

# **Bridging the Gap Between SUD Care Providers and NIMBY Neighbors**

A Best Practice Toolkit

May 2026

## Table of Contents

<b>Introduction .....</b>	<b>3</b>
About SAPC .....	3
Legal Disclaimer .....	3
<b>Best Practices for Good Neighbors: Getting from “NIMBY” to “YIMBY” (Yes In My Backyard) .....</b>	<b>4</b>
Community Engagement with Proactive Outreach .....	5
Understanding Community Stakeholders .....	5
Power Analysis Mapping Tool .....	5
Address Common Community Concerns .....	6
Suggested Responses to Common Community Concerns .....	6
Words Matter: Terms to Use and Avoid Related to SUD .....	9
Sample Messaging: SUD 101 and the Case for SUD Care Accessibility .....	10
<b>Anticipate Obstacles in Land Use and Planning .....</b>	<b>10</b>
Site Control .....	10
Working with Local Jurisdictions .....	11
Planning Databases .....	11
<b>Know Your Rights: Legal Protections for Individuals with SUD .....</b>	<b>11</b>
Protections Under Federal Law .....	12
The Americans with Disabilities Act (ADA) .....	12
Protections Under California State Law .....	12
The Fair Employment and Housing Act (FEHA) and the Civil Rights Department of California .....	12
California’s Housing Reform Laws .....	12
The California Environmental Quality Act (CEQA) and CEQA Exemptions .....	13
Protections in Los Angeles County .....	13
<b>Citations .....</b>	<b>15</b>

## Introduction

Substance use disorder (SUD) treatment saves lives, improves community well-being, and has many long-term positive benefits. In particular, community-based SUD treatment can provide accessible, tailored care that improves recovery outcomes by allowing individuals to maintain daily routines, employment, and family connections. These cost-effective and flexible services can increase treatment adherence and prevent relapse when compared with other more isolating care settings.

Los Angeles County is striving to meet this moment by expanding access to low-barrier, person-first services.<sup>1</sup> In spite of the benefits of community-based treatment, SUD provider agencies often receive pushback when establishing new facility locations. They may also face ongoing confrontations or escalations after the facility opens, driven by stigma surrounding addiction. This response is often referred to as “Not in My Backyard” or NIMBY. This toolkit is intended to provide resources and best

## About SAPC

The Substance Abuse Prevention and Control (SAPC) Bureau within the Los Angeles County Department of Public Health leads and facilitates the delivery of a full spectrum of prevention, treatment, and recovery services proven to reduce the impact of substance use and addiction. Services are provided through contracts with over 150 community-based organizations to County residents, particularly those in the safety net who meet income and other criteria for Medi-Cal enrollment, including the un-and/or underinsured.

To learn more about SUD and treatment services, please call the Los Angeles County Substance Abuse Service Helpline (SASH) available 24/7 at 1 (844) 804-7500 or visit [www.recoverla.org](http://www.recoverla.org).

## Legal Disclaimer

*The Substance Abuse Prevention and Control (SAPC) is committed to creating and maintaining a strong and diverse provider network to meet the SUD treatment needs of Los Angeles County. This toolkit is provided by SAPC as an educational resource. It does not constitute legal advice. Materials from and links to third-party organizations and websites are shared as educational resources at the time of publishing. SAPC does not represent the cited third-parties. For more on the County of Los Angeles website advertising and hotlink policy, see <http://publichealth.lacounty.gov/phcommon/public/adpolicy.htm>.*

**Providers facing specific legal challenges should consult with qualified legal counsel. For technical assistance and other educational resources, contact SAPC at [SAPCMonitoring@ph.lacounty.gov](mailto:SAPCMonitoring@ph.lacounty.gov).**

## Best Practices for Good Neighbors: Getting from “NIMBY” to “YIMBY” (Yes In My Backyard)

### Community Engagement with Proactive Outreach

Share simple, clear, and accurate information in public forums and media.

Engage community leaders in discussions of the value of the program and its place within the community.

Engage supporters within the community.

Be responsive and address community concerns.



### Anticipate Obstacles in Land Use and Planning

Develop plans for well-designed buildings that blend into the surrounding neighborhood, and be aware of special zoning.

When possible, obtain “site control” over properties through a binding purchase contract or option agreement, a long-term lease, or outright ownership.



### Know Your Rights

Use due process and legal challenges to protect prospective residents from discrimination.

## Community Engagement with Proactive Outreach

Community engagement should start before decisions are finalized. Dialog must happen in both directions. If a community feels like a project is already decided, opposition may harden quickly. Listening sessions, rather than presentations can help to create buy-in. Surveys with real influence on decisions and small group meetings in place of large townhall meetings can lower tensions and bridge understanding.

## Understanding Community Stakeholders

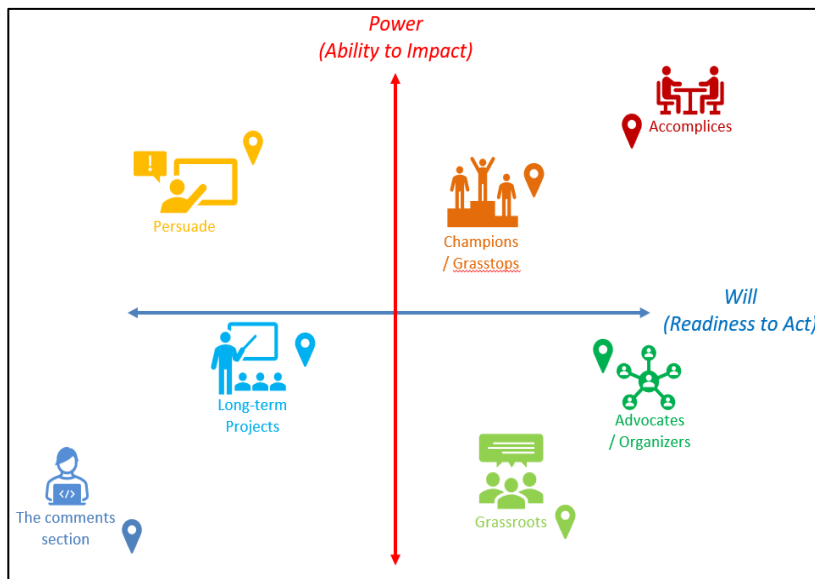
Key stakeholders in community engagement include:

- Neighborhood Councils<sup>ii\*</sup> (particularly important to engage early)
- Provider advocacy organizations such as the [California Association of Alcohol and Drug Program Executives \(CAADPE\)](#)
- Churches, temples, and other faith-based organizations
- Elected officials at the local, state, and federal levels
- Client advocate groups

Engage supporters, not just naysayers. Detractors are often a small but loud group. Making sure that supporters are visible shows that detractors are not speaking for the entire community.

Using the Power Analysis Mapping Tool (shown below) to identify where stakeholders fall on the spectrum of their will versus their power helps to identify stakeholder positions and strategies for targeting engagement.

### Power Analysis Mapping Tool



The will of a stakeholder can also be called “readiness to act.” This is a measure of the effort it takes (or does not take) for the stakeholder to take an action you have requested. The power of a stakeholder in this context is a measure of the ability to directly impact a specific decision. This is distinct from empowerment and the ability to amplify voices.

Stakeholders who have high will and power are your champions or *grasstops*—the supportive neighborhood council members and

other elected officials who are decisionmakers. When a champion goes above and beyond support they become an *accomplice*. This can look like sponsoring resolutions, advocating to colleagues on your behalf, or being vocal in news or social media. This group is already on your side—don’t talk past a yes!

Stakeholders who have high will but may not be in a position to make the decision themselves are your *grassroots*. They can take actions like writing or calling their elected officials, signing petitions, or attending public meetings. Building this group’s capacity and keeping them informed can empower them to become advocates or organizers who want to be more involved with their support through actions like recruiting other supporters to speak at public meetings, canvassing or doing outreach to other neighbors, and fundraising. This group can achieve empowerment through collective actions. This group may also seek out decision making positions in the future.

Stakeholders who have neither will nor power are “the comments section” or the peanut gallery. It is often tempting to spend a lot of time and resources engaging this group, but these efforts may not immediately contribute to your end goal. Continuing to pursue open dialog can eventually lead to changing minds but consider this group to be a long-term project.

The stakeholders who have high power but varying or low will are a key audience to prioritize for outreach. These are decisionmakers who have not yet made up their minds. Putting effort into persuading this group can neutralize opposition or even transform them into champions.

### Address Common Community Concerns

Being responsive to community concerns is a key piece of open dialog. NIMBYism and other negative attitudes towards individuals with SUD and associated care facilities are often rooted in fear, stereotypes, and outdated assumptions. By asking where these unfounded fears come from and why people hold on to them, we can shift the tenor of a conversation. Evidence-based information is a powerful response to disrupt misinformed narratives.

[The U.S. Department of Housing and Urban Development \(HUD\)](#) developed a [NIMBY Decision Tree Tool](#) to help strategize a response to specific issues and barriers.

### Suggested Responses to Common Community Concerns

QUESTIONS/CONCERNS	RESPONSE
<p><b>Will this lower property values in the surrounding area?</b></p> <p><b>Will these programs be a cost burden on my community?</b></p>	<p>Over 100 studies conducted nationwide on this subject have found no causal relationship between supportive housing and property values. Some studies actually found an increase in property values attributed to housing that stabilizes a neighborhood and anchors community improvement efforts.<sup>iii,iv</sup></p> <p>For every \$1 invested in treatment, there are \$4 to \$7 in savings to society associated with reduced costs to healthcare, criminal justice, and employee turnover.<sup>v,vi</sup></p>

<p><b>Will the facility increase crime and violence in the surrounding area?</b></p> <p><b>Are individuals with SUD dangerous? Are they in treatment because they have “hit rock bottom”?</b></p>	<p>Empirical studies using cross sectional analyses have found that SUD care facilities do not raise neighborhood violence or crime, and actually are less associated with crime than retail or other commercial businesses.<sup>vii,viii,ix,x,xi</sup></p> <p>Seeking treatment is about an individual’s readiness for change, among many factors. The idea that an individual has to lose everything before they can get better is not backed by science. “Rock bottom” is a way of looking back at a low point—it is a personal narrative rather than a clinical fact.<sup>xii</sup> Stigma around SUDs often keep individuals from seeking treatment.<sup>xiii</sup></p>
<p><b>Are all SUD care facilities the same?</b></p> <p><b>Will this lead to an increase in traffic in the neighborhood?</b></p> <p><b>Why are there multiple facilities close together?</b></p>	<p>Like with other healthcare facilities, there are different kinds of SUD facilities offering varying levels of care. Facilities are generally not associated with significant increases in traffic, but design and community input can mitigate concerns.</p> <ul style="list-style-type: none"> <li>• <b>Recovery residences</b> are cooperative living arrangements that focus on abstinence to support personal recovery from a SUD. These private residences do not provide licensable services and are not licensed by the State or SAPC. Recovery residences are also referred to as recovery-oriented residences or sober living homes. As a part of the cooperative living arrangement, residents agree to community agreements to promote peaceful cohabitation and an environment supportive to recovery and abstinence.<sup>xiv</sup></li> <li>• <b>Residential SUD facilities</b> are licensed by DHCS and provide a range of SUD care services, including group and individual counselling, educational sessions, treatment planning, life skill training, and other care needs in addition to clinical services requiring a higher level of care like withdrawal management, medications for addiction treatment (MAT), treatment for co-occurring conditions, and group and individual therapy. Residents also agree to community agreements on conduct.</li> <li>• <b>Campus-style facilities and behavioral health centers</b> may comprise multiple structures providing services at a range of levels of care. Collocating facilities across the continuum of care makes SUD care accessible and improves care coordination. California’s Behavioral Health Continuum Infrastructure (BHCIP), funded through the voter-approved <a href="#">Proposition 1</a>, has been working to fund and build these sites to fill the gap in the continuum of care and expand the behavioral health facility infrastructure. This model has been an effective way to increase access to care because the existing infrastructure has allowed for more “shovel-ready” projects to get off the ground quickly. A statewide assessment of BHCIP grantees has found that a better system of crisis care reduces emergency department visits, hospitalizations, and incarceration. On a practical level, collocating facilities reduces transportation needs so that there is minimal impact to traffic in the surrounding area.</li> </ul>

<p><b>Will the facility change or diminish the character of a neighborhood?</b></p> <p><b>Will the facility stick out or look out of place in the neighborhood?</b></p>	<p>SUD impacts the majority of Americans in some way. Facility residents are often locals who work in, grew up in, or have family in the area. Recovery residences are simply private residences that have specific community rules.</p> <p>Building or rehabilitation plans can be made to blend into and beautify the neighborhood through contextual design practices. Adaptive reuse of existing abandoned or obsolete buildings is a sustainable way to revitalize a space.</p>
<p><b>What if a facility resident has disorderly conduct or relapses?</b></p> <p><b>Will there be individuals congregating outside of the facility?</b></p>	<p>Just as primary care providers do not turn away patients with diabetes for having blood sugar levels that are too high, turning away individuals with SUDs for not being completely abstinent from substances before they enter into treatment is too high of a bar to set and often serves more as a barrier rather than a facilitator of care. Similarly, policies that discharge clients from SUD treatment due to a relapse on substances often amount to turning people with SUD away when they most need treatment. While discharge may be an appropriate response to situations where individuals with SUD either use or return to using substances (e.g., aggression, property damage), there are also often other strategies that would allow people in these situations to remain in SUD treatment.<sup>xv</sup></p> <p>Addiction is often chronic and recurrent, lapses and relapses are a common symptom of SUD. Agreements will also include a return to use treatment plan in case this happens. This does not mean that clients cannot be discharged from care under any circumstance or that SUD treatment agencies cannot have reasonable behavioral expectations of their clients, but rather aims to facilitate a culture within SUD treatment settings that recognizes that SUDs are chronic and relapsing conditions and that discharging someone for exhibiting the symptoms of their health condition should be a last resort rather than a first option.</p> <p>Community agreements also typically include guidance on quiet hours, conduct in outside and shared spaces, and a visitor policy, in addition to supporting recovery needs and abstinence.</p>
<p><b>Can't the facility be located somewhere else?</b></p> <p><b>Why do we even need this facility?</b></p>	<p>Los Angeles County has one of the least affordable housing markets in the nation. The shortage of affordable housing acutely impacts low-income residents, families, and vulnerable populations, and challenges regional efforts to prevent and reduce homelessness. At the same time, we are facing the worst overdose crisis in national and local history, and research has shown that two-thirds of people in the United States have been impacted by addiction in some way. Access to SUD care facilities is desperately needed at this time across all communities.</p>

## Words Matter: Terms to Use and Avoid Related to SUD

Using science-based and person-first language can influence how individuals with SUD and others perceive this serious and chronic disease. We can set the tone in discussions by being intentional with the language we use in response to stigmatizing slang.<sup>xvi,xvii,xviii, xix</sup>

Use...	Instead of...	Because...
<b>Person/individual with a substance use disorder (SUD)</b>	<i>Addict</i>	Using person-first language shows that SUD is an illness.
<b>Person with opioid use disorder (OUD)</b>	<i>User</i>	Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.
<b>Person with a stimulant use disorder (StimUD)</b>	<i>Substance or drug abuser</i> <i>Junkie</i> <i>Tweaker</i>	
<b>Person with alcohol use disorder (AUD)</b>	<i>Alcoholic</i> <i>Drunk</i>	The preferred terms avoid elicit negative associations, punitive attitudes, and individual blame.
<b>Person who misuses alcohol</b>		
<b>Person who engages in unhealthy/hazardous/harmful alcohol use</b>		
<b>Testing positive (on a drug screen)</b>	<i>Dirty</i> <i>Failing a drug test</i>	Use medically accurate terminology the same way it would be used for other medical conditions.  The outdated terms may decrease a person’s sense of hope and self-efficacy for change.
<b>Being in remission or recovery</b>	<i>Clean</i> <i>Former addict</i> <i>Reformed addict</i>	
<b>Abstinent from drugs</b>		
<b>Not drinking or taking drugs</b>		
<b>Testing negative (on a drug screen)</b>		
<b>Treatment</b>	<i>Intervention</i>	
<b>Care</b>		
<b>Client (receiving treatment services)</b>	<i>Patient</i>	In alignment with the California Department of Health Care Services (DHCS), this shift aims to foster a more person-centered approach, focusing on care coordination and the member’s experience in a managed care plan.
<b>Resident</b>		
<b>Member (in relation to Medi-Cal/Medicaid, Medicare, and other health plans)</b>	<i>Beneficiary</i>	

## Sample Messaging: SUD 101 and the Case for SUD Care Accessibility

Substance use disorder (SUD), are a medical condition that happens when regular use of alcohol or drugs causes harmful and self-destructive behavior. Like other medical conditions, it can be treated.

The California Health Care Foundation’s 2024 California Health Care Almanac analysis found that approximately 9% of Californians (2.9 million) aged 12 and older met the criteria for SUD in 2022, a rise from 8.1% in 2015.<sup>xx</sup> Nearly 49 million Americans live with a SUD and around two-thirds of people in the United States have been impacted by addiction in some way.<sup>xxi,xxii</sup> It is not always clear who has, or will develop, a SUD, but it is important to know that:

- SUDs cause harmful and self-destructive behaviors.
- SUDs can affect anyone. However, some individuals are more at risk of developing a SUD than others.
- SUDs are not a moral failing; they are a medical condition and require treatment to recover. It can be treated and managed, just like other chronic illnesses like asthma or diabetes.
- Risk factors of developing SUDs include having a family history of SUDs, substance use at a young age, and history of a co-occurring mental health condition.

Accessible SUD treatment yields community benefits. A UCLA study found that for every \$1 invested in treatment, there are \$4 to \$7 in savings to society associated with reduced costs to healthcare, criminal justice, and employee turnover.<sup>xxiii,xxiv,xxv</sup>

In spite of the high prevalence of SUD, there is a significant, ongoing gap between the need for SUD treatment and available spaces in facilities.

**For more information and educational materials visit RecoverLA at [www.recoverla.org](http://www.recoverla.org)**

## Anticipate Obstacles in Land Use and Planning

### Site Control

One of the first examples of antagonism against a facility can happen before anyone steps foot on the property or breaks ground on construction. After agreeing to sell or lease a building to a local nonprofit for the development of treatment or supportive housing, the seller may be pressured by neighbors or other community leaders to back out of the sale.

Obtaining site control through an option agreement ensures that the owner must honor their commitment to sell or lease the property. For more information and resources on option agreements, reach out to the [Los Angeles Housing Department \(LAHD\)](#) by calling the toll-free hotline at 866-557-7368 Monday to Friday 9 am – 4 pm. Questions and complaints can also be filed online at any time at the [Ask-Housing](#) or [File-a-Complaint](#) site.

Critics may use market competition as another tactic. Market demand can lead a seller to impose an aggressive timeline in the contract for the provider agency to demonstrate adequate financing for the purchase within a timeframe from contract execution. If a provider agency is unable to find interim funding or come to an agreement with the seller, detractors may try to reach a “back up contract” with the seller to gain site control. Funding resources and technical assistance intermediaries may be able to assist in finding interim financing until additional sources of funds are committed.

### **Funding Resources and Technical Assistance Intermediaries**

- [Local Initiatives Support Corporation \(LISC\)](#)
- [Corporation for Supportive Housing](#)
- [Enterprise Community Loan Fund](#)
- [Opportunity Finance Network \(Formerly the National Community Capital Association and the National Association of Community Development Loan Funds\)](#)
- [Neighborhood Reinvestment Corporation, d/b/a NeighborWorks](#)

### **Working with Local Jurisdictions**

Forecasting and avoiding policy-related barriers can save time, funding, and headaches later on in the process of standing up a facility. If a barrier is unavoidable, being prepared can help overcome the obstacle. Restrictive zoning policies and discriminatory covenants have historically been used to delay or cancel projects. Consult public databases early on to confirm that your proposed site is appropriately zoned. Los Angeles is also home to many special districts and historic preservation zones which can complicate and delay standing up a facility.

For more on land use and zoning reform, refer to the [National Low Income Housing Coalition](#).<sup>xxvi</sup>

### **Planning Databases**

- [ZIMAS](#): Los Angeles City Planning database to check if a specific property has a historic designation.
- [HistoricPlacesLA](#): An online tool for mapping and documenting historic resources in the City of Los Angeles.
- [LAConservancy](#): A nonprofit resource for learning about conservation easements and preserving community history.

## **Know Your Rights: Legal Protections for Individuals with SUD**

Federal and State law classifies individuals struggling with substance use as having a disability. This includes individuals in active recovery or treatment for alcohol and/or opioid dependency. Disability rights are civil rights. Civil rights laws protect individuals from unlawful discrimination, harassment, or abuse in a variety of settings like housing, the workplace, school, voting, business, healthcare, public spaces, and more. The law also shields programs providing SUD services from biased or unfair government intervention.

There are limitations on protections under both Federal and State law for individuals who are engaged in “current unlawful use of controlled substances or other drugs.”

## Protections Under Federal Law

### The Americans with Disabilities Act (ADA)

[The Americans with Disabilities Act \(ADA\)](#) is the primary Federal law protecting individuals with SUDs and other serious chronic medical conditions.<sup>xxvii</sup> Individuals may file ADA complaints with the [Department of Justice](#) if they believe that a public accommodation or a state or local government is discriminating or has discriminated against them because of a SUD. Complaints can be filed online at the Department of Justice Civil Rights division website at [www.civilrights.justice.gov/report](http://www.civilrights.justice.gov/report). Individuals may also bring private lawsuits under the ADA.<sup>xxviii</sup>

For further information and technical assistance on the ADA, see the Department of Justice website at <https://www.ada.gov/communityoutreach/>.

## Protections Under California State Law

State law does not prohibit treatment facilities from being located near other treatment facilities or sharing the same legal owners. This applies to treatment facilities of any size.

### The Fair Employment and Housing Act (FEHA) and the Civil Rights Department of California

California has similar laws to the ADA that provide broader protections to individuals with disabilities, including individuals with SUDs. These include the Fair Employment and Housing Act (FEHA), Disabled Persons Act, and Unruh Civil Rights Act. These laws are enforced by the [Civil Rights Department \(CRD\) of the State of California](#). The CRD also has a Community Conflict Resolution Unit with the mission to promote peaceful relations by assisting communities experiencing fear, conflict, or tensions relating to discriminatory practices, hate incidents, or hate crimes that have a community impact. For more resources (including translated resources), to file a complaint, or to request community conflict resolution services see the CRD website at [www.calcivilrights.ca.gov](http://www.calcivilrights.ca.gov).

The [Disability Rights Bureau \(DRB\)](#) within the Civil Rights Enforcement Section of the California Office of the Attorney General handles investigations pursuant to Government Code section 11180 et seq. and cases addressing systemic failures, a pattern or practice of violations, and/or discriminatory policies, procedures, or practices that broadly impact people with disabilities. DRB does not handle individual complaints or inquiries, and does not represent individuals or provide individuals legal advice. DRB is not mandated to pursue cases involving isolated violations of law, matters against state-level public entities, or out-of-state conduct, but rather pursues systemic violations of law by local governmental entities or companies directly impacting the general public or large groups of individuals.

## California's Housing Reform Laws

Since 1969, California has required that all local governments adequately plan to meet the housing needs of everyone in the community through the Regional Housing Needs Allocation (RHNA)<sup>xxix</sup> process. Over the past decade, California has undertaken sweeping reforms to cut red tape and promote the building of new affordable housing and adaptive reuse. A significant number of these reforms went into effect in January 2026.

### The Housing Accountability Act (HAA) and Builder's Remedy

The Builder's Remedy is a provision of the HAA dictates that if a local municipality is not in compliance with California's housing development goals, developers are authorized to bypass that municipality's zoning laws so long as the new housing development contains specified percentages of low-income housing or middle-income housing.<sup>xxx</sup>

### Enforcement and Accountability Laws

AB 1050 (Chapter 504) expands the ability of developers to eliminate restrictive covenants that prohibit converting commercial property to residential use.

AB 712 (Chapter 496) increases penalties for housing law violations, accelerates legal challenges to project denials, and mandates fast-tracked final building inspections.

For a summary of the 2025-2026 Housing Legislation, refer to the [California State Assembly Housing and Community Development Committee](#).<sup>xxxii</sup>

For more information on State Housing policies, refer to the [California Department of Housing and Community Development](#).

### The California Environmental Quality Act (CEQA) and CEQA Exemptions

CEQA refers to state law requiring the review of public project building plans to evaluate, inform the public, and to avoid or mitigate potential significant environmental impacts. Projects may not move forward without CEQA approval. In some cases, CEQA has been used as a tool to delay or cancel projects. In response, a series of exemptions have been passed through State law and regulation, including a significant overhaul that went into effect in January 2026. For more information on CEQA and qualifying exemptions refer to the [California Governor's Office of Land Use and Climate Innovation](#).<sup>xxxiii</sup> ***Providers facing specific legal questions on CEQA exemptions should consult with qualified legal counsel.***

### Protections in Los Angeles County

[Los Angeles County Public Works](#) ensures compliance with the ADA. If you have questions, concerns, complaints, or requests regarding accessibility for people with disabilities, please contact the ADA Coordinator at (626) 979-5333 or [ADAinquiries@dpw.lacounty.gov](mailto:ADAinquiries@dpw.lacounty.gov) between the hours of 7:00am to 5:30pm, Monday through Thursday.

## Other Resources and Legal Support Services

- [Legal Action Center](#)
- [Public Counsel](#)
- [Housing Rights Center \(HRC\)](#)
- [California Office of the Attorney General Public Rights Division, Civil Rights Enforcement Section](#)
  - Legal Rights of Persons with Disabilities: Introduction to State and Federal Disability Rights Laws<sup>xxxiii</sup>
- [Stay Housed LA](#)
- Housing Discrimination Hotlines
  - Fair Housing Foundation: 800-446-3247
  - Fair Housing San Fernando: 818-373-1185
  - The Civil Rights Department: 800-884-1684
  - LAHD Language Assistance: 213-808-8808
  - Housing Rights Center: 800-477-5977

## Citations

- <sup>i</sup> 2023-2028 Strategic Plan. Version 1.0. Los Angeles County Department of Public Health Substance Abuse Prevention and Control. June 2023. <http://publichealth.lacounty.gov/sapc/docs/providers/SAPC-Strategic-Plan-2023-2028.pdf?mm#:~:text=SUBSTANCE%20ABUSE%20PREVENTION%20AND%20CONTROL-June%202023&text=The%20emergence%20of%20fentanyl%20and,%2D%20and%20outcome%2Dfocused%20services.>
- <sup>ii</sup> Meet Your Government: Neighborhood Councils. <https://lacity.gov/government/neighborhood-councils>
- <sup>iii</sup> Does Affordable Housing Development Lower Nearby Property Values? Shelter Force. 18 July 2013. [https://shelterforce.org/2013/07/18/answer\\_172\\_affhsq\\_lower\\_property\\_values/](https://shelterforce.org/2013/07/18/answer_172_affhsq_lower_property_values/)
- <sup>iv</sup> Ramphul, R., McCurdy, S. A., Lee, J., Liu, Y., Chen, Y., Rodriguez, S. A., Gallardo, K. R., Akkala, S., Theyra-Enias, H., & Wilkerson, J. M. (2026). "Not in my backyard": The impact of recovery residences on property values. *Drug and Alcohol Dependence*, 279, 113044. <https://doi.org/10.1016/j.drugalcdep.2026.113044>
- <sup>v</sup> SAPC Data Brief: Costs of Alcohol and Other Drug Misuse/Abuse. Los Angeles County Department of Public Health Substance Abuse Prevention and Control. November 2025. <http://publichealth.lacounty.gov/sapc/MDU/MDUBrief/Cost-Data-Brief.pdf>
- <sup>vi</sup> Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). National Institute on Drug Abuse (NIDA). January 2018. <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>
- <sup>vii</sup> Addiction Treatment Centers Don't Raise Neighborhood Violence Anymore than Convenience Stores. Recovery Research Institute. 2016. <https://www.recoveryresearch.org/research/addiction-treatment-centers-dont-raise-neighborhood-violence-anymore-than-convenience-stores/#:~:text=Addiction%20Treatment%20Centers%20Don't,Alcoholism%20&%20Drug%20Abuse%20Weekly>
- <sup>viii</sup> C. Debra M. Furr-Holden; Adam J. Milam; Elizabeth Nesoff; Renee Johnson; David O. Fakunle; Jacky M. Jennings; and Roland J. Thorpe. Violent Crime Lower Near Drug Treatment Centers Than Other Commercial Areas. Johns Hopkins Bloomberg School of Public Health. 28 January 2016. <https://publichealth.jhu.edu/2016/violent-crime-lower-near-drug-treatment-centers-than-other-commercial-areas/#:~:text=E2%80%9COur%20findings%20show%20that%20drug,Health%20at%20the%20Bloomberg%20School.>
- <sup>ix</sup> Salahi, Lara. Death, crime and care: What research says about harm reduction centers. Association of Health Care Journalists. <https://healthjournalism.org/blog/2025/12/death-crime-and-care-what-research-says-about-harm-reduction-centers/>
- <sup>x</sup> Taniguchi, T. A., & Salvatore, C. (2018). Exploring the relationship between drug and alcohol treatment facilities and violent and property crime. *Security Journal* (25), 95-115.
- <sup>xi</sup> Bondurant, S. R., Lindo, J. M., & Swensen, I. D. (2018). Substance abuse treatment centers and local crime. *Journal of Urban Economics*, 104, 124–133. <https://doi.org/10.1016/j.jue.2018.01.007>
- <sup>xii</sup> McCreedy, Katelyn; Riley Robinson; Allison McBride; Zachary Siegel. Overdose Crisis Reporting Style Guide. The Action Lab: Changing the Narrative Initiative. 2025. <https://www.changingthenarrative.news/style-guide>
- <sup>xiii</sup> Yang LH, Wong LY, Grivel MM, Hasin DS. Stigma and substance use disorders: an international phenomenon. *Curr Opin Psychiatry*. 2017 Sep;30(5):378-388. doi: 10.1097/YCO.0000000000000351. PMID: 28700360; PMCID: PMC5854406. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5854406/#S18>
- <sup>xiv</sup> National Alliance for Recovery Residences (NARR). <https://narronline.org/>
- <sup>xv</sup> Reaching the 95% (R95) Initiative: Admissions and Discharge Policies. Los Angeles County Department of Public Health Substance Abuse Prevention and Control. [http://publichealth.lacounty.gov/sapc/docs/public/r95/AdmissionAndDischargePolicies\\_102824\\_FINAL.pdf](http://publichealth.lacounty.gov/sapc/docs/public/r95/AdmissionAndDischargePolicies_102824_FINAL.pdf)
- <sup>xvi</sup> Words Matter: Preferred Language for Talking About Addiction. National Institute on Drug Abuse. 23 June 2021. <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- <sup>xvii</sup> The Action Lab: Changing the Narrative Initiative. 2025. <https://www.changingthenarrative.news/>
- <sup>xviii</sup> Words Matter Terms to Use and Avoid When Talking About Addiction. National Institute on Drug Abuse. [https://www.asam.org/docs/default-source/default-document-library/nidamed\\_wordsmatter3\\_508.pdf?sfvrsn=5cf550c2\\_2](https://www.asam.org/docs/default-source/default-document-library/nidamed_wordsmatter3_508.pdf?sfvrsn=5cf550c2_2)
- <sup>xix</sup> [https://www.cdc.gov/stop-overdose/stigma-reduction/stigma-beyond-the-numbers.html#cdc\\_generic\\_section\\_2-how-to-talk-about-substance-use-disorders-to-help-reduce-stigma](https://www.cdc.gov/stop-overdose/stigma-reduction/stigma-beyond-the-numbers.html#cdc_generic_section_2-how-to-talk-about-substance-use-disorders-to-help-reduce-stigma)
- <sup>xx</sup> California Health Care Foundation. Substance Use in California: Prevalence and Treatment. California Health Care Almanac 2022. January 2022. <https://www.chcf.org/wp-content/uploads/2022/01/SubstanceUseDisorderAlmanac2022.pdf>
- <sup>xxi</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). 2024 National Survey on Drug Use and Health Annual National Report. 30 July 2024. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf>
- <sup>xxii</sup> KFF Tracking Poll July 2023: Substance Use Crisis And Accessing Treatment. 15 August 2023. <https://www.kff.org/other-health/kff-tracking-poll-july-2023-substance-use-crisis-and-accessing-treatment/>
- <sup>xxiii</sup> \$7 in Societal Savings for Every \$1 Spent on Drug Abuse Treatment. <https://www.newswise.com/articles/7-in-societal-savings-for-every-1-spent-on-drug-abuse-treatment>
- <sup>xxiv</sup> <https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf>
- <sup>xxv</sup> Koenig, L. Siegel, J.M., Harwood, H. Economic benefits of substance abuse treatment: Findings from Cuyahoga County, Ohio *Journal of Substance Abuse Treatment*. 2005; 28(Suppl. 1):S41-S50
- <sup>xxvi</sup> Sisson, Patrick. Saying No to NIMBYS: A Planner's Guide to Mastering Pushback and Passing Zoning Reform. *Planning Magazine*. American Planning Association. 16 November 2023. <https://www.planning.org/planning/2023/fall/saying-no-to-nimbys-a-planners-guide-to-mastering-pushback-and-passing-zoning-reform/>
- <sup>xxvii</sup> Friedman, Sally and Christine Khaikin. Overcoming Opposition to Substance Use Programs Nationally & in New York. Legal Action Center (LAC). September 2025. <https://www.lac.org/resource/overcoming-opposition-to-substance-use-programs-nationally-and-in-new-york>
- <sup>xxviii</sup> The ADA and Opioid Use Disorder: Combating Discrimination Against People in Treatment or Recovery. U.S. Department of Justice, Civil Rights Division, Americans with Disabilities Act (ADA). 5 April 2022. [https://www.ada.gov/resources/opioid-use-disorder/#:~:text=Complaints%20about%20employment%20discrimination%20\(called,%2Dhave%2Dused%2Dopioids.](https://www.ada.gov/resources/opioid-use-disorder/#:~:text=Complaints%20about%20employment%20discrimination%20(called,%2Dhave%2Dused%2Dopioids.)
- <sup>xxix</sup> Regional Housing Needs Allocation (RHNA). California Department of Housing and Community Development. <https://www.hcd.ca.gov/rhna>
- <sup>xxx</sup> Builder's Remedy, YIMBY Law. <https://www.yimbylaw.org/buildersremedy>
- <sup>xxxi</sup> 2025 Legislative Bill Summary. California State Assembly Committee on Housing and Community Development. [https://ahcd.assembly.ca.gov/system/files/2025-12/2025-legislative-bill-summary\\_final.pdf](https://ahcd.assembly.ca.gov/system/files/2025-12/2025-legislative-bill-summary_final.pdf)
- <sup>xxxii</sup> CEQA 101. The Governor's Office of Planning and Research. 2021. [https://ci.ca.gov/ceqa/docs/20210809-CEQA\\_101.pdf](https://ci.ca.gov/ceqa/docs/20210809-CEQA_101.pdf)
- <sup>xxxiii</sup> <https://www.dgs.ca.gov/-/media/Divisions/CCDA/Tab/Business-Connect/Introduction-to-State-and-Federal-Disability-Rights-Laws.pdf>