BOSTON OPIOID SETTLEMENTS COMMUNITY ENGAGEMENT REPORT

January 2024

BACKGROUND

The City of Boston is committed to transparent and public-informed decision-making regarding the use of the opioid settlement funds. Input from Boston residents such as families and people living with opioid use disorder, as well as organizations who have been most affected by the opioid epidemic, and service providers was collected through multiple qualitative and quantitative methods.

Funding Amount – More than $22 million in opioid settlement funding will be awarded to Boston through 2038. The State continues to negotiate settlements with Teva, Allergen, Walgreens, and CVS. Boston could receive more total funding over this period depending on the outcome of the litigation. As of December 2023, Boston has received $6 million.

Funding Stipulations – The Municipal Abatement Agreement provides a broad list of strategies municipalities can fund using settlement dollars, including prevention, treatment, harm reduction, and recovery services. The State asks that funding fill gaps in the existing system and not be spent on services otherwise covered through existing programs. Additionally, the State asks for municipalities to prioritize equity and honor the voices of people impacted by the opioid epidemic.

Report Methodology – Between May 30, 2023 and October 13, 2023, the Boston Public Health Commission Office of Recovery Services gathered feedback from Boston residents through community and provider listening sessions, surveys released in multiple languages, and a longform Request for Information. ORS also reviewed overdose data trends, peer-reviewed literature, and a nationally available Opioid Abatement Needs and Investment Tool. The BPHC Center for Public Health Science, Technology, and Innovation led the quantitative and qualitative analysis. BPHC synthesized the information and prioritized recommendations that honor impacted voices, fill system gaps, address equity, and are supported by population-level data, as per the funding stipulations of the Municipal Abatement Agreement. A summary of the methods can be found at the end of the report.

COMMUNITY-IDENTIFIED FUNDING PRIORITIES

This section summarizes thematic areas that community participants highlighted as funding priorities. As Boston allocates settlement funding, determinations will be informed by this community engagement, consideration of emerging needs, and ongoing assessments and community engagement over the term of the settlement period.

Multiple midsized and small-scale expenditures, and a slight preference for creating new programming was proposed. Approximately 81% of total survey respondents (n=415) said the City should spend smaller amounts on multiple initiatives, versus investing a large amount into a single program. About half (52%) of respondents called for creating new programming versus reinvesting in existing ones.

The following five funding priorities were raised by participants:

- **Support Families –** Establish a grief support network and/or a fund offering one-time aid to families who experienced a loss due to substance use dedicated to covering expenses such as childcare, counseling, and funeral expenses
- **Housing Support –** Directly fund housing programming or provide financial support to individuals with substance use disorder (SUD) for housing assistance, with a priority for Black and Latinx populations, and women
- **Equity** – Establish an annual program distributing one-time grants to community-based organizations who further equity in substance use services and recovery support
- **Overdose Prevention –** Fund overdose prevention centers in Boston, integrated with low-threshold medical services
- **Youth Prevention –** Expand/create youth prevention campaigns or increase accessibility to family-based education and interventions

COMMUNITY PRIORITY: SUPPORTING FAMILIES

Description – Respondents suggested that opioid settlement dollars be used to establish a small annual fund to provide financial aid to households who have experienced a loss due to substance use. This includes families caring for children such as grand families, and other familial arrangements. The fund would pay for therapy, childcare, and even funeral expenses when needed. In addition, the City could partner with a community provider to manage a network of peers who provide grief support to each other.

Does the Recommendation Honor Impacted Voices? – Establishing a grief fund was commonly identified across listening sessions. Participants advocated for the City to pay for expenses related to childcare, funerals, therapy copays, and helping children deal with trauma through initiatives like peer-based programming. In the RFI, the Commission on Grandparents Raising Grandchildren advocated for expanding support groups, therapy, and paying for legal services to help grandparents apply for public benefits.

Does the Recommendation Fill System Gaps? – Organizations like Learn to Cope and Support After a Death by Overdose (SADOD) coordinate grief support networks across the State but have a smaller presence in Boston. The Dorchester-based Louis D. Brown Peace Institute offers a grief support group for family members of people lost to overdose. Overall there is a need for this type of programming in Boston. A recent op-ed in the Boston Globe argues that, despite the stark rise in opioid overdoses, the support infrastructure for affected families is lacking compared to that for families of homicide victims. A family support fund addresses this gap by offering financial assistance for funeral expenses and mental health resources.

Is the Recommendation Equitable? – In the survey, 58% of BIPOC participants called for prioritizing families, while only 28% of non-BIPOC participants called for prioritizing families, a statistically significant difference. From 2020 to 2022, the age-adjusted rate of substance use-related mortality per 100,000 residents was higher than the rest of Boston in Dorchester (02121 and 02125), Roxbury, and the South End. Therefore, the City could prioritize partners whose catchment area overlaps with these geographies.

Supported by Population Data? – There is scarce population data available regarding the number of grandparents raising grandchildren due to parents dying from opioid overdose. A study by UMass Medical School shows 3,797 grandparents raising grandchildren in Suffolk County in 2017. The same study surveyed 415 people from across Massachusetts who qualify as grandparents raising grandchildren. Fifty-six percent said the mother was not in the child's life because of opioid use, and 6% said opioid use caused the mother's death. Thirty-five percent said the father was not in the child's life because of opioid use and 8% said opioid use caused the father's death. The authors noted the study was limited by convenience sampling.

COMMUNITY PRIORITY: HOUSING SUPPORT

Description – Respondents suggested that funds could launch new housing programs or expand capacity in existing recovery and harm reduction housing programs. Specifics of the intervention could include funding for priority populations or a program that provides individuals with direct aid to move into permanent housing after treatment, paired with job training and financial education to ensure sustainability.

Does the Priority Honor Impacted Voices? – Thirty-nine percent of survey respondents voted for supporting people in recovery, the most preference for any strategy. Within that category, 26.7% preferred recovery housing, the most of any sub-strategy. Specialized halfway houses/sober homes received a high amount of support across listening sessions. Housing ranked second among strategies that were expressed by respondents in the open-ended responses in the surveys. Low-threshold housing tied as the third most popular response among RFI participants.

Does the Priority Fill System Gaps? – The Massachusetts Department of Public Health Bureau of Substance Addiction Services (BSAS) already funds halfway houses, sober homes, and low-threshold housing. If recovery and harm reduction housing is in short supply in Boston, then settlement funds may be better spent expanding beds/units. If there are enough recovery and harm reduction housing beds, but people do not have enough funds

to enter these programs, then the economic barrier represents the main issue. In this scenario, interventions other than expanding beds could be explored, such as direct aid.

Is the Priority Equitable? – Listening sessions were estimated at 72% BIPOC and indicated high support for housing services. Within the survey, a higher percentage of BIPOC respondents (46%) favored prioritizing recovery supports compared to the percentage of white respondents (35%) favoring this strategy, a statistically significant finding.

Supported by Population Data? – Duke Margolis Dashboard uses an index of indicators to make recommendations for policymakers on how to spend settlement funds. The dashboard recommends Recovery Housing, guided by indicators related to housing instability. According to the dashboard, about 24% of Suffolk County reports severe housing problems such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. By comparison, 17% of households at the State level report severe problems. The Boston population comprises 85% of Suffolk County's population, making the county's data a good proxy for Boston, but not perfect.

COMMUNITY PRIORITY: EQUITY

Description – Respondents also suggested that small grants be offered to community-based organizations each year from an annual pool. Application criteria could require agencies to further equity using strategies highlighted in the Municipal Abatement Agreement. Additionally, a BPHC program staffer could manage participatory mechanisms like a Community Advisory Board, engage in technical assistance to recipients, and organize seasonal showcases. BPHC could either directly manage the funds or contract with a foundation.

Does the Priority Honor Impacted Voices? – Feedback from the Nubian Square Listening Session specifically called for a mini-grants program to fund grassroots organizations, utilizing participatory decision-making. The Grove Hall session called for funding "boots on the ground organizations not only big organizations."

Forty-five percent of RFI respondents supported funding for established community-based substance use service organizations. This includes using funds to retain staff, hire diverse and multilingual staff from Black and Latinx communities to provide culturally relevant care, as well as strengthen the trusting relationships community-based organizations (CBOs) have with residents. This theme tied for second as the most preferred across RFI respondents.

Does the Priority Fill System Gaps? – BSAS recently opened a new grant program to fund BIPOC-led organizations who provide substance use services, up to $145K. The RIZE Foundation recently issued equity-focused grants of $200K. Blue Cross Blue Shield Massachusetts is currently funding new projects up to $50K. Yet structural racism and health disparities are deeply rooted and pervasive. Numerous community-based organizations serve neighborhoods throughout Boston and evidence from the community engagement suggests the current funding landscape is insufficient.

Is the Priority Equitable? – The top four answers to the question about reducing overdoses for Black individuals were all relatively close to another, signifying a plurality of thinking around the best solutions, among BIPOC respondents. A flexible mini-grant program could provide multiple opportunities to the community to address these issues.

Strategy	# of Respondents	% of Total Respondents
Outreach	74	46.2%
Youth Prevention	71	44.4%
Clinical Programs Tailored for Black Individuals	67	41.9%
Expand the Pool of Black Clinicians	66	41.2%

Targeting community-based organizations would help ensure that BIPOC communities benefit from the opioid settlement. A participatory mechanism would empower the community to shape its use of the funds and encourage ongoing engagement with addressing the opioid epidemic.

Supported by Population Data? – From 2020-2022 combined, the average annual opioid overdose mortality rate for Black and Latinx residents was 66% and 31% higher than white residents, respectively. Data compiled by BPHC in its recent Health of Boston Report show the leading cause of premature deaths among male Black and Latinx residents for 2017 through 2021 combined was accidents, with opioid overdoses accounting for most of these deaths.

COMMUNITY PRIORITY: OVERDOSE PREVENTION

Description – Overdose Prevention Centers (OPC) are facilities where individuals can use drugs under medical supervision and access harm reduction services. OPCs are evidence-based and play a critical role in reducing opioid overdose deaths. Opioid settlement dollars could fund an OPC that partners with low-barrier healthcare services designed to meet the needs of patients who actively use, especially those who are also experiencing homeless.

Does the Priority Honor Impacted Voices? – Twenty-seven percent of RFI respondents explicitly called for piloting OPCs in Boston, tying for the third most preferred strategy. All three healthcare providers who submitted to the RFI called for funding OPCs, representing a key expert perspective. OPCs were not included as an explicit option on the survey but 18 people (4% of total survey respondents) advocated for overdose prevention centers in open-ended response fields and 2 people advocated in opposition. 63% of RFI respondents called for spending settlement funds on harm reduction, tying for the most popular RFI strategy.

Does the Priority Fill System Gaps? – A substantial amount of research shows how OPCs can reduce overdoses and increase engagement in services and treatment. Additionally, academic modeling indicates an OPC would save approximately $4M per year in healthcare

costs in Boston. Though OPCs face legal barriers, the first US OPC operator, OnPoint NYC, has been able to establish partnerships with prosecutors, the City's health department, and other stakeholders to address challenges and successfully begin operations in two facilities. The Massachusetts Department of Public Health has released a feasibility study and is supportive of changes in law and policy to address liability for facility owners and providers and establish a regulatory framework for an OPC pilot program in Massachusetts.

Is the Priority Equitable? – "Community overdose prevention" tied for first among topics mentioned across the listening sessions, whose participants were 72% BIPOC. These results indicate a strong interest in overdose prevention, although OPCs were not mentioned specifically. RFI consensus suggests OPCs should be staffed by multilingual, multicultural teams that represent the lived experiences of people they serve. In their RFI response, the Grayken Center argued that OPCs are an opportunity to initiate MOUD with Black and Latinx patients, populations historically prescribed MOUD less frequently compared to White patients (Source 1, Source 2).

Supported by Population Data? – In Boston, 352 people died from opioid overdoses in 2022—the most ever, and representing a nearly 7% increase from 2021. From 2019 to 2022, Boston experienced a 36% increase in opioid-related deaths, more than twice the statewide rate of increase (16%) over the same time. No overdose death has ever been reported at a legally sanctioned OPC. One Vancouver OPC saw a 35% decrease in overdose death within its high-use neighborhood.

COMMUNITY-IDENTIFIED PRIORITY: YOUTH PREVENTION

Description – Respondents identified a need for increasing youth prevention and family access to education and substance use interventions. This strategy could take different forms, like training and giving stipends to peer leaders, giving family services technical assistance to increase their reach, investing in prevention coalitions, or leveraging partnerships with Boston Public Schools (BPS) to distribute resources and substance use screening information to parents. BPHC also operates a youth prevention campaign,

CopeCode Club, which teaches youth positive, healthy coping strategies to discourage substance use as a coping mechanism. Further investment could increase the reach, expand the campaign with new content or programming, or create a new campaign.

Does the Priority Honor Impacted Voices? – Forty-five percent of RFI respondents advocated for prevention strategies targeting youth and families such as outreach and education delivered in family households and schools. Youth prevention was the second most popular strategy per the RFI responses. Outside of the question about reducing rates of overdoses among Black individuals, the survey showed mixed support for youth prevention. Ten percent of respondents preferred spending funds on youth prevention (ranking fifth of seven strategies). Half of the respondents said settlement dollars should prioritize spending on youth relative to other populations, but this constituted the third most preferred population out of the four. After adjusting for other categories and BIPOC race, respondents who identified as being in recovery had a statistically significant, 2.5 times increased odds of selecting prevention as their top priority when compared to the largest group, respondents who identified as friends or family.

Does the Priority Fill System Gaps? – Boston Public Schools serve 54,000 students across 125 schools, 74% of school-aged children who live in Boston. There are additional children who attend other schools, or who may not attend school for reasons such as dropping out. In FY22, the BPHC prevention campaign CopeCode Club achieved 36,579 clicks and reached 3,053 Instagram accounts. While these numbers are impressive and each represents an opportunity to benefit a young person, more investment is necessary to reach the approximately 8% of youth that use Instagram, at the minimum. Surveys were done in 2017 to inform a Youth Substance Use Prevention Strategic Plan. Fifty-two percent of youth said they should get information about drugs and alcohol through their home and family but only 42% said that source is where they currently get information, indicating a discrepancy. Seventy-two percent of parents indicated that they would like more information about how to talk to kids about drugs and alcohol.

Is the Priority Equitable? – BIPOC respondents to the survey question about reducing overdoses among Black individuals preferred youth prevention second. Fifty-eight percent

of BIPOC participants called for prioritizing families, while only 28% of non-BIPOC participants called for prioritizing families, a statistically significant difference. Youth prevention or family services could target schools located in neighborhoods that experienced the most opioid overdoses, such as Roxbury and Dorchester, neighborhoods where larger proportions of people of color live. The BPS student population is roughly 85% non-white.

Population Indicators – Youth Risk Behavior Survey compares youth substance use in Boston to youth substance use in the US, for 2021. Boston's youth report lower rates in every substance use indicator. There is one exception. 17.3% of Boston youth report using marijuana while 15.8% of youth in the US report using the substance.

IMPLEMENTATION RECOMMENDATIONS

Opioid Settlement Project Management – The City should hire a project director to lead implementation, project management, State reporting, assessment of impact, and evaluation. Maricopa County in Arizona hired Public Health Fellows for its major cities, to support the opioid settlement program design and implementation. Administering the opioid settlement would constitute a major project under the current BPHC infrastructure.

Practice Guidance/RFP Requirements – Participants at listening sessions communicated priorities that can refine existing strategies during implementation. This could be operationalized as practice guidance for internal programs and RFP requirements for external programs.

- **Accessibility -** Making programs accessible either through pop-up services, mobile vans, or by funding programs located directly in the community
- **Geographic Equity –** More focus on services in Dorchester, Mattapan, and Roxbury
- **Multilingual Capacity –** Initiatives should employ multilingual staff to serve non-English speaking individuals
- **Employing People with Lived Experience –** Employing people with lived experience enables the workforce to build therapeutic connections based on shared experience

- **Special Populations –** Prioritize serving BIPOC, LGBTQ or disabled individuals, immigrants, older adults, or women and families
- **Faith-Based Interventions –** Partnering with faith organizations as a vehicle for dispensing resources, conducting outreach, etc
- **Supporting Re-entry –** Intentional effort to build relationships with jails. Provide immediate linkage to care once someone leaves jail. Getting immediate support can reduce the risk of overdose, homelessness, and/or recidivism
- **Staff Training –** Fund organizations who have already trained their staff on DEI and trauma-informed approaches or demonstrate a commitment to fulfilling training

METHODS

DATA COLLECTION

Listening Sessions– Sessions followed a similar format, beginning with a presentation to the group about the settlement and spending conditions, then proceeding with discussion. Organizers posed key questions from the survey, asking what people wanted dollars spent on, how the settlement should address Black overdoses, whether the City should make broad or focused investments, and whether the City should fund existing programs or start something new. Organizers facilitated dynamically, asking follow-up questions, and reflecting. The flagship event at Nubian Square featured breakout groups. **Reach**: Email outreach to all neighborhood associations. Visited substance-related community meetings. Partnered with MOAR and BSAS on specialty sessions. Collaborated	8 sessions (Estimated 196 participants and 72% BIPOC) Nubian Square Task Force, Grove Hall, Families Session, Youth Prevention Session, Garrison Trotter Neighborhood Association, Recovery Community Session, Fenway Communicate and Connect, and Safe and Sound Recovery Center.

with Nubian Square Task Force on the flagship listening session.	
Surveys – Designed to be quick to fill out. Translated into Cape Verdean Creole, Chinese, English, Haitian Creole, Portuguese, Somali, Spanish, and Vietnamese. **Reach:** Promoted via news stories.* Distributed via ORS, youth prevention, Massachusetts Organization for Addiction Recovery, and Office of Immigrant Advancement email lists, throughout agencies (ex. Office of Neighborhood Services and Coordinated Response Team) and community partners (ex. faith leaders, Casa Esperanza, Multicultural Aids Coalition), internal listservs (Recovery Services and BPHC-wide), and to BPHC recovery program clients. Displayed on the website shared continually during the community engagement. In August the assessment team reviewed the demographics data and as a result increased outreach to BIPOC communities.	415 respondents (35% BIPOC) • 406 in English • 7 in Spanish • 2 in Portuguese
Longform RFI – BPHC invited participants to write up to 2.5 pages of content. Questions paralleled the survey. **Reach:** Distributed through standard RFI channels. Distributed via ORS, youth prevention, and MOAR email lists. Displayed on the website shared continually during the community engagement.	11 responses (91% agencies, including 3 major healthcare providers) Grayken Center, Boston Healthcare for the Homeless Program, Alosa Health, Out for Good Behavioral Services, Commonwealth Land Trust,

	Casa Esperanza, Mass General Hospital, Boston Housing Authority, Allston-Brighton PAUSES, Commission on the Status of Grandparents Raising Grandchildren, and one individual.
Population Health Research – Health of Boston data, Opioid Abatements Needs Tool, census data, academic and gray literature.	10 sources

*Press Relations Reach: The BPHC Communications Office conducted a press strategy to drive more participation in the public engagement. The process garnered stories from the Boston Globe, WBUR, WGBH, and Bay State Banner. Executive Director of the BPHC and Commissioner of Public Health for the City of Boston Bisola Ojikutu gave an interview for WBUR.

Analysis

- **Survey** – Descriptive statistics. Testing for biases based on non-BIPOC compared to BIPOC status. Multivariate logistical regression to cross-tabulate and control for race and category of respondent. The team analyzed open ended responses by counting the frequency of words then using natural language processing to identify top word associations, followed by validating by hand.
- **Listening Sessions –** Natural language processing to quantify the number of sessions where a topic was mentioned. Validated by hand.
- **Request for Information –** Two staffers coded the RFI content for themes and cross-referenced their independent analysis to increase validity.

Synthesis – The mixed methods approach produced both qualitative and quantitative data. ORS and SciTech interpreted the data results, reconciling the different data types by identifying the strategies that received the most consensus across all methods. The higher the consensus, the more these strategies represented the preferences of people impacted by the opioid epidemic. ORS leveraged subject matter expertise about current system gaps, to analyze what extent the strategy might address an existing gap, and in some cases, considered different interventions within a single bucket. The assessment team also screened each strategy for equity. A strategy needed to (1) receive support from BIPOC voices and (2) demonstrate logic around how the strategy would further equity. Lastly, the team consulted population-level data to provide an extra lens through which to view the recommendations.

RESULTS

LISTENING SESSIONS

Table 1: Listening Session Themes by Frequency of Sessions Mentioned

Tied for most preferred strategy	Tied for second most preferred strategy
• Community OD Prevention • Specialized Halfway Houses/Recovery Housing • Youth Prevention Campaign	• Anti-Stigma/Educational Campaign • Family Supports • Flexible Scholarships • Grief Fund • Peer-led Engagement Teams • School Supports • Training and Technical Assistance Center

SURVEY RESPONSES

Table 2: Race/Ethnicity of Respondent *Multi-select* **(n= 415)**		
Race/Ethnicity	**n**	**%**
Asian	18	4.3%
Black/African American	73	17.6%
Hawaiian/Pacific Islander	2	3.6%
Hispanic/Latino(a)(x)	43	10.4%
Indigenous	9	2.2%
Multiracial	17	4.1%
White	255	61.4%
BIPOC*	145	34.9%
N/A (Data missing)	15	3.6%

*Participants who did not identify as White.

Table 3. Category of Respondent *Multi-select* **(n= 415)**		
Category	**n**	**%**
Family/friend of person affected by opioids	203	48.9%
Person in recovery from opioid use disorder	92	22.2%
Current user of opioids	20	4.8%
Youth or young Person	26	6.3%
N/A (Data missing)	17	4.1%

Open-ended Responses – 52% of respondents wrote responses to the question "any other relevant information about yourself you would like to share?"

Conclusions from the top 5 words associations (r>0.15)

- **Health –** Healthcare professionals working in public health, mental health, or research
- **Opioid –** Those who have been emotionally impacted by problems related to the opioid crisis through family, legal troubles, work, or neighborhood they live in
- **Recovery –** Those working with people in recovery
- **Citizen –** Those compassionate to unhoused people in Boston
- **Concerned –** Home/condo-owners, particularly in the South End neighborhood

Table 4. Preferred Strategies *Respondents could choose up to 3* **(n= 415)**		
Strategy	**n**	**%**
Opioid Use Disorder Treatment	96	23.1%
Recovery Supports	162	39.0%
Connections to Care	51	12.3%
Harm Reduction	70	16.9%
Criminal Justice	25	6.0%
Supporting Pregnant Individuals	33	8.0%
Youth Prevention	40	9.6%
N/A (Data missing)	72	17.3%

Open-ended Reponses – 37% of respondents also wrote an open-ended response for their preferred strategy. Themes include:

- Comprehensive treatment, including overdose reversal, mandatory treatment, and psychedelic treatments
- Housing for people who use substances
- Preventative interventions in schools
- Holding dealers of fentanyl accountable for deaths
- Financial supports for medical, childcare/family, and funeral expenses

Table 5. BIPOC Preferences for Reducing Overdose Disparities Among Black Individuals *Multi-select* (n= 160)		
Strategy	**n**	**%**
Outreach teams engaging individuals on the street	74	46.2%
Workforce programs training Black behavioral health clinicians	66	41.2%
Clinical services tailored for Black individuals	67	41.9%
Increasing youth prevention in Black communities	71	44.4%
Faith-based programming and education	48	30.0%
Building health promotion capacity in Black-owned businesses (barbershops, beauty parlors, bodegas)	44	27.5%
Health communication (billboards, local advertising)	29	18.1%

Table 6. Broad or Focused Investment (n= 415)		
Response	**n**	**%**
Invest deeply in one program	76	18.3%
Make smaller investments into multiple programs	337	81.2%
N/A (Data missing)	2	.5%

Table 7. Create New Programming or Expand Existing Programming (n= 415)		
Response	**n**	**%**
Create new programming	215	51.8%
Expand existing programming	198	47.7%
N/A (Data missing)	2	.5%

Table 8. Where in this complex issue should the City focus its efforts? *Multi-select* **(n= 415)**		
Population	**n**	**%**
Impacted families	162	39.0%
People in recovery from opioid use disorder	228	54.9%
People who use opioids	249	60.0%
Youth vulnerable to opioid use disorder	209	50.4%
N/A (Data missing)	2	.5%

Table 9a. Multivariate Logistical Regression, Adjusting for Race and Respondent Category		
Top Priority	OUD Treatment (n=244)	Treatment and Recovery Support (n=244)
Interpretation	After adjusting for other categories and BIPOC race, respondents who identified as people who use opioids had a statistically significant, 5.2 times increased odds (95% CI = 1.9, 15.9) of selecting OUD treatment as their top priority when compared to respondents who identified as friends or family (p=0.002).	After adjusting for other categories and BIPOC race, respondents who identified as being in recovery had a statistically significant, 2.9 times increased odds (95% CI = 1.6, 5.3) of selecting treatment and recovery support as their top priority when compared to respondents who identified as friends or family (p<0.001).

Table 9b. Multivariate Logistical Regression, Adjusting for Race and Respondent Category		
Top Priority	Connections to Care (n= 243)	Prevention (n= 243)
Interpretation	After adjusting for other categories and BIPOC race, respondents who identified as people who use opioids had a statistically significant, 4.3 times increased odds (95% CI = 1.4, 1,3) of selecting connections to care as their top priority when compared to respondents who identified as friends or family (p=0.008).	After adjusting for other categories and BIPOC race, respondents who identified as being in recovery had a statistically significant, 2.5 times increased odds (95% CI = 1.01, 6.26) of selecting prevention as their top priority when compared to respondents who identified as friends or family (p=0.047).

REQUEST FOR INFORMATION

63% of respondents support Harm Reduction and Education funding:

- This includes funding for wrap-around services in supportive housing (syringe exchange services, drug testing, overdose reversal, primary care, STI/STD testing, overdose risk counseling), and education about non-opioid pain management for physicians.

45% of respondents support funding for established community-based substance use service organizations.

- This includes direct funds to maintain staff and infrastructure to strengthen the trusting relationships of CBOs with its residents, as well as funding to hire diverse and multilingual staff from Black and Latinx communities to provide culturally relevant care.

45% of respondents also support prevention strategies targeting youth and families.

- This includes funding outreach and education services targeted to youth in schools to prevent use of substances and strengthen supports for families who care for members with substance use disorder.

27% of respondents support piloting Overdose Prevention Centers in Boston.

27% of respondents support increasing low-barrier housing models in Boston.