

Funding Solutions to the Opioid Crisis

An Assessment of Needs and Opportunities

SANDGAARD
FOUNDATION



Prepared by
The Sandgaard Foundation
to End the Opioid Crisis
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Table of Contents

I.	Introduction	1
II.	Analysis of Findings	11
III.	Areas of Need and Opportunity	13
IV.	National and Local Funders	29
V.	Nonprofits/Experts	32
VI.	Resources	34
VII.	Acknowledgments & Contact	35

I. Introduction

Opioid Crisis Overview

The United States is in the throes of a devastating and lethal health crisis of opioid misuse, opioid use disorder and death by overdose. [National trends](#) show that each year more people die of overdoses—the majority of which involve opioid drugs—than all deaths combined in the entirety of the Vietnam and Korean wars or any armed conflict since the end of World War II. Each day, on average, 130 Americans die prematurely from an overdose that involves an opioid (according to the Centers for Disease Control and Prevention), leaving family members and friends living with loss.

Additionally, according to the [National Institute on Drug Abuse \(NIDA\)](#), opioid use and misuse during pregnancy is causing a rising incidence rate of neonatal abstinence syndrome. Moreover, an increase in injection drug use has contributed to the spread of infectious diseases, including HIV and hepatitis C.

In addition to the cost on human life and health, the opioid epidemic's toll is felt across the life span and in every socio-demographic group, particularly in vulnerable populations such as those in economically depressed areas of the country ([National Academy of Sciences, 2017](#)). The costs of the country's opioid crisis are estimated to have exceeded \$1 trillion from 2001 to 2017, and are projected to cost an additional \$500 billion by 2020, [according to a 2018 study by Altarum](#), a nonprofit health research and consulting institute. This study says these costs are borne by individuals in the form of lost wages; the private sector in lost productivity and health care costs; and federal, state, and local governments in lost tax revenue and additional spending on health care, social services, education and criminal justice.

In 2019, the CDC issued [Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain](#) to encourage health care systems and practices to use opioid therapy carefully and selectively in the context of managing chronic pain. The guideline intends to “ensure patients have access to safer, more effective chronic pain treatment by improving the way opioids are prescribed through an evidence-based clinical practice,” while reducing the number of people who misuse, abuse, or overdose from these drugs. Additionally, [the CDC issued a clarification](#) that advises against misapplication of this guideline. This includes raising awareness about issues that could put chronic pain patients at risk, such as healthcare practitioners suddenly cutting off or abruptly tapering opioid prescriptions in a way that results in severe withdrawal symptoms. The guideline emphasizes “individual assessment of the benefits and risk of opioids given the circumstances and unique needs of each patient.”

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(National Academy of Sciences, 2017)

The Sandgaard Foundation



[The Sandgaard Foundation](#), a 501(c)(3) private foundation based in Denver, was formed in 2018 to support nationwide efforts to save lives from opioid overdose, help people escape the cycle of relapse and support those experiencing substance use disorder and their families.

Thomas Sandgaard, an entrepreneur and musician born in Denmark who became a U.S. citizen last year, formed the Sandgaard Foundation to “talk boldly and openly about opioid abuse; to work with nonprofits, healthcare professionals, musicians and the business community to save lives; and change the way we treat pain: together.”

Recognizing that one funder alone with limited resources cannot change the course of an entire crisis, the Sandgaard Foundation launched a collective impact model in which committed partners, donors, business leaders and musicians can band together to fund solutions and save lives.

“Opioid misuse and overuse destroy communities and families every hour, every day across the country. Acknowledging the problem was the first step. Now it’s time to implement an effective solution. Not quietly or discreetly, but let’s rock this epidemic as loudly as possible. Let’s get to the core and a cure.”

— Thomas Sandgaard, Founder

Research Objective

As a new foundation in the space, The Sandgaard Foundation board of directors retained Hammer & Associates, a Denver-based philanthropic advisory firm that works globally, to establish and manage the foundation, to assess funding needs and opportunities, as well as to inform the board in its decision-making.

From January through May 2019, Hammer & Associates conducted an in-depth landscape scan of opioid crisis funding and programming. The research aimed to help The Sandgaard Foundation understand the opioid crisis as an issue area, to identify possible gaps in funding and to connect with experts, service providers and influencers in the space.

Methods

On behalf of The Sandgaard Foundation, Hammer & Associates conducted phone interviews with 23 key informants. These individuals represented national and local foundations, funder groups, direct service providers from local and national nonprofit organizations, coalitions, experts in healthcare, advocacy organizations, public media campaigns, and more, as follows:

- 9 funders/grant-maker groups across 13 states and nationally
- 14 issue experts and nonprofits working on this issue
- Additionally, we reviewed 50+ related websites, articles and reports from various philanthropic, government, healthcare and nonprofit entities

This report presents a high-level summary of the content we gathered from these interviews, as well as materials from relevant documents, reports and websites. It presents key findings from the interviews; a discussion of the opioid crisis at the county, nonprofit, and foundation levels; and a list of possible grantmaking options and opportunities that exist for The Sandgaard Foundation and others to consider.

Disclaimer: The contents of this report are not exhaustive and are limited to the curated information at one given time, through a finite number of interviews. The intent was to give The Sandgaard Foundation board, as new funders in the space, a broad understanding of the needs and gaps, with an eye toward assessing where the focus and funding could do the most good, as it aligns with the Foundation's chosen mission.

We sincerely thank and acknowledge each person and organization that generously shared time and expertise with us as part of this research.

Definitions

- **Substance use disorder** (SUD, or drug use disorder), according to the Substance Abuse and Mental Health Services Administration (SAMHSA), is characterized by the mild, moderate, or severe dependence on certain drugs or prescription medications. Substance use disorders occur when the ongoing use of a drug, alcohol or prescription medication causes a clinical inability to fulfill and experience normal activities and responsibilities, including work, school and at home. According to the American Psychiatric Association, people with substance use disorder have distorted thinking, behavior and body functions. Substance use disorder can occur from both legal and illegal drugs. It affects people from all walks of life, ages and social groups. **Opioid use disorder** (OUD) refers to substance use disorder using opioid drugs.
- **Addiction**, as defined by the American Society of Addiction Medicine, is a severe form of substance use disorder: It is a chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations, which is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Note: The clinical term “substance use disorder” has now largely replaced the term “addiction.”
- **Physical dependence**, as defined by NIDA, can occur with the regular (daily or almost daily) use of any substance, legal or illegal, even when taken as prescribed. It occurs because the body naturally adapts to regular exposure to a substance. When the substance is removed, symptoms can emerge while the body re-adjusts to the loss of the substance. Physical dependence can lead to craving the drug to relieve the withdrawal symptoms.

- **Opioids** are narcotics—derived naturally from the opium poppy plant or produced synthetically—that act on opioid receptors to relax the body and relieve pain, according to (NIDA). Opioids include the illegal drug heroin, as well as common prescription opioids, such as hydrocodone, oxycodone, oxymorphone, morphine, codeine, and fentanyl. Because opioids are highly addictive and may result in fatal overdose, most are controlled substances.
- **Opioid misuse**, according to NIDA, describes behavior such as taking prescribed medicine in a way or dose other than prescribed, taking someone else’s prescription medicine or taking the medicine to get high.
- **Chronic pain** is persistent or recurrent pain lasting longer than three months. High-impact chronic pain is pain that limits at least one major life activity, including being unable to work outside the home, go to school or do household chores. According to the National Center for Complementary and Integrative Health of the National Institute of Health, nearly 11 million U.S. adults live with high-impact chronic pain, and about 40 million U.S. adults deal with chronic pain. Chronic pain has been linked to restrictions in mobility and daily activities, dependence on opioids, anxiety and depression, as well as poor perceived health or quality of life (*Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults*, National Institute of Health, 2016).

Opioid Statistics

- In 2016, 20% of U.S. adults reported having chronic pain and 8% reported having high-impact chronic pain (National Institute on Drug Abuse, NIH, 2018).
- There were 47,600 deaths linked to opioid abuse in 2017 (CDC.gov).
- On average, 130 Americans die every day from opioid overdose (CDC.gov).
- More than 191 million opioid prescriptions were dispensed to American patients in 2017 (CDC.gov).
- 21-29% of patients prescribed opioids for chronic pain misuse them, and between 8-12% develop opioid use disorder (National Institute on Drug Abuse, NIH, 2018).
- An estimated 4-6% of people who misuse prescription opioids transition to heroin (National Institute on Drug Abuse, NIH, 2018).
- More than \$1 trillion was lost 2001-2017 due to the opioid crisis, with a projected cost of \$500 billion anticipated by 2020 (Altarum, 2018).

II. Analysis of Findings

1. **Very few if any funders focus on finding solutions to the opioid crisis specifically.** Most funders support various strategies to prevent or treat substance use disorders (SUDs) more broadly—often under terms such as behavioral health (mental illness, substance use, trauma, and stress) or integrative medicine (addiction treatment into primary care), with the understanding that substance use does not occur in isolation.
2. **Many funders and nonprofits wish to leverage the current focus on opioids** (called the “drug du jour”) to affect a larger, long-term, systems-based change, as they have been working for 10-20 years to change entire systems of care. They say this is not a system anyone can fix overnight—it is “funding upstream.”
3. **Most of the current funding is done on a local place-based level** responding to immediate community needs. Other funders, including national funders, take a population-specific approach, such as focusing on adolescents. Still others have a different lens: for example, funding rural areas in the U.S. most affected by overdoses. Some funders do not self-identify as “health funders” (substance use is now shifting to a public health issue, whereas before it was considered a moral and criminal justice issue).

(Continued on next page)

II. Analysis of Findings (continued)

4. **These varied lenses and geographic limitations make it challenging** for funders to pool resources nationally, although for some funders, that remains a hope. Currently, 15 foundations have come together as a Substance Use Disorder Funders Group. Established by the Conrad Hilton Foundation and others, this group is still relatively early in its formation, but it has shared learning and resources. There are no plans at the moment for a pooled fund.

5. **Many new funders have come on the scene within the last two years** and are still early in their grantmaking and strategy. This is an exciting time and opportunity for funders to get involved, and it also comes with challenges. Interviewees recommended connecting with some of these funders to see what is informing their strategy and early grantmaking; to assess lessons learned so far; and to rely on experts in the field who have gained expertise over the years.

III. Areas of Need and Opportunity

Based on our research, we identified the following focus areas for possible funding. These align with key findings in a recent report called *Lifting the Burden of Addiction: Philanthropic Opportunities to Address Substance Use Disorders in the U.S.* (Center for High Impact Philanthropy, 2015). In that report, authors include **nine** specific high-impact opportunities to prevent death, improve lives and save dollars, along with more than 20 organizations with a track record of success.

The focus areas listed below are not mutually exclusive. In fact, there is often overlap representing needs across the continuum of care.

1. Harm Reduction: Prevent Overdose/Save Lives Now

Harm reduction, according to the Harm Reduction Coalition, is a set of practical strategies and ideas that reduce the negative consequences of drug use. It's also a movement for social justice built on the belief in and respect for the rights of people who use drugs. Harm reduction philosophy accepts that drug use is a part of our world and chooses to minimize the danger versus ignore or condemn substance users. It focuses on safer use; meeting people where they are; listening and learning from users and adapting strategies to keep them safe and alive; and addressing conditions of the drug use within the use itself.

Harm reduction principles recognize that poverty, class, racism, trauma, and other social inequities affect people's ability to effectively deal with drug-related use and ensures that drug users have a voice in creating the policies and programs that serve them ("nothing about us without us") ([Harm Reduction Coalition](#)).

Harm reduction an ever-present need across all communities, and those organizations that take a harm reduction approach are often underfunded. Harm reduction services, such as syringe access programs, are seen by some as controversial because of their association with intravenous drug use and disenfranchised populations. These programs can be misunderstood as "supporting drug use" or "feeding the addiction." There is no evidence to support that syringe services programs increase drug use, crime or the presence of discarded syringes; it is well-established that syringe services programs are effective at decreasing blood borne diseases ([Harm Reduction Coalition](#)).

Naloxone Distribution and Training

Naloxone is an opioid antagonist that quickly and safely reverses the potentially fatal effects of an opioid overdose. According to the CDC, targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose—especially people who use drugs, people who are around those who use drugs, and first responders—with naloxone kits, which they can use in an emergency to save a life.

Statistic: More than 80% of overdose reversals with naloxone in the United States were carried out by individuals who also use drugs.

(Community-Based Opioid Overdose Prevention Programs Providing Naloxone—United States, 2010. [MMWR Morbidity and Mortality Weekly Report](#), CDC, 2012)

In 2003, the Drug Overdose, Prevention and Education (DOPE) Project in San Francisco (the direct services arm of the Harm Reduction Coalition) was the first to distribute naloxone via prescription from nurse practitioners.

In April 2018, the U.S. Surgeon General recognized the gravity of the U.S. opioid epidemic and issued a public health advisory calling for increased availability of naloxone. Yet implementing this policy nationally faces many practical barriers. States are often left grappling with identifying who is most likely to benefit and deciding how and where to distribute the medication (Healthaffairs.org).

Naloxone saves lives today by stopping overdoses and gives the survivor an opportunity to enter treatment when ready. It's relatively cheap (\$20 for a generic vial), yet demand remains consistently higher than supply. Direct service providers always need more.

There is a need for more naloxone kit distribution and training across a number of providers, including first responders, ERs, syringe access centers/safe use sites, and recovery houses/sober living centers, as well as among the friends, family members, and third-party witnesses of drug users.

[A recent trend suggests many overdoses nationwide take place in public restrooms](#) at fast food restaurants, libraries and other public places. To meet this need, administrators and owners are training staff how to respond with naloxone, as well as posting signs in these public places informing the public how to recognize an overdose.

In 2013, Walgreens Pharmacy expanded a pilot naloxone access project in Rhode Island, making the overdose-reversing medication available at the pharmacy without first having to see a prescriber. Other pharmacies report to have launched similar statewide pharmacy-based naloxone programs, yet there is little public awareness about this point of access. One informant identified the need for more posters and public awareness campaigns that naloxone is available at these pharmacies without a prescription.

Additional programs are shown to reduce harm and immediate risk: clean syringe programs, supportive housing to prevent homelessness, and legal assistance to make sure basic needs are met, even if recovery remains elusive.

There are collaboration opportunities with HIV/AIDS Funders, as well as those funders supporting solutions to homelessness, as these issues are often and increasingly intertwined. Infected needles result in 3,000-5,000 new cases of HIV and 10,000 new cases of hepatitis C in the United States each year ([Aids United](#)).

Organization Spotlight: Saving Many Lives

The Opioid Crisis Response Fund (OCRFund.org), fiscally sponsored by the Harm Reduction Coalition, is a nonprofit that is funding targeted naloxone distribution, with a mission to “save as many lives as possible, as quickly as possible.” The organization raises money to re-grant it for opioid response on the principle of net present value—based on the probability, size, and timing of estimated impact. According to OCRF, currently the most effective efforts to reduce overdose deaths are run by local community activists who are distributing naloxone through syringe programs. In the nine months from October 2018 to June 2019, funding from OCRF saved 983 lives—that is 3.6 lives per day, at an average cost of \$135.86 per life saved. According to founder Colin Dwyer, “It’s inconceivable, outside of the developing world, that we can save lives for so little.” Funding partners include Open Society Foundations, Addiction Policy Forum, Yagan Family Foundation and an anonymous donor.

Grantmaker Collaboration Spotlight

The [Syringe Access Fund](#) (SAF) is a national grantmaking collaborative that supports service providers and policy projects that reduce use of shared syringes and ensure their safe disposal. Funder collaborators include the Elton John Foundation, H. van Ameringen Foundation, Irene Diamond Fund, Levi Strauss Foundation, Open Society Foundations, and AIDS United.

For more than a decade, SAF has made remarkable impact on public policy and public health, awarding more than \$20 million through 409 grants to 177 organizations in 33 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands. With this support, grantees have distributed over 66 million syringes to more than 350,000 clients and have led advocacy efforts to change laws around the country, so these programs can reach more people in need. Between 2018 and 2020, SAF will invest nearly \$2.4 million in communities across the country to support HIV and viral hepatitis prevention efforts, including syringe services at 62 organizations across 32 states.

2. Intervention/Treatment: Improve Access to Evidence-Based Treatment

Substance use disorders manifest differently from one person to another. There is no one treatment that works universally for everyone. There is a basic need, however, to improve access to evidence-based care. According to those interviewed, many who are suffering substance use disorder receive little to no care. Most are never referred to treatment. For those 1 in 10 who are referred, many are not offered a full range of treatment options.

Vulnerable populations, in particular, find it difficult or nearly impossible to access treatment and support. There is a lack of quality treatment facilities, gaps in insurance coverage and public policies that criminalize addiction.

According to interviewees, primary physicians who attend medical school are only required to have half a credit worth of education on addiction and pain management. According to one interviewee, “most doctors ignore the problem or refer out. There needs to be a fundamental shift in how doctors see their role in caring for those suffering from chronic pain and substance use disorder.”

Some physician/prescriber programs do work to better educate prescribers, including:

- [Project ECHO](#) (Extension for Community Healthcare Options) is an online global training for doctors on a variety of topics, including pain management and opioid prescribing.
- [Steve Rummler Hope Network](#) in Minnesota, in partnership with Minnesota Medical Association and University of Minnesota, provides prescriber educational opportunities on

pain management, addiction, and responsible prescribing for medical students, practicing physicians and other prescribers.

- [The Physicians for Responsible Opioid Prescribing](#) is an organization that focuses on reducing opioid-related morbidity and mortality through prescriber education, consumer education, and advocacy.

Medication-Assisted Therapy

Medication-Assisted Therapy (MAT) is a proven pharmacological treatment for opioid use disorder. According to the CDC, agonist drugs methadone and buprenorphine (brand name Suboxone) activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria, while naltrexone blocks the effects of opioids.

MAT, in combination with counseling and behavioral therapies, is proven effective at reducing use and helping people lead normal lives. Yet many individuals face challenges in receiving approval for MAT from their health insurance provider. They may also face the practical challenges of getting to treatment centers daily, particularly in rural areas that may require a long commute.

Physicians also face hurdles to administer MAT. Methadone must be prescribed through a federally approved Opioid Treatment Program, or methadone clinic. To prescribe buprenorphine, a physician must attend an eight-hour training, obtain a specialized Drug Enforcement Administration (DEA) waiver and is subject to increased auditing by the DEA of all prescriptions. Moreover, there is a stigma around it: some believe “abstinence only” is the way to overcome substance use and that medication-assisted treatment is a substitute and not a solution. As one interviewee said, “physician engagement rates are terrible: there aren’t enough doctors willing to do [MAT], and the

healthcare systems are not designed to meet people where they are at with drug use.”

With severely limited availability for medication-assisted treatment, only a fraction of those with opioid use disorder can or do access it.

- **Funder Spotlight:** [Arnold Ventures](#), formerly the Laura and John Arnold Foundation, believes that opioid use disorder should be treated as a public health issue, not a criminal justice problem. It is currently working to address the opioid crisis in a number of ways, including: bringing medication-assisted treatments into jails and prisons and to those who are released from incarceration; working with researchers and top investigators to expose scam ‘sober homes’ that offer little real help for patients and waste health care dollars; and collaborating with communities using data to develop effective treatments for individuals with complex needs.

According to Julie Williams, public health manager at Arnold Ventures: “For the last 100 years, our system has treated addiction as a criminal justice issue rather than a medical one. Now we are trying to take that whole system and modernize it. This is a huge systemic issue, with so many problems at every level of the system. As a funder, you have to have the patience to think about this as a complex old stigmatizing system that doesn’t work. If you put money into one place, it may get held up in another place. It’s not something we can fix overnight; we have to stay focused on slow change and stay with it for a long time.”

3. Advocacy: Change Systems and Policies

Many organizations advocate for public policies and legislation at the local, state, and national levels that will improve care and save the lives of those suffering from chronic pain and substance use disorder. Notably, the [Fed Up! Coalition](#), formed in 2012, is a national grassroots coalition of families, medical experts and advocates with a mission to end the opioid epidemic. Fed Up! organizes rallies in Washington D.C. and elsewhere nationally, calling on a coordinated and sustained Federal Government response that will take all steps necessary to end the opioid addiction epidemic.

Health care reform has made it possible for Americans to access better mental health and SUD treatment, yet implementation is an issue. Funders can support organizations working with policymakers and administrators to improve access to evidence-based care.

One example of a recent legislative win is the Ensuring Access to Quality Sober Living Act of 2018. This act provides standards, guidance, and technical assistance to states on naloxone distribution. Yet there are barriers. For instance, states are required to set up systems for naloxone in the 6,000 recovery houses across the country; however, the legislation didn't fund the medication itself. [The Voices Project](#) is leading an effort to bring more naloxone training to these recovery houses to bring them up to scale, while calling on the FDA for accountability and to bring more medication to market.

Another example of success for such life-saving laws are “911 Good Samaritan Laws,” referring to local or state legislation that may provide overdose victims and/or overdose bystanders with limited immunity from drug-related criminal charges—with the goal of encouraging calls to 911 in the event of overdose emergencies. As of May 2018, all but five states have enacted similar legislation.

4. Prevention

The sector continues to grapple with how to prevent SUDs and how to reduce the stigma that keeps many SUD patients from accessing the care they need.

Many funders support research to learn more about prevention and piloting new programs. Others support direct services to a certain population: for example, the Conrad Hilton Foundation focuses on early screening and intervention of adolescents, funding a program called SBIRT: Screening, Brief Intervention, and Referral to Treatment. (*Note: the Conrad Hilton Foundation is discontinuing its substance use funding in 2021.*)

According to one interviewee, “Most people start on substances when they are teens. We currently have a crisis-oriented system, where we wait for people to get sick before we intervene. Screening and training at-risk teens on coping mechanisms allows them to safely reach adulthood.”

Large-scale public awareness campaigns aimed at prevention, including those conducted by Public Good Projects, the Truth Initiative and Shatterproof, have reported successful results in changing perception and behavior.

- **Corporate Giving Spotlight:** The company [Leidos](#) is supporting the Truth Initiative's *The Truth About Opioids* prevention and education campaign to educate teens and young adults about the risks of opioid misuse. Additionally, Leidos is leading an effort to mobilize corporate America to help combat the opioid epidemic by encouraging CEOs to sign the CEO Pledge to End Opioid Addiction.
- **Prevention Technical Assistance Spotlight:** The [Education Development Center](#) (EDC) takes a public health approach to SUD, along the whole continuum of primary prevention, working with schools and those who are struggling with pain and mental health, to universal intervention, identifying and promoting treatment at different points of intervention. One of the EDC's new initiatives, Prevention Solutions, is contracted by state agencies and communities to provide online courses, trainings and consultations within the scope of understanding what evidence-based prevention looks like. EDC recently formed an Opioid Working Group to help different sectors support children affected by the opioid crisis, including those who are part of an intergenerational cycle of addiction.

5. Convening/Coalition Building

There is a need to support convenings and provide tools and coalition building for those in the field to share information and learn from each other. Dozens of local coalitions exist in each state or region, yet they don't have the capacity or resources to “talk” with each other and share data, research and best practices. According to one interviewee, “A long-term strategy of coalition building has to evolve in order to create sustainable change.”

Moreover, direct services agencies across various states need training and convening around consistent messaging and storytelling. According to one interviewee, “the public is suffering from crisis fatigue, and agencies need to shift our messaging in order to be consistent and effective.”

Within philanthropy, there's a need to organize private/public meetings on national and statewide levels to give philanthropists an opportunity to hear from SAMSA on what is funded and how to work together to fill in the gaps.

-  **Coalition Support Spotlight:** The [California Opioid Safety Network](#), founded by the California Health Care Foundation (CHCF), is a network of local coalitions fighting the opioid epidemic in communities across California—comprising 43 of the state's 58 counties. Additionally, CHCF supports expert coaching, technical assistance and networking opportunities to 32 local opioid safety coalitions to help them strengthen their impact. Based on a 2017 assessment, coalitions in the CHCF network demonstrated success: within one year, 90% adopted safer prescribing guidelines in emergency departments and primary care, 75% increased access to naloxone and more than half expanded provider use of medication-assisted treatment.

6. Long-term Recovery and Recovery Awareness/Community Building

According to interviewees, long-term recovery is an underfunded area. As one interviewee said, “You can spend \$30K to send someone to treatment, yet then they don’t have the stable living and support network and they go back to the communities where people are using.” Shame, blam and stigma often keep people anonymous and silent and more likely to go back to using.

Interviewees identified the need for funding of recovery houses, recovery community organizations (RCOs), sober living centers, peer recovery specialists/coaches and whole-person needs (vocational training, housing, etc.). Additionally, funding is needed for sober concerts and recovery community-building events, such as Recovery Fest 2020, and other awareness campaigns to reduce the stigma and encourage people to come out in recovery.

- 🎧 **Recovery Fest Event Spotlight:** Recovery Fest 2020 is an immersive, impact-driven music festival still in development and planned for 2020, with a goal to shift America’s response to addiction from blame and shame to hope and recovery. Organizing partners for Recovery Fest 2020 include the following nonprofits:
 - [Center for Open Recovery](#), which champions long-term recovery by ending the stigma of addiction
 - [Voices Project](#), which encourages people to raise their voices on addiction and recovery
 - [Above the Noise Foundation](#), which hosts drug- and alcohol-free music festivals that inspire, empower and provide grassroots funding to U.S. cities battling the national addiction epidemic

In 2018, the inaugural Recovery Fest—a sober concert event— attracted 12,000 attendees with musical performances by Macklemore, Fitz and the Tantrums, PVRIS, and other emerging regional musicians. This concert experience became a catalyst for social justice efforts, recovery pride and community collaboration among organizations on the frontlines of prevention, treatment, harm reduction and recovery. Organizers distributed more than \$100,000 in funding to regional social-impact nonprofits.

Partners are having conversations with YouTube to exclusively distribute the show online; they're in the process of raising capital to produce and promote the event.

- **Spotlight on Building Community in Recovery:** [The Phoenix](#) is a sober active facility and program that operates 40 locations throughout the country in 20 states (some are brick and mortar locations, and others are volunteer-led programs or through partnerships with existing Cross Fit gyms). They host free, daily classes and events where the only requirement to attend is at least 48 hours of continuous sobriety.

The organization harnesses the transformative power of community to give people in recovery the support they need. It aims to shatter the stigma of addiction and recovery, helping members establish a sober identity and new possibilities for their lives through fitness and community. Scott Strode, who has been recognized as a CNN Hero in 2012, launched The Phoenix in Colorado in 2006, based on his personal experience that a healthy lifestyle can transform the success rate on long-term sobriety. He believes that a sober active community helps individuals rise, recover and live through the power of fitness and community. The Phoenix provides naloxone training for its staff, and in some cases, for the community.

Shame, blame, and stigma often keep people anonymous and silent and more likely to go back to using.

IV. National and Local Funders

We conducted phone interviews with and/or online research of the following funders:

1. **Grantmakers in Health (DC, national)** – Alison Perencivich, Behavioral Health and Integrative Medicine: gih.org
2. **Substance Use Disorder Funders Group (DC, national focus)** – Kima Joy Taylor – 15 funders that have come together to share resources and hopefully pool funds; the challenge is that most are local place-based funders and don't have the ability to fund nationally
3. **Aetna Foundation (NC)** (online research) – supports Harm Reduction Coalitions in some harder hit states: aetna-foundation.org
4. **Arnold Foundation (TX)** – Julie Williams – focuses on payment reform, evidence-based services, and access to care, along with medication-assisted treatment (MAT): arnoldventures.org
5. **Bloomberg Philanthropies (NYC)** – Jess Vele and Jessica Leighton, Public Health Team: bloomberg.org – will fund \$50MM in 10 states over three years, including program implementation assistance in two states (Pennsylvania and Michigan), technical assistance in eight states and best practice toolkits with the goal of reducing opioid overdose deaths.
6. **California Health Care Foundation (CA)** – Kelly Pfiefer, MD – funds county coalitions across California and the network that supports them: chcf.org

7. **Comer Family Foundation (IL)** (online research) – funds harm reduction syringe access programs; straddles HIV/AIDS funding and substance use: comerfamilyfoundation.org
8. **Conrad Hilton Foundation (LA)** – Alexa Eggleston, Program Officer, LA-Based; focus on substance use disorder in adolescents; funding is ending in 2021: hiltonfoundation.org
9. **GE Foundation (MA)** – Jennifer Edwards (online research) – funds naloxone training and emergency kits, and integrative medicine: supporting medical professionals on treating addiction and pain management; funding addiction specialists in primary care offices: <https://www.ge.com/sustainability/philanthropy>
10. **Maine Health Access Foundation (ME)** (online research) – funds a number of addiction grantmaking strategies; recently did a strategic process: mehaf.org
11. **New Hampshire Charitable Foundation (NH)** – Tym Rourke, Director of New Hampshire Tomorrow, partnered with Hilton to fund SBIRT (screening, brief intervention, referral to treatment) in NH; also funds Safe Stations, where drug users in crisis can go to fire stations: nhcf.org
12. **Nicholson Foundation (NJ)** – Raquel Jeffers – funds Project Echo (among other projects), an online webinar-based portal to educate prescribers: thenicholsonfoundation.org
13. **Open Society Foundations** (online research) – advocates for drug policy focused on public health and safety, rather than punishment, and supports approaches that do not require cessation of drug use as a precondition of support, including advocacy for needle and syringe programs and medically

supervised injection facilities to reduce overdose deaths:
opensocietyfoundation.org

14. **Pew Charitable Trust (PA)** (online research) – operating foundation that conducts research and provides technical assistance to states on this issue: pewtrusts.org
15. **Philanthropy Roundtable (national)** – Anna Bob, Director of Health Programs: philanthropyroundtable.org
16. **Richard Fairbanks Foundation (IN)** (online research) – funds across the continuum (research, prevention, harm reduction, treatment), including Project Point, which connects overdose patients to more lasting help (e.g., assign a recovery coach to people as they are leaving the ER): rmff.org

V. Nonprofits/Experts

We conducted interviews with the following nonprofits and field experts:

1. **AIDS Connecticut (CT)** – Shawn Lang, Deputy Director, and Yale Professor of Public Health: aids-ct.org
2. **California Opioid Safety Network (CA)** – Art Chen, Coalition Coach: californiaopioidsafetynetwork.org
3. **Center for Open Recovery (SF-based, national)** – Fay Zenoff, Executive Director: openrecoverysf.org
4. **Educational Development Center (national)** – Shai Fuxman, EdD, Senior Research Scientist: www.edc.org
5. **Harm Reduction Coalition (SF-based, national)** – Eliza Wheeler, MA/MS, National Overdose Response Strategist: harmreduction.org
6. **Holt Productions** – Sarah Holt, Filmmaker of *ADDICTION*: holtproductions.org
7. **MusiCares Foundation (CA, national)** – Christina Scholz – MusiCares provides a safety net of critical assistance for music people in times of needs, including a range of financial, medical, and personal emergencies: grammy.com/musicares
8. **Opioid Crisis Response Fund (national)** – Colin Dwyer, Founder: ocrfund.org

9. **Public Good Projects (NY/DC, national)** – Joe Smyser, PhD, MSPH, CEO – a nonprofit organization that designs and implements large-scale behavior change programs for the public good:
publicgoodprojects.org
10. **SIMS Foundation (Austin)** – Heather Alden, Executive Director:
simsfoundation.org
11. **Steve Rummler Hope Project (MN)** – Sean O’Donnell, former Director of Programs: steверummlerhopenetwork.org
12. **The Phoenix (Denver, national)** – Dana Smith, Director of Programs and Partnerships: thephoenix.org
13. **Truth Initiative (national)** – Christy Hartsell, Vice President, Corporate Partnerships & Co-Marketing: truthinitiative.org/opioid-crisis
14. **Voices Project (LA-based, national)** – Ryan Hampton, author of *American Fix: Inside the Opioid Addiction Crisis—and How to End It*:
ryanhampton.org

VI. Resources

American Society of Addiction Medicine: <https://www.asam.org>

Facing Addiction in America: The Surgeon General's Spotlight on Opioids. U.S. Department of Health and Human Services, September 2018: <https://addiction.surgeongeneral.gov>

Substance Abuse and Mental Health Services Administration Behavioral Health Treatment Services Locator: <https://findtreatment.samhsa.gov>

[*Lifting the Burden of Addiction: Philanthropic Opportunities to Address Substance Use Disorders in the U.S.*](#) (Center for High Impact Philanthropy, 2015)

Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. National Academies of Sciences, Engineering, and Medicine, 2017: <https://www.ncbi.nlm.nih.gov/books/NBK458661/>

Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States – An Introduction for Public Health, Law Enforcement, Local Organizations, and Others Striving to Serve their Community. Centers for Disease Control and Prevention, 2018: <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

Defining the Prevalence of Chronic Pain in the United States. National Center for Complementary and Integrative Health, National Institute of Health, U.S. Department of Health and Human Services, September 14, 2018: <https://nccih.nih.gov/research/results/spotlight/Prevalence-of-Chronic-Pain>

VII. Acknowledgments & Contact

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The Sandgaard Foundation commissioned the philanthropy advisory firm [Hammer & Associates](#) to launch and manage its foundation as well as cultivate additional partner donors to this cause. As a part of this work, Elaine Gast Fawcett, MS, philanthropy and communications advisor for [Hammer & Associates](#), conducted this research and prepared this report for The Sandgaard Foundation.

Hammer & Associates supports foundations and family offices globally—helping philanthropic individuals, families, and the advisors who serve them, pair their passion with proven strategies. For more information on Hammer & Associates, contact Suzanne@SuzanneHammer.com.

Members of the media should contact sandgaard@echristianpr.com

Join Us

The Sandgaard Foundation seeks strategic partners who are ready to band together to end this crisis, once and for all. We realize that no one foundation or donor can solve this epidemic alone. If you would like to join this movement with your financial or intellectual capital, reach us at Connect@SandgaardFoundation.org or 1-877-705-9111, or donate via our website at SandgaardFoundation.org.