

A National Roadmap for Spending Opioid Settlement Funds in 2026: Supporting Communities & Ending the Overdose Crisis



EXECUTIVE SUMMARY

This third annual edition of "**A National Roadmap for Opioid Settlement Funds: Supporting Communities & Ending the Overdose Crisis**" provides crucial guidance for elected officials, government agencies, and other entities and individuals tasked with the allocation of funds won in settlements with opioid manufacturers and distributors. This updated Roadmap is divided into six sections:

Purpose, Context, and Philosophical Grounding

How did we get here—decades into a failed War on Drugs that has torn apart families, filled jails and prisons, and exacerbated public health harms—and how can we use opioid settlement funds to build something better?

State Settlement Spending and Supplantation Amidst Federal Funding Cuts

Unique to the third edition, this Roadmap presents a criteria that states should use when determining whether it is ever appropriate to fill federal funding gaps with state settlement funds.

Proven Solutions

This Roadmap outlines the following evidence-based public health services and systems of care that states can create and/or expand to protect people from the harms of using drugs—*Public Health and Harm Reduction, Housing and Supportive Services, and Repairing Racial and Economic Harms*.

Proven Harms

This Roadmap urges that not a single dollar go toward the following punitive, outdated, and ineffective drug war approaches that prioritize stigmatizing and arresting people who use drugs—*Criminalization/Police/Jails, Family Separation, “Treatment” Without Evidence-Base, Ineffective Prevention Programs, Corporate Exploitation & Overpriced Products, and Supplantation or General Fund Use*.

Governance and Accountability

This Roadmap calls for an equitable and transparent process for choosing how and where to spend the funding, led by directly impacted people who understand the potential harms of using drugs, have experienced the far greater harms of the War on Drugs, and who understand that harm reduction saves lives.

Call to Action

This Roadmap calls on those responsible for the allocation of settlement funds to invest in the outlined approaches that are proven to get people the care they need, reduce overdose and other harms, and make communities healthier.

Appendix: Good and Problematic Spending. A sampling of good and problematic spending of opioid settlement funds that we identified in late 2024 through 2025, since the publication of the last Roadmap.

If followed, the Roadmap will help turn the tide of our tragic and preventable overdose crisis. It will:

- Significantly reduce the number of people who are harmed by using drugs;
- Help move houseless people who use drugs into stable homes;
- Help states navigate federal funding cuts while still protecting settlement funds;
- Reunite families and strengthen communities.

PURPOSE AND CONTEXT

The National Roadmap for Opioid Settlement Funds is a call to action from organizations across the country working on the frontlines of the overdose crisis. We demand that states and localities prioritize saving lives and use opioid settlement funds for proven solutions to address the harms of drugs and the drug war, rather than continuing to squander money on the punitive approaches that have failed us for more than 50 years. Investments in harm reduction, evidence-based treatment, and comprehensive recovery resources have begun to pay off: the US has seen historic reductions in overdose—a 30% decline—in the past few years. But now is not the time for complacency.

It is time to expand and improve our efforts to ensure that overdose deaths continue to decline for all groups, including for Indigenous and Black communities, whose overdose rates remain at historic highs. We also call for settlement decision makers to adopt and maintain processes to listen to people most impacted by the crisis, minimize bureaucratic hurdles that prevent community-based organizations from receiving funds, and be fully transparent about fund allocation and impact.

What's *new* in this year's Roadmap

- An acknowledgment of federal funding changes and a caution against using these settlement dollars to fill budget gaps.
- Updated lists of funding priorities and prohibited uses, based on developments over the past year.
- Timely examples of some of the best and worst spending across the country since the 2024 Roadmap.



Photography by M. Cencula Photography

Philosophical Grounding

[More than \\$57 billion](#) is flowing into states and localities from settlements with opioid manufacturers, distributors, retailers, and others who helped fuel the overdose crisis. These dollars are meant as restitution—an acknowledgement of the deaths of loved ones and an attempt to heal communities impacted by this crisis. These communities deserve a chance to influence and receive funding that helps, not harms. Opioid settlement dollars are not federal dollars and are, therefore, not subject to federal expansions or cuts. This is a unique pot of money that states and localities can use at their discretion to respond to needs in their communities. Impacted communities know that harm reduction works—they have seen the results of naloxone distribution, drug checking, syringe services programs, housing programs, and medications for opioid use disorder. These funds can and should be used to fund programs that may not receive federal support to ensure that the full continuum of care is available in our communities. Furthermore, they must fund the response to today's crisis. Though widespread availability of prescription pills precipitated the “first wave” of our ongoing overdose crisis, today's situation demands that settlement funds be used to address polysubstance use, an increasingly contaminated drug supply, the harms of punitive policies, and the complex web of co-morbidities that both stem from and exacerbate substance use.

Avoiding Supplantation

Most settlement agreements and many state laws and guidance documents require or strongly encourage that money be invested to create new, expanded, or additional services—not to backfill cuts or free up other public dollars for unrelated uses. In other words, opioid settlement funds should supplement, not supplant, existing public spending.

As the federal government cuts funding for substance use treatment and other health and social services, many jurisdictions are eyeing opioid settlement dollars to fill budget gaps. While the more than \$57 billion in settlement funds is substantial, it cannot replace [losses from Medicaid and other federal programs](#). Opioid settlement dollars were won on the backs of people who died of overdose and the communities devastated by both drugs and our punitive response to them. They are not a government slush fund. Settlement funds must be invested to *build capacity* to address the ongoing overdose crisis.

In some cases, it may make sense to utilize opioid settlement funds to sustain existing programs, if they are proven services that are fundamental to responding to drug use, and there is no other plausible way to fund them. But spending this money is a decision that can't be taken lightly. Below are key guidelines states can use to evaluate when it is appropriate to

use opioid settlement dollars to fill gaps left by budget shortfalls. A more in-depth version of these guidelines is available [here](#).



Be transparent and inclusive in the decision-making process. Consult directly impacted people and frontline programs about their priorities for using settlement funds to fill specific budget shortfalls. They'll have unique insight about which programs are indispensable and unable to function without immediate funding.



Look elsewhere first. Explore grants, rainy-day funds, or revenues from cannabis or alcohol taxes before turning to settlement dollars.



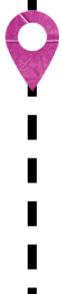
Prioritize grassroots, frontline organizations over large institutions. Universities and hospitals often have other funding streams, while community-based groups may not. Consider only granting to organizations with budgets under a certain operating expense threshold. Accessible and straightforward grant applications can help these organizations receive funding.



Consider the investment-to-impact ratio. Assess whether the proposed dollar amount represents an outsized portion of the jurisdiction's total opioid settlement funding and if the spending will meaningfully benefit people who use drugs, or if it diverts funds from more critical needs.



Determine whether this funding is a bridge to other money. Settlement dollars may be used to temporarily sustain services when longer-term funding is identified but not yet available. This ensures funds are not used to supplant existing funds or cover gaps without a future funding plan.



Evaluate whether spending is having the desired impact.

It's important for decision-makers to track the [impact](#) of their opioid settlement funds and regularly reassess their approach. A service or program being awarded money in the past does not necessarily mean it should be funded again. Funding decisions should be informed by the latest evidence and responsive to current issues as this crisis evolves.

FUNDING PRIORITIES: WHERE TO INVEST

The opioid settlements offer an unprecedented opportunity to reshape the landscape of support for people who use drugs. Decades of disinvestment has left many of the organizations on the frontlines of this crisis—including harm reduction-focused, community-based, grassroots and mutual aid organizations—struggling to support the people in their communities who need them or shutting down entirely. The onerous application processes in many jurisdictions have precluded these organizations from receiving funds, leaving many of the highest needs unmet and many of the most vulnerable populations underserved. Pregnant and parenting people, youth, homeless, Black, Indigenous and other people of color, and rural and LGBT communities often depend on services from grassroots organizations that have struggled to access settlement funds. We urgently call on states, counties, and municipalities to adopt the harm reduction, treatment, and recovery priorities below and to ensure that these dollars are getting to the on-the-ground service providers at the frontlines of this crisis. **For a detailed sampling of good and problematic spending of opioid settlement funds that we identified in late 2024 through 2025, see “[Appendix: Good and Problematic Spending](#).”**

Public Health & Harm Reduction

There is overwhelming data to support public health interventions designed to reduce overdose deaths and improve the lives of people who use drugs and their families. Despite this, these critical tools are unavailable to too many people, especially those in rural communities, cities, or states that lack supportive policies. Settlement funds must be used to increase access to the proven, comprehensive services that reduce the harms of drug use and prevent overdose, including low-threshold access to medications for opioid use disorder (MOUD) like methadone and buprenorphine, which are considered the gold standard treatments. [Fairfax County, VA](#) is using more than \$1 million to expand their Youth Medication Assisted Treatment program to fill a huge gap in the youth substance use treatment continuum. Settlement funds across the country must be used on these and other harm reduction approaches including:

- * **Harm Reduction:** [Syringe services programs](#), safer smoking supplies, drug checking technology, and access to [naloxone](#) and fentanyl test strips and other harm reduction outreach services, especially those delivered by peers and wraparound services like those offered in overdose prevention centers. These services can take many forms, which [New Jersey](#) understood when they announced the allocation of \$118.7 million over 5.5 years for the continuation and expansion of Harm Reduction Centers including brick-and-mortar sites, mobile outreach, and integration of services into existing health care settings. [Vermont](#) invested \$2.2 million in settlement funds toward an overdose prevention center.

- * **Care for Related Health Conditions:** Preventing, testing for, and treating health conditions related to drug use including infectious diseases like HIV and hepatitis C, wound care, and endocarditis.
- * **Emerging Innovations:** Evidence-informed emerging innovations, such as contingency management (CM) for stimulant use disorder. [University of Virginia](#)'s pilot digital CM initiative allows participants to earn up to \$599 in financial awards through at-home testing, attending appointments, completing therapy exercises, and talking with their Recovery Coach.
- * **MOUD:** Low-threshold medication for opioid use disorder (MOUD) when there are gaps in funding to support these services, especially for people who are uninsured. This includes [mobile medication services](#) and [telehealth](#) options.
- * **Compassionate, Safer Crisis Response:** Community-based [response teams](#) and street medics to respond to overdose and mental health crises without police involvement.
- * **Pregnant and Parenting People Who Use Drugs:** Training for healthcare providers on [MOUD as the gold standard treatment for OUD during pregnancy](#), and access to low-threshold MOUD for parents who may lose access to insurance shortly after giving birth.
- * **Research:** As federal and state research funds are cut, opioid settlement dollars provide a critical opportunity to invest in long-term research into innovations that can protect people from the harms of using drugs. However, states should balance these long-term goals with the immediate need to keep people safe and to repair the systemic harms of the War on Drugs.

Housing & Supportive Services

No city or state in the country adequately provides housing, outreach services, or wraparound services to ensure people stay housed—even though there is ample evidence that these programs reduce homelessness and improve lives. Instead, there has been an alarming increase in calls for stricter policing, forced removals from public spaces, encampments for houseless folks, and harsher penalties for drug possession. Homelessness itself is a risk factor for overdose, but street sweeps exacerbate these dangers, remove people from needed community supports, and create new harms in carceral settings. People who use drugs are often discriminated against and denied housing, and countless others are unable to find housing due to collateral consequences of past convictions. Settlement funds must be used to provide housing support for people who use drugs as well as those with drug-related convictions that could bar them from housing.

- * **Housing First:** Communities should prioritize a “housing first” approach to make housing immediately available to people who use drugs and who are navigating homelessness or housing insecurity—without sobriety requirements—particularly those that provide additional on-site support services that are critical for saving and improving lives. Family housing options are especially important for pregnant and parenting people who use drugs and those receiving treatment. [Tompkins County, NY and the City of Ithaca](#) partnered to use their combined settlement funds to support “A Better Place to Stay,” which provides low-barrier housing with built-in support services.
- * **Compassionate Outreach & Supportive Services:** Providing community-based, non-police led outreach services is a necessary component of moving people from the streets and emergency rooms to housing and care. Additionally, some people are housed but are financially struggling while balancing treatment or other care. [Albuquerque, NM](#) is addressing both issues by using \$1 million for street outreach and \$1.9 million to coordinate payment of overdue rent to keep people from getting evicted or to pay for first or last month’s rent and security deposit to get keys in hands.

Repairing Racial And Economic Harms

For too long, tough-on-crime approaches to drug use have torn families apart, contributed to major racial disparities in access and outcomes, and barred people with criminal convictions from accessing housing, employment, and critical government benefits. Instead, settlement dollars must be invested in initiatives to right the wrongs of the failed War on Drugs and to assist those who have been impacted to rebuild their lives.

- * **Legal Support:** Free civil legal services for people who use drugs and/or are in recovery should be made available to assist people to fight discrimination in healthcare settings, housing, employment, and public benefits, as well as legal support for child custody and criminal record expungement, such as [New Jersey Department of Human Services](#)’ \$6.75 million for legal services for people with SUD.
- * **Reentry and Recovery:** “Second chance” employment and recovery-friendly workplace programs provide social support and financial resources for people with drug-related conviction records to attain education and employment.
- * **Protecting Families:** Funds should go to community-based organizations, birth workers, and others focused on services and supports to keep families together. This kind of investment can take many forms, like [Henrico County, VA](#)’s hiring of a navigator to support kinship families, and [Floyd County, KY](#)’s donation of funds to be used by Youth Service Centers to help families make ends meet through purchasing food or school supplies or assisting in paying utility bills.

PROHIBITED USES: WHAT NOT TO FUND

The War on Drugs—grounded in stigmatization, criminalization, incarceration, and family separation—has failed us. It's made our nation a global leader in mass incarceration, mass death, and other public health harms, including the dual pandemics of HIV and hepatitis C, increased poverty, and historic levels of homelessness. Opioid settlement funds must not be used to fund these punitive approaches. For more examples of wasteful spending, check out the Opioid Policy Institute's [Waste, Fraud, Abuse, and Mismanagement \(WFAM\) database](#). **For a detailed sampling of good and problematic spending of opioid settlement funds that we identified in late 2024 through 2025, see “[Appendix: Good and Problematic Spending](#).”**

Criminalization/Police/Jails

Decades of relying on policing and incarceration to address drug use, addiction, and overdose has failed. Responding to our addiction crisis with incarceration increases overdose rates, and over-policing deters people from seeking help. Funding for law enforcement and prisons far exceeds proven public health solutions such as housing, care, and treatment. Tragically, opioid settlement funds are still being allocated for initiatives that only perpetuate criminalization, support police, or invest in jails.

- * **Criminalization:** Funds must not be used to further perpetuate criminalization of substance use. Unfortunately, there are still many recent examples of funds being spent on body cameras, tasers, handguns, ammunition, K9 units, police cruisers ([West Virginia](#)), handheld narcotics analyzers ([Arkansas](#)), and surveillance equipment ([Forrest County, MS](#)). Increasingly, we are seeing examples of funds used for contactless policing through the purchase of drone systems ([Amherst County, VA](#)) and license plate reader cameras ([Franklin County, IL](#)).
- * **Police:** The opioid settlements were reached because of staggering overdose deaths and community harms, not because police agencies were overburdened, and we wholeheartedly disapprove of funds being used for law enforcement personnel and overtime. Unfortunately, several NJ municipalities, including [Glassboro Borough](#), are using funds to offset police salaries. Even more disheartening are the numerous examples of opioid funds used for police gym equipment ([South Dakota](#) being just one of them). Furthermore, initiatives meant to bolster police reputation, like [Lodi Borough, NJ](#)'s Ice Cream With a Cop event and [Franklin Township, NJ](#)'s police department trading cards, are not effective prevention techniques.

- * **Jails:** Too many jurisdictions are using funds for the renovation or maintenance of jails. [Brown County, SD](#), for example, is establishing a unit that includes a padded cell for people incarcerated as they suffer from opioid withdrawal. This is not an effective use of settlement dollars. While we do support using settlement funds to expand access to all forms of FDA-approved MOUD inside correctional facilities, states should seek other funding for those ongoing expenses before using settlement dollars. Additionally, these programs should include connections to continued care and medication upon release without risk of retaliation.

Family Separation

Research consistently demonstrates that removing a child from their parent(s) causes long-lasting emotional and psychological harm, including increased risk of adolescent and lifetime substance use. Despite this, the family regulation system frequently prioritizes removal and rarely accounts for the harm it causes. Settlement funds should not support the family regulation system (also known as the child welfare system) because these agencies have structural incentives to separate children from their families and a documented history of disproportionately affecting Black and Brown communities. For this reason, we do not support funds being used for initiatives meant to increase referrals of families to agencies responsible for child welfare (like [Henrico County, VA](#)'s hospital liaison program) or to purchase drug testing equipment for those agencies ([Amherst County, VA](#)).

“Treatment” Without Evidence-Base

Many programs that claim to help people struggling with drug use and addiction are under-regulated and often do more harm than good. Settlement funds should be prioritized for community-oriented, low-threshold, evidence-based programs that offer FDA-approved MOUD and NOT be used to fund the following programs:

- * **Abstinence-only drug treatment:** These programs increase stigma and have been found to be no more effective and even [more harmful than no treatment at all](#). Still, states and counties pour money into these programs. In Tennessee, [Carter County](#) approved \$300,000 of opioid funds for Families Free, a nonprofit licensed treatment and mental health provider that runs abstinence-based facilities in four cities. That's on top of \$500,000 for the Northeast TN Regional Recovery Center, which is also operated by Families Free and has already received [millions of dollars of support](#) from the state and other neighboring counties.
- * **Coercive programs:** Involuntary commitment initiatives and drug court programs are ineffective and disruptive, and they heighten overdose risk because forced abstinence

lowers tolerance, a known risk factor for overdose. In Kentucky, [Harlan County](#) is using settlement funds to support their “Casey’s Law” program, which allows families or friends to petition the court to force someone into treatment for substance use disorder.

- * **Unproven treatment methodologies:** While we do appreciate innovation as part of a comprehensive strategy, we emphasize that settlement dollars should be prioritized for expanding access to interventions that we know work, particularly when evidence-based treatments remain out of reach for those who need them most. At least [14 jurisdictions in Kentucky](#) are paying up to \$5,500 of opioid settlement funds per treatment for the use of the NET Device, which is FDA-cleared to help stave off withdrawal symptoms but has unknown long-term outcomes. Some jurisdictions committed funds for this program before considering any other uses.

Ineffective Prevention Programs

Although many youth-focused prevention programs exist, few have proven effective, and some may actually worsen substance-related outcomes. School-based programs which rely on celebrity speakers and “just say no” messages have been shown to be ineffective and may even increase substance use, yet countless subdivisions in [New Jersey](#) are investing funds into their Law Enforcement Against Drugs (LEAD) program, which is just a [re-branding of the discredited D.A.R.E. curriculum](#). Relatedly, too many programs double as law enforcement propaganda, like youth police camps ([Jackson County, IL](#)). There is also no rigorous evidence that “mock bedrooms” or use of impairment simulation goggles reduce youth opioid use, yet [Amherst County, VA](#) is using funds for both as the center of a prevention program. Settlement funds should avoid unevaluated or ineffective programs and instead support evidence-based approaches.

Corporate Exploitation & Overpriced Products

Limited harm reduction funding is sometimes diverted to for-profit companies offering unnecessary or overpriced interventions. Funds should prioritize core, evidence-based strategies: sterile supplies, wound care, low-threshold treatment, low-cost naloxone, and drug checking supplies. Name-brand or expensive alternatives should be avoided when cheaper or free options exist. Opioid settlements should not purchase:

- * **Drug Disposal Kits:** The FDA notes that it is acceptable (and free) to dispose of opioids through take-back programs or by simply [flushing them down the toilet](#). Unfortunately, we continue to see jurisdictions like [Wyoming County, PA](#) purchasing thousands of Deterra drug deactivation kits to mail to households with no understanding of how many are used or just thrown in the trash. Further, the federal Drug Enforcement

Administration sponsors collection events and pays for associated costs, so settlement funds should not be wasted on “take back days”, yet [Barnegat Township, NJ](#) has spent thousands for this purpose.

- * **High-Dose and High-Cost Naloxone:** Naloxone is a proven, lifesaving intervention for opioid overdoses. Research shows standard low-cost intramuscular or nasal naloxone is effective even with more potent opioids, while high-dose brand-name products are far more expensive and [can trigger dangerous, prolonged withdrawal](#) that increases overdose risk. To maximize impact, funds should prioritize low-cost, proven naloxone formulations and avoid unnecessary high-dose versions.
- * **Automated External Defibrillators and Chest Compression Devices:** AEDs and chest compression systems such as the LUCAS device are used in the event of cardiac arrest, not respiratory depression that is the hallmark of an opioid overdose. [A study](#) of 360,000 cardiac arrest cases over four years found that only 8% of those were caused by drug overdoses, and of those overdose patients, 95% had non-shockable heart rhythm, meaning a heart rhythm that doesn't respond to a defibrillator. Yet, we have seen jurisdictions like [Montgomery County, TN](#) use opioid remediation funds to purchase 178 AED units for distribution among county agencies.

Supplantation Or General Fund Use:

As noted earlier in the “Avoiding Supplantation” section, most settlement agreements and many state laws or guidelines mandate that funds be used to create new or expanded services, rather than to replace existing funding or free up public dollars for unrelated purposes. In other words, opioid settlement money should supplement existing public spending, not supplant it. Cities and states should not use the money for unrelated needs, or to pay for programs and services already funded through other mechanisms. Perhaps the most egregious example of supplantation happened in New Jersey this past year. Just two weeks after the New Jersey Opioid Recovery and Remediation Advisory Council [released a 5-year roadmap to guide investment of state funds](#), state lawmakers quietly introduced and passed a budget proposal [diverting \\$45 million in opioid settlement funds](#) to four large hospital systems with no specification of how funds will be used.

GOVERNANCE AND ACCOUNTABILITY

Transparency And Accountability

States and local governments must ensure transparency and accountability in decision-making and fund distribution. Communities harmed by the drug war and the overdose crisis must have a direct voice in spending priorities, with publicly accessible tracking of allocations and measurable impact. [Fewer than half](#) of states have committed to detailed public reporting on 100% of settlement funds, but there are effective models and tools available for states to strengthen public oversight and restore trust, and it's never too late for governments to act. For detailed resources outlining state settlement expenditures and decision-making processes, as well as advocacy guides for each state, visit [OpioidSettlementTracker.com](#), created by Christine Minhee, J.D.

Governments must:

- * Require timely reporting from all jurisdictions distributing opioid settlement funds and all entities awarded funds, describing how funds are being allocated and spent.
- * Build public dashboards that provide downloadable data for all settlement funds—broken down by locality, program type, and target population. This should include funds allocated but not yet distributed, as well as any interest accrued on settlement dollars. States like [North Carolina](#), [Colorado](#), and [South Dakota](#), and localities like [Alleghany County, PA](#), have created their own public dashboards to report detailed fund distribution and spending, setting an example that every jurisdiction should follow.
- * Hold regular public hearings at both state and county levels that are fully accessible, including virtual options, allowing community members to review spending progress, assess outcomes, and provide input on underfunded programs and misallocations.
- * Provide portals where the public can easily report waste, fraud, abuse, or mismanagement of opioid settlement funds, as outlined by the [Opioid Policy Institute and Popular Democracy](#).
- * Enforce consequences, including claw-backs or penalties for funds misallocated or used for non-abatement purposes, such as general law enforcement activities that fall outside the settlement's core goals. Under [Pennsylvania's Trust structure](#), the Trust may withhold future disbursements if a county, litigating subdivision, or the state fails to comply with approved fund uses. In New Jersey, the Office of the State Comptroller (OSC) investigated Irvington Township and issued [a report](#) criticizing leaders for misspending \$632,000 in settlement dollars on “awareness concerts,” without input

from local health officials or residents. The OSC is pursuing actions to recoup the funds and called on the state for improved spending oversight.

Include Directly Impacted People In Participatory Decision-Making

People and communities directly affected by the overdose crisis—including those actively using drugs, experiencing homelessness, or with histories of incarceration—must have a central role in deciding how funds are allocated. Excluding these stakeholders leads to missed opportunities, ineffective interventions, and wasted resources.

Governments must:

- ✿ Establish advisory councils where a majority of members are directly impacted people who provide strategic guidance and recommendations on funding allocations. Ensure diverse representation: Councils must include a broad range of lived experiences. A person in long-term recovery cannot fully represent the needs of those currently using drugs. It is not enough to include only one directly impacted person; people who use drugs have diverse experiences, and it is critical to include many voices at all levels of decision-making. Active drug users, formerly incarcerated individuals, unhoused populations, youth, and marginalized racial and ethnic communities should all be included.
- ✿ Facilitate regular, compensated low-barrier engagement opportunities—including community forums, focus groups, and participatory budgeting—that are accessible to active users and unstably housed individuals. Participatory budgeting processes or frameworks similar to Ryan White HIV Planning Councils ensure that funding decisions reflect the perspectives of people closest to the crisis. [Rockland, Maine](#) is a good example of this.
- ✿ Provide community control of a defined portion of funds, allowing peer-governed bodies to make decisions for specific programs or initiatives.
- ✿ Regularly review and adapt governance structures to reflect emerging evidence and evolving community needs.

Improve RFP Access For Grassroots And Community-Based Organizations

Smaller community-based and grassroots organizations have built deep trust and are uniquely positioned to provide care in harder-to-reach communities. However, they often face systemic barriers in accessing state-administered funding through complex or burdensome Request For Proposal (RFP) processes.

To make these processes more equitable, governments must:

- * Create accessible applications. Simplifying language, eliminating technical jargon, and offering multiple formats—such as video submissions—helps to reduce barriers, as does streamlining the process for smaller grant amounts to ensure equitable access.
- * Provide hands-on support. Offer technical assistance and one-on-one help to organizations completing applications, with clear guidance on requirements and what constitutes a strong proposal—including best practices for developing measurable goals and outcomes.
- * Adjust timelines and design equity-focused RFPs. Extend grant timelines where possible, allow collaborative or “hub” models that partner smaller organizations with larger organizations, and create RFPs specifically designed for community-based and grassroots organizations.



CONCLUSION: A CALL TO ACTION

This Roadmap has outlined clear public health solutions that eliminate many of the harms of using drugs, respect the dignity of people who use drugs, and keep our communities safe while divesting from the failed punitive policies of the War on Drugs. What we need now is the political will and funding to implement these solutions.

For political leaders: we call on you to use this Roadmap as a resource to guide your investments of state opioid settlement funds, particularly amidst federal funding cuts that continue to dismantle crucial healthcare services and exacerbate the overdose crisis. We urge you to shift away from short-term, ineffective, punitive solutions and instead invest in the systems of care grounded in evidence and supported by experts.

For advocates: we hope you can use this Roadmap to better understand how your state is spending its opioid settlement funds and how you can push your elected officials to invest them in the public health policies that protect you. We call on you to organize directly impacted people in your communities, to tell your stories, and to demand the drug policies you deserve.

Signed,

1. Center for Popular Democracy	18. Alaskans Take A Stand	32. Broken No More
2. Dream.org	19. Alliance for Positive Health	33. Bronx Móvil
3. Legal Action Center	20. American Civil Liberties Union of Kentucky	34. Caring Ambassadors Program
4. Maine People's Alliance	21. AMERSA	35. Carolina Wellness and Recovery of Powdersville
5. Maine Recovery Action Project	22. Angels in Motion	36. Center for Coalfield Justice
6. Opioid Policy Institute	23. Arkansas Community Organizations	37. Center for HIV Law and Policy
7. Salvation and Social Justice	24. Barnegat Pride	38. Center for Public Health Law Research
8. Sea Change Recovery Community Organization	25. Behavioral Health Leadership Institute	39. Center of Addiction and Faith
9. VOCAL-KY	26. Being Alive/People with AIDS Action Coalition	40. Challenges Inc. SC
10. VOCAL-NY	27. Beloveds COMMUNITY Initiative	41. Charm City Care Connection
11. 229 Safer Living Access	28. Black Heart Harm Reduction	42. Clare Housing
12. ACR Health	29. Black Leadership Action Coalition of Kentucky (BLACK)	43. Coalition in Homelessness SF
13. Action Institute NC	30. black tar busy town	44. Cochise Harm Reduction
14. Addiction Recovery Channel Vermont	31. Blue Mountain Heart to Heart	45. Communities for Youth
15. AIDS Foundation Chicago		46. Community Action for Social Justice
16. AIDS Law Project of Pennsylvania		
17. AIDS United		

47. Community Advocates for Resources and Empowerment, Inc.

48. Community Catalyst

49. Community Health Action of Staten Island

50. Community Health Project Los Angeles

51. Community Liver Alliance

52. Connecticut Harm Reduction Alliance

53. CORA- Comunidad en Outreach for Resilience and Awareness

54. Dee-Dee Stout Consulting

55. Democratic Messaging Project

56. Doctors for America

57. Doing Right By Birth

58. Drug Policy Alliance

59. EDGE New Jersey

60. ekiM For Change

61. Evansville Recovery Alliance

62. Facente Consulting

63. Faces and Voices of Recovery

64. Faith in Harm Reduction

65. Falcon Recovery

66. FED UP! Coalition

67. Florida Harm Reduction Collective

68. Forward Justice Action Network

69. Foundation for Appalachian Kentucky

70. Freedom Writers Collaborative

71. Frey Evaluation, LLC

72. Gatespring

73. Ginger Lee Global Health Consulting

74. Good Trouble Church

75. Grey Matters

76. Ground Game LA

77. Hajee House Harm Reduction

78. Harlem United Community AIDS Center

79. Harm Reduction Action Center

80. Harm Reduction International Health Collective

81. Harm Reduction Michigan

82. Harm Reduction Sisters

83. HEAL Ohio

84. HealthRIGHT 360

85. Helios Recovery Services LLC

86. HIV Education Prevention Project of Alameda County

87. Hope in The Hills, Inc.

88. HOPE in the Valley

89. Housing Works

90. I Fit Out, LLC

91. Illinois Harm Reduction and Recovery Coalition

92. Impact MN

93. In The Works (Partners In The Works)

94. Indiana Recovery Alliance

95. Inside Out Peer Services

96. InUnity Alliance

97. Isles, Inc.

98. Jackson County (NC) Department of Public Health

99. James' Place Inc.

100. JJP/VBN

101. Kansas City Harm Reduction Coalition & DUU

102. Katal Center for Equity, Health, and Justice

103. Kelly S. Ramsey Consulting, LLC

104. Kentucky Alliance Against Racist and Political Repression

105. Kentucky Society of Addiction Medicine

106. KindIdaho.org

107. Kohnling, Inc.

108. Kumukahi Health + Wellness

109. Latino Action Network Foundation

110. Life Coach Each One Teach One Reentry Fellowship

111. LifeBridge Healthcare

112. Louisville Family Justice Advocates

113. Louisville Outreach for the Unsheltered

114. Louisville Showing Up for Racial Justice

115. Maine Access Points

116. Maryland Alliance for Sensible Drug Policy

117. Maryland Recovery Organization Connecting Communities

118. Maryville Integrated Care

119. Material Aid and Advocacy Program (MAAP)

120. Maui AIDS Foundation

121. MCAVHN Care & Prevention Network

122. Mental Health Transformation Alliance (MHTA)

123. Micronesian Islander Community (Oregon)

124. Minnesota Alliance of Recovery Community Organizations

125. Minnesota Incarcerated Workers Organizing Committee

126. Mississippi Harm Reduction Initiative

127. Moms For All Paths to Recovery

128. Multi-Faith Justice Maine

129. NASTAD

130. National Black Harm Reduction Network (NBHRN)

131. National Council on Alcoholism and Drug Dependence-Maryland Chapter

132. National Council on Alcoholism and Drug Dependence (NCADD) - National Office

133. National Harm Reduction Coalition

134. National Sea Change

135. Naxos Neighbors, LLC

136. New Futures

137. New Hampshire Youth Movement

138. New Jersey Harm Reduction Coalition

139. New Jersey Organizing Project

140. New Jersey Resource Project

141. New York State Council for Community Behavioral Healthcare

142. Newark Community Street Team

143. NEXT Harm Reduction, Inc (aka NEXT Distro)

144. No More ODs, Inc.

145. Noble Advocacy Alliance

146. North Carolina Council of Churches

147. North Carolina Harm Reduction Coalition

148. North Carolina Perinatal SUD Network

149. North Carolina Survivors Union

150. One Love Harm Reduction

151. Orixá Healing Arts Wellness and Spiritual Centre

152. PAIN

153. Palm Beach County Substance Abuse Coalition

154. Peer Power

155. PeerUp

156. Pennsylvania Harm Reduction Network

157. People Advocating Recovery

158. People's Action Institute

159. Portland Recovery Community Center

160. Prevention Point Pittsburgh

161. Prison Policy Initiative

162. Progressive Leadership Alliance of Nevada

163. Project Mayday

164. Psychedelic Society of Minnesota

165. Public Justice Center

166. PULSE

167. REACH Medical

168. RealFix

169. Recovery Anne Arundel

170. Recovery Friendly New Jersey Inc.

171. Reduce Harm, Inc.

172. Reframe Health and Justice

173. Reimagining Justice Inc/Paterson Healing Collective

174. Remedy Alliance/For the People

175. Rio Grande Valley Harm Reduction

176. Robert Jamison Ministries, Inc.

177. Ruby's Vision, Inc.

178. Safehouse

179. Salt Lake Harm Reduction Project

180. Sana Healing Collective

181. Save Our Families

182. SBPA Policy Associates

183. Sex Workers Outreach Project Hawai'i

184. SLO Bangers Syringe Exchange and Overdose Prevention Program

185. Smoke Works

186. Smoky Mountain Harm Reduction

187. SOS Recovery Community Organization

188. South Carolina Harm Reduction Coalition

189. South Florida Wellness Network

190. Southeast Florida Recovery Advocates, Inc.

191. Southern Tier AIDS Program

192. Southside Harm Reduction Services

193. Southwest Alliance for Equity (SWAE Minneapolis)

194. Southwest Recovery Alliance

195. SPACEs In Action

196. St. John Center

197. Starting Point Rural Harm Reduction Collective

198. Steadman Group

199. Steve Rummel HOPE Network

200. Strategic Peer Solutions

201. Support Centers International

202. T3A Consulting LLC

203. Tae's Pathway

204. Tennessee Harm Reduction Coalition

205. Tennessee Health Care Campaign

206. Texas Harm Reduction Alliance

207. The Center for Health & Prevention

208. The Hepatitis C Mentor and Support Group-HCMMSG

209. The Perfectly Flawed Foundation
210. The Porchlight Collective SAP
211. The Puerto Rico Project
212. The Recovery Space
213. The Sidewalk Project
214. The Spark Collective
215. The Steady Collective
216. Tia Hart Community Recovery Program
217. Transgender Awareness Alliance
218. Twin City Harm Reduction Collective

219. United Caring Services, Inc
220. Utah Support Advocates for Recovery Awareness
221. Vantage Clinical Consulting LLC
222. Vermont Harm Reduction Advocates
223. VICTA
224. VOCAL-TX
225. VOCAL-US
226. weKonnect, LLC
227. Wellness Services Inc.
228. West Virginia Hepatitis Academic Mentoring Partnership

229. West Virginia HIV Academic Mentoring Partnership
230. Wilderness Health
231. Wilkes Recovery Revolution
232. Wisconsin Harm Reduction Alliance
233. Worth Saving
234. Xodus Recovery Community Center
235. Yaya por Vida
236. Young People in Recovery
237. Zero Overdose



Photo by M. CENCULA PHOTOGRAPHY

APPENDIX: GOOD & PROBLEMATIC SPENDING

Here is a sampling of good and problematic spending of opioid settlement funds that we identified in late 2024 through 2025, since the publication of the last Roadmap.

GOOD SPENDING

Good Spending - Public Health & Harm Reduction

Location	Spending Details	Source
New Jersey	<p>Informed by the New Jersey Opioid Recovery and Remediation Advisory Council, Governor Murphy announced the allocation of \$118.7 million over 5.5 years for the continuation and expansion of Harm Reduction Centers, including brick-and-mortar sites, mobile outreach, and integration of services into existing health care settings, as well as \$12 million over 3 years in direct grants to family and community support organizations that work with loved ones affected by SUD, including those grieving a loss or navigating recovery.</p> <p>This initiative will fund a range of community-driven activities, such as bereavement groups, prevention programs, and harm reduction support services, with capacity-building grants ranging from \$100,000 to \$150,000.</p>	<u>New Jersey Department of Human Services press release</u>
California	<p>In FY23-24, The California legislature awarded the Department of Public Health (CDPH) \$60 million over 4 years for the California Overdose Prevention and Harm Reduction Initiative (COPHRI) to fund frontline staff and up to 72 syringe services programs. CDPH partnered with The Center at Sierra Health Foundation to make funds available in three cycles, which began in March 2024, with a maximum total award of \$600,000 per</p>	<u>DHCS Opioid Settlements Fund State Funded Projects</u> <u>COPHRI webpage</u>

Location	Spending Details	Source
	<p>program.</p> <p>In 2025, The Center focused on awarding organizations led by or serving Black/African American, Indigenous and People of Color in high-need areas.</p>	
Menominee Indian Tribe of Wisconsin	<p>The Tribe is using settlement dollars (along with matching funds from Vital Strategies) to establish a syringe service program, expand access to treatment for pregnant women with substance use disorders, and offer harm reduction training and education to the broader community.</p>	TCH Daily News reporting
Portland City, ME	<p>The City allocated opioid settlement funds to establish a syringe redemption program in which individuals receive 10 cents for every needle they return and can receive up to \$20 per week. The program has demonstrated a substantial increase in the number of syringes returned to the Portland SSP Exchange.</p> <p>Last year, the City Council considered (and rejected) a proposal to require syringe access programs to limit distribution to a 1:1 ratio because of concerns over syringes being improperly discarded. This buyback program addresses those concerns while also supporting people who use drugs and minimizing stigma.</p>	WMTW8 abc reporting Oct. 2024 City Council Memo Oct. 2025 City Council Memo
Baltimore City, MD	<p>The Mayor's first allocation of opioid settlement funds were to boost active and ongoing work throughout the city, including:</p> <ul style="list-style-type: none"> • \$5 million to Charm City Care Connection, a harm reduction organization that provides access to syringes, naloxone, and test strips through outreach and a drop-in center • \$5 million to Tuerk House, which provides addiction treatment including all forms of MOUD • \$5 million to Helping Up Mission, a shelter for people 	Mayor Scott 8/29/24 executive order

Location	Spending Details	Source
	<p>experiencing homelessness, poverty, or addiction with a policy to not turn anyone away unless they are presenting as a danger to other guests</p> <ul style="list-style-type: none"> • \$3 million to Baltimore Safe Haven, a trans-led drop-in wellness center that provides transitional housing and syringe access • And several millions more for overdose prevention training, support and advocacy for formerly incarcerated people, second chance job training, and trauma-informed services. 	
Colorado	<p>Colorado's Attorney General directed \$3 million in opioid settlement funds to support the state's Naloxone Bulk Purchase Fund. The fund is struggling because of federal funding cuts. This amount won't meet the full statewide need for naloxone but will ensure that high priority groups are funded through 2026.</p> <p>The state previously created a prioritization plan to maximize resources. The state allows entities to order 4 types of naloxone - Narcan 4mg nasal spray, RiVive 3mg nasal spray, naloxone 2mL injection, and naloxone 0.4mg/mL single dose vial.</p>	<p>Colorado Public Radio reporting</p> <p>Prioritization Plan</p> <p>Naloxone Bulk Purchase Plan FAQ</p>
Illinois	<p>The Illinois Opioid Remediation Advisory Board approved a total of \$12.75 million across 14 organizations to be distributed across 3 years for Supplies, Access, Facilitation, and Education (SAFE) services in the state of Illinois. Funding will be used to enhance harm reduction efforts, such as the distribution of opioid overdose reversal medication, safer drug use supplies, and harm/risk reduction information to individuals at risk of overdose.</p>	<p>SAFE Subaward Announcement</p> <p>SAFE NOFO Scope of Services</p>

Location	Spending Details	Source
Sonoma County, CA	<p>The Board of Supervisors approved \$637,365 to West County Health Centers for harm reduction and prevention, including naloxone, fentanyl test strips and outreach, as well as \$489,400 to Drug Abuse Alternatives Center to expand "Wellness on Wheels" services, including naloxone distribution, Medication Assisted Treatment (MAT) distribution, education in schools for prevention, perinatal care coordination, syringe exchange program, access to SUD treatment, and testing for infectious diseases and access to disease care in key demographic areas of need, including high school youth, Russian River Area, Black/African American, Multi-Racial, Latinx, emergency rooms and men with children.</p>	County of Sonoma Department of Health Services press release
Wisconsin	<p>Wisconsin Department of Health Services is utilizing opioid settlement funds to establish a harm reduction technical assistance center with Bad River Harm Reduction. (Note: The state is also funding a second TA center through Vivent Health, but that is not funded via settlement dollars).</p>	HRTAC webpage
Bangor City, ME	<p>City Council approved spending \$550,000 of opioid settlement funds to create an intensive case management program for people who have contracted HIV during the ongoing outbreak in Penobscot County. Funds will pay for two intensive case managers for two years and will also provide office space, equipment, administrative time, and transportation for the case managers to meet clients in the field and for clients to get to their appointments.</p>	Bangor Daily News reporting
Cumberland County, ME	<p>The Maine Recovery Council awarded \$80,000 to Project Lifeline, a mobile medical outreach team that provides care to unhoused pregnant and postpartum patients with SUD. The mobile medical outreach van is on the streets 25 hours per week to proactively go looking for people who may need medical care, including substance use treatment or managing prenatal care.</p>	The Maine Monitor Reporting Cumberland County Public Health Press Release

Location	Spending Details	Source
	<p>Additionally, the Council awarded an \$80,000 “innovations in treatment” award to Greater Portland Health for a medical mobile van that reaches out to people experiencing homelessness and others at high risk of overdose as well as immigrants and people seeking asylum, to connect them directly to harm reduction resources and OUD treatment.</p>	
Sioux Falls, SD	<p>South Dakota Department of Social Services awarded \$35,000 to Midwest Street Medicine to provide immediate street-level support for homeless individuals with OUD. This is building on their 2024 award, which was the same amount of money to pilot a mobile treatment model including mobile induction, targeting unhoused and reentry populations.</p>	FY26 Grant Cycle - Awards Beginning June 1 2025 2024 Spring Grant Cycle
Hennepin County, MN	<p>The county has used opioid money to support the Native American Community Clinic in south Minneapolis and NorthPoint Health and Wellness Center in north Minneapolis in response to data indicating Native Americans have died of overdose at nine times the rate of white Minnesotans, and Black Minnesotans have died at three times the rate.</p>	Star Tribune reporting via MSN.com
Vermont	<p>The state of Vermont has significantly invested in harm reduction, including contingency management services (\$840,000 in FY24 & \$800,000 in FY25) and overdose prevention centers (\$1,100,000 to City of Burlington and \$1,060,000 to VT Overdose Prevention Network in FY25).</p>	VT Opioid Abatement Settlement Fund Appropriations
Fairfax County, VA	<p>The VA Opioid Abatement Authority approved \$1,117,032 for Youth Medication Assisted Treatment - Expansion (YMAT-E). The program offers a comprehensive range of services including inductions, physician and nursing assessments, MOUD, individual, family, and group therapy, parental support and psychoeducation, case management, and care coordination. In</p>	June 9, 2025 OAA press release Project Description

Location	Spending Details	Source
	<p>FY2026, the program will expand to include transitional age youth (up to 26 years old). The project description notes there are very few youth MOUD providers in the area and this project fills a huge gap in the youth substance use treatment continuum.</p>	
Illinois	<p>The Illinois Opioid Remediation Advisory Board approved a total of \$9,600,000 to be distributed across 3 years for Opioid Treatment Program Partnership (OTPP) services which will increase access to all forms of Medication Assisted Recovery (MAR) in regions of the state that are not currently served adequately by existing opioid treatment programs (OTPs) and medication units. Subrecipients of OTPP funding will establish a location for services, fulfill all requirements to offer all FDA-approved medications for MAR, form collaborative care partnerships with medical partners, and deliver care according to a collaborative, coordinated model.</p>	OTPP Subaward Announcement
Breckinridge County, KY	<p>After hearing from a representative of the county harm reduction program, the Fiscal Court agreed to pause funding for a long-acting injectable buprenorphine program for the jail run by an outside entity because it was eating up their opioid settlement funds. Instead, the outside entity was working to secure a different funding source and the health department stepped in to provide the sublingual film instead, which is much cheaper at \$100 for a 30-day supply (compared to \$1,750 per month for the injectable). This is a great example of using opioid settlement funds responsibly to provide MOUD without falling for corporate profiteering.</p>	Breckinridge County Fiscal Court July 22 2025 recording [52:23 - 1:00:45]
Virginia	<p>The Virginia Opioid Abatement Authority approved new and carryforward funds for the University of Virginia pilot project COSMOS (Community Outreach and Support for Management of StUD), a digital contingency management initiative for stimulant use disorder, with or without opioid use disorder, in partnership with DynamiCare Health. Participants can earn up to \$599 in</p>	OAA August 4 2025 Press Release COSMOS Project Description Recruitment Flyer

Location	Spending Details	Source
	<p>financial rewards through at-home testing, attending appointments, completing therapy exercises, and talking with their Recovery Coach.</p>	<p>(UVA) Registration Page (DynamiCare Health)</p>
Morris County, NJ	<p>In FY24, the County invested in the Safety First, Prevention is Key curriculum which includes harm reduction messaging for high school students. The curriculum is based on the notion that some youth will choose to try drugs, regardless of the risks, and in order to reduce potential harm, young people must learn strategies for keeping themselves and their friends safer when they do encounter drugs.</p>	<p>Morris County 2025 Opioid Abatement Report</p>

Good Spending - Housing & Supportive Services

Location	Spending Details	Source
Tompkins County, NY	<p>In June 2024, Tompkins County Whole Health and Catholic Charities Tompkins-Tioga launched a collaborative supportive housing program for residents struggling with substance use disorder, called A Place to Stay. The program uses a housing-first model to provide low-barrier housing with built-in support services. Three full-time employees work with residents: an intensive case manager, a residential assistant, and a peer support person who has lived experience with substance use and recovery. The collaboration expanded the program to include a transitional home for men, in addition to the house for women, and three scattered apartment sites with a total of 10 single-living units. Residents pay a subsidized rent. The City of Ithaca signed an MOU with the county to combine its opioid settlement money with the County (about \$1.5 million over three years) to help support and better fund A Place to Stay.</p>	<p>Ithaca Times article Presentation slides about the project</p>

Albuquerque, NM	<p>City Council unanimously voted to distribute \$2.9 million in opioid money to Albuquerque Community Safety's street outreach program and housing navigation services. ACS helps divert emergency calls from police to trained social workers and other unarmed responders. While ACS often responds to crises, it also does proactive outreach to help those living on the streets apply for housing and substance use treatment programs. The money is for two different groups of people: \$1 million will go toward street outreach to help people who are currently homeless and struggling with substance use, and \$1.9 million is for people who are still housed, but struggling to balance rent and treatment. For those with nowhere else to go, ACS will coordinate payment of overdue rent to keep people from getting evicted, or settle a tenant's outstanding debt with other landlords. And to remove financial barriers, ACS can also pay for first or last month's rent and security deposit to get keys in hands.</p>	<u>Albuquerque Journal reporting</u>
Moline City, IL	<p>The Moline Committee of the Whole resolved to adopt the Path Forward Program, which will use opioid settlement funds to provide financial assistance to individuals in substance-use programs. They're offering \$5,000, which can be used toward rent, groceries, cell phone services, and any basic needs to get back on their feet.</p>	<u>Our Quad Cities reporting</u>

Good Spending - Repairing Racial and Economic Harms

Location	Spending Details	Source
Henrico County, VA	<p>The Virginia Opioid Abatement Authority approved a renewal to fund a Senior Family Services Specialist who assists families with kinship care to promote permanency and reduce substance use in foster care youth.</p>	<u>June 9, 2025 OAA press release</u> <u>Project Description</u>

Smyth County, VA	The Virginia Opioid Abatement Authority approved a cooperative partnership grant renewal between Smyth County and several nearby jurisdictions to fund Southwest Virginia Legal Aid Society (SVLAS) to provide legal services such as restoration of driving privileges, housing assistance, consumer and bankruptcy assistance, and divorce and child custody/visitation representation.	June 9, 2025 OAA press release Project Description
New Jersey	In FY24, the New Jersey Department of Human Services spent \$6,750,000 on legal services for individuals with SUD and \$1,153,750 for the NJ Keeping Families Together Expansion, a supportive housing program that provides subsidized housing and optional, family-driven services to child welfare-involved families experiencing housing insecurity or homelessness.	New Jersey State Annual Opioid Abatement Report 2025
Floyd County, KY	The Fiscal Court gave \$200,000 of opioid funds to the Floyd County Board of Education which will be used by Youth Service Centers to help families make ends meet, whether it's purchasing food or school supplies or assisting in paying utility bills.	wmdj reporting
Pickens & Anderson Counties, SC	An interdisciplinary team of researchers and Prisma Children's Hospital physicians received funding from the South Carolina Opioid Recovery Fund (SCORF) to further expand the Managing Abstinence in Newborns (MAiN) program, a family-centered program for infants at risk of neonatal abstinence syndrome. The MAiN model of care consists of three elements: in-room, low-stimulation care for babies and mothers; structured treatment and weaning algorithms for infants; and comprehensive services designed to support women with OUD. MAiN supports women through pregnancy and after birth by providing infant care supplies, education, scheduling follow-up health care appointments and connecting families with community resources.	Clemson News MAiNs website

PROBLEMATIC SPENDING

Please note that we have categorized each example into a single heading, but several examples fit into multiple buckets. Specifically, examples of spending on criminalization/police/jails often overlaps with corporate exploitation or ineffective prevention.

Problematic Spending - Criminalization / Police / Jails

Location	Spending Details	Source
Forrest County, MS	The sheriff was given \$100,000 in settlement money that he's prioritizing for a handheld X-ray device, a drug identification machine, pole surveillance cameras, a vehicle tracking device, and weapon accessories like gun flashlights. As of the reporting, the department had purchased the first three.	Mississippi Today article
Franklin County, IL	The County Board approved purchase of Flock Camera Systems for the Sheriff Department. The county will pay \$14,000 from the opioid account for purchase of 8 license plate reader cameras. The proposal notes there are over 4,000 cameras in operation in Illinois and over 90,000 in the US and once an agency has entered into a purchase agreement, that agency receives access to all camera systems operated by Flock Safety, nationwide. An additional \$10,000 is being contributed by the Southern Illinois Drug Task Force.	Franklin County Board April 21 minutes (page 2) + Full proposal from Sheriff
Amherst County, VA	The Board of Supervisors approved purchase of two "next generation" drone systems for the Amherst County Sheriff's department to assist in the search and seizure of illegal substances and operations. (\$47,997.60 for the BRINC LEMUR 2 Drone & Equipment + \$27,694.30 for the Skydio x10 Drone & Equipment) as well as \$5,000 for rapid hair follicle testing equipment, requested by the Department of Social Services (DSS is currently contracted with a lab to send urine samples	Amherst County Board of Supervisors April 1, 2025 meeting recording [1:23:30 - 1:41:44] Meeting minutes, including the presentation

	<p>but this includes a wait period) and \$11,941.21 for a K9 to be used within county schools (\$11,941.21).</p>	<p>powerpoint (download here)</p>
Kane County, IL	<p>Kane County Ad Hoc Opioid Settlement Fund Committee authorized \$211,699.04 to reimburse the Kane County Sheriff's Office for operational expenses related to its new forensics lab. This included salaries and benefits for two full-time lab technicians, consultant payments to Russell Solutions, and equipment and supply costs. The committee also approved \$1,249,900 for the renovation and expansion of the forensics lab. Kane County attorney Jamie Mosser has previously stated that the purpose of the lab is to arrest and prosecute people who sell drugs.</p>	<p>May 1 Video</p> <p>May 1 Agenda Packet</p> <p>Daily Herald reporting</p>
West Virginia	<p>A WV Watch article reports on 2024 spending by West Virginia counties throughout the state, as self-reported by the counties. Overall, localities spent \$3.6 million (52.7% of their funds) on law enforcement and \$519,000 (7.5%) on jail bills. A few specific examples include:</p> <ul style="list-style-type: none"> - Hardy County spent \$26,000 to purchase gym memberships and workout machines for first responders + \$48,945.05 for body cameras, tasers, live cartridges - Hinton (Summers County) spent \$6,599.94 for 6 handguns, sights and holsters - Mason County (with a population of 24,770) spent \$250,455 for 6 new cruisers for Sheriff's Department. 	<p>West Virginia Watch reporting</p>
South Dakota	<p>South Dakota Department of Social Services awarded \$33,512 to the South Dakota Law Enforcement Training Center to purchase commercial-grade fitness equipment for law enforcement officers.</p>	<p>SD Opioid Settlement Fund Community Grant Program FY26 Grant Cycle - Awards Beginning June 1 2025</p>
Gorham Town, ME	<p>The Town Council allocated \$80,184 for FY25 for the creation of a Community Liaison position within the Gorham Police Department. This position will be 100% funded through opioid</p>	<p>Municipal Budget 2025-26 p.35</p>

	settlement funding for the next ten years.	
Glassboro Borough, NJ	The Borough reports spending \$205,414.91 in FY24 to offset police salaries at the Glassboro Police Department.	<u>Gloucester County 2025 Opioid Abatement Report</u>
Orleans County, NY	The County legislature approved Resolution No. 324-725, which utilizes \$24,000 of opioid settlement funds to pay for travel expenses for 2 employees of the Sheriff's Office, 2 legislators, 1 employee of the Village of Holley, and 1 employee of the Village of Medina to attend the National Homeland Security Conference in Washington DC.	<u>Orleans County Legislature July 22, 2025 minutes (page 8)</u>
Brown County, SD	County Commission approved giving \$48,890 of opioid settlement funds to the jail for "establishment of specialized de-escalation unit" incorporating a padded cell.	<u>The Insider reporting</u> <u>Brown County Commission April 1 2025 meeting minutes</u> (page 2) <u>4/1/25 Commission Meeting Video</u> [20:12 - 23:29]
Tuscaloosa, AL	Opioid funds are being used to support upgraded medical equipment at the jail, specifically 11 wall-mounted devices that monitor heart and breathing rates of inmates which will be installed in single-inmate cells.	<u>ABC News Reporting</u>
Tangipahoa Parish, LA	The jail paid \$250,000 from opioid funds for a full-body X-ray scanner. According to the sheriff, anyone who enters the jail "can be selected to be spot-checked and run through that X-ray machine." [Staff and others are not universally required to pass through body scanners.]	<u>WDSU 6 News reporting</u>

Problematic Spending - Family Separation

Location	Spending Details	Source
Henrico County, VA	<p>The VA Opioid Abatement Authority approved a cooperative partnership new award between Henrico County (fiscal agent) and Colonial Heights, Richmond, Hanover, Chesterfield to spend \$270,350 to hire two registered nurses to serve as liaisons between the hospitals, community OBGYNs, Dept of Social Services (DSS), and community service boards (CSBs) in order to increase referrals of mothers and babies born with neonatal abstinence syndrome (NAS) to DSS. The intention of this program may be good, but NAS alone should not trigger an automatic referral to family regulation agencies.</p>	June 9, 2025 OAA press release

Problematic Spending - “Treatment” Without Evidence-Base

Location	Spending Details	Source
Carter County, TN	<p>The County Commission simultaneously approved \$300,000 for Families Free, a nonprofit licensed treatment and mental health provider that runs grant-funded, abstinence-based facilities in 4 cities + \$500,000 for the Northeast TN Regional Recovery Center which is also operated by Families Free. The state governor already gave Families Free a \$1 million infrastructure grant and \$1.3 million recurring operational grants for the recovery court programs.</p>	April 21 commission meeting [1:05:28 - 1:09:04] Citizen Tribune reporting
Harlan County, KY	<p>The county has used opioid monies to fund a Casey's Law Advocate and Case Manager position who helps families petition courts to mandate - or force - treatment for loved ones who are unwilling or</p>	The Tennessean reporting

	unable to do so themselves.	
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Problematic Spending - Ineffective Prevention

Location	Spending Details	Source
Oceana, WV	The Town spent \$10,000 for a drug awareness magician, drug awareness special needs fishing tournament, and police giving out educational materials.	West Virginia Watch reporting
Irvington Township, NJ	The Township spent over \$632,000 on two "Opioid Awareness Day" concerts in 2023 and 2024, and were subsequently investigated by the state comptroller. A substantial portion (\$368,500) was paid to a Township employee, in addition to their regular salary, to secure musical performers for the event. The Township spent over \$200,000 on billboards and other promotional materials advertising the events, none of which included information about substance use services. The Township also used opioid funds to pay nearly \$13,000 to rent luxury trailers for the performers, and \$29,000 to purchase generators and food supplies like popcorn machines, cotton candy machines, and shaved ice. The decision to spend opioid funding on concerts was made by the Mayor and other high-level Township officials, without consulting Irvington residents or public health experts.	New Jersey Office of the State Comptroller: An Investigation of Irvington's Mismanagement of Opioid Settlement Funds
Honolulu, HI	\$70,000 of opioid funds is going toward kids and teens attending Summer Fun day camp programs. Kids will go to places like Kualoa Regional Park, Chuck E. Cheese, and Wet n Wild.	Hawaii News Now reporting
Hillsdale County, MI	The Board of Commissioners awarded \$36,500 of opioid funds to the Civil Air Patrol (CAP) Hillsdale Composite Squadron to promote a drug-free environment among CAP cadets and members. Funds will be used for electronics (computer, speaker, microphone, projector,	Hillsdale County Board of Commissioners August 26 2025 Meeting Minutes (item 12.3)

	<p>printer) and to sponsor 10 new cadets (uniforms, training programs, event participation expenses). News coverage notes that the Opioid Fund Committee reports they are having a difficult time determining how to spend the county's settlement funds.</p>	Hillsdale Daily News (via Yahoo News)
Amherst County, VA	<p>The County is using funds to purchase and build-out a trailer that looks like a child's bedroom, and teach parents how to search the bedroom for signs of substance use. Funds will also be used to purchase THC goggles and opioid goggles to simulate drug impairment.</p>	Amherst County Board of Supervisors April 1, 2025 meeting recording [1:23:30 - 1:41:44] Meeting minutes, including the presentation powerpoint (download here)
Lexington County, SC	<p>The Town of Lexington police department was granted \$432,000 to purchase and operate a mobile opioid abatement classroom that will be taken to schools and community events across the county to teach youth about the dangers of opioid abuse.</p>	WIS10 reporting
Jackson County, IL	<p>The Board approved \$20,000 for a Youth Police Camp. Supporters claimed they hadn't seen more effective alternatives and the camp would increase trust between police and children.</p>	May 20 Agenda Packet p.2.61 WSIU Reporting Camp Flyer
Lodi Borough, NJ	<p>In FY24, the Borough spent \$10,418.48 for an "Ice Cream with a cop" event and a conference.</p>	Bergen County 2025 Opioid Abatement Report
Franklin Township, Gloucester County, NJ	<p>In FY24, the Township made several purchases that highlight poor prevention spending:</p> <ul style="list-style-type: none"> - National Night Out Police Youth Week (8/6/24): \$5,713.10 - products giveaway and t-shirt promotions; "catering to youth and advising of drugs and how to just say no" - Police Department Trading Cards (10/8/24): \$4,599.95 - Outreach program for school-aged children; trading cards of each officer printed with personal drug awareness message 	Gloucester County 2025 Opioid Abatement Report

	<p>- Steered Straight Drug Awareness Program (2024): \$59,620.63 - Purchase of digital message board on Delsea Drive to advertise this program, NA, and other resources/facts; Also installed large TV and soundbar into community center for use by NA weekly meetings.</p>	
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Problematic Spending - Corporate Exploitation / Overpriced Products:

Location	Spending Details	Source
Butler County, AL	Butler County Sheriff's Office purchased 22 Automated External Defibrillators (AEDs) and first aid kits to be placed in all deputy vehicles, the county jail, the Sheriff's office, and the county courthouse. The funds were made available through the Alabama Opioid Settlement Fund Grant Program	WSFA article
Montgomery County, TN	The Board of Commission approved Resolution 25-6-7 to purchase 178 Automated External Defibrillators with opioid funds, to be distributed among county agencies - including 33 to county offices and 19 to Bi County Landfill.	Montgomery County Board of Commissioners June 9, 2025 (page 94-95)
Wyoming County, PA	Wyoming County is using its opioid settlement funds to mail out Deterra drug deactivation kits to every household (about 17,000 kits) plus all mailboxes at Keystone College.	2822news reporting
McMinn County, TN	The County Commission approved spending up to \$25,000 of opioid funds toward the purchase of two LUCAS devices for the Englewood and Athens fire departments. These devices perform chest compressions as an alternative to manual CPR. The Woods Foundation Board is also contributing \$20,000 to this purchase.	McMinn County Commission Minutes July 21 2025 (page 8)

Arkansas	The Arkansas Opioid Recovery Partnership, which oversees the state's opioid settlement funds, purchased 32 handheld narcotics analyzers (TruNarc devices) to make available to school districts, colleges and law enforcement agencies as a way of gathering information on drugs. They paid nearly \$1 million according to the Partnership's director.	Arkansas Democrat Gazette reporting via ARORP website
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Problematic Spending - Supplantation or General Fund Use

Location	Spending Details	Source
Madison County, NY	The Board of Supervisors approved Resolution No. 25-103 to modify the 2025 adopted county budget, including allocating opioid settlement funds for the renovation of the Wampsville Highway Garage.	April 8, 2025 Madison County Board of Supervisors meeting minutes (pages 14-15)
Jackson City, MS	The City spent \$73,325 to move to new city offices, \$32,438.80 for installing fiber optic cables and \$11,970 for a new shelving system.	Mississippi Today reporting
New Jersey	The New Jersey State Legislature quietly introduced and passed a budget proposal to divert \$45 million in opioid settlement funds to four large hospitals. The bill language says funds are "for the purpose of providing necessary care and treatment for victims of opioid-related health issues" and notes that spending must be in line with opioid settlement spending rules, but does not specify how funds will be spent or if there will be any oversight.	New Jersey Monitor reporting S2026 bill language (page 375-376)
Camden City, NJ	In FY24, the City spent \$150,000 of settlement funds to install street lighting, justifying the purchase by claiming improved lighting in neighborhoods will reduce opioid use.	Camden County 2025 Opioid Abatement Report