

Federal rules say jails have to provide opioid treatment. Some say Virginia is falling short.

Withdrawal.

For years, Malcolm Bishop has been running from the feeling, which opioid users describe as an agony unlike any other: Days, sometimes weeks, of aching for chemicals that the body has grown to need. Bishop had begun a regimen of Suboxone, [a treatment for opioid addiction approved by the Food and Drug Administration](#).

Still, Bishop says withdrawal was forced on him during a stint at the Richmond City Justice Center. Bishop's probation officer had found the Suboxone in his system, which he says he'd picked up at an emergency room, rather than from his prescribing doctor. Addiction medicine doctors recommend addicts use hospital pharmacies in emergencies, rather than using street drugs.

Jail nurses wouldn't continue his treatment, so Bishop endured four days of "dopesickness," he said — shivering, aching, tossing and turning.

"I was laying there, waiting for life to come back to me," said Bishop.

This year, the U.S. Department of Justice [issued explicit guidelines](#) on the responsibilities of jails and prisons. As a disability, opioid use disorder is protected by the Americans with Disabilities Act, which makes withholding the drugs a civil rights violation, according to the DOJ.

"People who have stopped illegally using drugs should not face discrimination when accessing evidence-based treatment or continuing on their path of recovery. The Justice Department is committed to using federal civil rights laws

such as the ADA to safeguard people with opioid use disorder from facing discriminatory barriers as they move forward with their lives,” said Assistant Attorney General Kristen Clarke in April.

But Bishop’s experience, alongside testimonials of other inmates, sheriffs and local doctors, illustrates how slowly Virginia jails have moved to care for individuals with opioid addictions. In some, The Times-Dispatch has found, jail policies strip the incarcerated of their prescriptions upon admission, forcing risky and unnecessary “cold-turkey” withdrawal. Wary of the DOJ order, Richmond-area jail officials insist they’re in compliance with federal guidelines, which impose a significant financial and cultural shift on their institutions.

In Richmond City Jail, that withdrawal occurs in a pod called 4B. The 50-bunk unit takes in new inmates who identify their substance use disorder to jail medical staff. There, they get food, water, and sometimes Tylenol, said Bishop, who served several weeks of a yearlong sentence for violating his probation.

Last week, City Councilwoman Reva Trammell accused the jail of allowing a female inmate, who was supposed to be receiving detox medications, to overdose and die. The Times-Dispatch confirmed the death but medical examiners have yet to release the cause. Jail staff denied that there was an overdose, WRIC-TV reported.

Drug-assisted treatment, also known as MOUD or MAT, is incredibly effective, said Stephen Popovich, a doctor with Clean Slate, an addiction medicine clinic nested in Richmond Community Hospital. He estimates that the addiction medicine saves the life of one patient for every 10 that walk through his door.

The drugs subdue the brain-stem hyperactivity that drives cravings for drugs such as heroin, fentanyl, cocaine or even alcohol. Medications such as Suboxone and methadone are opiates, but less potent than street drugs. Suboxone, an opioid antagonist, actually blocks the effects of street drugs like heroin or fentanyl.

Popovich says his work allows him to see people's lives come back together, progress that comes undone in local jails.

"Just because someone is incarcerated doesn't mean they shouldn't have access to medical treatment for any medical condition," said Popovich. "It's illegal, it's morally wrong, it doesn't make any sense."

'It was hell'

Popovich says the lack of MAT, notably at Hanover County's Pamunkey Regional Jail and the Richmond jail, are some of the reasons why Richmond's overdose rate is the highest in the state.

The Virginia Department of Health doesn't keep clear surveillance data on post-overdose deaths, but studies have shown that addicts are at their highest risk of overdose immediately after being released from jail or prison.

"The classic story, which I've seen so many times, is someone gets incarcerated, their dependence on opioids goes away, and when they're released they use opioids again," Popovich said. "You think about the one thing that we could do to help the highest-risk patients? It would be getting those patients access to treatment."

Numerous inmates in a recovery program within Chesterfield County Regional Jail shared their own stories about being stripped of their medications.

Jesse McMillan, who was on a Suboxone prescription, said he tried to hang himself two days into withdrawal at Riverside Regional Jail, a 1,200-bed facility outside of Hopewell.

“It was hell,” McMillan said.

Jodi Byies had been on a daily 120mg-dose of methadone, another FDA-approved drug for treating opiate addiction. Byies said she was stripped of her pills at Stafford County’s Rappahannock Regional Jail, where medical staff wouldn’t honor her prescription.

“They just won’t give it to you, whether you have a prescription or not,” said Byies. “I would have rather been dead than sit in that cell.”

In a statement, Riverside Regional Jail spokesperson Charlene Jones did not respond to questions about McMillan’s withdrawal, but said that “all cases of detoxification and withdrawal are performed under the guidance of a licensed medical provider,” and highlighted the jail’s accreditation with the American Correctional Association.

Rappahannock Regional Jail did not return a request for comment.

Allen, a former inmate who asked not to be identified due to the stigma around opioid addiction, lost access to his Suboxone when a court ordered him to leave his rehab program and serve 30 days at Hanover’s Pamunkey Regional Jail. Allen went through withdrawal for two weeks in the jail’s COVID-19 quarantine pod. When he re-entered the general population, he found he could buy Suboxone — which is

delivered in thin strips and easily concealed — from other inmates.

“What’s happening as a result is this nefarious underground trade is going on, where people end up in debt to get this medication they should be given,” said Allen, who had been jailed on a drug possession charge.

‘The most defenseless’

Nationwide, sheriffs have been fielding calls to implement addiction medicine in their jails for years.

[In 2018, the National Sheriff’s Association issued guidance and best practices on inmates with substance-use disorders,](#) explaining that jails were in a “unique position to initiate treatment” and that the recently released are among “the most defenseless.”

That hasn’t resulted in immediate implementation. Jails say they struggle to find the money to pay for treatments, and many view the proposition of intentionally bringing opioids into a jail as a nonstarter.

Richmond’s jail is run by Sheriff Antoinette Irving, an elected official. Irving said that her jail does offer MAT to some groups: Inmates who are pregnant and those who have approved prescriptions. Jail staff did not share any data on how many treatment regimens were actually delivered.

“We’re not just cutting people off and saying you can’t have such and such,” said Irving. “We do not take people off cold turkey.”

Asked if she felt her jail was out of line with DOJ guidelines, Irving said that she’s still reviewing the ADA standards and seeing how much it would cost.

“We’re working on it, we’re reviewing it, it’s a work in progress,” said Irving. “We’re still reviewing how much that’s going to cost us, if we’re going to extensively do an actual program.”

Irving also said she was concerned about getting inmates hooked on new drugs, echoing what experts describe as misinformation around addiction medicine that has slowed the uptake of MAT.

“There’s this idea that when you’re using medication for opioid use disorder you’re substituting one addiction for another,” said Tisha Wiley, a researcher with the National Institute on Drug Abuse. “But methadone has literally 50 years of evidence that it’s helped people recover and kept people from dying.”

In Hanover’s Pamunkey Regional Jail, Deputy Superintendent Nathan Webel said the jail does offer “MAT upon release,” which he said was the most critical form of MAT. The program offers a course of Vivitrol, an injectable medicine that blocks opioid receptors, before inmates leave. It’s intended to keep addicts from turning to street drugs before they make it back to an outpatient doctor.

While in jail, Webel said that prescriptions are vetted on a case-by-case basis by the jail’s medical director, who is a contractor with a correctional medicine company called CBH Medical. Inmates also don’t qualify if they aren’t staying in the jail for 30 days.

The result of those strict criteria is that just 12 inmates in the 519-bed jail received addiction medicine in fiscal year 2022, according to numbers shared by Webel.

“We would never want to interrupt something but it has to make sense for inside an incarceration setting,” said Webel. “We generally don’t do narcotics because they can be checked and sold.”

In Henrico, Sheriff Alisa Gregory recently started a pilot MAT program that relies heavily on Vivitrol. She said she started the program after seeing death reports with the names of former inmates in her jail.

Gregory said one of the biggest challenges was funding. She said she would have pushed for the initiative anyhow, but a state grant and funding from the Henrico Board of Supervisors made her program possible.

“What do you cut? What do you slash to be able to implement that?” asked Gregory. “It’s a hard program to budget for.”

The Chesterfield model

In Chesterfield , jail officials recently committed significant resources to creating a comprehensive addiction medicine program.

Sheriff Karl Leonard, who runs the jail, says the need became overwhelmingly apparent in 2016, in line with the disturbing up-and-to-the-right trend of booking inmates with opioid-use disorders.

“We realized we had to stop doing what we were doing and start releasing recovered addicts,” Leonard said. “I realized I was part of the problem.”

Every day the jail intakes an average of 30 inmates. Leonard estimates a third enter one of two addiction medicine programs, one for men, another for women. Over the past

six years, the jail has treated 3,000 individuals with opioid-use disorder.

The jail's doctor, G. Montovani Gay, said he committed to the program out of a philosophy that opioid-use disorder merits medication like any other disease.

"Why would I treat the hypertensive with hypertension medication, the diabetic with insulin, and then not treat opioid-use disorder with medication?" Gay said. "It makes no sense."

Gay screens for addiction, initiating people on Suboxone regimens even if they entered the jail without a prescription. But Gay's regimens mean little in other jails, which frequently take transfers from Chesterfield, a facility that holds only half of inmates serving time for charges in Chesterfield.

The other 400 are held in Riverside Regional, just outside of Hopewell. At Riverside, Chesterfield inmates on Suboxone lose their medication on admission, Gay said, which is why he and social workers at the Chesterfield jail actively try to keep some inmates from being transferred.

The program is also expensive. Leonard estimates the jail spends between \$22,000 and \$28,000 a month on prescription medications, which encompass the drugs needed for opioid users. It also requires separate sober living units for inmates, most of whom are taking Suboxone.

Another requirement: vigilance. To prevent the drug from getting into the jail economy, inmates are brought out to a nursing pod. Across from a nurse, they sit on their hands while the Suboxone strip dissolves under their tongue.

“Nobody wants to be an addict. They’ve just never had the opportunities,” Leonard said. “That’s what we’re trying to provide, the opportunity.”

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Among Black Virginians, opioid overdose deaths nearly tripled during pandemic

Darryl Cousins counts three friends who have died of an overdose in the past two months.

Some were folks he had used with years ago when he was in active addiction. Others he tried to help in his role as a counselor at several recovery houses in the East End.

“You get three or four deaths, maybe in a week now, in Richmond, Henrico and Chesterfield, instead of one or two a month,” Cousins said. “There’s not that much light being shed on the situation.”

[The sharpest spike has been in Virginia’s Black population.](#) In the past four years, the state has seen opioid overdose deaths among Black Virginians more than triple — the highest death rate, by far, of any demographic. The numbers underscore the lethality of a fentanyl-polluted drug supply, as well as structural barriers to entering recovery — a critical first step in preventing fatal overdose.

The numbers — made publicly available by the [Centers for Disease Control and Prevention death certificate database](#) — tell the story of a striking rise, particularly in the Richmond metropolitan area. Chesterfield County had 34 deaths in 2021, up from 11 in 2018. Henrico County spiked similarly, up to 44 deaths from 14, and Richmond accounted for 135 deaths, up from 41 deaths in 2018.

The spike was more acute in Richmond than in any other county in the state.

“It desensitizes you to death,” Cousins said.

Cousins, a Black man, works for Starfish Recovery and Wellness, a Richmond-based recovery residence for people with addiction. He was born in Richmond’s South Side, where he went to George Wythe High School. He’s been sober for 15 years, he says, and shares a long view on how the city has changed in that time. Most frightening is the drug that seems to be everywhere these days.

“All of a sudden it’s in every drug being sold,” Cousins said. “Fentanyl has taken over the drug world.”

76% of fatal overdoses

Fentanyl, [a synthetic opioid developed in the 1950s for severe pain management](#), has run over the illicit drug supply.

At 50 times the potency of morphine, it is deadly and easily overconsumed in a powder format.

The drug delivers a stronger version of the same full-body euphoria associated with heroin. At the same time, it depresses breathing in the lungs to dangerously low levels, starving the body of oxygen.

“This explains why fentanyl is so deadly: It stops people’s breathing before they even realize it,” said Dr. Patrick L. Purdon, senior author of a study on fentanyl’s lethality conducted by doctors at Massachusetts General Hospital and published in August.

This year, Virginia epidemiologists linked the drug to 76% of fatal overdoses in Virginia. Each day, more than five Virginians die from an overdose explicitly linked to fentanyl.

Medical examiners have come to expect fentanyl, often finding it commingled with the drugs that used to be considered the most deadly — such as heroin, cocaine and methamphetamine.

Overdoses from those drugs have jumped, too, but now, four out of every five cocaine overdose toxicology reports finds fentanyl played a role as well.

What's also frightening is how the drug is being sought out, Cousins said. Active drug users seek out fentanyl-laced heroin, he said, because their bodies have normalized heroin in its more regular form.

"I was trying to get a grip on it, too, I was trying to understand, why would you go looking for something that literally takes you to the brink of death?" Cousins said.

Tisha Wiley, a researcher with the National Institute on Drug Abuse, says the road to today's opioid crisis in the Black community has been paved by historical racism in health care.

As white patients were readily prescribed drugs like OxyContin in the late 1990s and early 2000s, Black patients found it far harder to convince doctors of the legitimacy of their pain, Wiley said.

"One of the things that we hypothesized early in the pandemic was that Black patients were less likely to get prescribed pain medications, which would translate into Black patients having a harder time getting prescribed

medications” for opioid use disorder, Wiley said. “That comes down to implicit bias.”

The practice continues in 2021, according to a recent study published in the New England Journal of Medicine, and has worrisome second-order effects.

Patients in pain shopped for doctors more willing to write prescriptions, or cheap street substitutes, like heroin.

The bias, Wiley said, also appears when Black people with addiction seek medically assisted treatment for addiction, such as drugs like methadone, an FDA-approved opioid used to taper down cravings.

And while white people with addiction are more likely to get diverted into treatment, such as rehab, Black and Hispanic people with addiction are more likely to be arrested, Wiley said.

That’s made jails a key focus for reducing, and equalizing, the opioid epidemic.

Resources needed to recover, such as housing and insurance, also skew along racially divided lines. Walter Randall, a recovery facilitator at High Council Services, said Richmond’s premier recovery residences target what he described as “a white demographic”: patients with private insurance or the ability to pay out of pocket.

Many don’t take Medicaid, said Randall, who is Black and has been in recovery for 22 years. He says the downwind effect of that choice has been a segregated recovery space.

“White people have McShin, True Recovery, Starfish,” Randall said.

“Black people have” Narcotics Anonymous and the Community Services Boards.

Jimmy Christmas, a licensed therapist with River City Comprehensive Counseling Services, which offers substance abuse and mental health services in Richmond, said some of those divisions are blurring as the opioid epidemic in the Black community has received more attention.

“When I look at what the white community has had access to, this physical apparatus of recovery homes, compared to the Black population — it makes me sad to even look at that,” said Christmas, who is Black and in recovery. “I’m sitting here and watching our country fail.”

Community buy-in

Christmas says that Richmond’s Black community needs “guerrilla outreach,” not only to warn about the lethality of fentanyl, but to build community buy-in that recovery works.

“What’s lacking is some of these pockets, like the East End, need more outreach,” said Christmas, who is 61 and has treated generations of people with addiction in the Richmond area.

“For 20 or 30 years in the white community, there have been white families willing to pay for their loved ones’ treatment. I would like to believe that there is a pocket in the Black community that is willing and capable to pay for their treatment, too,” he said.

Christmas said recovery residences, the “gold standard” in addiction treatment, cost about \$5,000 a month — a price tag that can be prohibitive without a family to foot the bill. And most have white owners and staff, he said.

But increasingly, more funds have become available for state legislators and health agencies. Across several grants, Virginia has already received more than \$70 million in federal funds meant to support recovery services. Those funds have been critical in removing financial barriers that have entrenched the racial divide in access to care.

Grant money helped the [Virginia Association of Recovery Residences](#) to diversify its clients by creating a fund for indigent clients.

Recent data shared by the organization shows that more than 40% of admissions are for non-white individuals.

Millions of dollars have also been directed to prisons and jails, which have begun to deliver medicated withdrawal treatments to inmates with opioid use disorder.

But the lion's share of incoming funds earmarked for curbing the opioid epidemic in Virginia has yet to be distributed. That money, [approximately \\$610 million](#), will come from distributors and manufacturers of opioids, such as Purdue Pharma, Janssen Pharmaceuticals and others.

Recipients, such as the city of Richmond, will decide how it should be used.

Jim Nolan, a spokesperson for the city, said decisions about the money would be made in the coming weeks, pending an appropriation process and approval of the mayor and members of the City Council.

The city is set to receive at least \$4 million over 16 years, according to records shared by the Virginia Attorney General's Office, which is shepherding the funds to Virginia localities from distributors.

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Inside how Virginia Congressional candidates spend big on social media to get your vote

In Virginia's 7th Congressional District, [Democratic Rep. Abigail Spanberger](#) has spent thousands of dollars attempting to portray her opponent, Republican Yesli Vega, as out-of-touch and radically anti-abortion.

In Virginia's 2nd U.S. House District, Republican challenger [Jen Kiggans](#) has garnered thousands of impressions on ads that accuse her opponent, Democratic Rep. Elaine Luria, of making millions in stocks.

In Virginia's 10th, Republican Hung Cao, a Navy veteran challenging Democratic incumbent Jennifer Wexton, has run a bevy of ads describing himself as "Nancy Pelosi's" worst nightmare.

On Facebook and Instagram, political ads offer a one-of-a-kind window into the messaging of Virginia congressional contests, three of whom head into Election Day in a competitive dead heat. Candidates can use these platforms to slide their messages directly into the feeds of potential voters, often for far less than what they might have to cough up to a TV station.

The ads — and the often vitriolic messaging they contain — show how nationalized Virginia congressional races have become, and also how unaccountable political action committees have showered competitive districts with [last-minute messages meant to activate voters in an off-year election](#).

Virginia's most competitive races are in the 7th, 2nd and 10th districts, where Democratic incumbents face Republican

challengers. Across those three races, the six candidates have spent several hundreds of thousands of dollars on ads served on Facebook and Instagram, according to an analysis by the Richmond Times-Dispatch.

The biggest spenders have been Spanberger and Luria, two congresswomen fighting to hold on to their seats in recently redrawn districts that are now even more competitive. Luria's district lost a blue stronghold in Norfolk, and the base of Spanberger's district was relocated from Richmond's western suburbs to Prince William, Stafford and Spotsylvania counties in Northern Virginia.

All told, the candidates have spent more than \$1 million on campaigns since Facebook began tracking ad spends four years ago. The lion's share has been spent in the run-up to Tuesday's contentious midterm election, which will decide which political party will wield power in Washington between now and 2024.

Microtargeting

Since the 2016 election, Meta, the company formerly known as Facebook, has weathered years of pushback [that its ad technology undermines elections](#).

The criticism was prompted by a scandal with Cambridge Analytica, a United Kingdom-based political consulting firm that had secured personal data about millions of American voters. The company built psychological profiles for each voter, which they then sold to the campaigns of U.S. political candidates, including former President Donald Trump and Sen. Ted Cruz, R-Texas.

Facebook still offers many similar targeting strategies in 2022. The company knows the likes, dislikes and behaviors of its 179 million American users, more than half the

population of the U.S.; it sells ads with that information, offering buyers a kind of surgical precision unavailable on radio or TV.

“Facebook knows everything,” said Ernest McGowen III, an associate professor of political science at the University of Richmond who studies how voters engage with the media. “Facebook knows who I follow; Facebook knows who I click on. Facebook knows the kind of TV groups that I’m a part of.”

The platform can be even more precise when wielded by political candidates. Campaigns regularly buy voter data from brokers, which can contain names, addresses, email addresses, voter registration and racial identity. Facebook allows advertisers to upload that voter data, tailoring ads so that they are only seen by hyper-specific audiences.

This year, Virginia congressional candidates readily turn to Facebook in order to target ads at margins of voters that their campaigns need to show up, or stay home, in order to win. Their ads, target audience and spend amounts are publicly available in an online library run by Meta.

Hyper-specific details guide ads being shown in Virginia’s 7th District, for example, where Spanberger is able to target messaging toward subgroups, such as voters who like National Public Radio, African American literature, feminist philosophy and the television program “Queer Eye.” Alternatively, her campaign can target them based on hyper-specific voter file information.

The result is that different groups will see different messages. Voters who the campaign believes support the candidate may see a message simply encouraging them to

make a plan to go to the polls or vote early. Political ad experts call these “turnout” ads.

On the other hand, more undecided voters may see what are called “persuasion” ads, whose purpose is to contrast the candidates and push them toward one or the other.

In the 7th District, which has about 800,000 residents, Spanberger’s most recent turnout ads had audiences of at most 5,000 viewers.

Meanwhile, more aggressive ads contrasting her with challenger Vega were served to audiences of at most 500,000. Vega has been endorsed by Trump, who lost Virginia to Joe Biden in 2020 by 10 points.

The difference suggests her campaign believes what many polls have already shown: that thousands of voters in this newly redrawn district can still be swayed one way or the other.

Looking at the data

Meta’s Ad Library also shows the moves being made by big political spenders, including PACs and Super PACs. These are organizations with few campaign finance regulations or transparency requirements, but who often shell out millions in order to influence elections.

Federal Election Commission data shows these groups have spent millions in Virginia, both on TV and across digital platforms. Of the \$45 million spent in ads across the three elections in the 7th, 2nd and 10th, more than \$29 million has come from PACs and outside organizations.

As a new media, digital ads — including Facebook, Google, YouTube and even ads streamed directly to Roku TV sets —

make up a fraction of the overall spend. Millions are still spent on TV ads, which are far less targeted and often more expensive.

By law, groups like Super PACs don't communicate with campaigns. But they do take cues from them by way of public statements made by candidates and media that candidates upload to their websites, said a former Spanberger staffer who spoke on background because they still work on Virginia political campaigns.

Outside organizations have spent heavily in races where candidates' own fundraising might not have allowed them to be competitive. In the Spanberger-Vega race, PACs and advocacy groups have funded 98% of the attack ads. For example, in September a group called Gun Owners of America spent \$8,000 on an ad telling 7th District voters that Spanberger "is looking to prevent you from defending your family, leaving you vulnerable to crime."

Across the aisle, Democratic actors mirror the same strategy. In Virginia's 2nd District, where incumbent Luria is being challenged by Republican Kiggans, the Democratic Congressional Campaign Committee recently spun up a Facebook page called "Jen Kiggans Can't Be Trusted."

The group has spent thousands of dollars on ads that drive hard on Kiggans pro-life stance. "Virginia women can't trust Jen Kiggans, she's too extreme," the ads read. Another states that "Kiggans applauded the overturning of Roe v. Wade."

McGowen says new candidates typically welcome the help.

"It's much more efficient. [Candidates] don't have the money to do that," McGowen said. "So when the PAC comes in, or

the RNC comes in and says, here's your ad, thank you for being a Republican, now I have much more of a shot to compete than I have to come up with something myself."

'The win number'

In races with paper-thin margins, digital ad strategy is guided heavily by public opinion polls. An unpopular Democrat in the White House — Biden's approval rating sits at 40% — encourages swing-district Democratic campaigns to message on abortion and protecting democratic norms.

On the other hand, Republicans are encouraged to tie their opponents to kitchen-table issues like inflation. Ads from the Kiggans campaign in Virginia's 2nd have bored down on linking Luria to House Speaker Nancy Pelosi, D-Calif.

Both campaigns are after what strategists call a "win-number": the minimum number of votes to pull ahead in a tight swing district race. It informs who and how campaigns message, said the former Spanberger staffer.

"They'll look at it demographically, geographically and say, OK, we need 1,000 Latino voters, 8,000 Black voters, and so forth," the staffer said. "Then all your canvassing, mail and digital goes towards that one number."

In the service of reaching win numbers, digital ads can often go negative, and even flirt with misinformation, which platforms like Facebook don't actively monitor.

Kiggans — who in a recent debate said she got into politics because "she hated the negativity" — has run a number of targeted ads attacking Luria.

One ad describes Luria as having made "tens of millions of dollars since taking office."

The ad was spun out of a news story from a conservative-leaning news site, Townhall.com.

The story loosely links the congresswoman's investments in Nvidia, a maker of computer chips, and her vote on the CHIPS act, a bipartisan bill passed in August intended to bolster domestic chipmakers. It does not prove that she profited millions of dollars off the trades.

Bryan Piligra, a spokesman for the Kiggans campaign, could not be reached for comment on whether his campaign had fact-checked the claim before running it in an ad.

Meta policy guidelines indicate that the company monitors ads that discourage voting, question election legitimacy or claim premature victory.

Zach Mandelblatt, president of Compete Everywhere, a Virginia-based Democratic digital ad vendor, says it feels like there are no laws regarding what candidates can and can't say. Mandelblatt says that starts with Meta's CEO, Mark Zuckerberg, who has made several appearances before Congress since 2016 requesting clearer laws on free speech and misinformation on the platform.

"They don't see that as their job to regulate misinformation, they see that as Congress'," Mandelblatt said. "What you can get away with here is pretty gross."

And in swing districts, where votes are precious, few campaigns won't budget cash to gain the competitive edge promised by a hyper-targeted, online marketing strategy.

"It's like bringing a knife to a gunfight if you don't, so you have to do it," Mandelblatt said. "Advertising works; that's why people do it."

