Analysis and Public Policy Association

JUNE

Published "Transcending MET (Money, Ego, Turf): A Whole Person, Whole Government Approach to Addressing Substance Use Disorder Through Aligned Funding Streams and Coordinated Outcomes"



JULY

"Lessons Learned from Portugal's Pioneering Drug Policy." hybrid panel event featuring Dr. João Goulão

AUGUST

International Overdose Awareness Day: Naloxone Training and Distribution with HoyaDOPE

OUR PROJECT WORK

The field of addiction policy has seen significant changes over the past five years, from a growing acceptance of substance use disorder as a public health issue to increased enforcement of and compliance with civil rights laws that protect people with substance use disorder.

The Addiction and Public Policy Initiative is at the forefront of catalyzing change and advancing high-impact public policy. These policies include advancing access to evidence-based treatment in jails and prisons, launching a unique Addiction Policy Scholars program, and working with members of Congress and policymakers to develop actionable policy solutions rooted in science and evidence.

With increasing rates of overdose deaths in Black and Indigenous communities in the U.S., increased attention to the needs of these communities takes on added urgency. Advancing evidence-based policies that are responsive to local needs continues to be a focus of our efforts.

Our research prioritizes turning evidence into practical and targeted policy tools and priorities that can improve health outcomes, particularly in settings where people are at a higher risk of overdose and death. In crafting these recommendations, we include the voices of people with lived experience in the policymaking process and believe that they should inform policy decisions at all levels. We also seek to build and develop the next generation of leaders in addiction policy through training, fellowships, academic programs, and collaborative discussions.



EXPANDING EVIDENCE-BASED TREATMENT

With the U.S. experiencing a record number of overdose deaths, expanding access to evidence-based treatment for substance use disorder (SUD) is critical to curbing overdose mortality, strengthening communities, and supporting people with SUD and those at risk of developing a SUD.

The [Addiction and Public Policy Initiative](#) has identified jails, prisons, courts, and child welfare settings as key opportunities to provide treatment as a specific strategy to reduce overdose deaths. Over the past five years, the initiative has operationalized this strategy through its “Advancing the Evidence” project. This project’s portfolio includes draft model state legislation and strategy briefs with actionable policy recommendations that have been adopted by a number of states and jurisdictions. The initiative has held and presented at a wide-ranging series of conferences, convenings, and collaborative discussions with public health and public safety professionals, policymakers, and community members to advance promising practices. People involved in the criminal legal system have a higher risk of overdose and higher rates of SUD. As such, access to evidence-based treatment and other services in the criminal legal system is a targeted intervention that will save lives.²

Central to the initiative’s work has been advancing evidence-based treatment in carceral settings. The initiative engages with various parties to accelerate reforms in this area, including federal and state policymakers, law enforcement officials, researchers, and members of impacted communities. The initiative’s ongoing efforts foster collaborations among stakeholders who might otherwise not join together.

In 2023, the initiative published the [“National Snapshot: Access to Medications for Opioid Use Disorder \(MOUD\) in U.S. Jails and Prisons.”](#)³ This report provides an overview of litigation, state legislation, and policies that have increased access to MOUD in U.S. jails and prisons. This new snapshot supplements the Addiction and Public Policy Initiative’s 2021 report and highlights progress in 22 states since the last publication. It also highlights the urgent need for continued policy reforms to improve conditions for people who are incarcerated and upon reentry.

In 2019, the initiative published [“Applying the Evidence: Legal and Policy Approaches to Address Opioid Use Disorder in the Criminal Justice and Child Welfare Settings.”](#) The report highlights the critical need for laws, policies, incentives, and leadership to increase access to medications for opioid use disorder for individuals with the highest risk of overdose, such as people incarcerated in jails and

THE EVIDENCE

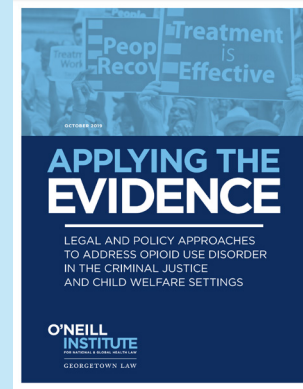
According to the [National Survey on Drug Use and Health](#), approximately 15% of people who had a substance use disorder in the past year received treatment for their substance use disorder.¹

RECOMMENDATIONS

- 1 Reform state and federal rules and laws that restrict access to evidence-based treatment for substance use disorder.
- 2 Expand access to all three FDA-approved medications to treat opioid use disorder in communities, as well as in settings such as jails, prisons, and recovery housing to reduce overdose morbidity and mortality.

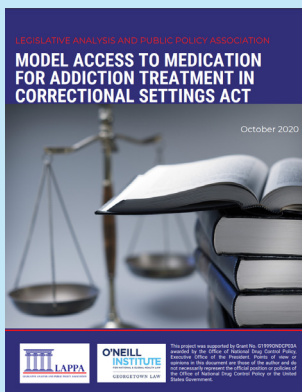
prisons and postpartum parents involved in the child welfare system. It also identifies how the silos between health care, the criminal legal system, and family services can impede access to treatment and offers recommendations for reform.⁴

During the summer of 2020, the initiative hosted a series of virtual roundtables featuring national leaders in the field of addiction policy titled “[Applying the Evidence 2020 Summer Series](#).” During the summer series, experts highlighted best practices, challenges, and opportunities they face as they implement medication-based treatment for opioid use disorder (OUD) in carceral settings.



POLICY RESEARCH AND TOOLS FOR POLICYMAKERS ON EVIDENCE-BASED TREATMENT AND WITHDRAWAL MANAGEMENT IN CARCERAL SETTINGS

The initiative collaborated with the Legislative Analysis and Public Policy Association and subject matter experts to draft a series of model state laws on access to treatment for incarcerated individuals and an evidence-based framework to better care for individuals in carceral settings.



In 2020, the “[Model Access to Medication for Addiction Treatment in Correctional Settings Act](#)” was published. This model law provides a comprehensive, evidence-based framework to ensure that all incarcerated individuals with a substance use disorder have access to lifesaving, FDA-approved medication for SUD treatment in state and local carceral settings.⁵

In 2021, the “[Model Withdrawal Management Protocol in Correctional Settings Act](#)” was published. This model law addresses the lack of withdrawal protocols for alcohol, stimulants, and other substances in jails and prisons by requiring evidence-based treatment of SUD, including the use of FDA-approved medications. It calls for carceral settings to establish and implement administrative and clinical protocols when detaining individuals at risk of withdrawal. The model law also provides a comprehensive framework for state legislators, policymakers, and those

in carceral settings and health care professions to better respond to withdrawal symptoms and related mental health crises of individuals in custody and decrease their mortality.⁶

In 2022, to further emphasize the importance of withdrawal management and SUD treatment for individuals in carceral settings, members of the initiative published a piece in *Health Affairs*, “[To Save Lives, Prioritize Treatment for Opioid Use Disorder in Correctional Facilities](#).” This article highlights gaps in carceral health care and illustrates how policy reform and legislation can continue to remove barriers to treatment for incarcerated people and reduce gaps in services.⁷ Subsequent articles in *Managed Healthcare Executive* and *North Carolina Health News* highlight the original research discussed in the *Health Affairs* piece and feature quotes from Shelly Weizman.

The initiative supported Advocates for Human Potential, Inc. in creating a legal brief for the U.S. Department of Justice's Bureau of Justice Assistance, "[Managing Substance Withdrawal in Jails: A Legal Brief](#)." The brief sheds light on the need for withdrawal management policy and protocols in jails.⁸ With the number of individuals in jail custody dying from alcohol and drug withdrawal complications, jail administrators, medical and carceral staff, public health officials, and other stakeholders must be prepared to provide adequate services under the law.

In 2023, members of the initiative published an article in the Journal of Correctional Health Care, "[Dying Inside: Litigation Patterns for Deaths in Jail Custody](#)." This article highlights original research that analyzes a novel dataset developed from dockets and reports of cases filed against jails by the estates of individuals who died in jail custody. The research identified almost \$300 million dollars in settlements and judgements from 2015–2020 to resolve these cases. The data shows that nearly two-thirds of all jail death litigation brought in the span of five years involved deaths related to behavioral health issues, including suicide, overdose, and substance use withdrawal complications. The research found that almost a quarter of cases involving in-custody deaths (23%) occurred within the first 24 hours after arrest.⁹ The initiative staff subsequently published a summary of its findings and policy recommendations in a Big Ideas brief, "[Dying Inside: To End Deaths of Despair, Address the Crisis in Local Jails](#)." Recommendations include federal legislation that would eliminate the exclusion of incarcerated people from federal Medicaid funding.

METHADONE TREATMENT

The initiative continues to amplify and support efforts to expand access to methadone for the treatment of OUD. Members of the initiative regularly collaborate with researchers and submitted formal written comments with recommendations in support of new federal regulations that update the framework for methadone for the first time in decades. Shelly Weizman participated as a panelist in a workshop hosted by the National Academies of Science, Engineering and Medicine. She subsequently published an article in Health Affairs co-authored by all the attorneys involved in the workshop, "[To Save Lives, Prioritize Treatment for Opioid Use Disorder in Correctional Facilities](#)."

In a letter to the editor in The Washington Post, "[Reduce the stigma to help people with substance use disorder](#)," Regina LaBelle discusses the use of physician education as a stigma reduction strategy.¹⁰ [Studies](#) have shown that people with SUD who experience stigma are less likely to seek treatment. However, even when people with SUD do seek treatment, they are faced with health professionals who may approach them with stigmatizing attitudes and treat them differently because of their condition.¹¹ In [surveys](#) taken by physicians and other health care professionals, data shows that some health care professionals are reluctant to treat individuals with substance use disorder. Stigma creates additional barriers to accessing treatment for people with SUD.¹²

The initiative's goal is to help policymakers create integrated systems where people and families are treated with dignity, and SUD is treated as a health issue rather than a moral failing.

AMERICANS WITH DISABILITIES ACT AND SUBSTANCE USE DISORDER

The Addiction and Public Policy Initiative works at the intersection of public health and the law to apply a disability rights framework to enhance protections for people with substance use disorder.

Our initiative focuses on ensuring policymakers, lawyers, and advocates understand the rights and responsibilities associated with the Americans with Disabilities Act (ADA) and SUD and envisioning a future where people with substance use disorder have the full protection afforded to them under civil rights laws.

Since the ADA was signed into law in 1990, individuals with SUD have been protected from discrimination. However, until recently, the ADA has been an underutilized tool in advancing the rights of people with SUD. Guidance released by the U.S. Department of Justice (DOJ) in April 2022, as well as recent enforcement actions, have been a catalyst for change.

In 2022, the initiative collaborated with the American Society of Addiction Medicine to host a webinar, [“The Americans with Disabilities Act and Substance Use Disorder: Rights, Responsibilities, and Looking Ahead.”](#) which featured speakers from the DOJ and the Equal Employment Opportunity Commission (EEOC). As part of this effort, the initiative published a Big Ideas brief, [“The Americans with Disabilities Act and Substance Use Disorder: Rights, Responsibilities, and Looking Ahead.”](#) The original brief, published in September 2022, was updated with additional cases in 2023. In addition, the initiative convened a group of presenters from the DOJ and EEOC for panel discussions at the “Rx and Illicit Drug Summit” in 2023 and 2024.

In 2022, the initiative joined members of Congress representing the Bipartisan Addiction and Mental Health Task Force for a briefing on Recovery-Ready Workplaces. The panel, moderated by Regina LaBelle, included employer Greg Nalley, founder and owner of Nalley Fresh Restaurants in Maryland; Peter Gaumond, Office of National Drug Control Policy (ONDCP); Jennifer Sheehy, deputy assistant secretary at the U.S. Department of Labor; and Shelly Weizman. The panel members discussed the important role that Recovery-Ready Workplaces play in providing supportive workplaces for employees and helping employers fill workforce gaps and how Congress can support these efforts.

The Recovery-Ready Workplaces panel laid the foundation for the publication of a peer-reviewed journal article titled, [“Recovery Ready Workplaces: A key strategy for reducing overdoses and sustaining recovery from substance use disorder.”](#) Published in the Journal of Opioid Management in October 2023, this article outlines the role that Recovery-Ready Workplaces can play in reducing overdoses, strengthening communities, and helping individuals sustain recovery from SUD.¹³

In 2023, the initiative hosted a webinar, [“Recovery Housing and the Americans with Disabilities Act.”](#) which featured speakers from the DOJ and the Substance Abuse and Mental Health Services Administration (SAMHSA). The panel members discussed the current state of recovery housing and opportunities for improving recovery housing in the United States. As part of this effort, the initiative published a Big Ideas brief, [“Recovery Housing and Civil Rights Laws: Rights and Obligations Related to Medications for Opioid Use Disorder.”](#) This brief discusses the role housing plays in sustaining recovery; how punitive policies, particularly regarding MOUD, in recovery housing are often connected to homelessness and housing insecurity and may exacerbate SUD symptoms; and civil rights protections afforded to people with SUD seeking housing.¹⁴

“Recovery Housing and the Americans with Disabilities Act” Webinar Event

494

INDIVIDUAL EVENT
REGISTRANTS

238

DOWNLOADS
OF BRIEF

362

VISITS TO EVENT
PAGE

124

VIEWS OF EVENT
RECORDING

As of February 7, 2024

Overall, the initiative’s work identifies a more inclusive path forward that reflects the science of addiction and gathers experts from different disciplines to enhance awareness and support evidence-based policy.

COVID-19 AND ADDICTION POLICY

The COVID-19 pandemic profoundly affected the health services landscape across the country. In response to the changes made by the federal government during COVID-19 and the challenges the nation faced in reaching people with necessary prevention, treatment, recovery, and harm reduction services, the initiative helped inform and shape the national dialogue on the impact of the pandemic and the need for quick and nimble policy reforms.

The initiative held a virtual congressional briefing on [“COVID-19 and Addiction: Local Communities Respond”](#) with remarks from U.S. Rep. Paul Tonko (D-NY), which highlighted local community responses to the simultaneous public health emergencies of opioid-involved overdoses and COVID-19. In addition, participants shared how recently revised federal rules relating to medication-based treatment and telehealth were being applied locally, as well as how congressional funding can best aid local communities.

In their op-ed for The Hill, [“Nation’s opioid addiction treatment system during COVID-19 needs reform,”](#) Caleb Banta-Green, a member of the initiative’s advisory board, along with Dr. Yngvild Olsen and Regina LaBelle, discussed the need for federal intervention during the COVID-19 pandemic to ensure people with OUD have access to medication. They further explained how existing barriers to treatment exacerbate health risks. The authors stated, “During uncertain times such as public health emergencies, flexibility for opioid treatment providers is key so patients receiving opioid treatment medications such as methadone or buprenorphine can continue lifesaving treatment. However, the lack of flexibility and burdensome regulations inherent in medication-based treatments for OUD make the continuity of care difficult.”¹⁵

In their Expert Column, [“Re-imagining Mental Health and Addiction Treatment After COVID-19,”](#) Shelly Weizman and Danielle Tarino discuss the urgency for the professional network of systems treating people with SUD to make addiction treatment and support more accessible. While Americans are dying from overdose in record numbers, administrative barriers and bureaucracy are preventing people from accessing lifesaving support. Weizman and Tarino write, “Our systems need to adjust to help people, not the other way around.”¹⁶ The COVID-19 pandemic has shown us that our elected officials can

overcome partisan differences and cut through bureaucratic barriers, making treatment and support more accessible for people in need. We must apply this same approach to the epidemics we are already battling.

At the Federation of State Medical Boards Annual Meeting, Regina LaBelle served as a distinguished featured presenter on “[COVID-19, the Overdose Epidemic, and the Way Forward.](#)” Regina discussed new developments in the overdose crisis during COVID-19 and emerging strategies in response.

The COVID-19 pandemic exacerbated the preexisting overdose epidemic in the United States. While increased access to telehealth and medications has been helpful, overdose deaths rose by 27% in 2020 and by another 15% in 2021. Addiction policy sits at the intersection of public health, criminal justice, and human rights and became increasingly relevant during the global pandemic.

INTERNATIONAL DRUG POLICY

In 2023, the Addiction and Public Policy Initiative convened a panel of policy experts to discuss Portugal's approach to drug policy. The panel featured Dr. João Goulão, Portugal's General-Director for Intervention on Addictive Behaviors and Dependencies — the architect of Portugal's approach to drug policy. Panelists also included past and present U.S. government officials and policy experts, including a researcher and former law enforcement official. Dr. Goulão emphasized that Portugal's approach could be adapted to fit the social norms of other countries. However, issues they were facing were due to a lack of government funding, not a flaw in their drug policies.

In conjunction with this event, the initiative released a Quick Take brief, “[Portugal's Pioneering Approach to Drug Policy: Lessons Learned.](#)” outlining lessons other countries can draw from Portugal's approach to drug policy. The report highlights four lessons from Portugal's pioneering drug policy including: 1) recognize substance use disorder as a health, not criminal, issue; 2) make substantial and consistent financial investments in public health services; 3) allocate robust financial investment to data collection and reporting; and 4) collaborate across different disciplines and with people with lived or living experience.¹⁷ Regina LaBelle also published an op-ed in The Hill, “[The U.S. can learn from Portugal's drug policies, including decriminalization.](#)” regarding Portugal's approach to drug policy and lessons for other countries.¹⁸

“Lessons Learned from Portugal's Pioneering Drug Policy” Hybrid Panel Event

2.6K
INDIVIDUAL EVENT
REGISTRANTS

567
DOWNLOADS
OF BRIEF

As of February 7, 2024



Former ONDCP Director Michael Botticelli, Dr. João Goulão, SAMHSA Assistant Secretary Miriam Delphin-Rittmon, and Dr. Brandon Del Pozo during panel discussion on Portugal's approach to drug policy.



O'Neill's Daniel Fishbein and Madison Fields join U.S. Rep. Annie Kuster (D-NH), Dr. João Goulão, Director Regina LaBelle, and C4 Recovery Foundation's Bob Trojan discussing Portugal's approach to drug policy.

HARM REDUCTION



The Substance Abuse and Mental Health Services Administration defines harm reduction as “a practical and transformative approach that incorporates community-driven public health strategies, including prevention, risk reduction, and health promotion, to people who use drugs (PWUD) and their families with the choice to live healthy, self-directed, and purpose-filled lives.”

Harm reduction centers the lived and living experiences of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them.¹⁹

One of the tenets of harm reduction is that it “meets people where they are, but doesn’t leave them there.” Harm reduction approaches seek to prevent overdose and disease transmission among people who use drugs; improve their physical, mental, and social well-being; and offer them low-barrier access to health care services, including substance use and mental health services.

At a time when the U.S. is facing unprecedented levels of overdose deaths driven by the increasing availability and use of highly potent, illicitly manufactured fentanyl, increased access to harm reduction services has taken on added importance.²⁰

Drug testing equipment, including fentanyl test strips, can be used to detect the presence of fentanyl in drugs, such as heroin, cocaine, and methamphetamine. Individuals using a drug, as well as those responding to an overdose, may have no idea that a powerful synthetic opioid is present. Fentanyl test strips are a low-cost method of helping prevent drug overdoses and reducing harm.

An estimated 1 in 5 people with OUD in the United States are uninsured.²¹ The opioid epidemic and injection drug use-related infections put increased pressure on public programs, such as Medicaid, which covers nearly 40% of people with OUD. Medicaid also covers a significant portion of the population living with human immunodeficiency virus (HIV) and hepatitis C virus (HCV).²² Funding to establish and maintain comprehensive harm reduction programs is often limited due to laws that prohibit funding harm reduction equipment or services with state or federal funds.²³ Harm reduction services are also not always perceived as part of the continuum of care despite providing needed services in public health approaches.

In 2019, Regina LaBelle and Sonia L. Canzater worked with the National Governors Association (NGA) Center for Best Practices Health Division to develop a case study exploring Kentucky’s

THE EVIDENCE

Harm reduction services provide an opportunity to meet people where they are. They also provide needed services to prevent overdoses, infectious diseases, and other negative health outcomes.

RECOMMENDATION

Policymakers should follow the evidence and science and provide access to harm reduction services where needed to save lives and reduce health and social harms.



PEOPLE WITH OPIOID USE DISORDER IN THE UNITED STATES ARE UNINSURED

effort to establish syringe services programs (SSPs) in areas hardest hit by the opioid epidemic. This case study provides insights into best practices and lessons learned, with a focus on the cross-sector partnerships central to state and local efforts to expand comprehensive harm reduction services.²⁴

Syringe services programs are community-based prevention programs that provide a range of social, medical, and mental health services — often including, but not limited, to the provision of sterile syringes, screening and treatment for infectious diseases and SUD, and naloxone distribution — for people who inject drugs.²⁵ In their Health Affairs op-ed, “Defending Syringe Services Programs,” Jennifer D. Oliva, Taled El-Sabawi, Sonia L. Canzater, and Shelly Weizman discuss how SSPs can mitigate infectious disease outbreaks, improve health outcomes, and save lives.²⁶

When combined with other harm reduction interventions, SSPs are associated with a 50% reduction in the spread of HIV and HCV. SSPs decrease unsafe needle sharing by 20–40%, while providing a critical point of entry into the treatment system, testing, and counseling.²⁷ In fact, research demonstrates that syringe service program clients are five times more likely to voluntarily participate in evidence-based drug treatment and three times more likely to stop using drugs than individuals who lack access to such services.²⁸ SSPs also keep first responders and the public safe by promoting the safe disposal of used needles.²⁹ As summarized by the CDC, “[n]early 30 years of research has shown that comprehensive syringe services programs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.”³⁰



INTERNATIONAL OVERDOSE AWARENESS DAY
Naloxone training and distribution in collaboration with Georgetown University Medical Center's HoyaDOPE Project.

Adopting effective, evidence-based policies, such as harm reduction, is needed to prevent overdose deaths and is critical to the collective work toward ending the HIV epidemic and eliminating viral hepatitis as a public health threat in the U.S.



OPIOID LITIGATION SETTLEMENTS

Federal funding, opioid litigation proceeds, and other funding sources, as well as innovation and research, create an opportunity for governments to re-imagine traditional approaches to SUD. Therefore, this is an important time for careful examination of these expenditures to make sure they build on evidence-based approaches and develop the infrastructure necessary to meet tomorrow’s challenges.

Much of the Addiction and Public Policy Initiative’s efforts have focused on governance strategies to ensure that proceeds from opioid litigation are spent with accountability and transparency. In 2021, the O’Neill Institute, in collaboration with Georgetown Law Professor Maria Glover, LAPPA, and The Pew Charitable Trusts, hosted the [“Opioid Litigation Summit: Maximizing the Impact of Settlements to Address the Opioid Epidemic.”](#) This summit convened experts from comprehensive, divergent, and cross-cutting fields, including complex litigation, public health and policy, government, and advocacy. During the two-day convening, participants discussed numerous strategies to maximize the impact of opioid litigation proceeds, including state legislation.

Initiative staff also developed a model state law, the [“Model Opioid Litigation Proceeds Act,”](#) which was released by the White House Office of National Drug Control Policy in 2021. This act is intended to help states establish a dedicated fund — separate from the state’s general treasury fund — that is designated for SUD abatement, including prevention, treatment, recovery, harm reduction infrastructure, programs, services, supports, and resources.³¹

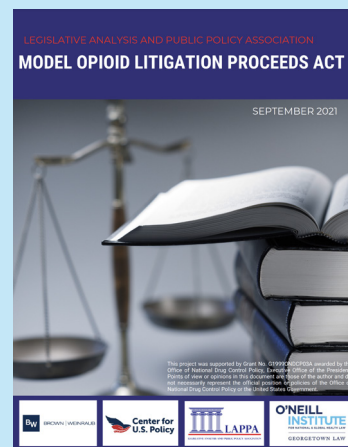
In October 2022, the Addiction and Public Policy Initiative hosted a special O’Neill colloquium session on the nation’s overdose crisis and its origins. Regina LaBelle joined Pulitzer Prize-winning journalists, Scott Higham and Sari Horwitz, to discuss their book, *“American Cartel: Inside the Battle to Bring Down the Opioid Industry.”* Their book details the historic litigation brought against opioid manufacturers, distributors, and pharmacies and efforts by litigators and law enforcement to hold industry accountable.

THE EVIDENCE

An influx of new funding from the federal government, opioid litigation proceeds, and other sources create an opportunity to address long-standing challenges across the multiple — and often disconnected — systems addressing addiction.

RECOMMENDATION

States and local governments should align funding across siloed government systems for a more coordinated and effective response to prevent and address addiction.



The initiative published a Big Ideas brief, [“Maximizing the Impact of Opioid Litigation to Address the Overdose Epidemic.”](#)³² This brief highlighted themes from the “Opioid Litigation Summit,” including:

- **INTENTIONALLY COLLABORATE ON ACTIONABLE POLICY**
- **REFLECT COMMUNITY NEEDS IN THE DISTRIBUTION OF PROCEEDS**
- **SUPPLEMENT, NOT SUPPLANT, EXISTING OPIOID-RELATED FUNDING**
- **SUSTAIN OVERSIGHT**
- **MAXIMIZE AND COORDINATE OTHER SOURCES OF FUNDING TO CREATE A COMPREHENSIVE PLAN TO ADDRESS SUBSTANCE USE DISORDERS**

Over the course of 18 years, state and local governments will receive over \$50 billion from litigation against opioid manufacturers and distributors. Transparency and robust conflict of interest standards are essential to building public trust in the government officials and abatement councils charged with overseeing the distribution of these funds.

As part of the initiative’s collaboration with the National Governors Association, staff of the initiative have advised states across the country on best practices for governance related to opioid litigation funds. In July 2023, Regina LaBelle presented at the “Opioid Litigation Settlement Funds Summit” in Cleveland, Ohio. There, representatives from governors’ offices across the country discussed appropriate use of opioid litigation proceeds and the unique role governors can play in optimizing proceeds. Regina LaBelle, Shelly Weizman, and Madison Fields helped organize and participated in a roundtable on best practices for opioid litigation settlement spending, convened by the NGA in Washington, D.C. They moderated and spoke on panels about national trends related to opioid litigation spending and recovery support services. The initiative contributed to the development and dissemination of an NGA policy roadmap, [“Implementing Best Practices Across the Continuum of Care to Prevent Overdose.”](#) This roadmap provides governors with 17 specific, actionable recommendations to prevent overdose across the five pillars of the substance use disorder continuum of care: foundations, prevention, harm reduction, treatment, and recovery.³³

In 2023, Madison Fields and Regina LaBelle published a Quick Take brief, [“Conflicts of Interest and Opioid Litigation Proceeds: Ensuring Fairness and Transparency.”](#) This brief outlines potential conflicts of interest within decision-making and advisory councils, identifies best practices from states with extensive protocols for conflicts of interest, and provides recommendations based on these findings.³⁴

Shelly Weizman and Joseph Longley contributed a chapter to a forthcoming book, “Responding to the Opioid Epidemic: A Guide for Public Health Practitioners,” which will be published by the American Public Health Association. This book chapter focuses on “opioid litigation funds as a public health resource.”

Proceeds from the opioid litigation present an unparalleled opportunity for government leaders to remedy many of the catastrophic public health and societal harms caused by the opioid epidemic. The strategies created to ensure accountability and oversight of these funds can provide a blueprint for future public health litigation.

Policymakers must take the necessary steps to safeguard these funds and optimize the possible benefits by supporting a system that ensures access to evidence-based, evidence-informed, and community-centered programs.

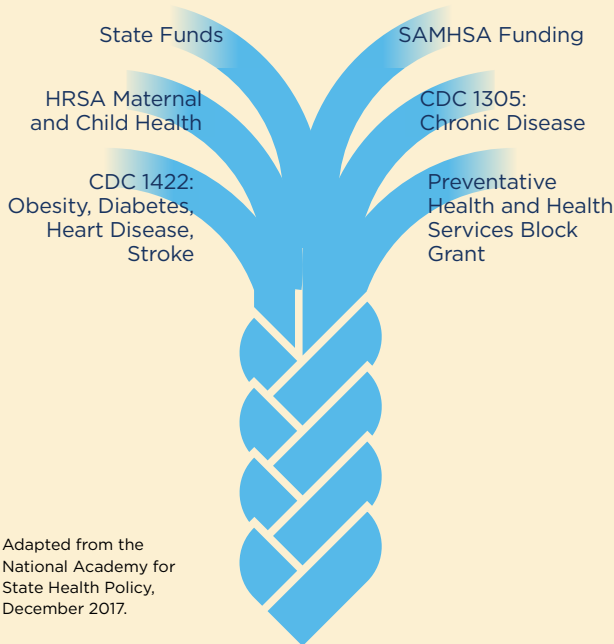
ALIGNING FUNDING FOR SUBSTANCE USE DISORDER ACROSS THE WHOLE OF GOVERNMENT

The multiple, disconnected systems that address SUD create a long-standing challenge to the state and local response to addiction. These systems include not only prevention, treatment, harm reduction, and recovery, but also mental health, health care, hospitals, emergency medical services, courts, jails and prisons, child welfare, schools, shelters, housing supports, vocational training, economic development, public assistance, and more. Individuals with SUD must often engage with these multiple, disjointed systems through various government agencies in order to access needed services and support.

The initiative collaborated with New York University’s McSilver Institute for Policy Poverty and Research to develop a multi-year fiscal redesign project. This project examines the current state of funding for SUD services in the U.S. across siloed systems and provides recommendations for fiscal reforms (including blending and braiding of disparate funding streams), outcomes measures, and governance strategies to align services and funding across the field.

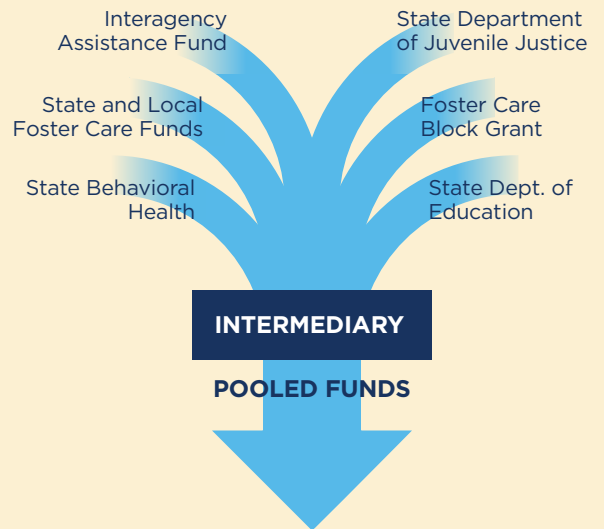
BRAIDED AND BLENDED FUNDING SYSTEMS

BRAIDING



Adapted from the National Academy for State Health Policy, December 2017.

BLENDING



Adapted from the National Academy for State Health Policy, June 2016.

In June 2023, the initiative published a report, [“Transcending MET \(Money, Ego, Turf\): A Whole Person, Whole Government Approach to Addressing Substance Use Disorder Through Aligned Funding Streams and Coordinated Outcomes.”](#) This report proposes guiding principles and concrete recommendations for governments to transform budgets to incentivize investment in a coordinated, targeted, and outcomes-driven approach to SUD.³⁵ The principles presented were developed through research on best and

promising practices in the SUD space and other health and social justice areas, as well as focus group and individual interviews across the spectrum of government, public health, law enforcement and criminal justice, health, and behavioral health systems. These interviews and focus groups included persons with lived experience with SUD, as well as representatives from innovative programs that have used incentives and funding structures to drive positive outcomes.

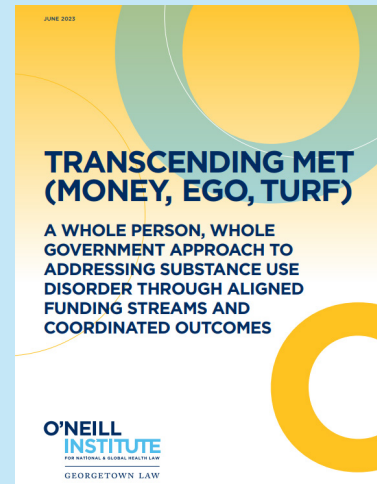
Money, Ego, and Turf (collectively “MET”) perpetuate structural barriers to addressing SUD, including an onerous regulatory structure and disjointed funding. MET impedes access to quality treatment and non-clinical community-based supports and leads to challenges with linkage, engagement, and long-term recovery. Societal barriers — including stigma, discrimination, and long-standing racial inequality — also prevent people from accessing needed care, services, and support.

Further, a lack of coordinated infrastructure that facilitates shared goals, evidence-based practices, and data consistency across these systems creates silos and inefficiencies that prevent a comprehensive strategy needed to address addiction in the United States. For providers and government program administrators, these disconnected systems create disorganization, fragmentation, and duplication within the larger landscape of care. For many individuals and families, the current structure is, at best, ineffective and, at worst, contributes to the skyrocketing number of drug-related deaths. This system architecture has also led to initiative fatigue, duplicative and onerous reporting and regulatory structures, and a lack of trust among providers.

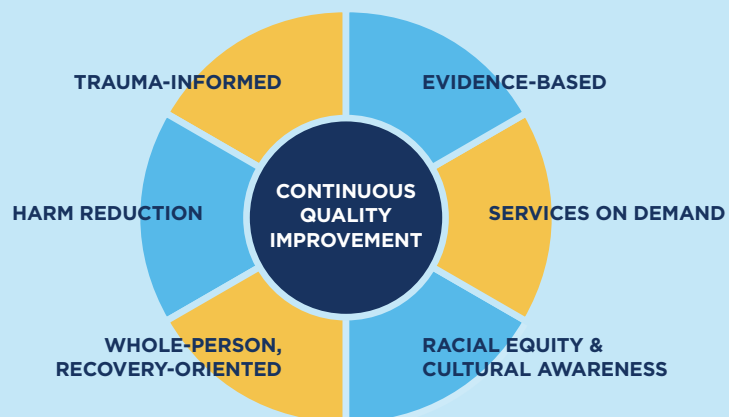
A recent infusion of significant federal dollars, opioid litigation proceeds, and other funding sources, together with innovation and new research, has created an opportunity for governments to re-imagine traditional approaches to SUD. With the opportunity to direct local, state, and federal funds, governments can implement a new, cohesive system to promote access to evidence-based, individualized, low-barrier care.

The initiative presented findings from the fiscal redesign (MET) report at the 2023 “[Rx and Illicit Drug Summit](#).” Regina LaBelle also discussed this report and its findings at the National Academy of State Health Policy’s (NASHP) Annual Conference. The [NASHP](#) conference gathers state health policy leaders from across the U.S., bringing attention to important issues facing state policymakers and highlighting innovative solutions.

The initiative continues to present the fiscal redesign (MET) report findings to partners in the addiction policy and practice community, including the NGA and SAMHSA.



GUIDING PRINCIPLES FOR A WHOLE-PERSON, WHOLE-GOVERNMENT APPROACH TO SUD



LEADERSHIP DEVELOPMENT



RECOVERY POLICY COLLABORATIVE

The Recovery Policy Collaborative is a network of experts in health, human rights, policy, and law who have lived experience with addiction and recovery. The network infuses these voices into the creation and implementation of strong public policy, identifies and replicates best practices from across the United States, and builds a diverse bench of public policy leaders by supporting leaders and emerging leaders with lived experience.

The Recovery Policy Collaborative includes current and former government officials; innovators in the treatment, recovery, and harm reduction field; lawyers; doctors; researchers; clinicians; professors; policymakers; tech entrepreneurs; funders; and advocates from across the United States who seek to leverage their collective expertise to advance good public policy on substance use disorder. Through discussion, collaboration, and professional development, the collaborative supports and advances the diverse voices of people with lived experience to create and implement good policy. The network also supports the Addiction Policy Scholars Program through resources and mentorship.



Pictured: Members of the Recovery Policy Collaborative and Addiction Policy Scholars meeting with SAMHSA leadership.



Eric Bailly



Erin Booker



Ariel (Air) Britt



Sarah Brothers



Jan Brown



Deirdre (Dee) Calvert



Stephanie Campbell



Tom Coderre



Kateri Coyhis



Caroline Davidson



Matt Fallico



Aaron Ferguson



Jose Flores



Brandon George



Kristen Harper



Tom Hill



Mariel Hufnagel



John Hulick



Andre Johnson



Christopher Jones



Donald McDonald



Keli McLoyd



Keith Murphy



Kim Freese



Patrick Reilly



Philip Rutherford



Danielle Tarino



Shelly Weizman



Michael White



Greg Williams

MEMBERS OF THE RECOVERY POLICY COLLABORATIVE

ADDICTION POLICY SCHOLARS PROGRAM

In 2022, the initiative launched the Addiction Policy Scholars Program, an 18-month program that supports a diverse cohort of current and emerging leaders with personal, familial, and professional experiences with addiction and recovery.

The Addiction and Public Policy Initiative, the Recovery Policy Collaborative, and the C4 Recovery Foundation welcomed the inaugural cohort of Addiction Policy Scholars by hosting a three-day Policy Academy in Washington, D.C. Scholars toured the White House and Congress, met with Office of National Drug Control Policy and Substance Abuse and Mental Health Services Administration leadership and staff, congressional offices, and other leaders to discuss the latest developments in addiction policy and collaborate on how to use innovation and lived experience to make an impact.

During the program, scholars developed and implemented original policy reform projects with the support of a formal mentor, staff and faculty of the O'Neill Institute, and members of the Recovery Policy Collaborative. The program culminated with a congressional briefing on Capitol Hill in March 2024, where scholars highlighted the critical need for addiction policy that is both informed by lived experience and rooted in science, equity, and community need. The program is supported by the C4 Recovery Foundation.



Pictured: Inaugural cohort of Addiction Policy Scholars with officials from the Office of National Drug Control Policy and the Recovery Policy Collaborative at the White House.

ADDICTION POLICY SCHOLARS 2022-2024 INAUGURAL COHORT



MARIANNE GIBSON

Annapolis, Maryland

Program Director for Behavioral Health in the Center for Best Practices at the National Governors Association

Project: Equitable Access to SUD Funding to Address Racial Disparities



LAUREN KESTNER

Charlotte, North Carolina

Associate Director of Harm Reduction at the Center for Prevention Services

Project: Harm Reduction Housing First for People Who Use Drugs



PHILOMENA KEBEC

Odanah, Wisconsin

Economic Development Coordinator at Bad River Band of Lake Superior Tribe of Chippewa Indians

Project: Sustainable Funding for Tribal Harm Reduction Programming



LAUREN NOCERA

Providence, Rhode Island

Founder and Principal Consultant at Expedition Consulting

Project: Centering Equity in Drug Policy and Funding



KEEGAN WICKS

Harrisburg, Pennsylvania

National Advocacy and Outreach Manager at Faces & Voices of Recovery

Project: Building a Recovery-Ready Nation



OUR TEAM



REGINA LABELLE
Director



SHELLY WEIZMAN
Associate Director



JOSEPH LONGLEY
Project Director



CODY THOMPSON
Program Coordinator

OUR SCHOLARS



JENNIFER D. OLIVA
Senior Scholar



TALEED EL-SABAWI
Research Scholar

OUR PEOPLE

Over the course of the past five years, our staff has included a number of talented fellows, scholars, research assistants, and interns — all of whom contribute to the work of our initiative. We have been fortunate to see many of our staff go on to continue their work in addiction policy, including Somer Brown and Dan Fishbein, who now serve in the federal government, and Madison Fields, who now works with the Global Health Advocacy Incubator. Another of our legal fellows, Fabian Lucero, works for the Ways and Means Committee in the U.S. House of Representatives. Most importantly, we continue to partner with them even after they leave our initiative.

Our work is intended to drive policy change, and we do this in a variety of ways. Our director, Regina LaBelle, has testified before [Congress](#), published [op-eds](#), and commented on addiction policy issues in various media outlets. She also served in the Biden administration in 2021 as acting director in the White House Office of National Drug Control Policy. Our associate director, Shelly Weizman, is a sought-after public speaker and is often called upon to comment in the media. She has consulted with numerous states, including, most recently, Hawaii. In 2023, legal fellow Madison Fields added her voice to Washington, D.C.'s debate on their addiction policies. Watch the hearing [here](#).



Pictured: Madison Fields testifying at a Joint Public Roundtable titled "Combatting the Opioid and Fentanyl Crisis in DC" held by the Council of the District of Columbia's Committees on Health and Hospital & Health Equity.

THANK YOU

We at the O’Neill Institute’s Addiction and Public Policy Initiative are filled with gratitude, as we reflect on our work over the past five years and look forward to the years ahead. Our efforts to improve outcomes for people with substance use disorder would not be possible without our generous funders, partners, and advisory board members. We are thankful for their continued advice, partnership, and support.

OUR FUNDERS

AMERICAN INSTITUTES FOR RESEARCH

ARNOLD VENTURES

BUREAU OF JUSTICE ASSISTANCE

BUREAU OF PRISONS

C4 RECOVERY FOUNDATION

GLOBAL HEALTH ADVOCACY INCUBATOR

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SUSAN WEINSTEIN, J.D.

THE HONORABLE STEVE WILLIAMS

NANCY K. YOUNG, PH.D.



Inaugural meeting of the Addiction and Public Policy Initiative's Advisory Board.

Front: Susan Weinstein, Sonia Canzater, Meghan Gallagher, Dr. Lipi Roy.

Back: Regina LaBelle, Sally Friedman, Mayor Steve Williams, Elizabeth Connolly, Mary Lou Leary, Jeffrey S. Crowley.

CONTACT US

HEENA PATEL

Director of Strategic Communications

oneillcomms@georgetown.edu



ENDNOTES

ADVANCING THE EVIDENCE

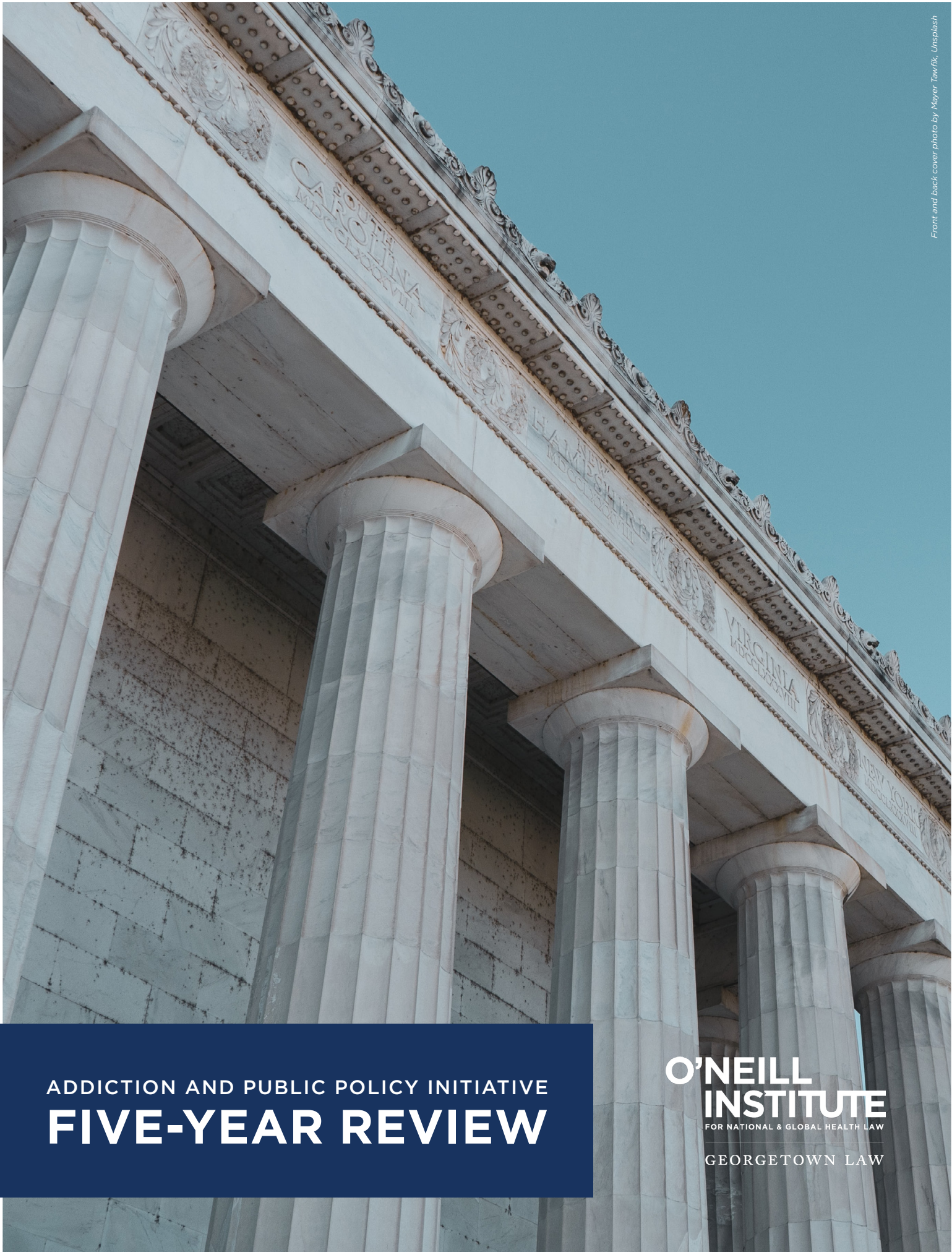
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ADDICTION AND PUBLIC POLICY INITIATIVE
FIVE-YEAR REVIEW

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