KFF Health News
Johns Hopkins Bloomberg School of Public Health
Shatterproof

Opioid Settlement 2025 Expenditures Methodology

**For questions about the project, including questions about the data, methodology, and limitations, please contact opioidpayback@kff.org.

Third Year of the Project

KFF Health News, researchers at the Johns Hopkins Bloomberg School of Public Health, and Shatterproof launched the first iteration of this project to track publicly available opioid settlement spending nationwide in January 2024 and published our first database that December.

In 2025, we published a second annual installment of the project, and we are now publishing a third. In each iteration, we have maintained the same goal and general approach, though there have been some minor changes in our process, which are explained in each year's methodology document. *Given certain methodological changes and overlap of data among certain years, our databases each stand alone and should not be compared from year to year.*

Determining How Much Opioid Settlement Money States Received

We searched several websites for records indicating how much opioid settlement money each state received in calendar year 2025. These included websites of the attorney general, the health department, any statewide opioid settlement councils, and national settlement administrator BrownGreer.
If funds received were documented only by fiscal year, all amounts for fiscal years 2025 and 2026 were used, because in most states those overlap with at least six months of the period of interest: Jan. 1, 2025, to Dec. 31, 2025.

Determining How Much Money Was Spent

Reports of opioid settlement spending were located via state websites, opioidsettlementguides.com, OpioidSettlementTracker.com, Google searches, legislative documents, and public records requests. The focus was on reports created by or for a statewide entity specifically about opioid settlement funds.
The search for records was conducted from Jan. 1, 2026, to June 5, 2026.

Uses of the money denoted in those reports were counted as expenditures if they had a specific dollar amount and one of the following:

1) The name of a receiving body/department/organization
2) A program description that included specific actions or activities funded

For example, "$5,000 to Residential Rehab Center A" and "$5,000 to purchase naloxone for city firefighters" would both count as expenditures, but "up to $5,000 for opioid abatement grants to be determined later" would not.

Although the focus was on money expended, many reports did not differentiate between money committed to a program or service and money that had gone out the door. In those cases, the money committed was counted like an expenditure. However, vague future plans or allocations that were subject to change were not included.

Whenever expenditure information included specific dates, only expenditures that fell within calendar year 2025 were included. However, if expenditures were denoted by fiscal year without any calendar date information, then all amounts for fiscal years 2025 and 2026 were used, as those overlap with the period of interest: Jan. 1, 2025, to Dec. 31, 2025.

If a commitment spanned multiple years — for example, $1 million for recovery housing to be spent from 2024 to 2026 — and there was no breakdown of expenditures by year, then the entire dollar amount was included, as the commitment was made during the period of interest. For example, Michigan localities reported their spending from 2023 to 2025 cumulatively. All of their expenditures were included, though some occurred before calendar year 2025.

This use of multiple fiscal years renders data from different years of our project incomparable, as some expenditures will appear in multiple databases.

Categorizing the Money Spent

Many state reports included categorization of their expenditures within four buckets (prevention, treatment, recovery, and harm reduction) or the nine core strategies or other uses outlined in Exhibit E of many settlement agreements. However, there were significant discrepancies in their definitions. For example, some states categorized prevention as efforts to deter the development of addiction in children, while others classified it as reducing overdose deaths among people using drugs. To apply a consistent approach to all states and best compile the data for a national view of opioid settlement spending, the project team developed its own categorization methodology.

Each expenditure was categorized in two ways.

The first categorization system involved the main buckets of spending that most legal experts, public health workers, and researchers agree encompass the majority of expenditures: prevention, treatment, recovery, and harm reduction. Additional buckets were added for specificity. Below are brief examples of the types of expenditures that would be categorized within each bucket:

- Prevention: Efforts focused on preventing people from developing addictions and screening people for substance use disorders.
- Treatment: Medication-assisted and nonmedication addiction treatment, including counseling and related efforts.
- Recovery: Housing, transportation, legal aid, peer support, education, or vocational training for people in recovery, and related efforts.

- Harm reduction: Syringe service programs, naloxone, and related efforts.
- Government entities: Money given to entities such as health departments, sheriffs, municipalities, or tribal nations without details about how they will use it.
    - (Note: This does not include money given by a state to localities per the state's general opioid settlement formula. For example, 85% of New Hampshire's settlement funds are controlled by the state and 15% by localities. The state government distributes that 15% to counties. Because that is a default allocation, it does not count as an expenditure. Only if the state gave a locality money from its 85% share would that be considered an expenditure to a government entity.)
- Administration: Costs associated with the management of opioid settlement funds that are not centered on direct services, such as administrative staff pay, conference registration fees, etc.
- Non-opioid remediation: Expenditures jurisdictions self-reported as non-opioid remediation.
- Multiple buckets: Expenditures encompassing multiple categories, such as $5,000 for naloxone distribution and recovery house construction.
- Other: Expenditures outside the listed categories, such as automated external defibrillators and vehicles for law enforcement.

The second categorization system involved the nine core strategies laid out in Exhibit E:

- Naloxone/overdose reversal drugs: Medications that reverse opioid overdoses and training to use them.
- Medication-assisted treatment and other treatment: Medications such as buprenorphine and methadone, inpatient and outpatient treatment, counseling, etc.
- Pregnant and postpartum people: Screening, treatment, and services specific to this population.
- Treatment for neonatal abstinence syndrome: Treatment for babies exposed to drugs in the womb. Also called neonatal opioid withdrawal syndrome.
- Warm handoff programs and recovery services: Housing, transportation, legal aid, peer support, education, or vocational training for people in recovery, etc.
- Treatment for incarcerated populations: Medications for opioid use disorder, counseling, and other treatment within jails and prisons.
- Prevention programs: Efforts to prevent people from developing addictions and screening people for substance use disorders.
- Expanding syringe service programs: Efforts to provide sterile syringes and other safe-use equipment to people who use drugs.
- Data collection and research: Creation and analysis of addiction data, evaluation of settlement funds, research into innovative treatments, etc.
- Multiple strategies: Expenditures encompassing multiple categories, such as $5,000 for naloxone distribution and recovery house construction.
- Other: Expenditures outside the listed categories, such as automated external defibrillators and vehicles for law enforcement.

For more details on items that would fall under each bucket and strategy, view this list.

Expenditures were classified at the most specific level possible. For example, "$5,000 for medications for opioid use disorder in the county jail" would be classified under the core strategy of "Treatment for incarcerated populations," because that is more specific than the strategy of "Medication-assisted treatment and other treatment."

Each expenditure's categorization was independently reviewed by multiple team members.

The quality of the funded programs and their alignment with evidence-based practice were not assessed.

Any dollar amounts specified in a report as unused or pending future decisions were categorized as "Not spent/committed."

If the money reported as unused or pending future decisions was a cumulative amount across multiple years, with no way of breaking down the amount received in 2025, it was not included in our "Not spent/committed" total.

Law Enforcement and Housing Expenditures

Expenditures were also given certain tags of interest, such as law enforcement or housing.
Any expenditure awarded wholly or in part to a law enforcement agency (e.g., police department, sheriff's office) or for a law enforcement purpose was tagged as "law enforcement." This would include purchasing naloxone for sheriff's deputies, hiring social workers or clinicians to join police on outreach, and buying law enforcement equipment. It would not include spending on courts, prisons, or jails.

Any expenditure that wholly or in part supported housing for people with substance use disorders was tagged as "housing." This included recovery housing, housing vouchers, long-term housing programs, and case managers who focus on helping people obtain housing. It did not include overnight or emergency shelters.

Indicating Public Availability of Expenditure Reports

Opioidsettlementguides.com and OpioidSettlementTracker.com were used to determine how states divide their funds among state bodies, local subdivisions, abatement funds, councils, and other entities.

The project team categorized each share by whether its expenditures were trackable, using three classifications:

1) Publicly available — *Expenditures are available online.*
2) Obtained by project team — *Typically via a public records request.*

3) Untrackable via public reports — *Expenditure reports created by or for a state-level entity were not found.*

Local subdivision shares were marked "publicly available" or "obtained by project team" if the classification applied to the majority of local entities (counties, cities, etc.) within that state.

State, abatement fund, council, and other shares were classified on a binary: If any expenditure information from the share was publicly available or obtained by the project team — other than non-opioid remediation reports filed to BrownGreer — then the entire share was categorized as "publicly available" or "obtained by project team." This means that the amount of available information is likely overestimated.

Expenditure reports for some shares marked as "obtained by project team" may eventually be available online. However, they were marked as such if the project team requested records earlier to meet the project timeline.

Similarly, shares marked "untrackable via public reports" indicate that no public information created by or for a state-level entity could be found or obtained explaining how that money was spent or if it was spent at all by the project's data collection deadline in July 2026. It's possible that such information was published later.

Sharing Findings With States

To ensure transparency and accuracy, findings for each state were shared with state-level entities overseeing opioid settlement funds, typically including the attorney general's office, a state administrator, and a member of an opioid settlement council. Although the findings included expenditures by local governments, outreach was limited to state entities, many of which hold oversight capabilities and coordinate reporting from local entities.

Initial emails were sent on June 15, 2026, to more than 125 contacts across all 50 states and Washington, D.C. States were initially given two weeks to review the data, engage in discussions with the project team, and provide additional information for the team's consideration. A two-week extension was given upon request. Throughout that time, the project team followed up by phone and email up to eight times per state. If states submitted settlement spending reports that the project team had not found, the project team updated the data accordingly. To be included, reports had to be public records produced on or before July 10, 2026.

Limitations

This project is based on public records. It cannot capture the full extent of settlement spending, because many jurisdictions do not publicly report their expenditures. Some localities may report spending on their own websites, but if those reports were not sent to a state-level entity, they are not captured in

this project. If the only publicly available information from a state was non-opioid remediation reports, that does not necessarily mean the state spent money only on expenses unrelated to the crisis, just that these were the only publicly reported expenditures.

Differences in how states control the money, track spending, and publicly report on it make apples-to-apples comparisons between states difficult. This database is better used to highlight where settlement money is flowing overall and which priorities are emerging.

Furthermore, the databases covering 2022-23 expenditures, 2024 expenditures, and 2025 expenditures should not be compared with one another. Some states budget money on a biennial basis or report by fiscal year instead of calendar year, which may have caused the same expenditures to be listed in multiple databases.

This project is a snapshot in time as of Dec. 31, 2025, and does not account for spending — or, in rare cases, reversal of spending decisions — that occurred in 2026. For example, expenditures from California localities are based on draft reports obtained by public records request in March 2026. The state was still in the process of reviewing those reports and may have later reached out to jurisdictions to request revisions. In many cases, archived links are provided as sources to illustrate what the project team saw at the time of data collection.

This year's project team consisted of KFF Health News' Aneri Pattani and Rachel Spears; Shatterproof's Kristen Pendergrass, Kelly Collins, and Mary Coyne; and the Johns Hopkins Bloomberg School of Public Health's Abigail Winiker, Benjamin Eidman, Olivia Allran, Katibeth Blalock, Isha Desai, Saathvika Diviti, Joseph Olasupo, Veronica Steck, Amy Lund Stone, Erin Wang, and Lillian Williams.

KFF Health News is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at KFF — the independent source for health policy research, polling, and journalism.

The Johns Hopkins Bloomberg School of Public Health has taken a leading role in providing guidance to state and local governments on the use of opioid settlement funds. Faculty from the school collaborated with other experts in the field to create principles for using the money, which have been endorsed by over 60 organizations.

Shatterproof is a national nonprofit that addresses substance use disorder through distinct initiatives, including advocating for state and federal policies, ending addiction stigma, and educating communities about the treatment system.

Shatterproof is partnering with some states on projects funded by opioid settlements. KFF Health News, the Johns Hopkins Bloomberg School of Public Health, and the Shatterproof team that worked on this report are not involved in those efforts.