



The State of
American Philanthropy

Giving for
Substance Use
Disorders and
Addiction

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ABOUT THE STATE OF AMERICAN PHILANTHROPY

The State of American Philanthropy is a series of background papers on important topics and trends in U.S. philanthropy. The papers draw on past research and reporting by IP writers, as well as new interviews, grantmaking data, and other sources. Learn more at insidephilanthropy.com/state-of-american-philanthropy.

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EXECUTIVE SUMMARY

Substance use disorders and addiction remain a critical public health epidemic that warrants philanthropic attention and action. This segment of the nonprofit sector has long suffered from donor neglect and is perennially underfunded. Substance use and addiction still carry the heavy sting of stigma, including among some health professionals.

Addiction can, in media portrayals, appear intractable. In reality, there are proven, effective treatments for individuals struggling with substance use. Substance use disorders are often closely connected to other challenging social concerns – mental illness, child welfare, homelessness, incarceration and adverse childhood experiences – that negatively impact a person’s wellbeing, and also impacts communities, national economic productivity and healthcare costs. Despite increased recognition of the growing unmet needs that substance use disorders and addiction present and the significant burdens these conditions place on individuals, families and society, philanthropic support to address these problems has been scarce.

Few in the United States are unscathed by substance use disorders. It’s a public health emergency. It’s also deeply personal. Nearly half the population has a family member or close friend who’s been addicted to drugs, according to the [Pew Research Center](#). Deaths from drug and alcohol use – along with suicides, sometimes collectively referred to as “[deaths of despair](#)” – have risen dramatically in recent years. COVID-19 hasn’t helped: This public health plague’s magnitude was both obscured and accelerated by the pandemic.

According to the [Centers for Disease Control and Prevention](#), the current opioid overdose epidemic in the U.S. began in the 1990s with prescription opioids, moved on to a second wave of heroin use beginning in 2010, and morphed into its third wave starting in 2013, fueled by the growing use of fentanyl, a synthetic opioid that’s up to 100 times more potent than morphine. These days, the synthetic stimulant methamphetamine is also present in a large [percentage of drug deaths](#). Other substances – such as alcohol and tobacco – are huge, perennial problems, too.

It is a complicated, multi-tentacled area to address and to fund. Nonetheless, there are promising innovations, strategies and treatments, and a few philanthropic leaders supporting important work.

Who’s Giving

- Few mega-donors and national foundations devote annual grantmaking to substance use disorders. Historically, Robert Wood Johnson Foundation and Conrad N. Hilton Foundation were the field-leading funders in this area, but no longer.
- More recently, other large private foundations such as Bloomberg Philanthropies and Open Society Foundations have taken on pieces of the substance use challenge.
- Philanthropy in this arena is largely driven by small, often family-run foundations, some of which have founders with a personal connection to the cause.

- Corporate funders are mostly absent from the field, with a few exceptions.
- Health conversion foundations and public community foundations play a significant role at the local and state levels.
- Pharmaceutical companies that profited from the opioid epidemic are now directing some charitable funds in this area, but ethical questions arise for nonprofits considering accepting those donations.

Who's Getting

- Residential recovery treatment centers received the bulk of donor support generally.
- Organizations that seek to educate, reduce stigma and promote prevention receive significant philanthropic support, especially from large, national private foundations.
- Groups devoted to harm reduction receive funding, mostly for their community-based efforts.
- Advocacy organizations that focus on policy change and decriminalization of drug taking also rely on philanthropy, usually in larger proportions than other types of nonprofits in the substance use disorder field.

The Big Issues and Funding Trends

- The challenge of educating both the public and key professional segments about stigma reduction and prevention efforts remains a significant hurdle.
- Many in the field struggle to attract funding for harm-reduction approaches: overdose-reversing medications, safe syringe houses, fentanyl testing strips, clean needles, community training.
- These are complex, interwoven social welfare concerns, often presenting with a dual diagnosis (substance use disorder and mental health challenges) and polysubstance use.
- America's long-standing attachment to abstinence approaches can get in the way of supporting innovative medication treatments and behavioral therapies.

Equity in the Sector

- There is increasing recognition of the social determinants and structural inequities that contribute to substance use disorders and addiction, including racial, ethnic and economic inequalities in the nation's response to the drug epidemic, but disparities in access to treatment is stark. And the disproportionate number of people of color, low-income individuals and marginalized groups who are incarcerated or otherwise entangled with the criminal justice system as a result of substance use disorders has been the subject of deep and moving scholarship.
- Steep increases in overdose deaths in BIPOC communities over the past several years, linked to the rise in fentanyl-laced drugs, serve to highlight the central importance of racial equity in addressing substance use disorders and addiction.
- Philanthropy could step up to advance practices and policies that result in a substance use system of care that is comprehensive, culturally relevant, person-centered and community-based. Philanthropy wields more power to influence public discussion than it generally acknowledges, but the sector has a lot to learn and has historically played a role in promulgating punitive, racially divisive programming.

This area is fertile ground for giving. Philanthropy is flexible enough to respond to immediate challenges, test potential solutions and support broad systems change. Funders active in this ever-evolving space have multiple entry points to engage, support, guide, plug holes and innovate. Funders that invest in areas such as racial justice and equity, early childhood interventions and safe housing are receptive to addiction and substance use disorder nonprofits that frame their work by highlighting these interconnected issues.

There is no shortage of ideas for addressing this daunting problem, but there are systemic failures that need addressing to make progress. It's not as simple as throwing money at the problem to fix it. That said, there is a shortage of funding to advance new approaches, refine concepts and bring model programs to scale. Philanthropy has an opportunity in this area to support systemic change similarly to funders in the health and education sectors to support the most promising solutions, interventions, treatments, education and preventive measures and to partner with nonprofits and government at the local, state, regional and national level to address a public health epidemic that demands greater donor attention.

There are not a lot of “quick wins” in this field and investing takes patience. In addition, early education and intervention well prior to an individual developing a full-blown substance use disorder can keep them safe, healthy and supported. The funder community can play a significant role here.

Introduction

Substance use disorder funding is by necessity wide-ranging and often intersects with social services, criminal justice advocacy and youth outreach. Addressing substance use disorders overlaps with many systems of care (social services, health, education) and challenging social issues (poverty, racial equity, mental illness, homelessness, adverse childhood experiences). Substance use addiction is complex and chronic, and particularly impacts vulnerable populations. Success in this sector is often less than linear and return on investment hard to measure or highlight.

In 2021, more than 100,000 Americans died of an opiate overdose – more than those from gun violence or car crashes combined, according to the [National Center for Health Statistics](#). This grim milestone represented a massive 30% increase over the previous year. Overdose deaths have more than doubled since 2015. A growing share of drug deaths comprises overdoses involving fentanyl, a potent synthetic opioid that is often mixed with other drugs, and methamphetamine, a synthetic stimulant, according to the [Centers for Disease Control and Prevention](#) (CDC). Many deaths appear to result from a combination of the two drugs. For people under 50, overdose is the leading cause of death. More families grieved the loss of a loved one due to an overdose in 2021 than at any time during the AIDS epidemic. In recent years, U.S. life expectancy has dipped, and – prior to COVID-19 – that drop was largely driven by unintentional drug overdose deaths, according to the CDC.

Only about 10% of people who need treatment for substance use disorders access care, according to the [Substance Abuse and Mental Health Services Administration](#), and many don't receive the

proven, effective treatment they need, say advocates. But opiate overdoses – whether prescription medications such as oxycodone or illegal drugs such as heroin – are just a part of the problem. Many individuals have polysubstance use problems, meaning they are addicted to more than one drug. And it should be noted that many people who use drugs do so happily and without medical complications, or are not ready for or interested in treatment. For those who are looking for treatment options, there is a lack of access to care – and frequently, major barriers to paying for it, as well.

Around 95,000 Americans die annually from the overconsumption of alcohol; thousands of those deaths are children under 18. The CDC estimates that cigarette smoking is responsible for more than 480,000 deaths a year in the U.S. – more than the number of deaths caused by COVID-19 during the first year of the epidemic. A new generation is at risk of becoming addicted to nicotine – more than 3.6 million high school youth vape e-cigarettes. An estimated [20.3 million Americans have a substance use disorder related to drugs or alcohol](#); addiction affects 1 in 4 families in the U.S.; and 80% of people with addiction become addicted before they turn 18. The economic cost of this situation is staggering: more than \$740 billion annually in costs related to healthcare, lost work productivity and related crime, according to the [National Institute of Drug Abuse](#) (NIDA).

The continuing rise in substance use disorders and addiction can be linked to several factors, including the ongoing pandemic (increased isolation, economic stress, loss of structure and access to care), rising mental health problems and the wide availability of dangerously powerful drugs. Experts in the field say that a failure to include substance use disorder as part of the public health

infrastructure, and to rely instead on carceral measures, is a key obstacle to progress in this arena.

Philanthropy alone cannot solve this problem, but some funders are supporting a national movement to address the drug addiction epidemic. As a whole, the philanthropic sector has not invested heavily in substance use disorder and addiction treatment, research or innovations.

“Philanthropy has been barely visible when it comes to addressing the crisis and supporting new approaches to addiction treatment based on scientific research,” says Andrew Drazan, CEO of [Wellbridge Addiction Treatment and Research](#). Philanthropy has responded to epidemics before, and with notable successes. In the first decade of the HIV/AIDS epidemic, when the public sector was slow to respond, philanthropy stepped up to address the funding gap. The philanthropic response of that era had both moral and practical effects that impacted healthcare innovations and public health policies, and today, most people with HIV in the United States have affordable access to medicines and live healthy lives. The same turnaround is possible, experts say, for substance use disorder and addiction.

The state of philanthropy for this issue shows promising signs of growth, based on IP’s analysis of Candid data, while remaining vastly inadequate in proportion to the burden substance use disorders and addiction place on individuals, families, communities and the country at large. Candid data indicates that the cumulative dollar value of institutional funders in this field almost tripled between 2014 and 2020, from a little more than \$103 million in 2014 to over \$311 million in 2020. Still, \$311 million in annual giving is a pittance compared to more popular funder interests like

K-12 education, and the sum is also small relative to the size and complexity of the problem.

The Lay of the Land

Who's Giving

Very few mega-donors and national foundations devote annual grantmaking to substance use disorders. Instead, philanthropy in this arena is largely driven by small, often family-run foundations, some of which have founders with a personal connection to the cause. These givers work locally and regionally to transform how communities prevent addiction, reduce harm, treat substance use disorders, pilot interventions, offer recovery support services, and provide education.

[Bloomberg Philanthropies](#), underwritten by the business fortune of former New York City Mayor Michael Bloomberg, is a deep-pocketed foundation (\$12.7 billion in gifts and counting) that has taken on substance use disorders in a high-profile way, in particular through its opioid overdose prevention initiative. In 2018, Bloomberg committed \$50 million to opioid use issues in Michigan and Pennsylvania – two states hit hard by opioid deaths. In 2021, Bloomberg expanded its efforts with \$120 million to five new states: Kentucky, New Jersey, New Mexico, North Carolina and Wisconsin. The initiative's approach is rooted in data and science-based interventions. In 2019, Bloomberg, which has donated \$1 billion to tobacco control worldwide, partnered with [Campaign for Tobacco-Free Kids](#) to tackle the teen vaping epidemic in the U.S., with a \$130 million three-year campaign.

In the past, two national foundations – [Robert Wood Johnson Foundation](#) and [Conrad N. Hilton Foundation](#) – dominated this area of giving, but both these funders have essentially exited the field, choosing to shift their focus on upstream, systemic change.

In the 1980s, the Robert Wood Johnson Foundation (RWJF) led the charge and used its status as the biggest public-health-dedicated foundation in the country to bring other funders into the fold. For 20 years, RWJF poured more than \$700 million into tackling substance use disorders. That was no small matter: The foundation's status and stature within the world of philanthropy helped remove the stigma of such work for other philanthropists, encouraging funders to treat addiction like any other medical condition. About a decade ago, the foundation shuttered its substance use disorders program, shifting its strategy upstream, working to change the social and environmental factors that impact health.

Given that many substance use disorders develop in adolescence, a focus on youth is key. And substance use disorder philanthropy recently lost another major ally in that arena, as well. The [Conrad N. Hilton Foundation](#) was one of the main national funders focused on adolescent substance use prevention, primarily through efforts to expand screening, intervention and treatment referral. However the foundation – which partnered on youth prevention and early intervention efforts with several foundations, including the [New Hampshire Charitable Foundation](#) and [Montana Healthcare Foundation](#) – transitioned out of the field in 2021. Hilton Foundation was another of the few national funding organizations known for its long-time commitment to substance use disorders, and supported prevention programming for youth and young adults until winding down its commitment in 2021. The foundation's program, which began in 2013, made \$93.5 million in grants to the cause.

But Hilton's exit came with a shot across the bow. "Philanthropic organizations can help drive a

national movement to address this epidemic. And it is essential that we do so,” wrote [Alexa Eggleston](#), senior program officer for domestic programs for the Hilton Foundation from 2013 to 2020, and Tym Rourke, director of substance use disorders grantmaking at the New Hampshire Charitable Foundation from 2008 to 2021. “It is time for philanthropy to come together in a coordinated effort to drive a robust, national movement that permanently transforms our healthcare system to better prevent and treat substance use disorders.”

[Arnold Ventures](#) (formerly the Laura and John Arnold Foundation, now an LLC) funds opioid epidemic innovations designed to treat the crisis as a public health issue rather than a criminal justice problem. The foundation, started by the billionaire former hedge fund manager, has donated almost \$35 million to this issue. Notable gifts include a \$1.3 million grant to [Shatterproof](#), a national substance use disorder nonprofit, for a first-of-its kind quality rating system for addiction treatment programs, and a partnership with the U.S. Department of

Justice, Bureau of Justice Assistance in an initiative to expand medication-assisted treatment (MAT) in jails.

The Open Society Foundations, the grantmaking network founded by multibillionaire investor George Soros, is the largest philanthropic supporter of efforts to reform drug policy and promote harm reduction around the world, investing more than \$300 million over the past three decades. It has supported front-line work to promote an alternative approach to drug policy – one focusing on access to healthcare and social support, rather than on punishment and prohibition. In the U.S. it has focused on advocating for drug policy reform such as legalizing marijuana, reforming racist drug laws, lifting federal bans on funding syringe service programs, establishing supervised consumption sites and decriminalizing personal possession of drugs. In 2021, the foundation went through a [major transformation](#), including announcing so-called [tie-off grants](#) for some work in this area, though continued funding for this issue may be embedded in other program areas.

An example of philanthropy with a personal connection to this cause: The [Daniels Fund](#), which focuses on youth prevention, treatment and recovery efforts in Colorado, New Mexico, Wyoming and Utah. Cable TV news pioneer Bill Daniels credited the Betty Ford Center with saving his life; he believed in recovery and second chances. The foundation, established upon his death in 2000, has invested \$52.2 million in the area.

As mentioned, the majority of funding for this issue has been at the local level. Grantmakers including the [GE Foundation in Boston](#), [Colorado Health Foundation](#), the [Independence Blue Cross Foundation](#) in southeastern Pennsylvania and the

10 Funders to Know: Substance Use Disorder and Addiction

[Aetna Foundation](#)

[Arnold Ventures](#)

[Bloomberg Philanthropies](#)

[California Healthcare Foundation](#)

[Daniels Fund](#)

[Foundation for Opioid Response Efforts \(FORE\)](#)

[Open Society Foundations](#)

[Otto Bremmer Trust](#)

[Pew Charitable Trusts](#)

[Richard M. Fairbanks Foundation](#)

[Aetna Foundation](#) in North Carolina have all contributed millions to combating the opioid crisis in communities across the country. Local foundations are doing much to address these issues in their communities, and there are encouraging signs this could lead to more partnerships between local and national foundations. It's not just a question of funding treatment: Foundations play a role in education to reduce the stigma and discrimination associated with substance use disorder and addiction, including among health professionals.

Healthcare foundations are also players in this space, filling in gaps in coverage. Consider the California Healthcare Foundation, which, beginning in 2015, invested \$7 million over five years to launch programs and test strategies to reduce prescription opioid use, promote evidence-based addiction treatment and expand access to naloxone, which reverses opioid overdoses. Healthcare conversion foundations are discussed in more detail in the Private Foundations section of this brief. Community foundations, which are public charities, are also significant players owing to their resources and their local connections across many program areas; they are key funders for substance use disorders, and discussed in a subsection of the Funders by Type section of this brief.

Not all the giving is focused on treatment and reform. Prevention efforts – particularly involving adolescents – are a frequent focus of philanthropy. For instance, in 2018, the [Richard M. Fairbanks Foundation](#) in Indiana launched Prevention Matters, a four-year, \$12 million initiative to help schools implement evidence-based substance use prevention programs.

The federal government is the largest source of funding for substance use disorder services in the U.S. The administration's 2022 budget includes a record \$41 billion allocation for national drug program policies, including law enforcement. The budget provides \$9.7 billion for SAMHSA to address the opioid and substance use crisis, expand access to mental health services and build capacity to improve behavioral healthcare delivery. The 2021 American Rescue Plan included \$3.56 billion for mental health and substance use disorder treatments, including \$30 million dedicated – for the first time ever – to harm-reduction interventions. In December 2021, SAMHSA released a detailed statement on how it would distribute the [\\$30 million over three years for funding harm reduction](#) efforts in the US.

Spotlight: Language Matters

DSM-5

Substance use disorder, which has in the past been referred to as drug abuse, misuse or dependence, is diagnosed if certain criteria occur within a 12-month period as defined by the DSM-5. Warning signs include: a lack of control over substance use, significant relationship and social problems, risky use, tolerance and withdrawal symptoms. Many people experience substance use problems (which include legal and illegal drugs, alcohol and nicotine) but are able to stop using or change their pattern of use without experiencing addiction.

The 2010 Affordable Care Act's Medicaid expansion increased health coverage for many people with substance use disorders. Still, observers describe such funding streams as a drop in the ocean compared to the need.

Corporate funders are largely absent from this sector, with a few noteworthy exceptions (see the Corporate Funders section of this brief). Ongoing opioid-related litigation has created new avenues of funding for prevention and treatment, though not without caveats. There are lessons for philanthropy from tobacco settlement payouts: It's critical that settlements from these lawsuits help those most impacted by the epidemic. Philanthropy can play a role in advising on how these dollars are distributed. Current litigation – along with societal and governmental pressure – against the businesses responsible for opioid production and distribution is also changing the philanthropic funding landscape. Money from pharmaceutical companies that profited from the opioid epidemic has started to trickle into the substance use disorder and addiction nonprofit world.

Pharmaceutical companies that profited from the opioid epidemic are doing penance. Take healthcare giant McKesson Corporation, which was hit with hundreds of lawsuits for its role in distributing a staggering number of opioid prescriptions. The company – with revenues of \$238 billion in the fiscal year ending in 2021 – announced the formation of a new foundation dedicated to combating the issue in 2018. Launched with just \$100 million in funding, the private, national

Inside Philanthropy

August 2020 Survey

“There are precious few philanthropies focused on substance use disorder policy although the issue touches on racial justice, the criminal legal system and healthcare, which are all hot topics. In fact, one of the only foundations with a SUD portfolio, the Hilton Foundation, recently announced an end to its SUD grantmaking.”

—Fundraiser, New York, New York

[Foundation for Opioid Response Efforts \(FORE\)](#) has awarded \$17.9 million to 55 grantees. In early 2022, FORE announced \$4.8 million in [innovation funding](#) to 11 groups.

Individual major donors are generally not huge players in this space. However, in 2022, mega-donor philanthropist [MacKenzie Scott](#) entered the mix. Scott donated \$5 million to Shatterproof and \$3 million to [Young People in Recovery](#), which called the gift one of the largest unrestricted donations ever to a direct service provider in substance use recovery.

There are relatively few funder affinity groups and intermediaries for the substance use disorder field ([Mindful Philanthropy](#) is one of the few), but the ones that do exist, or are in formation, are discussed in more detail in the Funders by Type section.

Who's Getting

The nonprofits that receive the greatest amount of private donations in the field of substance use disorders and addiction, according to IP analysis of Candid data from 2014 to 2018, are mostly treatment centers, such as Recovery Cafe, Beit T'shuvah, The Healing Place and Springboard Center. That said, significant nonprofit advocacy organizations receiving funding within the same timeframe include Campaign for Tobacco-Free Kids, which received around \$117 million, according to Candid data. The campaign received \$26.9 million in contributions and grants in 2021, according to the group's annual report.

Of course, many grantees receive funding from federal government sources such as the [National Institute on Alcohol Abuse and Alcoholism](#), [NIDA](#) and [SAMHSA](#). But nonprofits like the [Partnership to End Addiction](#) receive broad support from

institutional funders, too. According to its 2020 annual report, the organization brought in just under \$2 million in contributions and grants from individual donors and philanthropic organizations such as Bloomberg Philanthropies, Conrad N. Hilton Foundation and Robert Wood Johnson Foundation. Formerly known as Partnership for a Drug-Free America, this nonprofit changed its name and purpose to focus solely on addiction among youth. Its work centers on advocating for greater treatment access and support groups for teenagers.

It has partnered with tech titan Facebook (now Meta) for an online campaign, [Stop Opioid Silence](#), and with [Google](#) to ensure parents can find and have access to online, evidence-based resources to address a child’s substance use disorder through its Parent Helpline. In addition to tech support, Google contributed \$250,000 to the helpline and a \$500,000 corporate gift.

Other nonprofits report a mix of funding sources. Shatterproof was started by former luxury resort entrepreneur Gary Mendell after he lost his son to drug addiction in 2011. The charity, which began with a \$5 million donation from the family’s Brian Mendell Memorial Foundation, has raised over \$55 million in donations, grants and state contracts. It has received support from the [Leona M. and Harry B. Helmsley Charitable Trust](#) and more than \$2 million from an anonymous donor. Shatterproof focuses on ending stigma, educating communities, supporting addiction treatment and advocating for policy change.

Along with a coalition of national healthcare companies – including [Aetna](#), [Anthem](#), [Beacon Health Options](#), [Blue Cross Blue Shield of North Carolina](#), [Cigna](#), [Magellan Health](#) and [UnitedHealth](#)

[Group](#) – [RWJF](#) joined Arnold Ventures to fund Shatterproof’s [ATLAS](#) project, which stands for Addiction Treatment Locator, Assessment and Standards Platform.

While not a recipient of large amounts of U.S. foundation dollars, the Global Commission on Drug Policy is an important NGO with impact here, and it has received major support from Open Society Foundations.

10 Notable Recipients: Substance Use Disorder and Addiction

[Beit T’shuvah](#)

[Campaign for Tobacco Free Kids](#)

[Drug Policy Alliance](#)

[Global Commission on Drug Policy \(Switzerland\)](#)

[The Healing Place](#)

[National Harm Reduction Coalition](#)

[Partnership to End Addiction](#)

[Recovery Cafe](#)

[Shatterproof](#)

[Springboard Center](#)

The Global Commission on Drug Policy was created in January 2011 by leaders from Europe and the Americas, including former heads of state and government wishing to inspire better drug policy globally. It produces technical and political reports to ground evidence-based policy recommendations in human rights, health and development. In addition to its widely read annual report, the commission publishes position papers and other specific research and recommendations.

Open Society Foundations also played a key role in the formation of the Drug Policy Alliance. According to OSF’s website, “George Soros and

Ethan Nadelmann started the Lindesmith Center to conduct research related to drug policy reform and harm reduction. The center merged with the Drug Policy Foundation to become the Drug Policy Alliance in 2000, the largest organization in the world working to end the war on drugs. An early success: California's Prop 36, which established a landmark treatment-instead-of-incarceration program and doubled the amount of state funds available for drug treatment." Today, DPA is the preeminent organization working to decriminalize drugs in the U.S. and beyond, and has been especially focused on the federal Drug Policy Reform Act.

Shatterproof is a national organization working to change the way addiction is treated and ensure people have access to quality treatment that is based on science. It is attempting to establish a national standard of care for addiction treatment, creating the National Principles of Care, which promote "the use of clinical best practices that improve outcomes for those with substance use disorder," and it reports that those principles have been adopted by 23 insurers representing 200 million people. Shatterproof also advocates for policy change at the state and federal levels.

Getting & Giving Deeper Dive

Substance use disorder and addiction is a thorny problem, and funding to address it overlaps with giving for mental health, poverty, racial justice, child welfare, criminal justice, healthcare and more (see State of American Philanthropy briefs on giving for [mental health](#), poverty advocacy, [criminal justice reform](#) and public health). An overdose death is only one possible end point of a series of obstacles and challenges in the lives of people who struggle with substances. Systemic solutions to prevent undesirable outcomes must

ultimately go beyond direct medical interventions and come from sweeping systemic change, observers tell Inside Philanthropy.

"Many in the SUD nonprofit arena carry a wealth of knowledge and experience for shaping and leading the implementation of an evidence-informed, humanistic, public health continuum of care and services for people who use drugs," says Daliah Heller, director, drug use initiatives, [Vital Strategies](#), which has partnered with the [Bloomberg Overdose Prevention Initiative](#). "Such an effort, however, requires a supportive legal and regulatory environment in order to succeed. Many laws and policies remain rooted in a criminal justice response to drug use and substance use disorder, reinforcing stigma against people who use drugs and countering the reach and effectiveness of supportive health and social services."

That said, philanthropy can fill funding gaps in discrete and specific ways – whether that's bankrolling harm-reduction efforts previously banned from receiving federal funds (see President Joe Biden's [State of the Union](#) address [statement on harm reduction](#)), supporting organizations engaged in the policy-change arena, working with nonprofits advocating for MAT in jails, funding supportive housing for substance users, directing dollars toward prevention innovations, providing assistance around infrastructure improvements and giving to programs that address stigma, offer education and promote recovery.

Philanthropy of late has centered on opioids, for obvious reasons. But professionals in the field caution that solely focusing funding in this arena is a mistake. Drug epidemics are cyclical, typically alternating between uppers and downers, as history reveals: heroin and hallucinogens one decade, crack

and cocaine the next. There is, unfortunately, great need in other areas of the field right now, including treatment for people who use stimulants such as methamphetamine, for which there is currently no medication-assisted treatment. Any reform efforts should address the entirety of substance use disorders – including alcohol and nicotine – even while prevention and treatment efforts for each vary greatly, say observers.

Spotlight: Addiction



Addiction is the most severe form on the substance use disorders spectrum. It is a medical disease caused by repeated use of a substance or substances. It is defined by the National Institute of Drug Abuse as a chronic health problem characterized by compulsive drug seeking and continued use despite harmful consequences. Chronic health problems can be managed and treated but not cured. Addiction can result in long-lasting changes in brain chemistry. It is an especially challenging condition, as it is considered both a complex brain disorder and a mental illness. Anyone can experience addiction, regardless of age, ethnicity, race, socioeconomic background or genetics.

Prevention efforts aimed at young Americans continue to attract philanthropy, since addiction often starts early and there is increased recognition of the high incidence of substance use, suicide, anxiety and depression among adolescents and young adults, which has been exacerbated by the pandemic. As with many public health issues, prevention appeals to many donors—who can argue against reducing suffering and saving money by stopping a substance use disorder before it starts? That said, unlike cancer or heart disease or

HIV, the proven tools to prevent the disorder from developing, say experts, are not strictly medical in nature and don't fit well within the existing healthcare delivery system. With that challenge, though, comes an opportunity for philanthropy to make a difference through both effective prevention interventions that have been around for decades as well as innovation in delivery.

COVID-19 and its myriad associated social and financial stresses have only added to the challenge of substance use disorders, with historically disenfranchised groups – people of color, veterans, people experiencing homelessness and pregnant women – particularly at risk, though no one is immune to the effects of the epidemic. Funders stepped up – and quickly – when an egregious gap in coverage emerged and front-line harm-reduction advocates were not deemed essential workers in some states, observers told IP. Foundations provided the personal protective equipment needed for these advocates to continue their work safely.

Some funders take on a specific substance use concern. As noted in a [Grantmakers in Health](#) roundup, the [Health Foundation of Greater Indianapolis](#), which has a history of supporting efforts to prevent HIV/AIDS, has funded harm-reduction programs to address opioid-related outbreaks. [Interact for Health](#) in the Cincinnati region has long funded the distribution of the opioid-overdose-reversing medication naloxone and syringe access and has shared [lessons learned](#) in its work in this area. Interact and its partners with the Funders' Response to the Heroin Epidemic also created a [messaging campaign](#) to educate the public about the crisis and reduce stigma. And it works in tobacco cessation and education, including funding a [Quit Culture](#) program.

At the national level, Open Society Foundations and the [National Harm Reduction Coalition](#) helped establish the [Opioid Crisis Response Fund](#), a nonprofit fund that raises money to provide grants supporting naloxone distribution by organizations that directly serve at-risk populations.

The Big Issues & Beyond

From Carrie Nation and the temperance movement to the “crack epidemic” of the 1980s and the “Breaking Bad”-era meth hysteria, substance use has always been controversial and its deleterious impacts often overhyped. Efforts to deal with the real health impacts of drug use disorders have always been caught up with moral panics, racism, anti-immigrant sentiment and counterproductive criminalization. Further, [people with chronic pain issues](#) contend that they are collateral damage in the opioid crisis, due to ongoing reductions in opioid prescriptions, which have hurt them by stripping them of appropriate care. The big issues the philanthropic sector is contending with today are not dissimilar to the arguments that have raged for two centuries, but with some modern wrinkles.

Racism and other forms of inequity are a major concern and addressed in more detail in the [Perspectives on Equity](#) section below. Followers of the field are also focused on multi-system issues (healthcare, justice, mental health), insurance coverage, criminalization, America’s lingering attachment to abstinence-only approaches, ambivalence about taking much-needed funds from companies that have contributed to the addiction crisis, and general funder reticence to engage with substance use challenges at all.

Complex, intersecting concerns. Addressing this multi-tentacled monster also means overhauling the judicial system and prisons, health

insurance coverage, the addiction treatment industry and mental healthcare. For instance, once an individual with a substance use disorder enters the justice system, there are a host of barriers that make it difficult for that person to access effective treatment. [Eighty percent](#) of jails don’t offer treatment. Without treatment, that individual is more likely to end up back in jail. Substance use disorders and homelessness are also deeply intertwined. The instability of housing insecurity makes recovery more difficult and access to safe housing programs is often contingent on sobriety. As a result, many people with substance use disorders remain on the streets, largely untreated, relying on costly public services like emergency shelters and hospital wards. The problems of homelessness and instability are particularly difficult for patients with mental health issues, as an extensive story on meth, mental illness and homelessness in [The Atlantic](#) makes clear.

Grantee Spotlight



In February 2022, Pew Charitable Trusts granted \$3.5 million to Project Home in Philadelphia to support the construction of 150 housing units for individuals experiencing substance use disorders and homelessness. Project Home’s recovery housing offers its residents specialized addiction programs, psychiatric services, employment services and education plans with the goal of moving them to permanent housing and building greater self-sufficiency.

Some philanthropic organizations may be reluctant to get involved because of a fundamental belief that state and federal governments should handle this public health crisis and that health insurers should include substance use disorder and addiction prevention and treatment in the care they cover. If

philanthropists plug this void, the thinking goes, it allows governments and insurance companies to abdicate their responsibility. Grantseekers suggest that the complexity of substance use disorders and addiction, as well as the incompletely understood interaction of social, biological and environmental factors, has contributed to the reluctance of givers to take on challenges for which success, in the form of clear returns on investment, is hard to measure.

Inside Philanthropy

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“As long as philanthropy remains focused upon filling the leaks in the dam of society and supporting the functioning of systems that were created to extract, concentrate and diminish life, they will fail to rise to the opportunities of this era where the very foundations upon which our modern civilization has been built have been laid bare.”

—Foundation professional, Santa Fe, New Mexico

Fractured systems with conflicting goals.

Substance use disorders and addiction are treatable conditions that require a comprehensive system of care, as with any chronic disease, such as arthritis, diabetes or hypertension. And yet healthcare policy has discriminated against those with substance use, addiction and mental health issues. Insurance companies have denied coverage for treatment and prevention services, while state and federal laws encourage arrest and incarceration over access to behavioral health services. Factors that can increase risk for substance use disorder and addiction — limited economic and social mobility, family history of addiction, adverse childhood experiences, racism and other forms of discrimination — have been allowed to fester.

It’s not all doom and gloom. The 2010 [Affordable Care Act](#) and the 2008 [Mental Health Parity and Addiction Equity Act](#) are viewed as significant

steps in the right direction: The acts mandate that public and private insurance must cover substance use treatment at levels comparable with other illnesses. In practice, only a [small percentage](#) of people with substance use disorders access addiction treatment via commercial insurers.

Healthcare organizations are now integrating prevention, treatment and recovery services within their systems. Take the so-called hub-and-spoke model of care. It links behavioral health programs and specialty addiction treatment centers (hubs) with healthcare centers like primary care practices (spokes) that can offer ongoing, medication-assisted treatment that best meets individual needs. The recovery community is also building a national network to help individuals manage this chronic disorder and raise awareness about the challenges of addiction.

America’s Attachment to Abstinence-Only Approaches.

Historically, many substance use disorder treatment providers adhered to an abstinence-based approach to services for people who use drugs. This is, after all, the nation that touted the “[Just Say No](#)” and “[War on Drugs](#)” campaigns that preached abstinence and sobriety. As the field has evolved and advanced its recognition of substance use disorder as a chronic, relapsing health condition, treatment providers have been slow to adapt for a host of reasons, including financing structures. For instance, there has been an initial reluctance to accept medication treatment as a legitimate and effective therapy for opioid use disorder, as well as a reticence to incorporate harm-reduction programs into the delivery of services, though that is changing.

Research has shown that there are treatments — some in use in other countries for decades —

that are effective in preventing alcohol and drug-related disorders, reducing their negative effects, and helping people recover and lead rewarding, productive lives.

Until recently, harm-reduction programs in the U.S.—unlike countries such as Portugal, Switzerland and France—have remained sparse and underfunded. A harm-reduction approach emphasizes the health and safety of people who use drugs, prioritizing survival and wellness rather than requiring changes in drug use. In practical terms, that can translate to syringe service programs, community-based distribution of opioid-overdose-reversing medication, supervised injection sites, fentanyl test strips, methadone maintenance and other services.

Private philanthropy can play a vital role in helping to test and scale prevention and harm-reduction efforts, address barriers to treatment and recovery and reform punitive drug policies. Funders have an opportunity to respond to this health equity crisis and show leadership by helping to create a movement designed to prevent drug- and alcohol-related deaths among all racial and economic groups while also strengthening the nation's behavioral health system.

Dual diagnoses and effective drug treatments.

The substance use disorder and addiction crisis in this country cannot be cured with a pill — no pun intended. Research suggests that a combination of [medication-assisted treatment](#) and [behavioral support](#) is the most effective treatment for opioid use disorders and addiction today. Sadly, many individuals with substance use issues in the U.S. are arrested and incarcerated rather than treated and supported for substance use or the related mental health issues that frequently go hand-in-hand with

addiction and may drive or contribute to drug use. Addressing dual diagnosis challenges requires a multi-pronged approach to treatment and systemic change. Other barriers to addressing this issue include a shortage of high-quality, effective and affordable treatment centers and gaps in insurance coverage for treatment and prevention.

There is a need for education about effective treatments. For example, for people with alcohol consumption issues, the 12-steps program is so deeply ingrained in the U.S. that many people—including doctors and therapists—believe attending meetings, earning sobriety chips and never taking another sip of alcohol is the only way to get better. And [millions of people in recovery](#) do swear by that approach. But there are no randomly controlled trials that prove that Alcoholics Anonymous is an effective treatment for addiction, and it does not work for everyone, though there is research showing the value of such peer-support programs and the importance of mentorship, including from those with lived experience, in the recovery process.

As Gabriel Glaser wrote in a 2015 story for [The Atlantic](#) on Alcoholics Anonymous, there are alternatives to approaches like AA, 28-day recovery clinics and repeat stints in for-profit rehabs. Those alternatives include prescription medications shown in studies to help patients drink in moderation. Drugs like naltrexone, acamprosate and Antabuse can be helpful in preventing alcohol overconsumption, though less than 1% of people treated for alcohol use in the U.S. are prescribed a medication known to help control drinking.

The effectiveness of many residential treatment programs remains an ongoing concern. The profit-driven rehab industry is not immune to bad actors

— the phrase “the [Florida rehab shuffle](#)” exists for a reason. Is it the rehab or relapse capital of the country? Drug use, insurance fraud and patient brokering are widespread in this sector, as noted in a Vox series on private providers dubbed the [Rehab Racket](#), about the high cost and inadequacy of addiction care. For decades, addiction treatment in the U.S. avoided the government regulations and insurance-enforced accountability measures that are prominent in the rest of healthcare, according to the series. And according to a 2021 [peer-reviewed study](#) published in the journal Health Affairs, many for-profit rehab programs charge inflated fees and use misleading sales practices to attract patients without evaluating their actual medical needs. In addition, treatment modalities like [confrontational approaches](#) or [equine therapy](#) have been allowed to flourish, with little to no evidence backing them, while evidence-based care like [medications for addiction](#), is widely rejected. While there are, of course, many reputable recovery programs, [news reports](#) reveal that it’s often difficult for consumers to ascertain legitimate rehab programs from unethical ones.

Ongoing criminalization of substance use. For context, most Americans enjoy a relatively healthy relationship to mood-altering, culturally sanctioned substances — including legal ones such as coffee, tea, alcohol, nicotine and (in some states) cannabis, enjoying them as part of their social interactions and daily rituals.

Treating substance use disorders and addiction as a law enforcement issue is misguided and just plain wrong, according to Heller from Vital Strategies. “This policy environment,” said Heller, “impedes the design and sustainability of an effective public health response to drug use and substance use disorder.”

Many people with substance use issues are arrested and incarcerated — including a disproportionate percentage of people of color — rather than treated for their substance use or any related mental health issues that may drive or contribute to that use. Two-thirds of individuals incarcerated for low-level offenses have a substance use disorder. There is a growing movement for MAT in jails to circumvent the drugs-to-prison pipeline. Arnold Ventures partnered with communities and law enforcement to expand a MAT model from jail to post-release to reduce overdose deaths and recidivism and to provide a continuum of care.

Grantee Spotlight

NATIONAL HARM REDUCTION COALITION

For over 25 years, the National Harm Reduction Coalition has advocated for evidence-based harm-reduction strategies such as overdose prevention medications, syringe safety programs, fentanyl test strips and training and education among people who use drugs and the people who care for them. The group advocates for policy reform at the local, state and national levels to eliminate existing disparities that people who use drugs face when accessing healthcare and other social services. The coalition works with community leaders to address racialized drug policies that negatively impact people of color who use drugs.

Advocates point to [decriminalization efforts in Oregon](#) as a promising potential solution, noting that it is impossible (and misguided) to treat substance use disorder as both a crime and a disease. Further, criminalization supercharges addiction stigma, say experts in the field, and stigma is a major obstacle to recovery. Several other states are

contemplating similar shifts in thinking and approach to the problem.

It is an interesting cultural moment in the substance use and addiction arena. Journalist and author [Michael Pollan](#) prominently sings the virtues of “our minds on plants” and talks openly about the potential mental health and consciousness-expanding benefits of psychedelics like LSD and psilocybin. Pollan reframes these illicit substances as powerful tools for healing and calls for “drug peace.”

Meanwhile, Columbia University Professor [Carl Hart](#), an author, psychologist and addiction researcher, is an advocate for safe consumption of so-called hardcore illegal drugs. Hart, who uses heroin regularly, sees it as a hobby, not a habit; the vast majority of most “hard” drug users, he writes, will not become addicted, but will simply remain recreational substance users and get high in pursuit

of pleasure, euphoria, relaxation, escape and relief. And some advocates argue that a safe, legal recreational drug sales marketplace could go a long way to solving the overdose crisis. Unsurprisingly, in the substance use disorders community, these views remain controversial. That said, they are part of the current conversation around drug use in America.

Accepting tainted corporate donations.

Whether or not to take money from companies that benefited from the opioid epidemic is a continual pain point in the substance use disorders nonprofit arena. Is it blood money or charity? Reviled pharmaceutical giant Purdue Pharma, maker of Oxycontin and run by the Sackler family, funded small harm-reduction and education efforts in the past in Ohio, North Carolina and Connecticut – all too little, too late. Sackler family foundations also donated more than \$60 million to research universities such as Cornell, Columbia and Yale. For decades, the disgraced family – one of the nation’s wealthiest with holdings of \$13 billion at one time – was a major philanthropic player in art, medicine and education. In response to national headlines, congressional hearings, court cases and public protests, many institutions have removed the Sackler name from their buildings and stopped accepting the family’s donations because of their role in triggering the opioid crisis.

Current opioid-related litigation has the potential to right some wrongs here. There have been thousands of lawsuits filed by local and state governments against the companies responsible for the epidemic at every point of the supply chain – from the manufacturers of raw ingredients and the makers of the pills to the corporations who distributed the drugs and the pharmacy chains that filled the prescriptions. Still, the legal proceedings

Grantee Spotlight



**Foundation for
Opioid Response Efforts**

FORE is a national, independent grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis. It is committed to supporting partners advancing patient-centered, evidence-based solutions to make the greatest impact on the crisis at the national, state and community levels. Founded in 2018 by the pharmaceutical distribution company McKesson Corporation with a \$100 million commitment, FORE has funded projects supporting training nurses and medical residents, efforts to address communication around stigma and bias, and supported data collection that rapidly identifies substance use issues in a community to best target responses.

will likely be mired in trials, appeals and settlement talks for some time to come before helping those impacted. Four of the largest U.S. corporations have agreed to [pay roughly \\$26 billion](#) to settle a tsunami of lawsuits linked to claims that their business practices helped fuel the opioid crisis. Johnson & Johnson, the consumer products and health giant that manufactured generic opioid medications, will contribute \$5 billion to the settlement. The company announced in 2020 it would get out of the prescription opioid business in the U.S., according to an NPR report. Three massive drug wholesalers – AmerisourceBergen, Cardinal Health and McKesson – will [pay a combined \\$21 billion](#), according to the New Hampshire Department of Justice.

Another area of corporate philanthropy mired in controversy is the role that pharmaceutical funding for nonprofit organizations addressing chronic pain played in fueling the opioid epidemic. Pouring money into nonprofits was a key way companies sought to boost opioid prescriptions and sales, according to a recent [investigation](#). During a two-decade period, opioid manufacturers gifted more than \$60 million to nonprofits, according to the article. A 2017 study of more than 100 patient-advocacy groups published in the *New England Journal of Medicine* found that 83% of the groups took donations from industry sources. “We would not have had an opioid addiction epidemic were it not for the role played by nonprofits,” Andrew Kolodny, co-director of opioid policy research at the Heller School for Social Policy and Management at Brandeis University, told a reporter.

Funder Reticence to Take on Substance Use.

What is it about this field that seems to give the philanthropy community such pause? For starters, as a health condition, substance use disorders have

arguably more interwoven obstacles than diseases such as cancer, Alzheimer’s and diabetes. There are often related illnesses such as HIV and hepatitis C, severe mental health conditions, homelessness, domestic violence and child welfare concerns in the mix. Substance use disorders and addiction are unglamorous causes, often poorly understood, cloaked in stigma, stereotypes and misinformation.

NGO Spotlight



The Pew Charitable Trusts is a nonprofit, nongovernmental organization (an operating foundation that was converted from a set of private foundations) based in Philadelphia. Its substance use prevention and treatment initiative is working to close the treatment gap for people with opioid and alcohol use disorders by expanding access to proven, effective care, including programs that pair medication treatments with behavioral therapy. For instance, methadone is a long-established therapy for opioid use disorder, though its distribution remains heavily regulated by state and federal agencies. Such regulations prevent many people, particularly individuals in marginalized communities, from accessing evidence-based treatment. Pew’s initiative is exploring strategies for bolstering methadone access.

There is a pervasive idea in the U.S. that people who use drugs are morally bereft, involved in criminal behavior to support their addictions, along with the belief that people with addiction should simply quit and attend 12-step meetings and/or commit to a 28-day stint at a recovery clinic. In that judgmental and punitive assessment of people with substance use disorders, there is no recognition of the difficulty of overcoming addiction – or even an understanding

about whether such long-standing approaches even work. A month in rehab, for instance, is not enough time for brain chemistry altered by substance use addiction to recover; research suggests it takes at least three to 12 months or more.

Substance use disorders and addiction are conditions that don't always present with clear-cut causes or respond to cookie-cutter treatments. One need not watch "[Dopesick](#)," a 2021 dramatization highlighting the complexity of opioid addiction, to understand that the disease model is an imperfect approach for persistent conditions such as addiction, in which social and community factors play a role, including poverty, education, racism, adverse childhood experiences, social isolation and other issues.

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"Most of the small pool of SUD funders are focused squarely on the opioid epidemic. More should be done about other intersecting SUD problems or the philanthropic community will be caught off guard by the next non-opioid crisis."

—Fundraiser, New York, New York

Perhaps the sheer complexity and the lack of a quick fix has kept funders absent from the field. Donors want to see a return on investment: concrete, quantifiable results, documentable benefits, and heartwarming profiles of happy people who've recovered. But substance use disorders and addiction don't always lend themselves to that sort of data, one-way progress or tidy narrative. There's a reason the word "relapse" is part of addiction lexicon: These conditions often require lifelong healthcare, interventions and behavioral health support.

Despite the challenges, there are bright spots. Observers told Inside Philanthropy that a more accepting and open outlook on substance use disorders and addiction is slowly developing, with widespread education, outreach and storytelling from people with lived experience in recovery. Nonprofits already exhibit a wealth of knowledge and experience for shaping and leading implementation of evidence-informed, humanistic, public-health-focused care and services for people who use drugs, according to Heller. "Such an effort, however, requires a supportive legal and regulatory environment in order to succeed," she said.

Funder Strategies & Trends

Three major funding trends shape the substance use disorders and addiction field today. The first is a focus by foundations on prevention, saving lives and harm reduction, in the form of medication-assisted treatment and interventions such as safe syringe programs. The second is a nationwide effort to advance policies around decriminalization of individuals with substance use disorders and addiction – recognizing the problem as a public health condition rather than a law enforcement issue (absent drug-related crimes such as robberies or physical harm such as domestic violence). And the third is programming to educate the public and professionals about substance use disorders, with the goal of reducing stigma and deepening understanding – addiction is not a moral failure, weakness or shameful – and incorporating the care of individuals with these challenges into a more holistic approach to health and wellbeing.

Preventing overdose deaths and reducing harm associated with drug use is a key first step with substance use disorders, and philanthropy recognizes this in its distribution of dollars.

In November 2021, the first supervised consumption sites for drug use in the U.S. were opened in New York City. They are based at existing needle exchange programs run by two nonprofits, [New York Harm Reduction Educators](#) in East Harlem and the [Washington Heights Corner Project](#), which merged to form OnPoint NYC. This harm-reduction strategy – already in practice in Australia, Canada and Europe – provides a safe, private space for people to use drugs they bring to the site.

These centers offer clean needles, medications to reverse an overdose, wound care and basic needs such as referrals to primary care, social services and housing services. They also offer options for addiction treatment. Other cities including [Boston](#), [San Francisco](#), [Seattle](#) and [Philadelphia](#) have plans to open supervised injection sites, but have yet to do so amid debate over the legal and moral implications of sanctioning illegal drug use. That said, experts maintain supervised consumption sites represent an opportunity for philanthropy to invest in and support a public health strategy that is known to save lives. [Safehouse](#) in Philadelphia has received philanthropic support from [Scattergood Foundation](#), [Curaterra Foundation](#), [AIDS United](#), [Proteus Fund](#) and [Philly AIDS Thrift](#).

The Scattergood Foundation is a prominent Philadelphia-based funder that supports the safe consumption site Safehouse and the mental health and substance use disorders collaborative Mindful Philanthropy. Named for a local Quaker who suffered bouts of depression, Scattergood Foundation is a private foundation committed to improving the system in which behavioral healthcare is delivered in the region. The Scattergood Foundation believes major disruption is needed to build a more effective, compassionate

and inclusive society where behavioral health is central. The foundation supports organizations and programs that incorporate principles of diversity, equity and inclusion and trauma-informed practice. The foundation prioritizes supporting organizations that serve and are led by Black, Indigenous and other people of color.

Another area of funder interest is the growing movement to shift substance use disorders from a criminal justice approach toward a public health perspective. Philanthropy is helping to change drug policies and practices, though more support is needed. For instance, [Law Enforcement Assisted Diversion \(LEAD\)](#) in Seattle is an alternative to incarceration programs that diverts low-level offenders from the criminal justice system into treatment and other social services. Developed with support from Open Society Foundations, [Ford Foundation](#) and other funders, it has served as a model for other jurisdictions around the country with support from additional donors, including the [New York State Health Foundation](#).

Supporting prevention, tackling stigma and promoting recovery are also front and center for philanthropy. This is an area where education, social messaging campaigns, screening and interventions – with a particular focus on vulnerable adolescents – comes into play. In 2020, [Elevate Youth California](#), a project of the [Center at Sierra Health Foundation](#), under contract with the California Department of Health Care Services, awarded \$29.7 million to 32 community-based and tribal organizations throughout California working in youth substance use prevention. The initiative was funded by revenue generated by Proposition 64, which legalized adult non-medical use of cannabis in California. Award recipients provide social justice, peer support and mentoring in

low-income communities of color, including LGBTQ+ and tribal communities.

Funders are increasingly focusing on adverse childhood experiences (ACEs). Traumatic events that occur in childhood are often linked with lifelong chronic health problems that may include substance use disorders, addiction and mental illness. ACEs can take the form of abuse, neglect or violence, witnessing violence in the home or community, or having a family member with severe mental illness. Conditions that undermine a child's sense of safety, stability and bonding are considered to be adverse childhood experiences; these include living in a household with a parent with substance use disorders, having family members with mental health disorders, and experiencing parental separation, including incarceration of family members.

Perspectives on Equity

Effectively tackling substance use and addiction issues requires recognition of the social determinants and structural inequities that contribute to substance use disorders and addiction, including racial, ethnic and economic inequalities in the U.S. response to the drug epidemic, disparities in access to treatment, and the disproportionate number of people of color, low-income individuals and marginalized groups incarcerated as a result of substance use disorders or addiction.

Individual and structural racism have historically been significant drivers of the U.S. response to substance use disorders, particularly since the 1971 launch of the War on Drugs, according to the recently formed Substance Use Funders Collective. The collective aims to chart a new course in substance use policy and practice led by the

philanthropic sector to address issues around equity and inclusion in funding for substance use disorders. Its mission statement reads: "The aggressive pursuit of policies and practices that criminalize drug use and addiction and dehumanizes people who use drugs has extensive and expansive roots in scapegoating non-white communities and has simultaneously failed to examine or address social determinants of public health and safety."

Funder Spotlight

Bloomberg Philanthropies

When Bloomberg Philanthropies increased funding to its Overdose Prevention Initiative, it also expanded its areas of focus to include promoting federal advocacy for new programs. The work is addressing barriers to access to quality medical treatment and harm reduction services by lobbying efforts and increased overdose education and awareness. Bloomberg has committed \$170 million over eight years to its Overdose Prevention Initiative.

The current opioid crisis illuminates the neglect and racism that has plagued the substance use disorder field for years and demonstrated the failure of primarily punitive and carceral responses to substance use that implicitly and explicitly created disproportionately negative outcomes for BIPOC and low-income populations, according to the collective. Momentum is growing for a new direction in substance use policy and practice.

Funders have a unique role to play, notes collaborative co-founder Kimá Taylor, in broadening the conversation to ensure that this public health framing recognizes the role of social

determinants and is equitably applied to all types of drugs and for all types of people. Taylor runs her own healthcare consulting firm with a focus on substance use disorder services and formerly served as director of the Open Society Foundations' national drug addiction treatment and harm reduction program. The collective strives to share knowledge and advance work in the field without unnecessarily duplicating it.

A guiding principle of the collective: "We believe philanthropy can and should play a critical role in advancing practice and policy that results in a high-quality, comprehensive, culturally and linguistically effective, person-centered, community-based substance use system of care. We recognize that philanthropy wields extraordinary power, has a lot to learn and has often been a part of promulgating punitive, racially divisive programming."

THE LANCET

"Trust in the criminal justice system is not improved when heroin users are punished more severely than the Purdue Pharma executives who in 2007 pleaded guilty to knowingly helping to trigger the opioid crisis, none of whom — shamefully and shockingly — spent even a day in prison. The commission therefore recommends an end to incarceration for illicit possession of opioids or drug-use equipment intended for personal use."

— Stanford-Lancet Commission on the North American Opioid Crisis, February 2, 2022

The opioid crisis is not the first time the country has reinforced systemic inequities by criminalizing drug use. Similar moral panics include the crack/cocaine epidemic of the 1980s, heroin use in the 1970s, and amphetamine consumption in the 1950s. People of color experience discrimination at

every level of the judicial system and that holds true for drug law violations: They are more likely to be stopped, searched, arrested, convicted, harshly sentenced and saddled with lifelong criminal records than their white counterparts.

Consider this: Despite roughly equal rates of drug use and sales, Black men are arrested at 13 times the rate of white men on drug charges in the U.S. — with rates up to 57 times higher in some states. African Americans and Latinos together make up 29% of the total U.S. population, but more than 75% of drug law violators in state and federal prisons.

One of the goals of the collective is to create more bridges and increase its diversity. It already has strong representation from allies in the HIV funding space but would like to partner with other health-focused philanthropy. And it is seeking to strengthen its ties to funders beyond the coasts, particularly in the Midwest, which was hard hit by the opioid crisis. It also wants to draw more national donors into the mix of mostly regional, state and local givers.

Equity has long been a focus for funders; after George Floyd's death at the hands of police, it became a top priority with an emphasis on change and a commitment to outcomes, says Taylor. "People are talking about equity more than ever. But that's not enough. The physical health funders need to be part of this space," she says. "There is still an inability, in some quarters, to seeing this as a public health issue that requires a public health response." Funding needs to go to advocates within the community and representing the community engaged in substance use services, adds Taylor. "We need to build power and equity with people in the community through access, advocacy and action. We need to create space for dialogue on the

demonization and criminalization of people who use drugs. A refined health-based, non-punitive paradigm must be the universal standard, and not reserved primarily for white people, those with privilege or access to resources, as we saw with the early opioid response.”

Though the opioid epidemic is widespread, it is also highly localized, and requires that funders support community-rooted equity strategies that are culturally and linguistically relevant, and take into consideration factors such as race, ethnicity, language, gender identity, disability, sexual orientation, economic and community conditions. Funders can broaden the conversation and push the country beyond limited, crisis-oriented responses to a longer-term dialogue about developing and sustaining policies, programs and practices that equitably address substance use disorders as a health issue, experts in the field tell IP.

Treatment, support and prevention for substance use disorder and addiction problems can be a challenge for many Americans to access, but people of color face even greater obstacles to receiving the care and support they need than their white counterparts. White people of means have more access to substance use disorder and addiction treatment opportunities than Black or brown people, who are less likely to receive care, and are more likely to receive inferior care when treated, say experts in the field. As noted, Black and Latinx people are also much more likely to be incarcerated for a drug offense than white or Asian individuals. Barriers to treatment include racism and discrimination, in addition to cultural and language obstacles.

The opioid drug overdose crisis has devastated white, low-income rural populations, it’s true. But

Indigenous Americans have the highest opioid-related death rate of any racial or ethnic group. Drug deaths among Black Americans in urban areas have risen steeply, too, far outpacing any other racial or ethnic group, largely attributed to fentanyl, which is mixed with cocaine or other street drugs or shows up in pressed-pill counterfeits of drugs such as Oxycontin, Percocet, MDMA, Xanax and Adderall.

Experts call on the philanthropic sector to provide nonprofits support for BIPOC-led, community-based, effective public health responses to drug use. As credible messengers, BIPOC-led organizations reaching BIPOC communities that are not currently focused on substance use disorders and addiction services require funding to fold into their work overdose response, harm reduction awareness, prevention efforts, and substance use disorder referral strategies.

Advocacy Spotlight **SHATTERPROOF**

Gary Mendell established Shatterproof after losing his son to addiction. “Committed to ending the devastation caused by the disease of addiction,” the nonprofit focuses its work on transforming addiction treatment, ending stigma, and providing information and resources to help communities end the addiction crisis. Shatterproof supporters include the Scattergood Foundation, the Kennedy Forum, and the Treatment Research Institute.

[Empire Health Foundation](#) is one of the few foundations directing substance use funding specifically toward Native American populations. A private health foundation based in Spokane, Washington, with assets totaling around \$80 million, it works through partnerships with

community leaders, government agencies and nonprofit organizations, and seeks to “advance health equity across eastern Washington by measurably and sustainably moving the dial on health through investing in improvements in health outcomes, strengthening systems, growing physician supply and building nonprofit capacity.” Native American children are placed in out-of-home care 300% more often than white children, so Empire Health Foundation reserves space in its Rising Strong program for Native American families. [Rising Strong](#) allows families to stay together while they recover from addiction, heal from trauma, learn positive parenting skills and rebuild their lives. The program’s goal: a 50% reduction in foster placement rates. The foundation also supports a Tribal Alliance whose behavioral health treatment model includes traditional, holistic healing.

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“We need to find the balance between understanding racial justice and intersectionality while also working for the common good. This will require a lot of hard, introspective work that I fear many philanthropies are not poised for which will, in the long-term, negatively effect the impact of grantmaking.”

—Foundation professional, New York, New York

A Closer Look at Funder Types

Private Foundations

As indicated earlier, nonprofits in this field tend to turn to private philanthropic national funders and family foundations when seeking support for their substance use disorder and addiction programs.

Health conversion foundations, private foundations created when a nonprofit hospital or health insurance organization is sold and converted to a for-profit enterprise, are also important funders in this field. Federal law requires that the proceeds from such conversion sales go to a charitable purpose; they are often used to create a new endowed grantmaking foundation.

Arnold Ventures, which focuses on evidence-based policies and practices across a range of funding areas, has quietly become one of the few national funders in the largely neglected area of substance use disorder and addiction funding, as [IP has noted](#). It has given an \$800,000 grant to researchers from Brown University and Rhode Island Hospital for a trial on a peer-based recovery intervention for individuals at high risk of overdose. It also funded a study by researchers at Boston University digging into unethical and fraudulent practices by treatment centers that exploit people addicted to opioids and bilk insurance companies. And it gave Georgetown University more than \$600,000 to assess state laws and policies that act as barriers to evidence-based substance use disorder treatment.

Bloomberg Philanthropies is a data-driven funder. Prior to the pandemic, CDC statistics indicated that overdose deaths in the two pilot states Bloomberg funded decreased, which may, in part, be a result of the programs Bloomberg supported. The

pandemic's effects, as noted early, saw opioid and other drug-related deaths jump 30% in 2020, but mortality from those causes in Michigan and Pennsylvania increased by a much smaller 16%. Bloomberg is focused on a measured, state-by-state rollout, with the hope that these early recipients will lead the way for success in other states.

“We are experiencing a national crisis: For the first time since World War I, life expectancy in the U.S. has declined over the past three years—and opioids are a big reason why. We cannot sit by and allow this alarming trend to continue—not when so many Americans are being killed in what should be the prime of their lives,” Michael Bloomberg said in 2018.

One of Bloomberg's key strategies is to increase the availability of medical interventions to prevent deaths. For example, Michigan launched an online portal to facilitate mail order access to naloxone. Meanwhile, in Pennsylvania, prisons now provide buprenorphine, a drug used to help people safely withdraw from opioid use.

Bloomberg worked with government leaders and community advocates, testing more than 20 overdose prevention programs, as [IP has reported](#), with these two hard-hit states essentially serving as testing sites for solutions. Bloomberg partners in the initiative include [Centers for Disease Control Foundation](#), [Global Health Advocacy Incubator](#), Johns Hopkins University, [Pew Charitable Trusts](#), and Vital Strategies, which handles state relationships, coordination and funding.

Over the past decade, the [Bloomberg Initiative to Reduce Tobacco Use](#) granted \$1.1 billion to efforts to stop smoking around the globe. Domestically, it focuses on youth vaping. [The Protect Kids: Fight](#)

[Flavored E-Cigarettes](#) initiative, a three-year, \$160 million effort launched in the fall of 2019 in partnership with the Campaign for Tobacco-Free Kids, aims to combat this challenge. While teen smoking has fallen by more than 80% over the last 20 years, a new generation is at risk of becoming addicted to nicotine through e-cigarettes.

The campaign has produced results – teen vaping dropped 60% in 2021, laws prohibiting e-cigarette sales to youth under 21 have passed, and some states and cities have banned flavored e-cigarettes or the devices and their ingredients altogether. That’s a victory from the Bloomberg perspective, but the campaign has its critics – including top public health officials. According to a report in the [Chronicle of Philanthropy](#), these gains among youth have been made at the expense of adult smokers, for whom switching from cigarettes to vaping could be a gateway to quitting – or at least a potentially less dangerous form of nicotine addiction. Some see this conundrum as an entry in the no-good-deed-goes-unpunished sweepstakes, while others say it highlights how fraught substance use disorder philanthropy can be.

The [Otto Bremer Trust](#) is a bank holding company and a private charitable trust based in St. Paul, Minneapolis. Created in 1944 by Otto Bremer, it focuses on quality of life for residents of Minnesota, Montana, North Dakota and Wisconsin. With \$1 billion in assets, the trust supports addiction recovery services in the upper Midwest region. Meanwhile, in Maryland, the private [Harry and Jeanette Weinberg Foundation](#) has sponsored a wing named in the foundation’s honor at a Baltimore addiction recovery center, among other gifts for substance use disorder services there. The private [Duke Endowment](#) has funded addiction support services in the Carolinas,

including evidence-based strategies aimed at reducing the use of opioids in surgery.

For over 60 years, the [Christopher D. Smithers Foundation](#) has concentrated on educating the public that alcoholism is a treatable disease from which people can and do recover. The foundation encourages prevention programs and activities, with an emphasis on high-risk populations, and works to eliminate the stigma associated with alcohol use disorder. In 2015, it partnered with Columbia University Medical Center to establish [The Smithers Family Center for Alcohol and Substance Abuse](#) in the Department of Psychiatry. The gift of \$7.1 million provides endowed support for clinical care, education, and research in alcohol and substance abuse treatment. R. Brinkley Smithers, a hard-drinking executive who eventually eschewed alcohol, donated over \$40 million to alcoholism programs, \$13.5 million through the Smithers Foundation and \$28 million of his personal funds. In more recent years, Smithers has also focused on combating [opioid addiction](#), including through programs such as MAT.



Funder Spotlight

The Christopher D. Smithers Foundation, Inc.

The Smithers Foundation approaches alcohol use disorder (AUD) and opioid use disorder (OUD) as “treatable and respectable” medical illnesses. Its #StoptheSpiral project is “a call to action to increase awareness of and access to evidence-based medication-assisted treatment (MAT) for opioid disorder.” #StoptheSpiral is a joint campaign with Columbia University Medical Center’s Department of Psychiatry.

The [Claude Worthington Benedum Foundation](#) supports harm reduction, treatment and prevention efforts in West Virginia and

southwestern Pennsylvania. It funds niche programs including support for pregnant and postpartum women with substance use disorders, a residential recovery program for men with drug and alcohol use issues, and faith-based programs to provide education and other resources to build community resilience.

Health conversion foundations, also called “health legacy foundations,” are active in the substance use disorder arena. Many health conversion foundations employ a broad definition of healthcare, which includes [addressing social determinants of health](#).

The [California Healthcare Foundation](#) invested \$7 million over five years to launch programs and test strategies to reduce prescription opioid use, promote evidence-based addiction treatment and expand access to naloxone. It also helped establish the California Opioid Safety Network, a network of local coalitions sharing strategies and best practices to reduce opioid addiction and deaths.

The [Center at Sierra Health Foundation](#) made more than \$16.4 million in grants in 2019 through its [MAT Access Points Project](#). It funds 120 organizations at more than 270 access points throughout California.

The [Colorado Health Foundation](#) supports substance use disorder programming, as well. With some \$2.5 billion in assets and annual giving of nearly \$100 million, it’s one of the biggest health legacy foundations in the nation and is open to innovation. Case in point: In May 2022, the Colorado Health Foundation invited applications to its Supporting Coloradans in Recovery Through Non-Clinical Programs funding opportunity, designed to help individuals with mental health

and/or substance use challenges access non-clinical support services close to home.

Other conversion foundations focus on mother and baby care. The Montana Healthcare Foundation’s [Meadowlark Initiative](#) supports efforts to integrate prenatal and behavioral healthcare to improve maternal and neonatal outcomes, including reducing newborn drug exposure, neonatal abstinence syndrome, and perinatal complications.

In Michigan, the [Michigan Health Endowment Fund](#) awarded more than \$2.5 million to combat the opioid crisis in 2017, including programs to help young mothers stabilize and recover while their children are in the welfare system with a goal of reunification.

Funder Spotlight

MICHIGAN HEALTH ENDOWMENT FUND

The Michigan Health Endowment Fund’s 2019 Behavioral Health Access Survey found that 80% of Michigan residents with substance use disorder go untreated. Its Behavioral Health grantmaking program supports efforts to increase care and expand the behavioral health workforce. Recent grantees include Great Lakes Recovery Centers and Pine Rest Christian Mental Health Services.

Corporate Funders

Many of the corporate funders active in the substance use disorders and addiction space come from the healthcare, insurance and pharmaceutical industries. The [Aetna Foundation](#) has committed more than \$6 million to addressing the opioid crisis. The [Cardinal Health Foundation](#) gifted \$5 million to the crisis from its [Generation Rx](#) program, which handles prescription drug use issues.

Big Pharma has also dabbled in donating to the crisis. In 2018, the [Merck Foundation](#) granted \$2 million to tackle the opioid epidemic still ravaging West Virginia. The state, as the documentary “[Heroin\(e\)](#)” makes clear, has the highest overdose rate in the country. The Merck Foundation is the philanthropic arm of Merck & Co., one of the largest pharmaceutical companies in the world.

McKesson Corporation, as noted earlier, earmarked \$100 million to fund FORE, a new foundation dedicated to fighting opioid use disorders. In Philadelphia, the [AmerisourceBergen Foundation](#) stepped in to address the [opioid crisis](#) in that city, as IP has [previously reported](#).

Another health company expanding its charitable support for substance use and mental health, specifically with a focus on racial justice, is the Elevance Health Foundation – formerly known as the Anthem Foundation, but still the philanthropic arm of the healthcare insurance giant, similarly renamed Elevance Health. It recently announced a \$13 million commitment to several community-based programs. These new grants demonstrate an acceleration of the funder’s COVID-era strategic rethink to focus on improving health and access to care for communities that have long experienced more than their fair share of health problems.

“As we approached the funding footprint around substance use disorder, we did take into consideration the mental health component, but primarily, we are thinking about how to look at funding from prevention and early intervention, to treatments—whether that’s crisis response or immediate post-crisis—as well as long-term interventions,” said Maggie Bowden, a program manager at Elevance Health Foundation, in a recent IP article. “So we are thinking about how our

programs can span that continuum of care around substance use disorder treatment and mental health.”

While efforts from Big Pharma to tackle the crisis are seen as commendable in some circles, they are not without critics. Several major drug companies, of course, played a well-documented role in creating the opioid crisis in the first place by flooding the market and stoking demand for painkillers. Starting in the 1990s, manufacturers’ marketing materials targeting both health professionals and people in pain downplayed negative side effects and exaggerated the drugs’ benefits. Manufacturers, distributors and dispensers supplied drugs at a rate that many maintain clearly indicated the opioids were being misused.

Settlements between opioid manufacturers and governments may bring more resources to nonprofits seeking funding for substance use efforts. For example, one of the biggest manufacturers of generic opioids, Teva Pharmaceuticals, announced a settlement in principle with some 2,500 local governments, states and tribes over the company’s role. Under the \$4.25 billion deal, Teva is to make payouts over 13 years directed to state, local and tribal programs to ease the opioid crisis. States and communities can choose to accept a portion of their payouts in overdose reversal medications rather than cash. Any resources made available through settlements, however, will move through government agencies, not through corporate philanthropy.

One corporation that isn’t distinctly in the health space but is dedicating significant charitable giving toward substance use disorders is the GE Foundation, the philanthropic arm of General Electric, which has given more than \$15 million to

support community health and curb opioid addiction in Boston and greater Massachusetts with a focus on treatment, awareness and local partnerships. The foundation invested in an opioid hack-a-thon hosted by Massachusetts General Hospital and CAMTech. Three ideas from that event have been accelerated: [WeAre Allies](#), [GEMs Boxes](#), and [Mobile MAT](#). It also worked with the Massachusetts League of Community Health Centers and Boston Medical Center to launch the SUSTAIN initiative, which is focused on expanding care in addiction medicine at community health centers to treat more patients, more effectively. At Massachusetts General Hospital, the foundation supports addiction medicine fellowships that expand capacity and provide additional training and mentorship at community health centers.

It has funded [RIZE Massachusetts](#)' effort to support innovative care from prevention to recovery, including prevention education in middle schools. It also backed [Community Care in Reach](#) (formerly CareZONE), a mobile health van that provides on-demand services for individuals struggling with addiction. GE also works with Shatterproof, Massachusetts Medical Society and RIZE Massachusetts to address and reduce the stigma associated with opioid use disorder to enable more healthcare professionals to screen and treat patients for the condition. And it works with the Massachusetts League of Community Health

Centers, which leverages data to create patient registries specific to substance use disorders to improve the health center's ability to retain patients, identify gaps in care delivery and compare actual care delivered to national standards.

Community Foundations

Community foundations are significant supporters of behavioral health services, including substance use disorders and addiction. These public foundations provide funding in both urban centers and less populous regions, and support nonprofits and care providers.

On the East Coast, the [New York Community Trust](#) supports nonprofits providing critical health services to New Yorkers struggling with addiction. For example, in April 2022, it committed \$150,000 to expand virtual care for people experiencing addictions, HIV/AIDS, homelessness, and other issues at [EngageWell IPA](#). It also granted [Greenwich House](#) \$150,000 to train credentialed recovery peers as home health aides, which equips them to better address chronic health problems for people seeking treatment for a substance use disorder.

In the South, the [North Carolina Community Foundation](#) has provided \$400,000 in funding for a multiyear residential SUD treatment program that serves rural communities in the state. In the Midwest, the [Community Foundation of Southeast](#)

Community Foundation Spotlight



The Brooklyn Community Foundation's Wellness and Recovery Fund supports organizations working to ensure that people struggling with addiction do so with reliable support that honors their agency and dignity. The fund is deeply rooted in values of racial equity and centers racial justice by prioritizing support for nonprofits led by members of affected communities, and centers the voices of those directly impacted by structural racism in decision-making.

Michigan has focused on private-public partnerships that work to advance MAT programs, including the [Michigan Opioid Partnership](#).

Meanwhile, on the West Coast, the [California Community Foundation](#) supports funding for substance use disorder programming in Los Angeles County, with an emphasis on prevention and [youth engagement](#) and partnerships with care providers and advocacy groups on the ground such as the [L.A. Trust for Children's Health](#).

Major Donors

Aside from generous anonymous donors, major individual donors are hard to come by in this area of philanthropy, with one notable and new exception: MacKenzie Scott, who entered the field in February 2022. Sources hope this is the beginning of further funding from Scott in this arena and that her largesse prompts other mega-donors to step up.

Personal experience can make a difference here. John Grayken – founder of the global private equity firm Lone Star – and his wife Eilene made a [\\$25 million](#) pledge to Boston Medical Center (BMC) to create the BMC Grayken Center of Addiction, as [IP reported](#) in 2017. The Graykens' donation is the largest gift received by the center to date. While the couple did not go into specific details regarding the motivation for the gift, Eilene Grayken did comment that drug addiction is “something that

our immediate and extended family have had experience of.”

Given the prevalence of drug and alcohol addiction among musicians, actors and other public figures, including elite athletes, it feels like there is fertile ground for more funding from these circles. Substance use charities are popular with celebrities, perhaps not least because many of them suffer from substance use issues themselves. Some celebrities run their own foundations, while others give anonymously to recovery, rehab and prevention programs.

It was deeply personal for musician Melissa Etheridge, who launched the [Etheridge Foundation](#) after losing her son to opioid addiction. The foundation's purpose is to support new scientific research into the causes and effects of opioid addiction. The foundation works to support organizations that delve into new ways of understanding and treating underlying mental health issues in conjunction with drug addiction, seek treatment approaches outside pharmaceutical norms, and look for new answers and relief for those suffering from the effects of addiction.

[Angels at Risk](#) is a nonprofit group that seeks to help teenagers at risk for drug and alcohol use disorders. The L.A.-based charity aims to raise awareness through early education, prevention and

Funder Spotlight



The Dropkick Murphys' Claddagh Fund supports children's, veterans, and alcohol and drug recovery charities. Though it focuses its donations on nonprofits in Boston and Philadelphia, its giving related to alcohol and drug recovery supports organizations throughout the country. The fund seeks organizations offering a comprehensive approach to addiction that goes beyond short-term rehab and recovery methods.

intervention. Prominent contributors to this organization include Hollywood actors such as Ted Danson, Mary Steenburgen, Tobey Maguire, Josh Brolin and Mel Gibson.

The [Layne Staley Memorial Fund](#) was founded by the parents of the former lead singer of Alice in Chains, whose accidental death involved heroin and cocaine. The fund supports musicians in the Seattle area struggling with addiction.

Quincy, Massachusetts-based band the Dropkick Murphys founded the Claddagh Fund to support Boston-area charities. The [Gavin Foundation](#) offers [residential programs](#), programs to prevent recovering addicts from relapsing, and programs to help the recently incarcerated reintegrate into society without using drugs. The Gavin House is an [inpatient rehabilitation treatment center](#) for men, and The Cushing House serves young men and women who are recovering from substance use while still participating in the community.

Associations & Intermediaries

The Substance Use Disorder Funders Collaborative, which does not yet have an online presence, was formed in response to the opioid crisis. It is a member-based group that hosts meetings, shares information, has a mission statement and charges dues.

The collaborative comprises funders with a history of investing in substance use disorder issues and donors that are newer to the table. It's a collective effort to chart a new course in substance use policy and practice led by the philanthropic sector.

[Grantmakers in Health](#) has long dedicated a section of its website to behavioral health, with opinion pieces, research and other resources that also cover

this subject area, though there is no discrete subsection devoted to the funders supporting substance use disorders and addiction programs.

Project Spotlight

MAT

access points project

The MAT Access Points Project supports opioid and substance use disorder, prevention, treatment and recovery services throughout California. It has over 450 community partners, has a presence in 56 California counties and has committed more than \$118 million to related programs. Partners include the American Addiction Institute of Mind and Medicine and the Drug Abuse Alternatives Center.

[Mindful Philanthropy](#) was launched in March 2020 with seed funding from foundations in the behavioral health field, including the [John Heller Fund](#), [Peg's Foundation](#), Scattergood Foundation and [Well Being Trust](#), to significantly expand philanthropy for mental health, addiction and community wellbeing initiatives. The national association features attributes of a funder affinity group (membership, information, meetings) but it also presents collaborative funding opportunities. The group is a partnership with the [Center for High Impact Philanthropy](#) at the University of Pennsylvania, which produced the report "[Health in Mind: A Philanthropic Guide for Mental Health and Addiction](#)" and "[Lifting the Burden of Addiction](#)."

An Analysis of Opportunities & Challenges

Why is substance use funding a good potential fit for the philanthropic sector? Philanthropy is flexible enough to respond to immediate challenges, test potential solutions and support broad systems change. Funders recognize a pressing need to think outside the box, forge new partnerships and support community efforts to create the cultural shift needed to reduce stigma and integrate substance use disorder treatment into behavioral health services.

Funders active in this ever-evolving space have multiple entry points to engage, support, guide, plug holes and innovate. For nonprofits raising funds to combat substance use disorders with services, treatment, research, advocacy and policy reform, the current fundraising environment remains challenging and competitive. However, funders that invest in areas such as racial justice and equity, early childhood interventions and safe housing are receptive to addiction and substance use disorder nonprofits that frame their work by highlighting these interconnected issues.

Double trouble: global pandemic and a drug epidemic. The COVID-19 pandemic – which has been linked to a significant jump in overdose deaths and drug and alcohol consumption, particularly among vulnerable Black, Brown, and Indigenous individuals – underscores the urgency of work by nonprofits in this field. Areas of opportunity and optimism in this sector include preventing overdoses and reducing harm; leading with equity and inclusion; improving continuity of care and system capacity; addressing stigma and championing recovery; and cultivating coalitions and overhauling policy and legal reform. There are ongoing efforts of note across the country in all of

these areas and there is still much more to be done; investment from philanthropy can certainly make a difference here.

Of course, any discussion of substance use disorders and addiction in the current climate must now include consideration of the COVID-19 pandemic. The U.S. healthcare system, including health-related philanthropy, has been bombarded by the demands of the pandemic, and the full impacts on the system will likely not be fully known for some time to come. But what is clear is that the COVID-19 pandemic only exacerbated an existing substance use epidemic.

Under the influence of the pandemic, harm reduction strategies for scaling and broadening access to medications for opioid use disorder have been made available through changes to federal regulations governing the delivery of these treatments. Mobile methadone and buprenorphine treatment is now an option for scaling access to opioid use disorder medications to underserved communities and regions, and could provide an additional powerful tool for reducing overdose deaths. Telehealth services for substance use disorder, put in place early in the pandemic, also promise the expanded availability of medications for opioid use disorder in regions where this service is widely implemented, and offer an innovative opportunity for further widening access. Broadening the role of telehealth for crisis counseling services to ensure that people can get the support they need when they need it – and removing any technical or legal barriers – is another area of focus.

And, it bears repeating: “Even in the era of COVID-19, the opioid crisis stands out as one of the most devastating public health disasters of the 21st century in the USA and Canada,” said a statement by the [Stanford-Lancet Commission](#) on the crisis. But opioids are just part of the substance use disorder big picture, as the commission makes plain. “Addiction is an enduring feature of population health, although in the future, the main drugs of concern might not be opioids. For this reason, provision of addiction-related services should be a permanent feature of health and social care systems, and should be financed and organized as a core commitment.”

Harm reduction offers promise. Novel harm-reduction strategies are emerging, according to Daliah Heller of Vital Strategies, that could benefit from philanthropic support to model and guide future government investments to guarantee their sustainability and long-term impact. For example, Heller notes that drug checking or drug testing resources are increasingly in demand as fentanyl in the illegal drug market drives overdose deaths across the country. While [fentanyl test strips](#) are increasingly incorporated into overdose prevention kits and harm reduction outreach supplies, more comprehensive mobile drug checking services are being deployed in some urban centers around the country. Further investment in this area, says Heller, could reduce overdose risk for people who use drugs, while shaping community-informed surveillance of the illegal drug supply. That seems an especially urgent need because [fentanyl-laced pills](#) secured via social media are proving to be especially deadly among young Americans.

New thinking for an old problem. Treatments for methamphetamines represent an area that warrants attention. While there are no medications

to treat methamphetamine addiction, [contingency management](#) is an effective, behavior-based treatment that has received little backing. In contingency management, patients who show evidence of positive behavioral changes receive small rewards such as gift cards. Experts in the field consider [contingency management](#) to be similar to the MAT debate of recent history: While evidence that it works is strong, it requires a new way of thinking about addiction treatment that will likely take time to reach mainstream acceptance. This is a textbook issue for philanthropy to support.

Inside Philanthropy August 2020 Survey

“While many are important issues that merit funding and attention, there is just too much chasing issues raised in the latest headlines and too little focus on the deeper structural issues that often give rise to those headlines. Too many funders address consequences and not enough focus on causes, but that’s the essential work that must be done for lasting, fundamental and durable change. While that is hard, long term and not very sexy work, it shouldn’t be as hard as it is to get funders to understand what’s at stake and fund more to achieve much deeper changes.”

—Fundraiser, Gaithersburg, Maryland

Other behavioral health approaches that show promise include [motivational enhancement therapy](#), which focuses on helping people build relationship and career goals. Proponents say it allows people to see for themselves that their drug use is an obstacle, creating desire to change. Another therapy, called community reinforcement and family therapy, or [CRAFT](#), teaches families to motivate people with addiction compassionately.

Forced or [coerced participation in recovery programs](#) doesn’t seem to work, say experts. Voluntary rehab has a better track record.

Criminalization and coercion have fostered a patchwork of addiction programs that is [harsh](#), [low-quality](#), [underfunded](#), [understaffed](#) and too often [fraudulent](#), according to an opinion piece by Maia Szakavitz in the *New York Times*. Since legally mandated care is often the only way to get free, immediate treatment, a damaging cycle continues. Given that, outside-the-box thinking seems especially necessary here.

Policy change and legal settlements. Politics are part of the picture in any discussion of substance use disorder funding. Misleading headlines about the Biden administration’s support for “crack pipes” as part of harm-reduction strategies were splashed all over far-right media. Although drug addiction is a bipartisan issue, that doesn’t prevent elected officials trying to win political points with voters with alarmist pronouncements that impact which services are provided to people in need. In these kinds of charged settings, philanthropy is often called upon to fill the void. Lawmakers in both parties introduced legislation in late February

2022 to bar federal funding for “drug paraphernalia” in response to [a story](#) on a conservative website, [asserting](#) that federally funded addiction treatment programs would distribute pipes for smoking crack cocaine as part of so-called safe smoking kits. White House officials refuted the claim.

The substance use disorder nonprofit arena is positioned to receive increased public investment through recent and new federal funding streams to states, including through the SAMHSA [State Opioid Response](#) (SOR) grants and supplemental block grant dollars through the American Rescue Plan Act of 2021. There is also widely anticipated new revenue coming nonprofits’ way through opioid litigation settlement funds to be distributed in states across the country.

In July 2021, the nation’s three major drug distributors and a pharmaceutical giant reached a \$26 billion deal with states that would release some of the biggest companies in the industry from all civil liability in the opioid epidemic, easing the way for funding in communities across the U.S. for addiction treatment, prevention services and other costly health expenses related to the epidemic. The four companies bound by the settlement—the manufacturer Johnson & Johnson and the drug distributors AmerisourceBergen, Cardinal Health and McKesson—are widely seen as having some of the deepest pockets among the corporate opioid defendants currently winding their way through the courts. Four name-brand pharmacy chains, CVS, Giant, Eagle, Walgreens and Walmart, are the subject of litigation, too, as are major opioid makers like Purdue.

These significant resources offer an opportunity for mounting an effective and sustainable public



SAMHSA’s Harm Reduction Grant program is a \$30 million effort to help prevent overdose deaths, increase access to community harm reduction services, and reduce the health risks associated with drug use. The program’s budget is \$10 million per year and SAMHSA expects to award 25 organizations grants of up to \$400,000 annually. States, local, Tribal and territorial governments, Tribal organizations, non-profit community-based organizations, and primary and behavioral health organizations are eligible to apply to the program.

health response to overdose prevention and substance use disorder and addiction. But advocates contend that these resources are not necessarily being targeted to the most effective services in the substance use disorder arena. There is also concern about how these dollars are being allocated and that communities most in need may not see them, especially if they reside at the state level and are used to fund pet projects of top-level government decision makers. Despite growing support for harm-reduction strategies and widespread agreement in the field for the need for a public health response to drug use, without concerted state leadership and a supportive embrace for systemic, transformative approaches to this crisis, these new public resources may continue to fund outdated, ineffective and unjust services, according to experts IP consulted for this report.

Desperately seeking funding for treatment innovations. The Stanford-Lancet Commission noted that advances in therapies for other chronic diseases – depression, asthma, hypertension, sleep apnea, cardiovascular concerns – have improved substantially in the past 25 years. The same can't be said for the treatment of addiction. Since the Food and Drug Administration approved methadone maintenance for opioid use disorder therapy in 1972, only two other medications (buprenorphine and naltrexone) have been approved for the market in the U.S. There are no pharmacotherapies for stimulant use disorders or cannabis use disorder and only a few medications that can help with alcohol use disorders. “The treatment of addiction is in dire need of innovation,” noted the report—and not just innovation in treatments. “Innovations in implementation – that is, finding new ways to get effective treatments to people who need them—are also crucial.”

The delivery of substance-focused prevention or treatment services in unconventional settings—from barbershops and bowling alleys to online chat rooms and faith-based venues – is another area ripe for funder attention. There is plenty of room for innovation in this realm, experts say, which is consistent with alternative outreach efforts for other health issues.

Public messaging campaigns to reduce drug-related risk is another area where philanthropy can make an impact. For instance, promoting the role of “designated administrators,” similar to designated drivers who are on call to dispense naloxone as needed. Or campaigns educating people who use stimulants or pressed pills that fentanyl is not only a risk with heroin.

The internet is another under-tapped area of innovation. Monitoring online communities where drug discussions occur, like Reddit and platforms on the dark web, holds the potential to collect data on emerging risks and compare them with toxicology reports in the community. This is a potential way to get early information on the scope of a problem and the substances of choice in any given area.

There is no shortage of ideas for addressing this intractable problem, only a shortage of funding to test innovations, refine concepts and provide model programs to scale. Philanthropy has an opportunity in this area to support the most promising solutions, interventions, treatments and preventive measures and to partner at the local, state, regional and national levels to address a public health crisis that demands attention and resolution.

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Feedback?

The State of American Philanthropy is an ongoing project. Each SAP brief will be updated periodically to integrate new information, additional data and evolving perspectives. This brief was originally posted to Inside Philanthropy in August 2022. It has not yet been updated. If you have comments or information you'd like to share with us, please email us at managingeditor@insidephilanthropy.com.