New Bedford Municipal Opioid Abatement Funds Community Assessment

Prepared by the New Bedford Health Department, with support from the Greater New Bedford Opioid Task Force

May 12, 2025

https://www.newbedford-ma.gov/health-department/

https://gnbotf.org/

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Key concepts

Municipal opioid abatement funds

Financial settlements with companies related to the harms caused by the opioid epidemic have brought millions of dollars into Massachusetts. Under the Massachusetts State-Subdivision Agreement, 40% of these funds go to municipalities for opioid abatement strategies and 60% go to the state's Opioid Recovery and Remediation Fund to fund additional prevention, harm reduction, treatment, and recovery programs throughout Massachusetts (Bureau of Substance Addiction Services, 2025).

The City of New Bedford anticipates receiving about $8.9 million by FY2038. The city is committed to a transparent process to use the opioid abatement funds, informed by resident feedback. The New Bedford Health Department (NBHD), the city department that protects the health and safety of our community, is responsible for managing New Bedford's municipal opioid abatement funding, with support and input from the Mayor's Office, Care Massachusetts, and key stakeholders. The NBHD shares data each year for the public municipal spending dashboard managed by Care Massachusetts, available at https://caremass.org/data-dashboard/. Additional New Bedford-specific information and updates will be posted online at https://gnbotf.org/abatement-funds/.

The Greater New Bedford Opioid Task Force

The NBHD co-chairs the Greater New Bedford Opioid Task Force (GNBOTF) with the New Bedford Police Department (NBPD). The GNBOTF was established in 2015 with a mission to "address opioid misuse and overdose in the Greater New Bedford community by increasing available (and leveraging existing) resources, enhancing infrastructure and coordination of efforts, and improving communication among community and organizational partners" (Greater New Bedford Opioid Task Force, n.d.). The GNBOTF is comprised of over 200 individuals and 60 organizations, including police, hospitals, recovery and treatment centers, support services, and veteran-serving, community, and faith-based organizations, with monthly meetings to address local trends and strategize solutions.

Opioid and substance use

This document references both opioid use disorder (OUD) as well as substance use disorder (SUD) more generally. These terms include individuals who have experienced an opioid overdose. Although opioid mitigation is the primary focus, because OUD is often accompanied by co-occurring behavioral health conditions, substance use disorder may be referenced as appropriate.

Objectives

This document will guide the use of funds for the City of New Bedford, with two objectives:

1. Present the results of the systematic data collection led by the New Bedford Health Department to understand the local strengths and areas for opportunity related to the opioid crisis.

2. Identify priority strategies for the New Bedford municipal opioid abatement funds, following the Massachusetts Guidelines for Expenditure of Municipal Opioid Settlement Recoveries.

Careful consideration and effort were integrated into the data collection process to represent the diversity of New Bedford. In line with state guidance (Bureau of Substance Addiction Services, 2025), this plan is based on shared commitments to:

- Make decisions that reflect community input from those directly affected by the opioid epidemic
- Address disparities to improve health equity, health outcomes, and access to OUD services
- Address OUD and co-occurring behavioral health needs
- Leverage existing state, city, town, and community OUD, mental health disorder, and behavioral health disorder programming and services
- Encourage innovation and fill gaps.

Methods

Data were compiled from existing sources and through primary data collection (surveys, interviews, focus groups, and meetings).

Framework

The NBHD used the Strategic Prevention Framework (SPF) to inform the data collection approach (Substance Abuse and Mental Health Services Administration, 2023). The aim was to understand local needs and capacity using Steps 1 and 2, working toward Step 3. This framework provides a model for planning, implementation, and evaluation as the abatement funds are used for specific projects (Steps 3-5). The SPF is particularly useful because it is a dynamic, iterative model driven by data and collaboration, integrating cultural competence and sustainability in each step.

SPF Steps

1. **Assessment:** Identify local needs based on data (e.g., *What is the problem?*)
2. **Capacity:** Build local resources and readiness to address needs (e.g., *What do you have to work with?*)
3. **Planning:** Find out what works to address needs and how to do it (e.g., *What should you do and how should you do it?*)
4. **Implementation:** Deliver evidence-based programs and practices as intended (e.g., *How can you and your coalition put your plan into action?*)
5. **Evaluation:** Examine the process and outcomes of programs and practices (e.g., *Is your plan succeeding?*)

SPF Guiding Principles

- **Cultural competence**: The ability of an individual or organization to understand, interact, and engage with people who have different values, culture, languages, lifestyles, and traditions based on their distinctive heritage and social relationships.
- **Sustainability**: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Source: https://www.samhsa.gov/sptac/strategic-prevention-framework

Other key resources included:

- List of approved strategies that should be used for abatement funds allocated to municipalities, available at https://www.mass.gov/doc/massachusetts-abatement-terms/download (Executive Office of Health and Human Services)
- Needs assessment guidance, available at https://www.naco.org/resources/opioid-solutions/principles-quick-guide (National Association of Counties, 2023)

Existing Data Sources

The Bureau of Substance Addiction Services (BSAS) dashboard reports on substance misuse outcomes, harm reduction services, and BSAS program enrollments at the city/town level (Bureau of Substance Addiction Services, 2024). This data was exported and compiled to present demographics and comparisons with the county and state using Excel.

Community Survey

The Voices for Change Community Survey was distributed as a REDCap survey from June through August 2024 using a series of questions designed to gather both demographic information and preferences for fund allocation. The survey was available in English, Spanish and Portuguese to meet linguistic needs. Most participants completed the survey in English (90.57%) followed by Spanish (5.93%), and then Portuguese (3.50%), with a total of 371 participants.

Participants were first asked about their connection to New Bedford (whether they lived, worked, or had community ties to New Bedford). The survey then collected demographic data on gender, age, race, ethnicity, language preference, and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Two-Spirit, and other sexual and gender identities (LGBTQIA2S+). This allowed for a comprehensive understanding of respondents to support representation across different population groups.

The survey focused on identifying key populations and services that respondents believe should be prioritized for funding. Respondents were asked to select the top three populations that should receive focus. Similarly, participants were prompted to choose the top three services that the city should fund. These questions were designed to capture a broad range of community priorities while allowing respondents to indicate the relative importance of each issue. Additionally, the survey aimed to identify gaps in existing services by asking respondents to select the top three service gaps in the city.

Health Department staff shared the survey online via email to key stakeholders, on our website, on social media (including Facebook promoted posts), and in person during relevant community events, including Fentanyl Awareness Day and Overdose Awareness Day.

Data was cleaned and analyzed by Health Department staff using R software.

Qualitative Data

From March to July 2024, the New Bedford Health Department conducted 21 formal key informant interviews and 11 focus groups with key stakeholders. The questions were designed to assess priorities, available services, barriers, and gaps related to substance use disorder.

Interviews

Key informant interviews included individuals who represented:

- Individuals with lived experience
- Substance use treatment providers
- Addiction medicine providers
- Homeless service providers
- Recovery agencies
- Harm reduction organizations
- Youth-serving organizations
- Outreach coordinators
- Relevant city departments

Focus Groups

Focus groups included:

- Populations experiencing substance use disorder including those with lived experience and living experience and those in recovery
- Families with loved ones experiencing substance use disorder
- Individuals currently experiencing homelessness or unstable housing
- Members of the Hispanic and Latino community
- Members of the Portuguese community
- Youth

Interviews and focus groups were recorded and analyzed by NBHD staff for themes.

Reentry Survey

An additional survey was distributed to stakeholders at the Southcoast Reentry Collaborative Roundtable in April 2024 and 2025. The survey was anonymous and consisted of open-ended questions similar to the questions asked during focus groups and key informant interviews but made specific to the audience. There were 26 responses, which were reviewed for themes with the focus group and interviews.

Opioid Task Force Subcommittee Engagement

From March to July 2024, the key community stakeholders within each of the four GNBOTF sub-committees (prevention, harm reduction, treatment, and recovery) provided feedback to support the development of the community needs assessment.

The subcommittees worked to identify **risk and protective factors** related to substance use in New Bedford. They identified corresponding recommendations to address these priority risk and protective factors. The subcommittees also conducted asset mapping to assess the city's capacity to address substance use disorder. Each subcommittee identified services related to the seven core abatement strategies. Community stakeholders were asked to provide information on currently ongoing programs that were aligned with the Massachusetts Abatement Terms strategies.

Subcommittee stakeholders represented:

- **Prevention:** Substance use treatment, health care organizations, youth and family-serving organizations, and relevant city departments
- **Harm Reduction:** Harm reduction organizations, outreach coordinators, peer support services, substance use treatment, relevant city departments
- **Treatment:** Substance use treatment, health care organizations, support groups, relevant city departments
- **Recovery**: Recovery agencies, substance use treatment, health care organizations, youth and community-serving organizations, relevant city departments

Data Summary: Opioid Use, Overdose, and Treatment

The community

New Bedford, located in Bristol County in southeastern Massachusetts, is the ninth largest city in the state with a population of about 101,000 (U.S. Census Bureau, 2020). In New Bedford, a much higher proportion of the population speaks a language other than English at home, has not graduated from high school, and has a lower median income compared to Massachusetts as a whole (see Table 1).

Table 1. New Bedford Demographics, Compared to Massachusetts Statewide

Population Characteristic	New Bedford City	Massachusetts State
White alone[1]	60.4%	79.0%
Black or African American alone[1]	5.5%	9.6%
American Indian and Alaska Native alone[1]	0.6%	0.6%
Asian alone[1]	1.3%	7.9%
Native Hawaiian and Other Pacific Islander alone[1]	0.0%	0.1%
Two or More Races[1]	14.1%	2.8%
Hispanic or Latino[1]	23.4%	13.5%
Foreign born persons[2]	20.2%	17.6%
Language other than English spoken at home, percent of persons aged 5 years+[2]	37.9%	24.5%
High school graduate or higher, percent of persons aged 25 years+[2]	76.3%	91.2%
Owner-occupied housing unit rate[2]	39.9%	62.4%
Median household income (in 2022 dollars)[2]	$54,604	$96,505

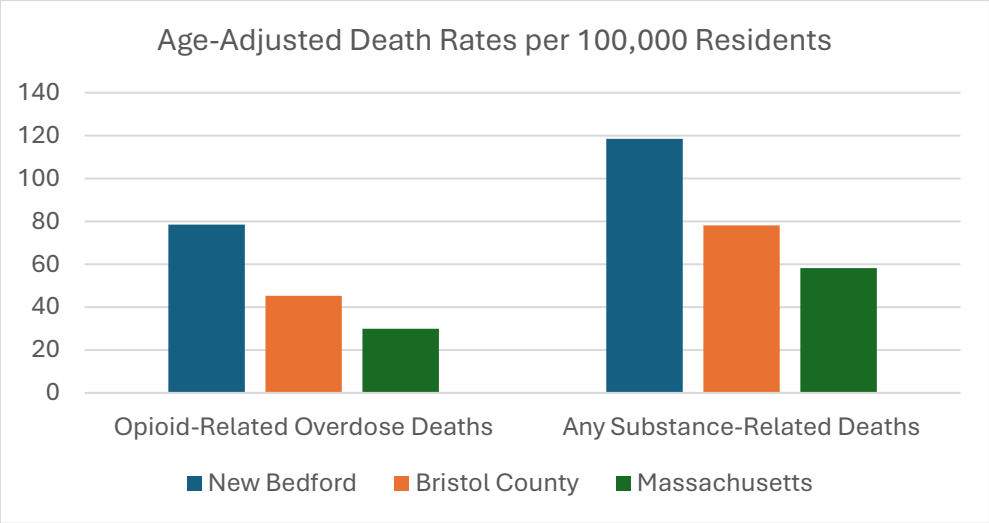
[1]U.S. Census Bureau, Population Estimates Program, 2023

[2]U.S. Census Bureau, American Community Survey, 2018-2022

Substance-related deaths

New Bedford has a much higher rate of opioid-related overdose deaths and any substance-related deaths compared to Bristol County and the state (See Figure 1). Note that this data represents deaths among residents of New Bedford (rather than deaths that took place in New Bedford).

Figure 1. Substance-Related Deaths Among New Bedford Residents (Calendar Year (CY) 2023)



Source: Bureau of Substance Addiction Services (BSAS) Dashboard, updated November 2024

There were 78 opioid-related overdose deaths in New Bedford in CY 2023 (Table 2). Of those:

- By Age, those 30 to 39 years old had the highest percent of any deaths that were opioid-related overdoses. The highest number occurred among individuals between 40 to 49 years old, followed by 50 to 59 years.
- By Sex, there were more than double the number of opioid-related overdose deaths among males compared to females.
- By Race/Ethnicity, Black Non-Hispanic individuals had the highest percent of any deaths that were opioid-related overdoses, followed by Hispanic individuals. The highest number of overdoses were among White Non-Hispanic individuals, followed by Hispanic individuals.
- Of Specific Substances Present, Fentanyl was present in almost all overdose deaths that had a toxicology screen available, followed by cocaine, alcohol, and benzodiazepine. Prescription opioids were present in about 4% of deaths.

Table 2. Opioid-Related Overdose Deaths in New Bedford, CY 2023

Category	Number of Opioid-Related Overdose Deaths	Percent of Any Deaths that were Opioid-Related Overdoses
Total	78	7.6%
Age		
Under 20 Years	0	0.0%
20 to 29 Years	4	20.0%
30 to 39 Years	16	50.0%
40 to 49 Years	26	40.0%
50 to 59 Years	19	20.2%
60 to 69 Years	11	6.5%
70 Years and Older	2	0.3%
Sex		
Male	55	10.7%
Female	23	4.5%
Race/Ethnicity		
American Indian / Alaska Native Non-Hispanic	1	20.0%
Asian/Pacific Islander Non-Hispanic	1	11.1%
Black Non-Hispanic	10	21.3%
Hispanic	17	15.7%
Other Non-Hispanic	3	3.6%
White Non-Hispanic	45	5.9%
Specific Substances Present (of the 94.9% (74) with toxicology screen available)		
Fentanyl	71	95.9%
Cocaine	39	52.7%
Alcohol	22	29.7%
Benzodiazepine	14	18.9%
Amphetamine	6	8.1%
Prescription Opioids	3	4.1%
Heroin	3	4.1%
Xylazine	2	2.7%

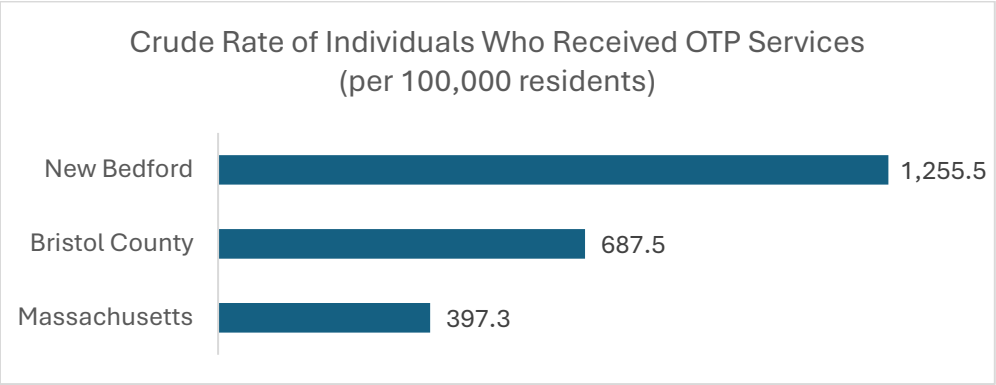
Source: Bureau of Substance Addiction Services (BSAS) Dashboard, updated November 2024

Statewide, among occupational groups, members of the "Farming, Fishing, and Forestry" (particularly Fishing) and "Construction and Extraction" occupations have been disproportionately affected by the opioid epidemic, according to data from 2018-2020 from the Department of Public Health (Massachusetts Department of Public Health, Occupational Health Surveillance Program, 2022).

Treatment and harm reduction

New Bedford also has a higher rate of residents who received Opioid Treatment Program (OTP) services compared to the county and state.

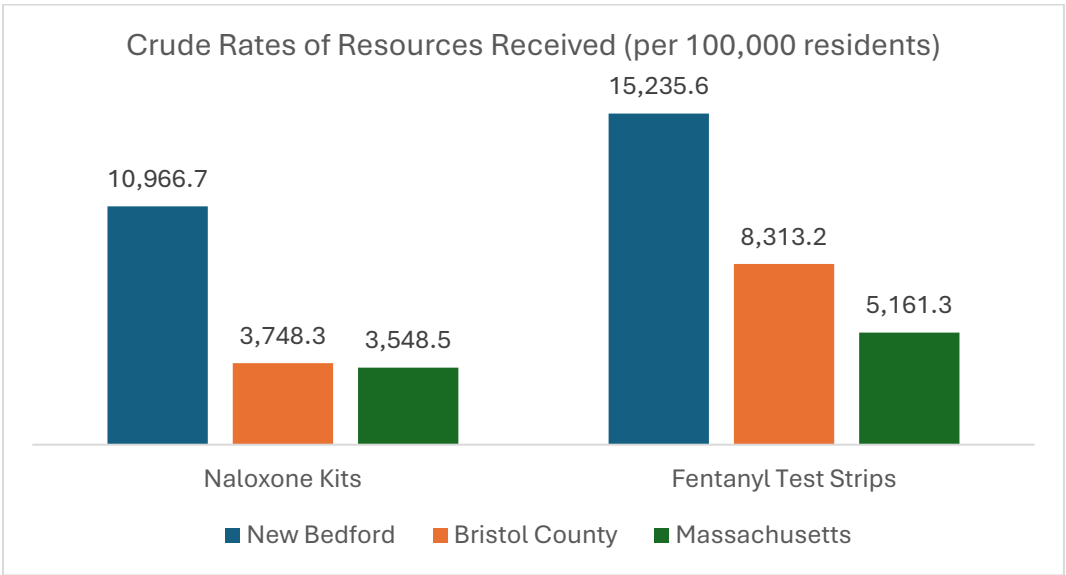
Figure 2. Individuals who received OTP services (July 2023 - June 2024)



Source: Bureau of Substance Addiction Services (BSAS) Dashboard, updated November 2024

From July 2023 – June 2024, programs and people in New Bedford received 11,085 **naloxone kits**. During CY2023 (the most recent year of overdose death data available), there were 134 naloxone kits received per opioid-related overdose deaths, exceeding the benchmark of 80 kits. 15,400 fentanyl test strips were received during the same period (Bureau of Substance Addiction Services, 2024).

Figure 3. Naloxone Kits and Fentanyl Test Strips Received (July 2023 – June 2024)



Source: Bureau of Substance Addiction Services (BSAS) Dashboard, updated November 2024

Compiled Findings and Prioritized Abatement Strategies

To prioritize the approved strategies identified by the state for spending the municipal opioid abatement funds (Executive Office of Health and Human Services), data were compiled from the community survey, focus groups and interviews, and subcommittee engagement. Detailed findings for each are available in Appendices 1, 2, and 3. The strategies that rose to the top were those that:

- were supported by community input, particularly people with personal experience with the opioid crisis, identified by both the **community survey and qualitative data** (primarily findings from interviews and focus groups, though stakeholder feedback from subcommittees was also considered.)
- identified current capacity (existing programs, services, and resources) that could be built upon.
- identified gaps that indicate a potential need for the community.

Before finalizing the list of prioritized strategies, they were also reviewed to ensure that they:

- could improve health equity.
- could address OUD and behavioral health needs.

The following table presents and summarizes relevant findings about the prioritized strategies that New Bedford should address as part of a comprehensive substance use approach.

Prioritized strategy	Corresponding Strategy from Abatement Terms	Reflects community voices	Builds on existing services or resources	Fills system gaps
1. Support access and navigation to OUD treatment and recovery services	**Opioid Use Disorder Treatment 1a.** Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches.	Streamlining navigation to services was a key theme, to support continuity. Treatment and recovery services were ranked highly from the survey.	Mobile, telehealth, and traditional treatment options available, as well as outreach by recovery coaches	Initial access to and transitions between services could benefit from "warm hand-offs" based on qualitative findings
2. Provide comprehensive wrap-around services for individuals with OUD, including support for basic needs, job placement/support, or childcare	**Support People in Treatment and Recovery 2a.** Provide comprehensive wrap-around services to individuals with OUD, including job placement, job training, or childcare.	Support for basic needs was a key theme, including access to food, hygiene, clothes, lockers, childcare, etc.	Some services available but not comprehensive	Basic needs identified as a gap from the survey; No comprehensive ongoing initiatives identified through subcommittee input
3. Support access to housing for people with OUD	**Support People in Treatment and Recovery 2b.** Provide access to housing for people with OUD, including supportive housing, recovery housing, housing, rent, move-in deposits, and utilities assistance programs, training for housing providers, or recovery housing programs that integrate FDA-approved medication with other support services.	Meeting the basic need of housing was a key theme. General barriers to housing were identified, particularly affordable, transitional, or supportive, especially for pregnant or post-partum mothers.	Some transitional housing, but typically limited options with long waitlists	"Affordable housing", "sober housing", and "transitional housing" identified as gaps from the survey
4. Provide transportation services for people with OUD	**Support People in Treatment and Recovery 2g.** Provide transportation to treatment or recovery services for persons with OUD.	Increasing access to transportation was a key theme because it can be a challenge for accessing services and maintaining recovery.	Several organizations can assist in transportation to treatment or for emergencies; also free bus rides available at the time	Some limitations with transportation identified through subcommittee input
5. Provide connections to care for people who have OUD and have experienced or are at risk for overdose, including to trauma-informed treatment recovery support, harm reduction services, primary healthcare, or other appropriate services	**Connections to Care 3a.** Support the work of Emergency Medical Systems, including peer support specialists and post-overdose response teams, to connect individuals to trauma-informed treatment recovery support, harm reduction services, primary healthcare, or other appropriate services following an opioid overdose or other opioid-related adverse event.	Streamlined navigation to services was a key theme; recovery coach/peer support specialists can help with warm handoffs	Several programs help connect individuals to support after overdose or related adverse events	"Connections to care" identified as a gap from the survey; Additional support for navigation to care and awareness of resources
6. Support harm reduction efforts to prevent overdose deaths, infections, or other harms, including outreach and services for people who use drugs and are not yet in treatment	**Harm Reduction 4h.** Provide outreach and services for people who use drugs and are not yet in treatment, including services that build relationships with and support for people with OUD	Harm reduction was a key theme; ensuring people feel safe and accepted and can access harm reduction materials and services	Some outreach and services, including peer support	Limited awareness of available services (identified through qualitative and subcommittee input)

Prioritized strategy	Corresponding Strategy from Abatement Terms	Reflects community voices	Builds on existing services or resources	Fills system gaps
7. Support individuals who are involved in the criminal justice system and have/had OUD	**Address the Needs of Criminal-Justice-Involved Persons 5a**. Programs, that connect individuals involved in the criminal justice system and upon release from jail or prison to OUD harm reduction services, treatment, recovery support, primary healthcare, prevention, legal support, or other supports, or that provide these services	Support for meeting basic needs is essential; immediate connection with a recovery coach can help support access to housing, basic needs, transportation, cell phones, identification, mental health support, and treatment	Some programs available	Additional support for navigation to services identified from reentry-focused survey
8. Support pregnant/post-partum women who have/had OUD and their families	**Support pregnant or parenting women with OUD and their families 6b**. Pregnant/post-partum and family residential treatment programs, including and in addition to the eight family residential treatment programs currently funded by DPH	Support for housing, where women can go after delivery with their babies staffed with alternative care and wellness options, was recommended	Some program options available	Limited residential options for families (identified through qualitative and subcommittee input)
9. Support prevention programs, policies, and practices for youth	**Prevention 7a**. Support programs, policies, and practices that have demonstrated effectiveness in preventing drug misuse among youth. These strategies can be found at a number of existing evidence-based registries such as Blueprints for Health Youth Development (https://www.blueprintsprograms.org/).	Stronger education and more programming about substance use for youth identified as a need	Some current efforts and grant funding	Opportunities identified through subcommittee input
10. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD	**Prevention 7d**. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD.	Positive youth development to bolster resiliency in youth; summer programming; communications campaign; direct outreach to parents	Some current efforts	More services and/or access would be beneficial - Opportunities identified through subcommittee input
11. Support greater access to mental health services and supports for young people	**Prevention 7e**. Support greater access to mental health services and supports for young people, including services provided in school and in the community to address mental health needs in young people that (when not addressed) increase the risk of opioid or another drug misuse.	Youth faced delays in mental health services access but recognized the need for addressing mental health	Some current efforts	More services/access would be beneficial - Opportunities identified through subcommittee input

Limitations

The data collected provides a snapshot of the New Bedford community related to substance use; the report may not reflect everyone's experiences, and it is possible that some of the results collected in the early part of 2024 may already be outdated. The community survey was a brief questionnaire; asking more questions or open-ended questions may have yielded different results. Lastly, there are some populations that we were not specifically able to reach and/or demographic information that we did not specifically collect, such as disability or veteran status, that we could prioritize for future information-gathering.

Appendix 1. Community Survey Results

Population Demographics

The Voices for Change survey garnered responses from 371 participants, representing a diverse range of backgrounds in terms of ethnicity, race, gender, age, and LGBTQIA2S+ identity. Table A1 provides a detailed breakdown of the demographic characteristics of the survey population.

In terms of ethnicity, the largest group of respondents identified as Portuguese (26.44%), followed by Cape Verdean (17.54%) and those who preferred to describe their ethnicity (17.28%). Additionally, 10.21% of participants identified as Puerto Rican, with smaller percentages representing Mexican/Mexican American/Chicano (1.83%), Dominican (1.31%), Guatemalan (1.57%), and other groups. A notable portion (13.09%) preferred not to answer and (7.33%) stated they were not sure of their ethnicity. For this question participants had the option to select all that apply.

The racial composition of the survey participants showed that 57.32% identified as White, followed by 18.69% identifying as Black or African American, and 13.89% as Hispanic or Latine/o/a. Other racial groups, including Asian (2.02%) and American Indian or Alaskan Native (2.78%), were represented in smaller numbers, with no respondents identifying as Middle Eastern, North African, or Native Hawaiian/Pacific Islander. For this question participants had the option to select all that apply.

Regarding LGBTQIA2S+ identity, 16.44% of respondents identified as part of the LGBTQIA2S+ community, while the majority (80.86%) did not. A small number of participants (1.35%) either preferred not to share their identity or were unclear about the question.

Gender distribution showed that 73.04% of participants identified as female, with males making up 23.45% of the sample. A small number of respondents identified as transgender (0.81%), non-binary (0.54%), or Two Spirit (0.27%).

The age distribution of the participants indicated that the largest age groups were those aged 35-44 (26.15%) and 45-54 (23.45%), with a smaller percentage of respondents aged 25-34 (21.56%). Additionally, 14.82% of respondents were aged 55-64, and 8.09% were 65-74. The survey had minimal representation from individuals under 18 (0.27%) or over 75 (0.81%).

In terms of community ties, most respondents reported strong connections to New Bedford. Seventy-two percent (72%) of participants indicated that they live in New Bedford, while 28% do not. Furthermore, 73% of respondents work in New Bedford, with the remaining 27% working outside the city. Importantly, 96% of survey participants reported having an overall connection to the New Bedford community.

Table A1. Demographics of Participants from the Voices for Change Community Survey.

	Frequency	Percent (%)
Ethnicity		
Brazilian	4	1.05%
Cape Verdean	67	17.54%
Chinese	1	0.26%
Dominican	5	1.31%
Guatemalan	6	1.57%
Haitian	3	0.79%
Honduran	3	0.79%
Mexican/Mexican American/Chicano	7	1.83%
Portuguese	101	26.44%
Puerto Rican	39	10.21%
Salvadorian	2	0.52%
Prefer to describe (Specify below)	66	17.28%
Not sure	28	7.33%
Prefer not to answer	50	13.09%
Race		
American Indian or Alaskan Native	11	2.78%
Asian	8	2.02%
Black or African American	74	18.69%
Hispanic or Latine/o/a	55	13.89%
Middle Eastern or North African	0	0%
Native Hawaiian or Pacific Islander	0	0%
White	227	57.32%
Prefer to describe (please describe below)	7	1.77%
Not sure	1	0.25%
Prefer not to answer	13	3.28%
LGBTQIA2S+		
Member of the LGBTQIA2S+ community	61	16.44%
Nonmember of the LGBTQIA2S+ community	300	80.86%
I prefer not to share	5	1.35%
I do not understand the question	5	1.35%
Gender		
Female	271	73.04%
Male	87	23.45%
Transgender	3	0.81%
Non-binary	2	0.54%
Two Spirit	1	0.27%
I would prefer to describe	1	0.27%
I do not know what this question means	1	0.27%

	Frequency	Percent (%)
I prefer not to share	5	1.35%
Age		
Under 18	1	0.27%
18-24	16	4.31%
25-34	80	21.56%
35-44	97	26.15%
45-54	87	23.45%
55-64	55	14.82%
65-74	30	8.09%
75+	3	0.81%
Prefer not to answer	2	0.54%

Survey Responses

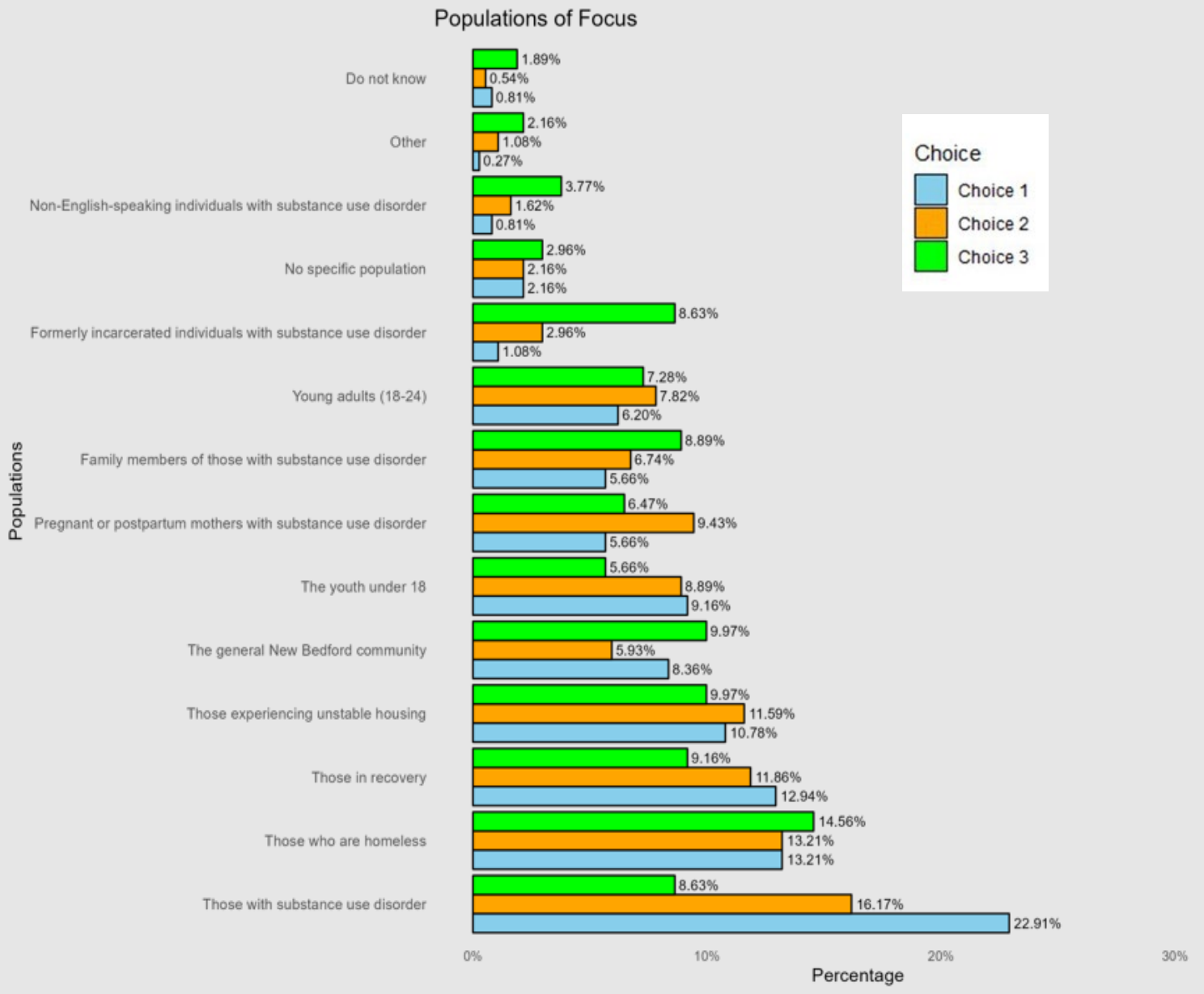
Population

Survey respondents were asked to identify their top three population priorities concerning substance use services in the New Bedford community. The results indicate an emphasis on specific groups, with notable differences between the first, second, and third choices as shown in Figure A.1.

For the top choice (Choice 1), a significant proportion of respondents prioritized those with substance use disorder, with nearly 22.91% indicating this group as their primary focus. This was followed by those who are homeless with 13.21% and those in recovery with 12.94%. Other groups that featured prominently in the first-choice responses include those experiencing unstable housing (10.78%), youth under 18 (9.16%), and the general New Bedford community (8.36%). When looking at the second-choice responses, a similar pattern was seen with those with substance use disorder (16.17%) being the most prominent, followed by those who are homeless (13.21%) and those in recovery (11.86%). For the third choice, the survey highlights a broader distribution including those experiencing unstable housing (9.97%), family members with substance use disorder (8.89%), formerly incarcerated individuals (8.63%).

These results demonstrate the diverse concerns of the respondents, with a clear majority focusing on populations directly impacted by substance use, such as those with the disorder, individuals experiencing homelessness, and those in recovery. There is also a strong secondary focus on broader community issues, including but not limited to unstable housing, young people, and family support.

Figure A.1. Survey Question: Which population groups do you think the opioid settlement funds should focus on? Below select your top 3 populations of focus in order of how high you feel their need is, with number 1 being your top choice.



*Note that respondents had the ability to select the same choice for all three

Services

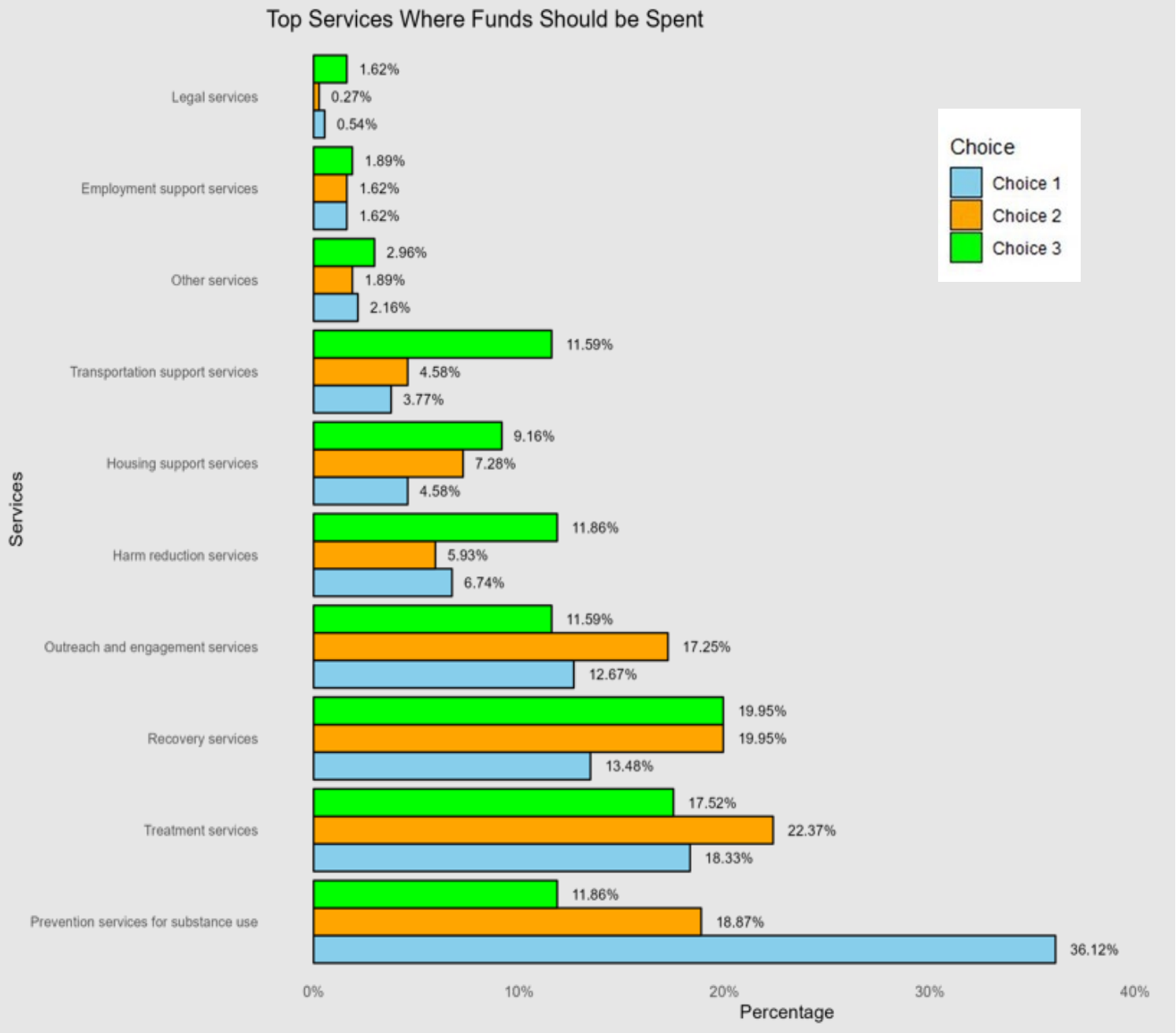
Survey respondents were asked to identify their top three service priorities in which the City of New Bedford should spend the opioid settlement funds on. The results highlight a focus on particular service types, revealing significant variations among the first, second, and third choices, as illustrated in Figure A.2.

For the top choice (Choice 1), 36.12% of participants selected prevention services for substance as the top service priority. This was followed by treatment services with 18.33% and recovery services with 13.48% and outreach and engagement services behind just slightly with 12.67%.

For the second choice, the same services had the highest selection: treatment services (22.37%), recovery services (19.95%), and prevention services for substance use (18.87%). This was followed by outreach and engagement (17.25%), Housing support services (7.28%) and Harm reduction services (5.93%). When looking at the third choice: recovery services (19.95%), treatment services (17.52%), and prevention services for substance use (11.86%) were among the most prevalent services chosen by participants.

In summary, the survey results demonstrate that respondents consistently prioritized prevention, treatment, and recovery services as key areas where the City of New Bedford should allocate opioid settlement funds. While prevention services were most often selected as the top priority, treatment and recovery services gained significant attention across both the second and third choices. Additionally, outreach and engagement services, as well as housing support and harm reduction, also emerged as important areas for funding.

Figure A.2. Survey Question: Which services do you think the City should spend the opioid settlement funds on? Below select your top 3 service choices in order of their importance to you, with number 1 being your top choice.



*Note that respondents had the ability to select the same choice for all three

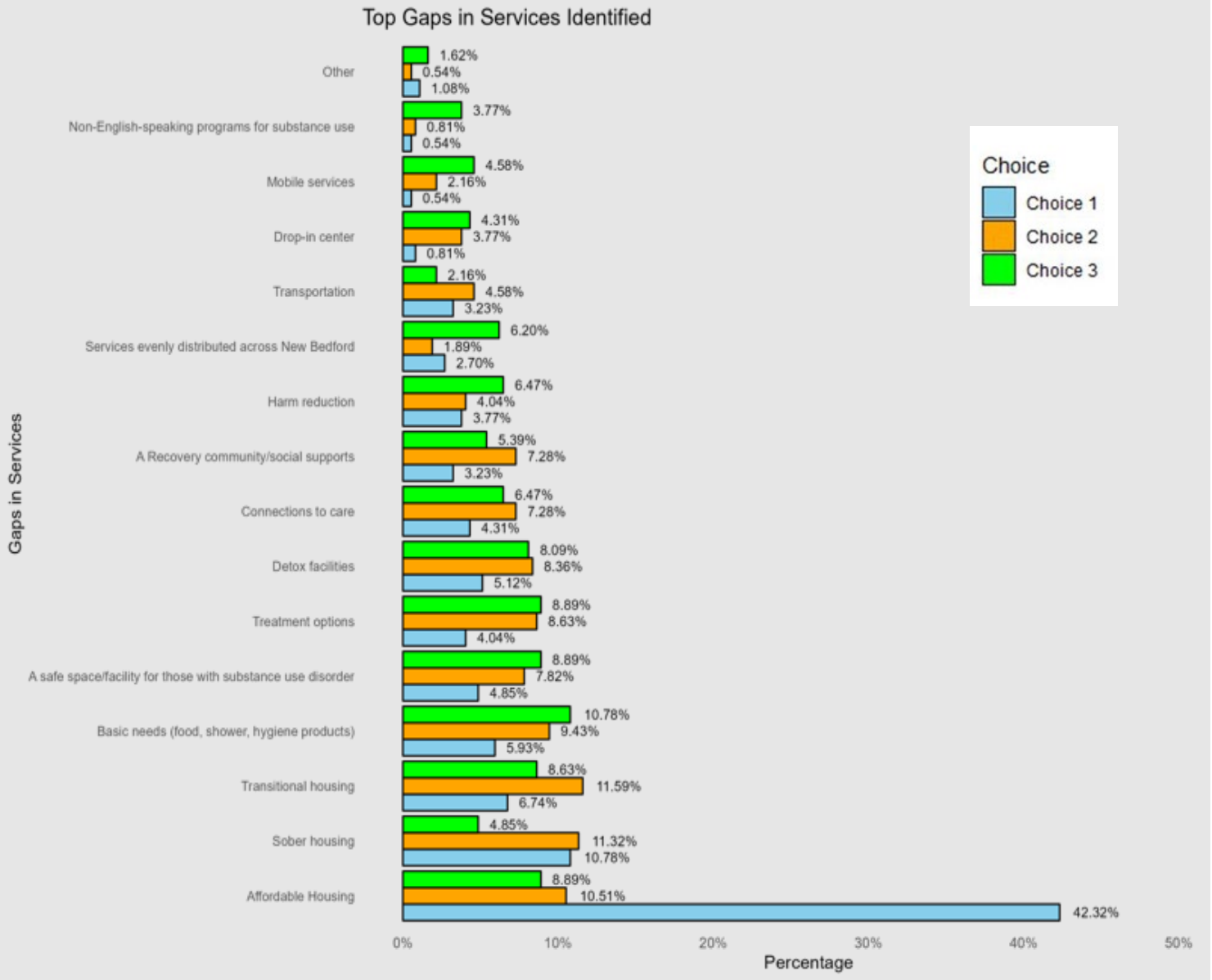
Gaps in Services

Survey participants were asked to select the top three substance use service gaps they observed in New Bedford, with the first choice representing the most significant gap. The results reveal clear priorities regarding the perceived gaps in available services, shown in Figure A.3.

For choice 1, the most frequently identified service gap was overwhelmingly affordable housing, 42.32% of respondents indicating this as the largest gap in the community. Sober housing (10.78%) and Transitional housing (6.74) were among the top gaps, however part of a broad range of service gaps with similar levels of selection for example Basic needs (5.93%), a safe space for those with substance use disorder (4.85%) connections to care (4.31%). For both second and third choice responses we continued to see a broadness among the list of selections.

The results underscore a critical focus on housing-related issues, with affordable housing, sober housing, and transitional housing consistently selected as top gaps across the choices. Treatment-related services, such as detox facilities and treatment options, were also emphasized as significant service gaps that need addressing. The focus on necessities like food and hygiene products further highlights the comprehensive needs for vulnerable populations in New Bedford.

Figure A.3. Survey Question: Please select the top 3 substance use service gaps that you see in New Bedford below, with your number 1 choice being the largest gap.



*Note that respondents had the ability to select the same choice for all three

Appendix 2. Qualitative Data Results

Key Themes

Key informant interviews and focus groups highlighted the following opportunities for growth in the city of New Bedford as it relates to substance use:

- *Meeting basic needs (housing, food, hygiene)*
- *Increasing access to transportation*
- *Providing harm reduction and safe spaces*
- *Addressing mental health*
- *Streamlining navigation to services*

Additional salient topics were expressed by certain focus groups and key informant interviews related to stigma and additional populations: youth, pregnant people with substance use disorder, individuals with involvement in the criminal justice system, the LGBTQIA2S+ population, and Spanish-speaking individuals.

Basic Needs

The unanimous and most pressing topic from the data collected was the lack of support for ***basic needs*** for those experiencing substance use disorder. Every respondent noted (inclusive of those with living experience and front-line workers) that those who can seek treatment experience immeasurable challenges in maintaining abstinence when they do not have food, shelter, or access to appropriate hygiene resources. One respondent articulated that once "people are out of treatment, they have nowhere to go, and no basic needs available to them, placing them at increased risk of relapse and repeating-and never really solving the root cause of the problem; they didn't have their basic needs met before they went in and after they left either." Similarly, it was discussed that those who are experiencing substance use disorder may not even begin the process of contemplating services to address their substance use without basic needs being met.

Respondents discussed the demoralizing barriers to already ***limited access to hygiene*** services. It was discussed repeatedly that there are very limited shower opportunities, and that identification is typically required for access to showering. This is often highly problematic as many of those with SUD do not have identification or it can be easily lost for various reasons, including unstable housing and lack of safe places to store important documents.

Respondents interviewed noted ***limited access to food***, particularly nutrient-rich food. Though several soup kitchens and food pantries exist, the hours as well as locations are limited leaving hungry individuals with no consistent location to obtain food. Depending on the geographic location, individuals may forgo walking to a soup kitchen if they expend more calories walking to the location and back to their home or shelter than will nourish them for the round-trip.

Respondents lamented the deep frustration and difficulty of locating stable ***housing*** for those experiencing substance use disorder. They acknowledged that affordable housing was an enormous issue for the city as a whole and that it is even further exacerbated as it relates to those with substance use disorder. With many commenting, "there is nowhere for anyone to go" and

"there are only 11 beds for women in the city." All commented that there were a few rooming houses and sober homes, but they were consistently filled and unavailable.

All focus groups with the *unhoused population* declared that recovery is an everyday battle, and the most challenging aspect to maintaining sobriety is being homeless. Comments included: "you can't put a tent anywhere; the city takes it down" and "there needs to be more shelters, they have so many empty buildings that are all boarded up-they should open them up to use for shelters." Respondents stated that resources in the city were lacking, commenting, "they only feed you, they do not provide any support" and "we need more support for helping people with everything, like getting their IDs" as well as "there is no place to go to take showers and access clean clothes. If you have a criminal record, you can't shower at the Y." All respondents were desperate for a location that provided drop-in services, "a one stop shop for everything that you need." More affordable housing was discussed in abundance. "It is hard to be in recovery when you worry about where you are going to lay your head." Respondents would like to have some type of "tent city" where they can be safe since the "police do not respect us, do not treat us as human beings. As soon as I sit on a park bench, I get kicked off." Every respondent who was homeless because of substance use wanted their main message to be resounding: "Do not do drugs, it will ruin your life." Many commented that they wished they never started doing drugs and that for the future they would like for the youth to obtain a stronger education about drugs.

Transportation

Transportation was a highly rated concern among those interviewed, with several respondents stating sentiments such as: "There is no transportation to get anywhere for any services. You barely have a few vans with providers who can only drop people off to treatment, but nowhere else. People need to be able to get to places so that they can help themselves." Those with substance use disorder experience transportation challenges across the continuum. For example, initially individuals may not have a license, access, or funds for a vehicle. Many do not have funds to pay for ride shares, bus fare, or taxis. There is no community van or transportation lines dedicated to assisting those with substance use disorder unless the individual is driven directly to treatment or related appointments, and even that option is limited. At the time of the interviews, the Southeastern Regional Transit Authority (SRTA) was offering free rides in the city. This opportunity was encouraging, however public transportation may not cover all areas where services are offered.

Beyond transportation to treatment, those experiencing substance use disorder have additional visits that require transportation as they remain on the continuum of care. Appointments may include weekly drug testing, weekly meetings with counselors, attending group meetings, meetings with probation/parole officers, supervised visits with children, frequent doctor appointments, and medication management as well as transportation to employment. Much of managing substance use involves many components and lack of transportation places an additional barrier and burden on the individual who is working to maintain their recovery. If access to these many requirements is unavailable, it can be demoralizing and place unnecessary stress on an individual who is already likely experiencing a fragile state.

Harm Reduction and Safe Space

Increasing access to harm reduction materials was discussed as an evidence-based way to assist individuals who are currently experiencing substance use disorder. "There is no place for us

to go, we need a ***safe space*** like a drop-in center or something, we have nothing." Every individual with lived experience or currently using substances interviewed desperately insisted that they needed a place to go to help them manage their substance use disorder. Particularly a place where they could go, "without being judged, accepted, and treated like a piece of crap." A location where all services would be accessible such as harm reduction supplies, counseling, connection to additional services such as MassHealth, housing programs, and medical professionals, food, hygiene items, and clothes. Providers and outreach workers interviewed also expressed this same sentiment declaring, "if we have a central location for people to go and feel safe, we can begin to help them." New Bedford does not have a drop-in center of this nature. Several providers have "drop-in" hours, but the areas are small and do not encompass all the various resources required to assist individuals with substance use disorder. The absence of a drop-in center where individuals can access resources as well as harm reduction materials such as test strips, clean needles, food, and water is a missed opportunity to engage with a higher-risk population. It is the connection and relationship building that occur during these types of exchanges in locations of this nature that help an individual feel both safe and dignified, enabling them to move into a more contemplative state as it relates to substance use treatment.

All of the youth interviewed also commented that they would like a "one-stop shop location to receive a variety of services and be a safe space."

Addressing Mental Health

Mental health was the dominating theme in the youth focus groups with youth stating, "mental health is hard to manage and not recognized." Also mentioned was that it was quite difficult to access mental health services with one youth stating, "I have been waitlisted for months to access mental health services-the timeliness is a barrier." In addition, the youth groups interviewed revealed that it was not "easy to be a youth" and "there is a lot of pressure to know who you are supposed to be at 16."

Youth also noted that they would befriend other youth whose family was permissive in letting their children use substances stating, "If I go to their house, I am good-I can access drugs." Another youth commented, "A lot of kids will do substances because there is an underlying mental health problem, I would smoke because I wanted to feel numb, but I didn't recognize it was because I was having anxiety." Another youth responded that she "Associated mental health as crazy, so I thought I needed a different form of care than mental health because of the stigma associated. I would get high to escape the stress for some time."

If the youth could have anything, they would want more support in mental health accessibility in a "culturally responsive, trauma-informed nature." One respondent stated, "If I go to my teacher, I want them to be able to direct me to the appropriate resources, not an extreme response of, oh you feel sad, I am going to call crisis." They all agreed that they wanted a trauma-informed person, with one individual commenting, "I was homeless in high school and the response was just terrible, it didn't help me."

Streamlined Navigation

Streamlining navigation to services was the final unanimous discussion point. New Bedford is resource rich as it relates to substance use services, however, navigating this pathway is

fragmented and an often-challenging network for individuals with substance use disorder, as discussed by participants. Examples include lack of “warm handoffs" where a service provider leads the individual to the next service that is most useful in their treatment/recovery journey. A recovery coach/peer support specialist can help with warm handoffs, where they can help guide the individual through the process, make recommendations, and help them set up appointments. In addition, participants noted that this is an opportunity to establish a network of providers that can assist in streamlining services for individuals. A drop-in center was another recommended opportunity to streamline navigation to services, where the majority of needs and connections can be managed from one location.

Stigma

Some respondents interviewed noted that ***stigma*** was a significant barrier for those with substance use disorder. The most common theme discussed was feeling less than human, including from interactions at healthcare facilities and with first responders. Those with lived or living experience expressed extreme distress that they were not seen as human, that they were deemed unworthy, saying, “I am a person too, I shouldn’t be treated as anything less than that.” Service providers also noted these same challenges and sentiments expressing the main message that they would like everyone to know about substance use is “that it is a disease, not a moral failing.” Respondents expressed a need to address the negative stigma and associations with substance use as it is another barrier to treatment that individuals with SUD experience.

Specific populations

Participants that worked with the ***youth*** population noticed that vaping has increased in middle and high schools tremendously and that many of the youth do not know what they are smoking and the harmful health effects. Youth commented they were initially unaware of the addictive properties of marijuana, but then realized their addiction, retrospectively. They also noted that many young people obtain substance(s) from adults or even their parents. Some youth felt that New Bedford had “nothing for us to do, no cool places to go.” All participants recommended an early start to substance use prevention, beginning in elementary school. Interviewees also noted that staff who interact with youth at school or youth-based programs need to be appropriately trained on both trauma-informed care and culturally responsive methods. **Positive youth development** was discussed as way to assist youth to bolster resiliency for youth in general and also for those who are at-risk of substance use due to trauma, unstable housing, and gang associations, etc.

Those who are ***pregnant with substance use disorder (SUD)*** experience additional challenges. Interviewees and focus groups noted that **stigma** around pregnancy is much higher than any other populations with SUD. Participants wanted to share that babies are not born addicted, which is another common misconception that further contributes to stigma. Others also noted that there was a strong need for recovery-friendly care, especially during pregnancy where the stigma is so much higher. Another key to success is identifying and intervening early on in pregnancy; for example, those with SUD have better outcomes when they engaged with the New Beginnings program through Southcoast Health. Concern over Child Protective Services (CPS) being called and children being removed from family members with a history of SUD was another significant barrier to treatment. One interviewee, who had SUD when pregnant and lost custody of her child as result, shared the need “for programs where families feel safe and are not in **fear** that their child is going to

be taken away." Another interviewee who had SUD when pregnant and lost custody of her child as result, shared that pregnancy was a major motivation for her recovery. She advocated for educating parents and better resources to support parents. She stated, "Unless a parent wants to get help, they are not going to get help. We need places where resources are specific to their needs. Pregnancy is often a motivating factor and therefore an opportune time for a woman to address their substance use disorder and pursue treatment and recovery." Creating a home where women can go after delivery with their babies staffed with alternative care and wellness pieces was also highly recommended.

Services to support ***individuals with criminal legal involvement*** with substance use disorder who are incarcerated or returning to the community were identified, but most respondents felt that increasing the availability and accessibility of services would be beneficial. One respondent noted that services are "not being navigated very well and need to be more saturated into the communities." Housing, basic needs, transportation, health insurance, cell phones, identification, employment (including resources for job applications and CORI-friendly employers), mental health support, treatment, recovery supports, and available providers were all identified as barriers that could be supported. Immediate connections with a recovery coach or navigator were identified as beneficial.

Ensuring that ***LGBTQIA2S+ individuals***, who have high risk for substance use disorder, have access to and awareness of services that are culturally appropriate is important. It should be easy to identify and navigate to services, including mental health, substance use treatment, and recovery supports. Sharing information and resources where people gather was a recommended strategy (similar to street awareness efforts that promoted awareness and harm reduction for HIV).

Individuals who speak Spanish and have lived experience with SUD indicated that we need more outreach and services in Spanish: for example, "We have no Spanish groups, and we need them." Another individual stated, (regarding their experience with detox facilities), "Those places need to be able to rebuild your mind and look for other ways to help humans. So we can feel productive." Yet another individual said, "I will go to arts and crafts or other things that let people know that they can change their way of thinking and that they are able to do different things." The group emphasizes the benefits of having mental health support, peer support, life skills support, and training to help with recovery.

Appendix 3. GNBOTF Subcommittee Engagement: Risk and Protective Factors

Prevention Subcommittee

Risk factors highlighted by the prevention subcommittee included:

- Exposure to substance use disorder (SUD) in household
- Trauma/adverse childhood events
- Anxiety
- Hopelessness
- Social media influences
- Lack of activities to keep youth busy
- Lack of programs and funding
- Lack of youth mental health or emotional support

To protect youth from using substances, the following protective factors were recommended:

- Positive role models
- Peer mentors modeling healthy behaviors
- Structured daily calendar
- Community services from kindergarten to 12th grade
- Summer programming
- Consistent positive social norms/positive youth development

Recommendations to reduce the risk factors and enhance the protective factors include:

- A positive youth development coordinator along with a positive youth development peer-lead work group
- Summer programming options for youth
- Strong messaging about SUD prevention, such as a communications campaign with both universal and targeted messaging for youth
- Direct outreach to parents to share the most recent information on substances and ways to access help for both substance use and mental health challenges
- A youth council with diverse representation
- Continued funding for existing community programs for youth
- Increased visibility and programming at the middle and high school levels related to youth and parental education on substance use

Harm Reduction Subcommittee

Risk factors identified by the harm reduction subcommittee included:

- Stigma
- No access to drop-in centers for supplies and support
- No access to basic needs (food, clothing, hygiene)

- No access to affordable or stable housing
- No access to clean using supplies such as needles, cookers, and bleach kits
- Limited options for sharps disposal
- Lack of access to naloxone
- No comfortable using sites

Recommended protective factors that would help enhance the harm reduction component of substance use included:

- Reduce stigma related to substance use
- Establishing a harm reduction network of all providers in the area to eliminate redundancy and build a stronger network to assist persons who use drugs
- Providing basic needs for individuals such as food, clothes, shelter, and lockers
- Affordable housing
- Additional shelter beds
- Expanded mobile services

Recommendations to reduce the risk factors and enhance the protective factors include:

- Implementation of a mobile unit in the city that can provide persons who use drugs with harm reduction supplies, STI and HIV testing, food and hygiene products, and connections to additional service providers.
- Van for transportation to and from services beyond treatment facilities
- Support for current harm reduction service providers to provide food and hygiene products as well as showering stations
- A drop-in center that is a safe space for those with substance use disorder
- Existing space in housing buildings such as the community room could be utilized as a community safe space and access point for harm reduction information and access to additional services.
- Address stigma through community events, outreach and engagement, and awareness campaigns
- Naloxone and sharps containers in public areas

Treatment Subcommittee

The treatment sub-committee identified risk and protective factors as it relates to treatment and substance use disorder. Risk factors include:

- Lack of transportation
- Lack of housing
- Lack of insurance or incorrect insurance
- Lack of childcare for those who are in treatment with children
- Lack of ability to provide care or familial financial support when in treatment
- Stigma, particularly for parents who are afraid of losing their children

Protective factors to address these risks include:

- Housing
- Transitional housing
- Continuity of care/services
- Community supports
- Life skills

Recommendations to reduce the risk factors and enhance the protective factors include:

- Financial support to families while one parent is in treatment
- Free childcare
- Enhancement in support for those with SUD when leaving treatment, particularly for women who are pregnant or have children (housing, transitional support, etc.)
- More options for community supports

Recovery Subcommittee

The recovery subcommittee identified the following risk factors as it relates to substance use disorder and recovery:

- Stigma, including related to Medications for OUD for treatment and recovery
- Environment
- Mental health challenges, such as PTSD
- Trauma
- Lack of housing (including transitional)
- Lack of transportation

Protective factors included:

- Social supports, including family and friends
- Sense of purpose
- Structure
- Balance

Recommendations to reduce the risk factors and enhance the protective factors include:

- Education about mental health
- Encouraging multiple pathways to recovery
- Peer support services
- Transitional support
- Basic needs support, including transportation, showers, laundry, and bathrooms
- Residential programming

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