

NEW YORK'S OPIOID SETTLEMENT FUNDS

**LESSONS LEARNED AND
RECOMMENDATIONS AFTER THE
FIRST 3 YEARS**

Prepared by

**DRUG
POLICY
ALLIANCE.**

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EXECUTIVE SUMMARY

Since 2000, more than 70,000 New Yorkers have died of an overdose.¹ In 2023 alone, there were 6,330 overdose deaths.² Thanks to state investments in health strategies like better access to medication for opioid use disorder (MOUD), naloxone, drug checking, and harm reduction education, overall overdose deaths dropped by 32% between 2023 and 2024, to an estimated 4,567.³

Unfortunately, the overdose crisis continues to be more severe in some communities than others. As New York State faces steep cuts to Medicaid and other federally funded programs, millions of New Yorkers are likely to lose access to addiction care and overdose prevention services. This threatens to increase overdose deaths. In the face of these challenges, opioid settlement funds provide a once-in-a-lifetime opportunity to improve our system of substance use-related services and invest resources into communities where the overdose crisis is most severe.

New York's opioid settlement funds are the result of lawsuits led by New York Attorney General Letitia James, who sued companies that were involved in marketing and selling opioids in deceptive ways. These tactics directly contributed to today's overdose crisis. In June of 2021, at the time the first lawsuit settlements were reached, state lawmakers consolidated the money into a state fund, the Opioid Settlement Fund (OSF), and created the Opioid Settlement Fund Advisory Board (OSFAB) to ensure the money secured from litigation settlement agreements — now more than \$3 billion — is used effectively to reduce overdose deaths and other harms linked to the overdose crisis. In fiscal years 2022 through 2024, the New York State Division of the Budget reported a total of \$639,923,000 received by New York State and counties.⁴

This report looks at the current state of the overdose crisis in New York State and details reporting on the first three years of the state's opioid settlement funds.

The idea for this report came from listening to questions from community members and elected officials who are eager to understand how funding is helping to reduce the overdose crisis in their neighborhoods. Through analyses of publicly available data and testimony during the first three years of New York's opioid settlement funds, this report makes recommendations for how the state can ensure future spending reaches the communities where the overdose crisis is most severe.

THE DATA

A look at state overdose data between 2019 and 2023 shows that Black and Native New Yorkers had the highest rates of overdose death. Overdose deaths among white, Hispanic or Latino, and Asian New Yorkers were relatively stable between 2020 and 2023 while deaths among Black and Native New Yorkers increased significantly. By age group, the highest rates of overdose death occurred in people 35 to 44 and 55 to 64 years old. Men accounted for nearly three-quarters of all deaths.

Our analysis of publicly available data from the first three years of spending found that 80.7%

of the reported state-awarded funds went to large-scale organizations for multi-county or statewide initiatives while just 19.3% of funds went to community-based organizations doing smaller scale local work. Frequent discussions at OSFAB meetings concerned the need to get funding to community-based organizations, who are well positioned to serve communities with the highest rates of overdose death and often struggle to apply for funding. Based on available information, county-spent funds were more likely to support local initiatives, but there was no requirement for counties to publicly report on the use of their funds during the first three years of funding. As a result, public reporting by counties on their use of opioid settlement funds was incomplete, limited in detail, and inconsistent across counties. For 35% of counties, we found no public information on spending. These gaps in information prevented us from conducting a complete analysis of how counties spent their funds.

Our review of key themes from all 140 public testimonies between June 2022 and October 2024 found that community members who testified largely share the following concerns:

- Funding favors large institutions.
- Drug treatment programs leave people feeling stigmatized and criminalized.
- Workforce burnout and turnover are high in the substance use field.
- State data does not include long-term outcomes.
- OSFAB meetings are not accessible to most people.

RECOMMENDATIONS

- Establish a measurable, data-informed statewide plan to reduce overdose death rates, with a focus on communities hardest hit by the crisis.
- Invest in community-based services that focus on overall well-being.
- Expand programs that are designed to serve communities at highest risk of overdose death. This includes Black and Brown, rural, and other underserved communities.
- Report regularly and accurately on where and how funds are spent and which communities are served.
- Train and support community-based workers with lived experience.
- Support small, community-based organizations to apply for funding.
- Provide a virtual testimony option at OSFAB meetings.

New York State needs a clear and measurable plan to reduce overdose deaths where the crisis is most severe. We hope this report supports the OSFAB, the state, and legislators in making effective spending decisions. We also hope it can be a resource for community members as they push for better and fairer solutions in their neighborhoods.

INTRODUCTION

This report looks at the current state of the overdose crisis in New York State. It also details the first three years of the state's handling and spending of opioid settlement funds, and the creation of the state-managed Opioid Settlement Fund (OSF) to address the crisis. The report looks at how OSF dollars are distributed and explores their impact on communities hit hardest by the overdose crisis. It also features an analysis of public testimony delivered to the Opioid Settlement Fund Advisory Board (OSFAB).

The idea for this report came from listening to questions from community members and elected officials who are eager to understand how funding is helping to reduce the overdose crisis in their neighborhoods. These questions revealed gaps in important data needed to assess how funding strategies are working. Conversations during OSFAB meetings point to similar gaps in data and analysis that make it difficult to make informed and strategic funding recommendations.

Our team aimed to understand how funds have been spent and their impact in the first three years. We partnered with the Public Science Project at the CUNY Graduate Center to analyze public testimony from OSFAB meetings, and we identified key themes from these testimonies about what challenges are preventing services from being most effective. Our analysis of these community testimonies led us to study how vital funds are being distributed.

New York State faces significant budget deficits in the coming years due to the federal government's steep cuts to Medicaid and other vital programs. These cuts are likely to reduce access to addiction care and overdose prevention services for millions of New Yorkers and threaten to increase overdose deaths. In the face of these challenges, it is critical that opioid settlement funds are protected from filling budget gaps created by federal funding cuts and used effectively as supplemental resources to address the overdose crisis.

BACKGROUND ON NEW YORK'S OPIOID SETTLEMENT FUND

New York's opioid settlement funds are the result of lawsuits initiated in 2018 and led by New York Attorney General Letitia James, who sued companies that were involved in marketing and selling opioids in deceptive ways. Their tactics increased the number of people who became addicted to prescription opioid pills, which contributed to the overdose crisis we see today.

In June 2021, at the time the first lawsuit settlements were reached, state lawmakers consolidated a portion of the settlement funds into the state-managed Opioid Settlement Fund (OSF) and created the Opioid Settlement Fund Advisory Board (OSFAB).⁵ The OSFAB has 21 members: four represent affiliated state agencies, and the remaining 17 are selected by state leadership.⁶ The OSFAB's responsibility is to make recommendations to the governor and legislature on how to spend OSF dollars and to monitor the spending. The governor approves or rejects the OSFAB's recommendations, and the approved recommendations are used by the governor and legislature to determine how funds are appropriated in the state budget.

The OSF is separate from other portions of settlement funds, which go directly to counties and subdivisions (referred to as Local Government Units) for spending. According to the terms of the lawsuit settlements, most opioid settlement funds are restricted, meaning they must be spent on activities approved by the settlements. A small remaining portion of funds are unrestricted and can be spent for general purposes.⁷ New York State will receive over \$3 billion in opioid settlement payments over 19 years.⁸ In fiscal years 2022 through 2024, the New York State Division of Budget reported a total of \$639,923,000 received by New York State and counties.⁹

NEW YORK'S OPIOID SETTLEMENT FUND ADVISORY BOARD

In 2022, the OSFAB published its first report,¹⁰ identifying categories for funding and priority populations to serve.

The 2022 funding categories included the following:

- Harm reduction
- Treatment
- Investments across service continuum
- Priority populations
- Housing
- Recovery
- Prevention
- Transport
- Public awareness
- Research

Priority populations are defined as:

- Criminal justice-involved individuals
- Prenatal and postpartum services for parenting persons
- Individuals with co-morbid medical needs
- Those under 18 and young adults
- Veterans
- Older adults
- Native (Indigenous) Americans

In the three years since the OSF and the OSFAB were created, tensions between the OSFAB and Governor Hochul have developed. A key issue is the governor's repeated rejection of two OSFAB spending recommendations.

First, in 2022, the OSFAB recommended that the portion of funding allocated to harm reduction services be managed by the State Department of Health instead of the Office of Addiction Services and Supports (OASAS).¹¹ This recommendation was made because the Department of Health oversees the state's harm reduction providers — syringe service programs and Drug User Health Hubs — and has the strongest track record of serving people who are actively using drugs.

Second, the OSFAB recommended that funding be used for overdose prevention centers (OPCs). OPCs are monitored settings where trained staff are equipped to respond with lifesaving care in the event of an overdose. They also connect participants to treatment, healthcare, and other services.

Governor Hochul first rejected these recommendations in 2022¹² and again in 2025,¹³ claiming that the OSFAB did not have the authority to redirect harm reduction funding to the Department of Health and, without providing an analysis, that the recommendation to fund OPCs violated state and federal law.¹⁴ (Whether OPCs would violate state and federal law in New York are unsettled questions of law and two OPCs have been operating in New York City with city approval since 2021.)

Additional tensions between the OSFAB and the governor are related to the lack of a clear state plan to tackle the overdose crisis, the administrative tasks tied to OSFAB meetings, and access to data related to overdoses and funding.

In its 2024 report, the OSFAB included a letter of concern¹⁵ listing the following issues that are preventing them from making the strongest funding recommendations:

- Lack of access to state data about health, mental health, and addiction services
- Lack of data on the impact of opioid settlement fund spending
- No coordination between OSFAB recommendations and state plans
- Lack of reporting on the health outcomes of different populations
- Lack of reporting on other state funding outside of the Opioid Settlement Fund

The following report aims to help the OSFAB and the state better understand how opioid settlement funds have been spent so far and how they should be spent going forward. This understanding is critical to ensure fair and effective spending. We hope this report guides smart funding choices and helps community members advocate for the fair and effective use of opioid settlement funds.

METHODS

CHALLENGES AND LIMITATIONS

The aim of this report is to help make sense of available information about opioid settlement funds and the overdose crisis for the purpose of guiding effective spending to reduce overdose deaths and other related harms. In the process of writing this report, we experienced challenges that have been raised repeatedly at OSFAB meetings by the board and members of the public. New York collects a significant amount of data, but the ways it is produced to the public makes it hard to analyze. For example, New York State health data is available on the U.S. Centers for Disease Control and Prevention (CDC) WONDER database, but this database restricts the number of variables that can be examined at once. The New York State Department of Health also publishes large amounts of data about the health of New Yorkers, but much of it is more than three years old. This made it difficult to analyze health indicators during the first three years of opioid settlement funds. OASAS produces data dashboards on substance use, overdose deaths, and opioid settlement funds, but it is difficult to understand what these data sets mean in relation to one another. Each agency publishes data in its own format, creating challenges in analyzing data together.

Tracking the flow of opioid settlement funds was equally challenging for our team. Reporting requirements during the first three years of funding were inconsistent, so it was not possible to track all of the money, particularly money overseen by local governments. There were also gaps in reporting on funds that were overseen by the state. For example, by February of 2025, 46% of funds received by the state through the fiscal year ending in 2024 were still unaccounted for in OASAS' reporting, leaving over \$106 million in funds seemingly unspent.¹⁶

The spending the state reported paints an unclear picture of how much money it has paid to local governments and providers, how much it has awarded but has yet to pay, and how much remains unspent. For example, OASAS reported making \$399,991,000¹⁷ available during the first three years but reported receiving just \$311,806,000¹⁸ in opioid settlement funds to spend and reported only \$123,575,068¹⁹ in funding awards. It is also unclear how the awarded funds fulfill the OSFAB's recommended funding priority percentages. With regards to local funds that the state oversees, OASAS reported distributing \$117,451,000²⁰ to local governments during the first three years but reported receiving just \$81,863,000²¹ from settlements for distribution to local governments.

This overall lack of clarity limits the ability of the OSFAB, state, and legislature to assess the impact of opioid settlement funds and undermines public confidence in how opioid settlement funds are spent.

METHODOLOGY

Our data collection and analysis process aimed to mirror the experience an average person would have in seeking access to opioid settlement fund information and overdose death data, so all analyses in this report use publicly available data. Sources include the CDC WONDER Provisional Mortality Statistics, OASAS Settlement Fund Tracker, and all 140 public comments from OSFAB meetings between June 2022 and October 2024. The processes for each section are detailed below. We used overdose data through 2023 for our analyses because it is the most current data that includes breakdowns of overdose deaths by race and ethnicity. Data for 2024 and 2025 is still preliminary and does not yet include demographic information on overdose deaths.

OVERDOSE DEATH DATA

Data on overdose deaths by race/ethnicity, age and sex, county, and statewide total were obtained from the OASAS NYS Overdose Death Dashboard.²² This data is collected by the New York State Department of Health and reported to the CDC, where it is then housed in the CDC WONDER database.²³ OASAS uses the CDC WONDER database data to create all visualizations on the NYS Overdose Death Dashboard. The dashboard includes the most recent and complete five years of data, from 2019 to 2023.

The analysis of overdose deaths between urban and rural county classification was done using 2013 Urbanization Codes created by the U.S. Office of Management and Budget (OMB)²⁴ and CDC WONDER Provisional Mortality Statistics. Figure 5 uses the 2013 codes assigned to counties to analyze overdose deaths by race and geography (see Appendix A for each county's classification). These codes categorize each county from 1 to 6 on a scale of most urban to most rural: 1, large central metro; 2, large fringe metro; 3, medium metro; 4, small metro; 5, micropolitan; 6, noncore.

The racial categories Black and white include only non-Hispanic individuals.

STATE OPIOID SETTLEMENT FUND (OSF) DISTRIBUTION

Data on funding awards during fiscal years (FY) ending in 2022 (FY22), 2023 (FY23), and 2024 (FY24) were obtained from the OASAS Opioid Settlement Fund Tracker²⁵ found on the agency's website on Feb. 21, 2025. Dollars allocated in FY22 were spent in FY23 and are included in the FY23 numbers.

LOCAL OPIOID SETTLEMENT FUND DISTRIBUTION

Searches for local spending were conducted via Google web search in February 2025. Search terms used were "[name of county] New York Opioid Settlement Fund" and "[name of county] New York Opioid Settlement Award" and roughly three pages of results were scanned, looking for information that the public could find easily. Searches were conducted on county government websites as well. Information came from a wide variety of sources, including local government presentations, meeting minutes, county websites, reports, news articles, and press releases.

PUBLIC TESTIMONY

This analysis uses all 140 public comments at 18 meetings of the Opioid Settlement Fund Advisory Board (OSFAB) between June 2022 and October 2024.²⁶ Researchers from the Public Science Project at the CUNY Graduate Center and the Drug Policy Alliance analyzed public comments from advocates, community members, and experts with the goal to find key themes, successes, challenges, and gaps in the state's overdose response strategy.

THE OVERDOSE CRISIS IN NEW YORK

Since 2000, more than 70,000 New Yorkers have died of an overdose.²⁷ In 2023 alone, there were 6,330 deaths.²⁸ The impact of the overdose crisis has been more severe in some communities than others. Between 2019 and 2023, the years leading up to the first year of opioid settlement fund spending, deaths tripled for Black New Yorkers and nearly doubled for Hispanic and Native New Yorkers, while overdose deaths among white New Yorkers dropped. This trend occurred in both urban and rural counties.

Thanks in part to state investments in health strategies like better access to medication for opioid use disorder (MOUD), naloxone, drug checking, and harm reduction education, overall overdose deaths dropped by 32% between 2023 and 2024, to an estimated 4,567.²⁹ However, this reduction is not being experienced equally across communities. There is an urgent need for strategies that address the overdose crisis where it is most severe. This requires conversations with communities, regular review of data to track the overdose crisis and the effectiveness of spending, and a measurable state plan to guide efforts.

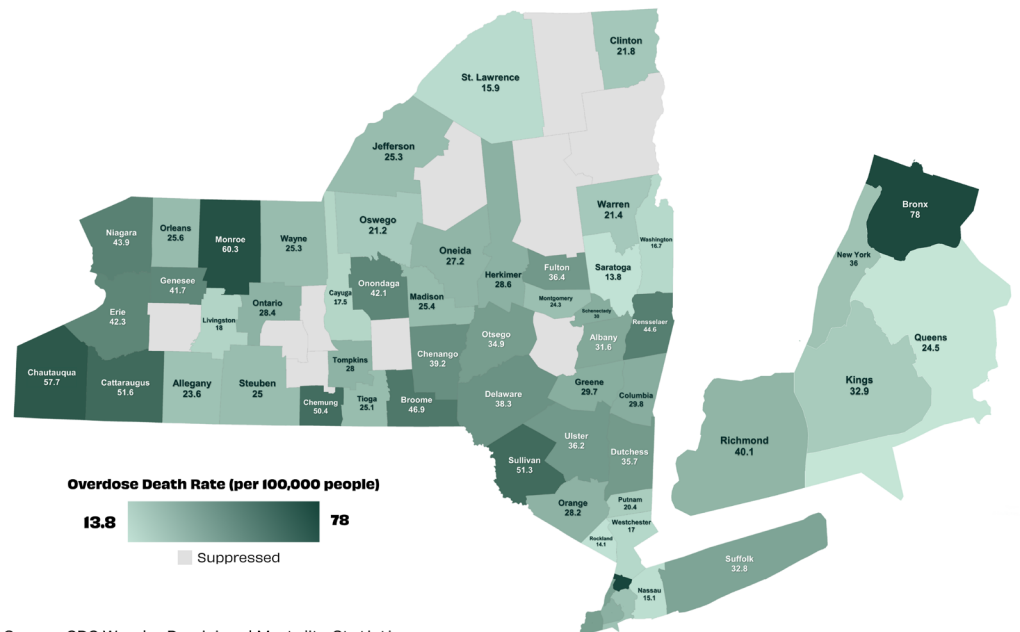
In 2016, I was the last person requested to speak at the Heroin Task Force, and I implored people to make sure that as we keep things broad, we remember that when we're not specific and we're not targeted, Black people will continue to bear the brunt. As you saw in the data, we are dying.

(Public Comment, Sept. 30, 2022)

OVERDOSE DEATH RATES

Looking at overdose death rates is a helpful way to understand how many people are dying of overdose relative to the total population. Rates can help us to better decide where to direct funding and other resources to ensure the most impacted communities receive support. The map below shows the 2023 overdose death rate in each New York county. Counties with higher overdose death rates have darker shading. Of the counties with the 10 highest rates of overdose death, half are rural and half are urban, highlighting the need for investments that meet the needs of rural and urban communities.

Figure 1. NYS Overdose Death Rates 2023



Source: CDC Wonder Provisional Mortality Statistics.
NYC County Data is from the Unintentional Drug Poisoning
(Overdose) Deaths in New York City in 2023 Epi Data Brief

Data extracted as of
2/7/2025

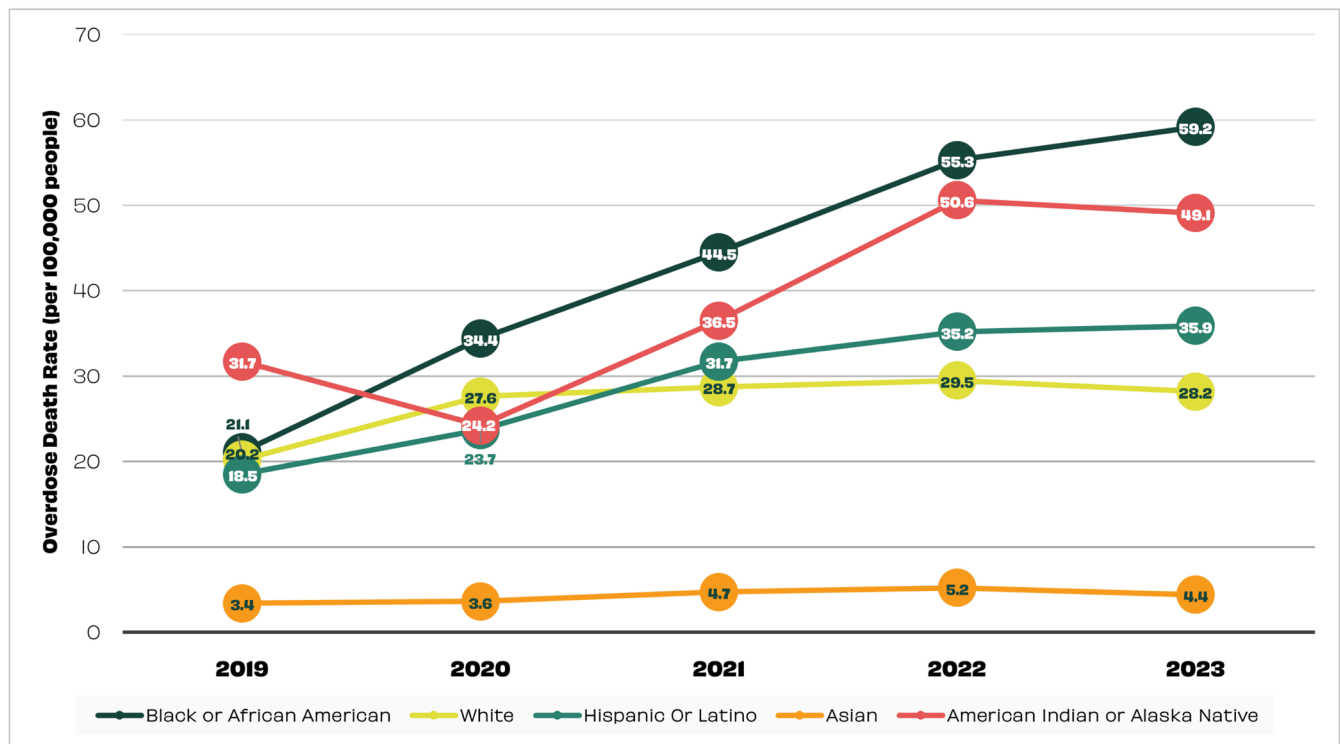
OVERDOSE DEATH TRENDS

Multi-year data show changes over time, whereas overdose data on individual years provides a snapshot in time. To ensure opioid settlement funds are being used where they are most needed, it is important to look at trends in overdose deaths to assess where investments are working and where more or different investments are needed.

The following visuals show trends and comparisons in overdose death rates in New York State (NYS) broken out by race and ethnicity, age,

sex, and population density. This data is useful to better understand which demographic groups are experiencing the most overdose deaths and so that funding can be used for services that will best meet the unique needs of different groups. Nationally, Native people have the highest rates of drug use, but rates of drug use are similar among Black and white people, and lower among Hispanic or Latino people.³⁰ However, negative health outcomes, including overdose death, increase when communities do not have access to the care they need.

Figure 2. NYS Overdose Death Rates by Race and Ethnicity (2019-2023)



Source: OASAS NYS Drug Overdose Deaths Dashboard by Race & Ethnicity

Data extracted as of 2/6/2025

TRENDS BY RACE AND ETHNICITY (2019-2023)

- Black people and American Indian or Alaska Native people had the highest rates of overdose death, climbing to 59.2 per 100,000 people in 2023 for Black people and peaking at 50.6 in 2022 for American Indian or Alaska Native people.
- Overdose death rates among Hispanic or Latino New Yorkers stabilized at 35.9 in 2023 after steadily increasing between 2019 and 2022.
- White overdose death rates have remained relatively stable since 2020. Overdose death rates among Asian New Yorkers have remained relatively low and steady compared to other groups.

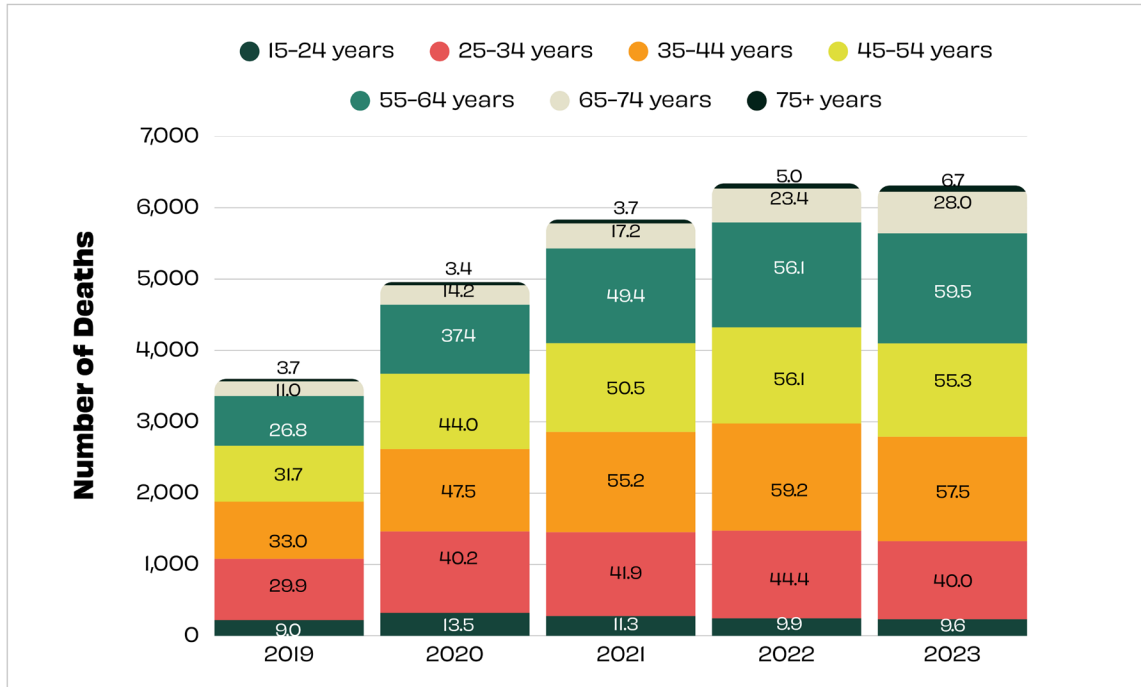
TRENDS BY AGE GROUP (2019-2023)

- Young people (age 15 to 24) experienced the lowest rate of death and was the only group that saw a steady reduction in deaths since 2020.
- The highest rates of overdose death among age groups topped 59 deaths per 100,000 people and occurred in people 35 to 44 years old and 55 to 64 years old.
- Deaths among New Yorkers between 45 and 64 years old continued to increase in 2023 as deaths dropped for other age groups.

TRENDS BY SEX (2019-2023)

- Male deaths outnumbered female deaths every year and increased at a faster rate.
- Males accounted for 72% of deaths between 2019 and 2023.

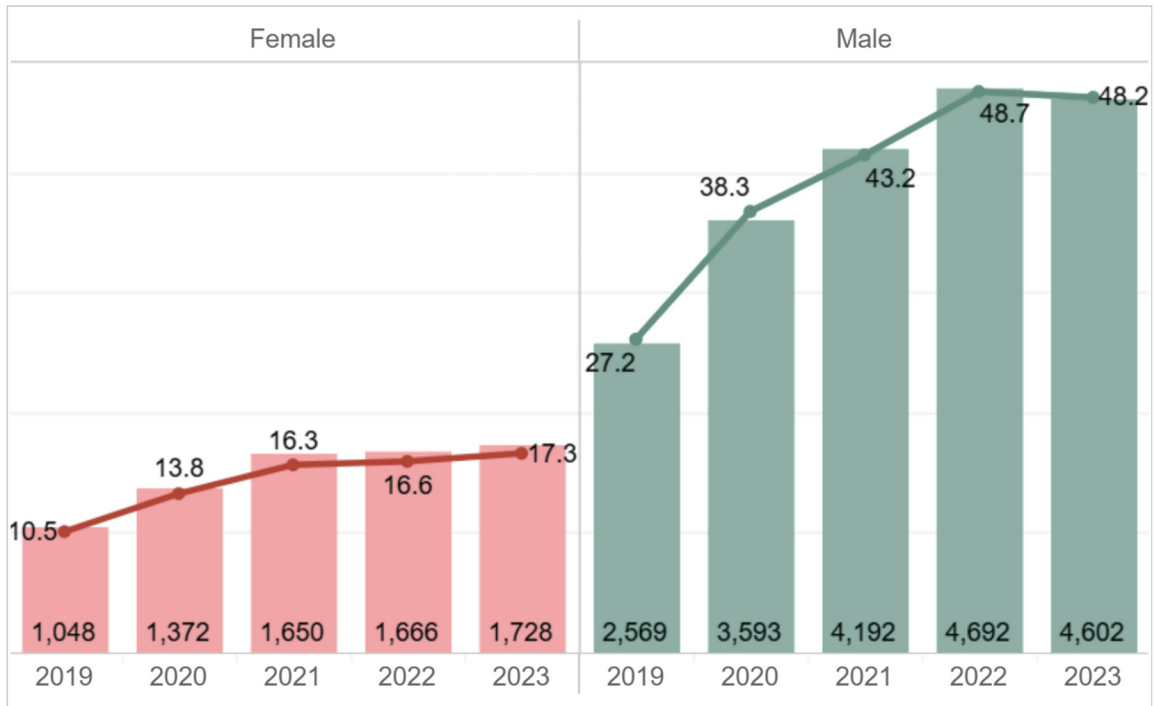
Figure 3. NYS Overdose Deaths and Rates, Breakdown by Ten-Year Age Groups (2019-2023)



Source: OASAS NYS Drug Overdose Deaths Dashboard by Age & Sex

Data extracted as of 2/6/2025
Data for 1-14 years was suppressed/unavailable.

Figure 4. NYS Overdose Rates & Deaths, Breakdown by Sex (2019-2023)



Source: OASAS NYS Drug Overdose Deaths Dashboard by Age & Sex

Data extracted as of 2/6/2025

"I have three sons and two of them struggle with substance use disorder. My oldest son is four and a half years into his recovery and my other son is currently incarcerated in our county jail, serving a two-year sentence... Folks in our county [Chenango] face many barriers when attempting access to treatment. Transportation is one of those barriers. The closest methadone clinic is a minimum of an hour one-way and the same for inpatient treatment."

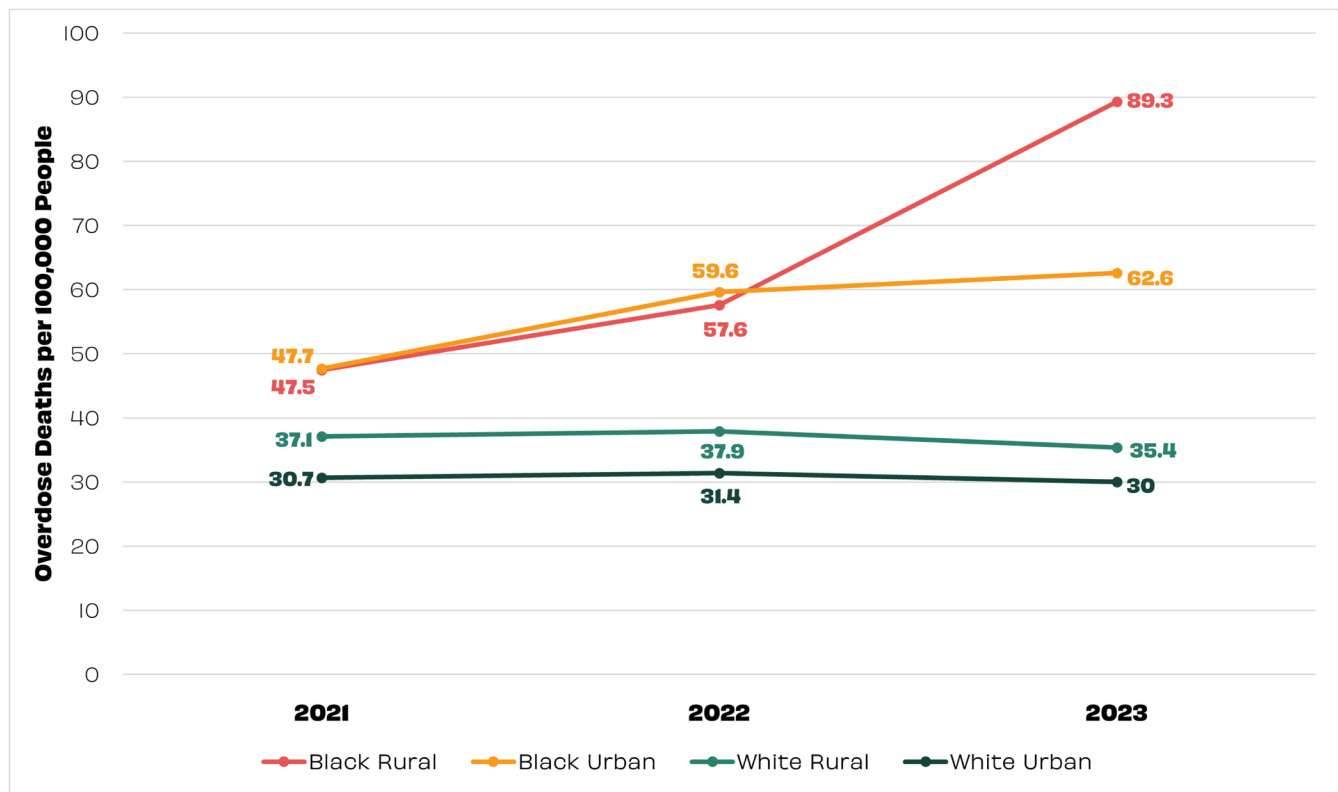
(Public Comment, Sept. 13, 2024)

OVERDOSE DEATH RATES BY RACE AND URBAN/RURAL SETTING (2021-2023)

OASAS' data dashboard displays overdose death data by race/ethnicity, age, sex, and county individually. In addition to this data, opioid settlement funding decisions should be informed by looking at multiple datasets together. For example, Figure 2 shows that Black New Yorkers experienced the highest rate of death in 2023 among racial and ethnic groups, and Figure 3 shows that New Yorkers between 55 and 64 years old experienced the highest rates of death in 2023 among age groups. However, New York City's 2023 data brief indicates that "Black New Yorkers ages 55 to 84 years had the highest rate of overdose death (115.5 per 100,000 residents) compared with Black New Yorkers in other age groups and Latino, white, and Asian/Pacific Islander New Yorkers in any age group." Comparing two or more demographics allows us to better understand which populations are most severely impacted by the overdose crisis and fund services that will be effective in reducing overdose deaths among the impacted populations.

Figure 5 looks at overdose death by race and urban/rural setting.

Figure 5. NYS Overdose Death Rates by County Type and Race/Ethnicity (2021-2023)*



***2019 & 2020 Data for the Black Rural population was suppressed/unavailable**

Source: CDC Wonder Provisional Mortality Statistics

Data extracted as of 2/6/2025

TRENDS BY RACE AND URBAN/RURAL SETTING (2021 AND 2023)³¹

- Between white urban, white rural, Black urban, and Black rural New Yorkers, Black rural New Yorkers had the highest rate of overdose death at 89.3 in 2023. In contrast, white rural New Yorkers had overdose death rates much closer to white urban New Yorkers, with both peaking in 2022 at rates in the 30s.
- Black people in rural counties are dying from overdose nearly three times more than white people in urban counties; Black people in urban counties have twice the overdose death rate as white people in urban counties.
- Between 2021 and 2023, white urban and rural rates of death remained mostly flat while Black urban and rural rates of death increased.

Figure 5 is one example of how the state can use data to better guide funding decisions.

NEW YORK'S OPIOID SETTLEMENT FUNDS

HOW THE FUNDS WERE DIVIDED

Funds from opioid settlements are most easily understood as divided into two categories.³²

- **Local Oversight: funds that are paid directly to Local Government Units (LGUs)³³** — usually a single county or multiple counties that operate as a single government unit
- **State Oversight: funds that are paid directly to the state**

The exact amounts distributed to each source are determined by the terms of each lawsuit settlement. Figure 6 shows how the funds flow to each source and are approved for spending.

In fiscal years 2022 through 2024, a total of \$639,923,000 was received by New York State and counties.³⁴ Figure 7 details how the funds were divided.

1. **LGU Funds (local oversight):** These funds are received directly by counties for uses approved by New York's opioid settlement agreement.³⁵ In the first three years, a total of \$330,116,000 was paid directly to LGUs (51% of the total settlement funds). These funds are divided as follows:
 - \$108,347,000 (17% of total funds) went to New York City
 - \$74,991,000 (12% of total funds) went to Suffolk County
 - \$67,305,000 (10% of total funds) went to Nassau County
 - \$77,473,000 (12% of total funds) were split up between the remaining LGUs

The state did not have oversight of how LGU funds were spent during the first three years of funding. To increase transparency of LGU funds, the state's Mental Hygiene Law was amended

in 2025 to require counties to report on their website and to OASAS how funds were spent by November 1 annually.³⁶

2. **State Funds (state oversight):** These are funds that are paid to New York State, deposited in the OSF, and managed by OASAS. Funds must be used for approved purposes³⁷ as determined by New York's opioid settlement agreement. In the first three years, a total of \$311,806,000 (49% of the total settlement funds) was paid directly to New York State. These funds are divided as follows:

- **OSF Recommended Spending by OSFAB:** This portion of funds is managed by OASAS and guided by annual spending recommendations made by the OSFAB. OASAS reports on spending of these funds at OSFAB meetings and on the OASAS website. In the first three years, a total of \$229,943,000 (36% of total funds) in state funds was paid to the OSF.³⁸
- **OSF Regional Abatements:** These funds are distributed to LGUs (counties) by OASAS for OSF-approved uses. LGUs must provide a report by August 1 of each year to OASAS about how funds are spent and the impact of the funds. In the first three years, a total of \$81,863,000 (13% of total funds) in state funds was paid to the state for distribution to LGUs.

Figure 6. NYS Opioid Settlement Funds Flow Chart

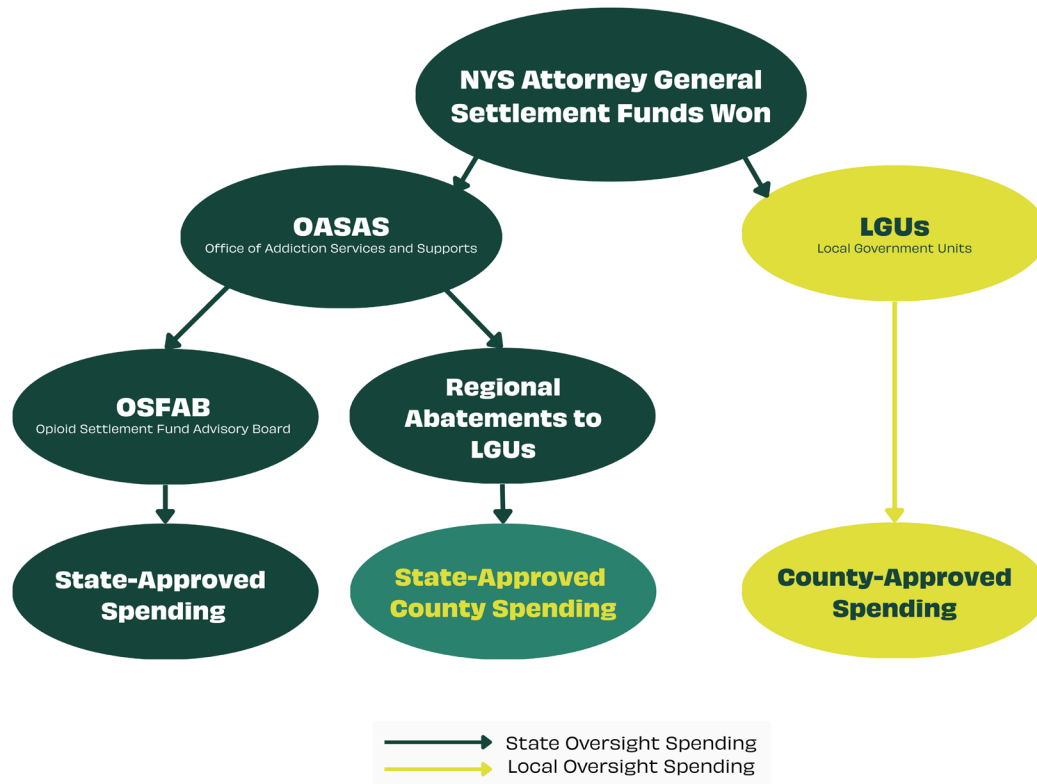
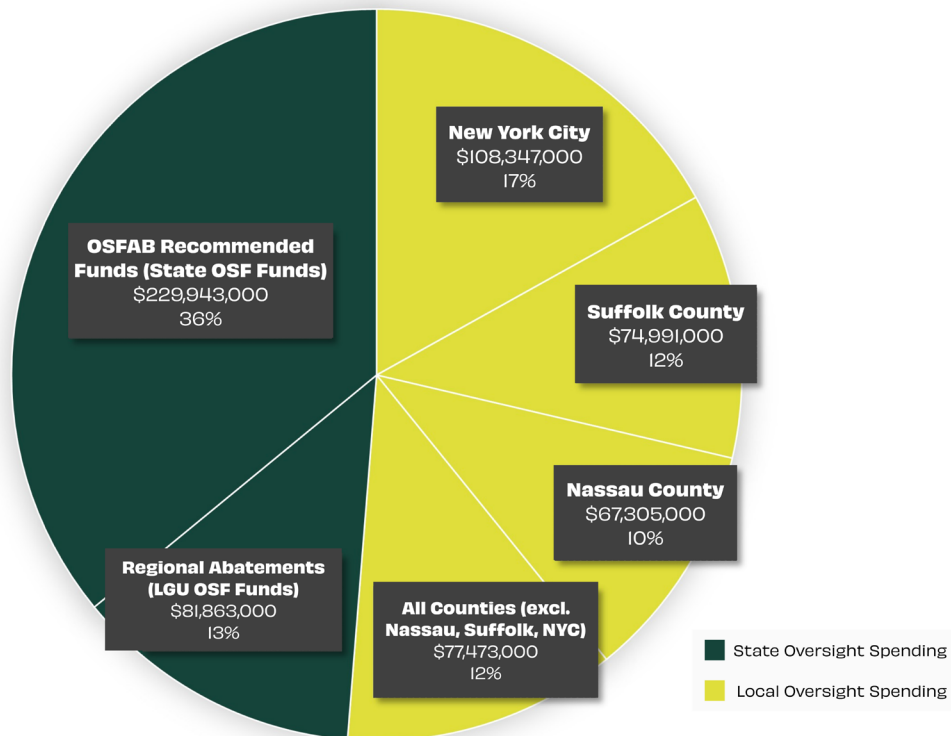


Figure 7. NYS Opioid Settlement Funds Received, FY23-24*

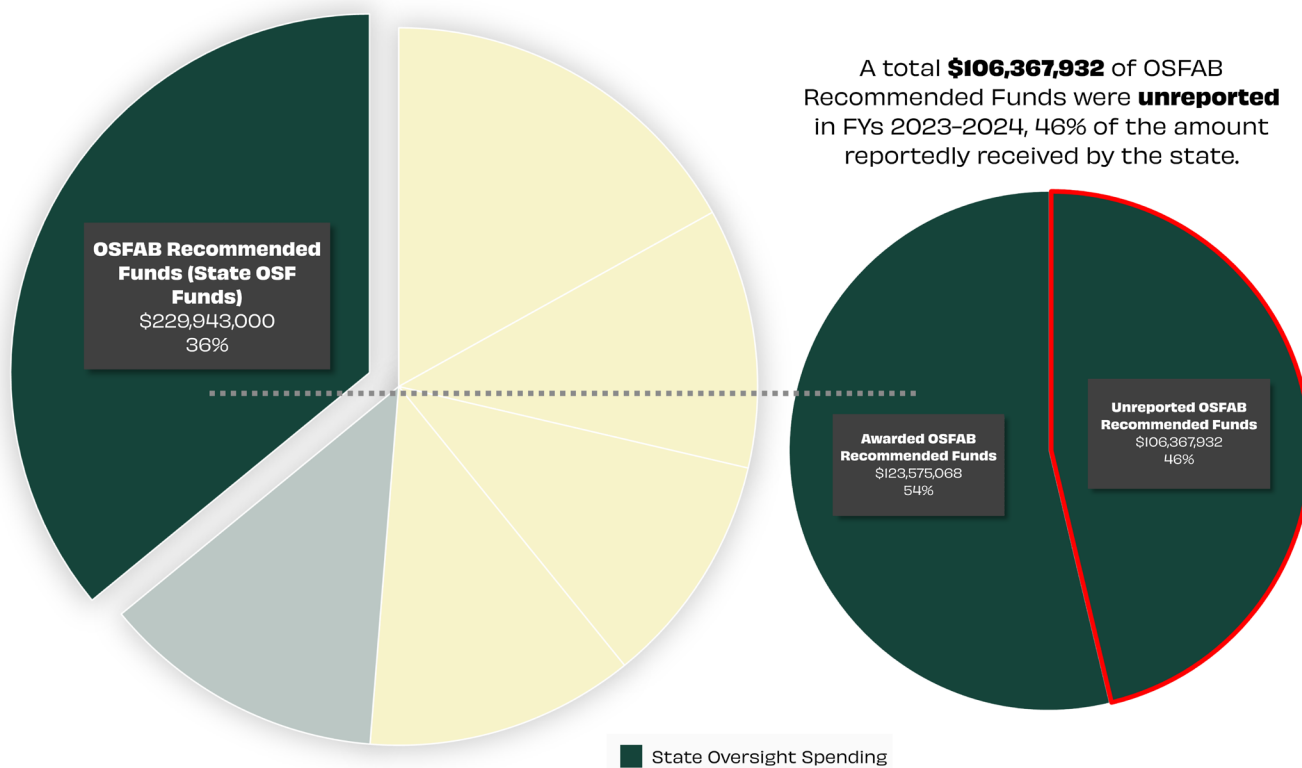


Source: NYS Division of the Budget Fiscal Presentation, May 2025

*Dollars allocated in FY 2022 were spent in FY 2023 and are included in the FY 2023 numbers.

HOW THE FUNDS WERE SPENT

Figure 8. OSFAB Recommended Funds, FY23-24*



Source: NYS Division of the Budget Fiscal Presentation, May 2025

*Dollars allocated in FY 2022 were spent in FY 2023 and are included in the FY 2023 numbers.

STATE FUNDS

OSF Funds Spent According to OSFAB Recommendations: In this section, we look at how the OSFAB-recommended OSF funds were spent, according to information reported on the OASAS Opioid Settlement Fund Tracker as of February 2025. This portion of funds is represented in Figure 8.

Figure 9 shows the total number of awards and dollar amounts granted per funding initiative as listed on OASAS's Opioid Settlement Fund Tracker. Out of a total of \$229,943,000 received in Fiscal year 2023 (FY23) and fiscal year 2024 (FY24), OASAS reported a total of \$123,575,068 in awarded funds.³⁹

Figure 9. Total Reported Awards by Funding Initiatives, FY23-24		
Funding Initiatives	Total Awards	Total \$
Connections to Care (Long-term Recovery & Well-being)	41	\$12,647,873
Local Impact Initiative	34	\$322,075
Expansion of NYS Drug User Health Hubs and Syringe Exchange Service Programs	25	\$21,092,600
Integrated Outpatient Treatment Program	20	\$10,587,273
Outreach and Engagement (Clinic Model, Street Outreach)	17	\$5,584,083
Low Threshold Buprenorphine Services	15	\$7,500,000
Non-Medical Transportation	14	\$10,319,988
Harm Reduction Services (Priority Populations, Telemedicine, Naloxone, Supplies)	14	\$32,553,000
Community Prevention Coalitions	5	\$3,913,676
Professional Scholarship Program	3	\$2,892,500
NY MATTERS	2	\$14,912,000
Research and Evaluation of Settlement Funds	1	\$900,000
Coroner/Medical Examiner Data Improvements	1	\$350,000
Grand Total	192	\$123,575,068

Source: OASAS NYS Opioid Settlement Fund Tracker

*Dollars allocated in FY 2022 were spent in FY 2023 and are included in the FY 2023 numbers.

Please visit <https://drugpolicy.org/NYsettlementmaps> to view an interactive version of these funding maps.

State Opioid Settlement Funds

Initiative

- Community Prevention Coalitions
- Connections to Care (Long-term Recovery & Well-being)
- Expansion of NYS Drug User Health Hubs and Syringe Exchange Service Programs
- Harm Reduction Services (Priority Populations, Telemedicine)
- Integrated Outpatient Treatment Program
- Local Impact Initiative
- Low Threshold Buprenorphine Services
- Non-medical Transportation
- Outreach and Engagement (Clinic Model, Street Outreach)
- Professional Scholarship Program

Annual funding (in thousands)

100K 400K 1M

NY State Overdose Death Rates

Overdose Death Rate in 2023 (deaths per 100k people)

13.8 78

Suppressed

Source: OASAS NYS Opioid Settlement Fund T

22

Figure 11. NYC OASAS Reported Funding Award Map

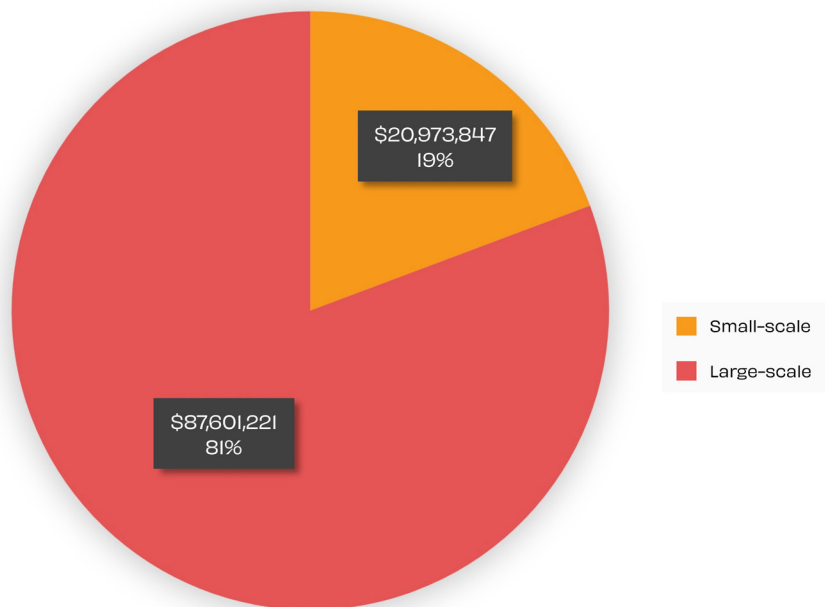


Eight statewide or multi-county initiatives were not included in the maps:

- \$18.8 million for a naloxone/statewide media campaign
- \$8 million for New York Medication for Addiction Treatment and Electronic Referrals Network (NY MATTERS)
- \$6.9 million for NY MATTERS for fentanyl and xylazine test strips
- \$4.25 million for a naloxone initiative
- \$1 million for harm reduction services via telemedicine
- \$1 million for harm reduction supplies
- \$900,000 for research and evaluation of opioid settlement funds
- \$350,000 to coroner/medical examiner offices

Figure 12. Distribution of OASAS Reported Awards, FY23-24

Frequent discussions at OSFAB meetings concerned the need to get funding to small, community-based organizations, who are well positioned to serve communities with the highest rates of overdose death and often struggle to apply for funding. Figure 12 compares the distribution of funding awards by size of organization, categorized as either large-scale or small-scale.



Source: OASAS NYS Opioid Settlement Fund Tracker

Organizations are labeled **large-scale** if they meet two of the following criteria:

- Serve multiple counties or were awarded funds for statewide initiatives
- Affiliated with large institutions (e.g., hospitals, universities, government, or national nonprofit networks)
- Have an annual budget exceeding \$5 million

Organizations are labeled **small-scale** if they meet two of the following criteria:

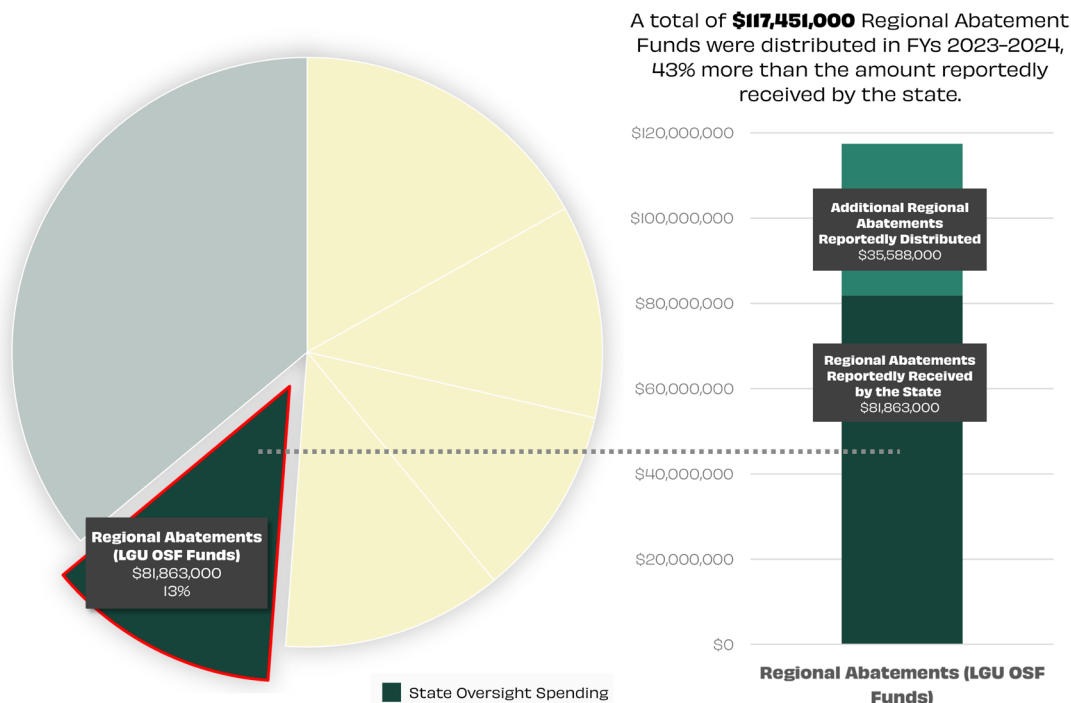
- Primarily serve a single local community
- Function separately from major institutions (e.g., hospitals, universities, government agencies, or large nonprofit networks)
- Have an annual budget under \$5 million

Key findings:

- Our analysis of reported awards from the first three years of spending found that:
- 80.7% of state-awarded funds went to large-scale organizations for multi-county or statewide initiatives.
- 19.3% of funds went to small-scale organizations.
- Funds awarded and distributed by LGUs are not listed on the OASAS website and are not included in the above analysis.

OSF FUNDS SPENT BY LGUS (REGIONAL ABATEMENTS)

Figure I3. Regional Abatements (LGU OSF Funds), FY23-24*

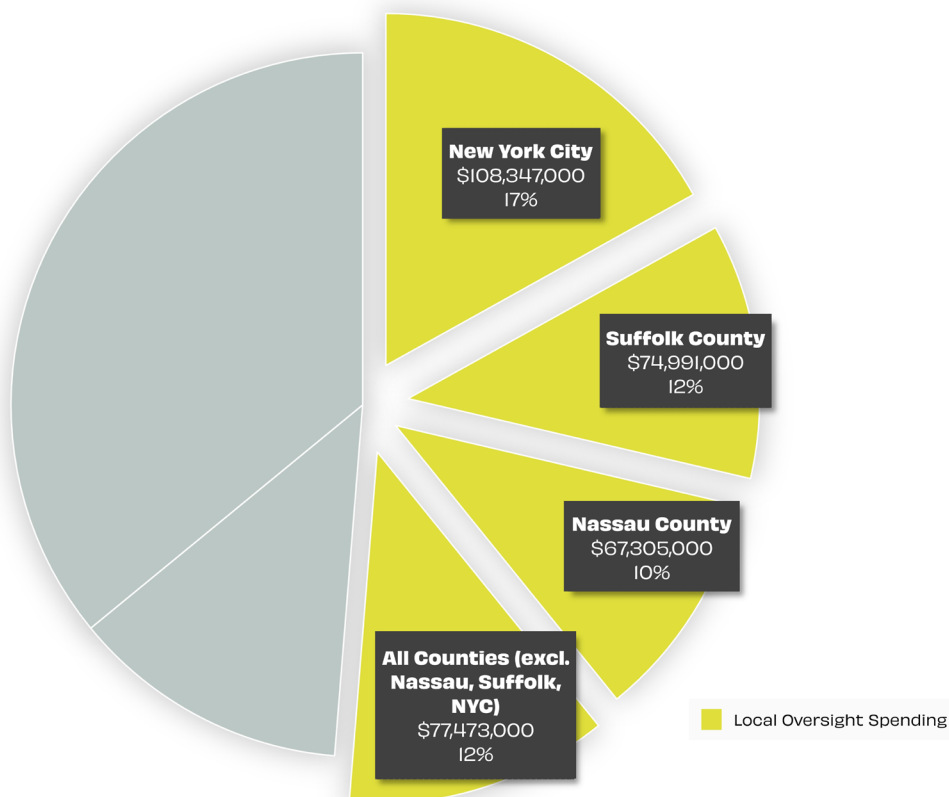


Source: NYS Division of the Budget Fiscal Presentation, May 2025

*Dollars allocated in FY 2022 were spent in FY 2023 and are included in the FY 2023 numbers.

Figure I3 shows that for fiscal years 2023 and 2024, OASAS reportedly distributed \$117,451,000 in regional abatement funds to LGUs, as detailed on OASAS' Opioid Settlement Fund Regional Abatements webpage.⁴¹ This is greater than the \$81,863,000 OASAS reportedly received⁴² in opioid settlement funds for regional abatement distribution, as shown in Figure I3. In order to receive regional abatement funds, LGUs must submit their annual spending plan to OASAS by August 1 of each year. A report on the outcome of spent funds is required before LGUs can receive additional funds.⁴³ LGU annual spending plans and reports are not shared publicly by OASAS, therefore LGU spending of these funds is publicly unavailable.

Figure 14. LGU (Local) Oversight Funds, FY23-24*



Source: NYS Division of the Budget Fiscal Presentation, May 2025

*Dollars allocated in FY 2022 were spent in FY 2023 and are included in the FY 2023 numbers.

LOCAL GOVERNMENT UNIT FUNDS

Figure 14 highlights all opioid settlement funds that were paid directly to Local Government Units (LGUs) from the settlement administrator. The largest shares of LGU funds were paid to New York City, Suffolk, and Nassau Counties. All other counties outside of New York City, Suffolk County, and Nassau County are classified as “eligible subdivisions” in New York’s Settlement Sharing Agreement.⁴⁴

Figure I5 is a partial list of programs and services funded by LGUs with their shares of opioid settlement funds, based on information that 65% of counties publicly announced. There was no requirement for counties to publicly report on the use of their funds during the first three years of funding. Because of this, funding information reported by counties for the first three years is incomplete.

Figure I5 may include initiatives funded with Regional Abatement dollars to LGUs (shown in Figure I2) as well as direct funds to LGUs represented in Figure I3. Providers of these services include county agencies, community-based organizations, law enforcement, schools, and health care facilities. See Appendix A for more information on county-specific funding awards.

Figure I5: Programs and services supported with LGU funds (non-exhaustive)

Case management	Coroner data improvements	Counseling services
Data analysts and software	Detox services	Drop-in services
Drug enforcement	Exercise and wellness programs	Harm reduction services
Health/mental health staffing	Housing (supportive, transitional, affordable)	Jail-based services
Medication-assisted treatment	Naloxone kits and trainings	Peer supports (groups, navigators)
Recovery housing	Public health vending machines	Recovery support
Research	Safe disposal equipment	School-based mental health services and other programs

PUBLIC TESTIMONY

Public testimony provides first-hand information about the needs of families and communities who are impacted by opioid use and the overdose crisis.

An analysis of all 140 public testimonies from people with lived experience of substance use, families, community members, service providers, and policy experts between June 2022 and October 2024 highlight shared concerns about barriers that prevent funding from reaching people and communities who are experiencing impacts of the overdose crisis.

FUNDING FAVORS LARGE INSTITUTIONS

Public testimony stressed that opioid settlement funds favor large clinical providers. In contrast, smaller, community-based organizations struggle to raise enough money to provide services.

I'm 18 years old, and I lost my mother to an overdose last year. I think that the opioid settlement dollars should be allocated to grassroots organizations, specifically ones that have been created by people who are directly impacted by the opioid epidemic...There's absolutely no reason that a big, billion-dollar business ... needs any more funding, especially considering the lack of resources and treatment they provide for people who experience substance use disorder ...

(Public Comment, July 10, 2023)

DRUG TREATMENT PROGRAMS LEAVE PEOPLE FEELING STIGMATIZED AND CRIMINALIZED

Public testimony expressed the need for services that meet the multiple needs of individuals, including mental health care, housing, and family support. There is a high demand for service models that use harm reduction, peer support, and holistic services instead of punishment. Many testified that state-funded treatment programs and other institutions still view people who use drugs as criminals. This leads to distrust, fear of surveillance, and barriers to getting care. Services should focus on wellbeing and reducing stigma to build trust with the people and communities they serve.

I was failed by two different treatment centers and the state system before I got sober. And in 2018, I overdosed ... I was actually declared legally dead. I was completely alone during my overdose. The nurses and doctors in the hospital were ... shaking their heads full of disgust and pity. The only person who talked to me that night was a police officer who wanted to know where the drugs came from.

(Public Comment, Sept. 20, 2022)

Patients with substance use disorders at [public hospital] do not have equal access to treatment compared to other health conditions and are being discriminated against ... It is unreasonable to expect the poorest and most vulnerable patients within our health system to overcome the unnecessary barriers being placed before them ... We are appalled that despite so much public health expertise governing our system, in possession of this overwhelming data, that we continue to face such tremendous neglect and disregard for the wellbeing of people.

(Written Testimony, Jan. 26, 2025)

WORKFORCE BURNOUT AND TURNOVER ARE HIGH IN THE SUBSTANCE USE FIELD

Testimonies showed that organizations depend on staff with lived experience of drug use. However, these workers are often overworked and underpaid, which leads to high rates of turnover.

I have 825 staff members. We are serving 24,000 individuals a year. Every time a staff member leaves, 30% of their caseload disengages in services. So, we need to make sure that people are staying in the field, not just training more, not just providing loan forgiveness. The people who have been here, who have the lived experience, the clinical experience, the passion, and really, really want to be here, [they need to be] staying here for five or 10 years."

(Public Comment, July 10, 2023)

STATE DATA DOES NOT INCLUDE LONG-TERM OUTCOMES

Many people spoke about wanting data to be more available and to more accurately measure success. For example, instead of using treatment completion as the only evidence of success, the state should also include long-term outcomes. If people do not get the support they need after leaving treatment, they may still be at risk of overdose and other harms. Others noted that in addition to data on the number of people who are enrolled in services, we need data on the number of people on waitlists who want services but cannot get them.

The success rate is based on the day that the person leaves treatment. That's not success. You got to look a week out, two weeks out, 30 days out, 60 days out, 90 days out, six months out. I'll tell you where most of the people are at that point. They're dead or they're incarcerated because treatment is failing us in New York State.

(Public Comment, Aug. 29, 2022)

OSFAB MEETINGS ARE NOT ACCESSIBLE TO MOST PEOPLE

Public testimony expressed that OSFAB meetings are not easy for most people to attend. Most meetings have been held in Albany. In 2024, in response to concerns about lack of access to OSFAB meetings, meeting locations were added in Buffalo and New York City. Still, public participation at OSFAB meetings is small. A lack of broad public accessibility to OSFAB meetings hurts transparency, community engagement, and public confidence in the use of funds.

RECOMMENDATIONS

Based on our analysis of publicly available spending and overdose data as well as public testimony given at OSFAB meetings, we recommend the following to improve the transparency and impact of opioid settlement funds.

1. ESTABLISH A MEASURABLE, DATA-INFORMED STATEWIDE PLAN TO REDUCE OVERDOSE DEATH RATES, WITH A FOCUS ON COMMUNITIES HARDEST HIT BY THE CRISIS.

There is currently no coordinated, measurable state plan to reduce overdose deaths where the crisis is most severe. Investments made in the first three years of funding have contributed to a statewide reduction in overdose deaths. However, the fact that overdose deaths are still increasing in many communities across the state shows that these investments have yet to reach all communities. Without goals to reach and strategies for reaching them, the state and OSFAB will be unable to meaningfully measure the impact of opioid settlement fund spending and communities impacted by the crisis will be left with more questions than progress.

2. INVEST IN COMMUNITY-BASED SERVICES THAT FOCUS ON OVERALL WELL-BEING.

Addiction care should not stop after 30, 60, or 90 days. People need follow-up care and help connecting to other services. Organizations that are already doing this work in their communities, especially those offering culturally specific support, should be scaled up or replicated. Substance use should be treated as a health issue, not a crime. That means moving away from rules like mandatory reporting. Funding should also support wraparound help, like mental health care, housing, and family support. These services work best when they are provided by the same program, so people can get the help they need all in one place.

Harm reduction means you work tirelessly to be sure that a person feels loved and cared about. It means making food if someone is hungry. It means giving access to health care to someone who's been suffering from another illness. It means [providing] housing so someone doesn't have to sleep in the street. It means putting yourself and your desires ... aside to listen to someone and help them achieve what they want in their life, regardless of your own wishes.

(Public Comment, Oct. 31, 2022)

3. EXPAND PROGRAMS THAT ARE DESIGNED TO SERVE COMMUNITIES AT HIGHEST RISK OF OVERDOSE DEATH. THIS INCLUDES BLACK AND BROWN, RURAL, AND OTHER UNDERSERVED COMMUNITIES.

Investments should focus on programs serving groups that are often underserved, including Black and Brown communities and rural New Yorkers. Black and Brown communities are still the most affected by the overdose crisis and continue to face discrimination, inequality, and criminalization. Mobile services and telehealth are critical models of care for reaching people in rural communities where people may live far from providers or struggle with transportation access.

This year's Opioid Settlement Fund Advisory OSFAB did not list Black or Brown New Yorkers as a funding priority population ... The people who are dying are the people we see every day at [service]

provider]. With our almost 3,500 New Yorkers we serve, over 70% are Black or Brown, 70% are men, and almost 60% are 55 and older. The omission of a focused response is not only unfortunate but is chilling and unacceptable. We urge the OSFAB to recommend earmarked designation of funds to address the disproportionate impact of race.

(Public Comment, Feb. 26, 2024)

4. REPORT REGULARLY AND ACCURATELY ON WHERE AND HOW FUNDS ARE SPENT AND WHICH COMMUNITIES ARE SERVED.

We need better data to understand what is working and what is not. The state should analyze multiple demographic indicators together, such as by looking at overdose death rates by race and age, so that it can better assess where there is the greatest need. The Department of Health collects a wide range of data on health indicators that can inform our understanding of overdose risk and other health harms. Relevant Department of Health data should be included in regular reports and analyses presented at OSFAB meetings in order to guide OSFAB recommendations and state agency funding decisions. The state should partner with service providers and communities to decide which data is most useful to collect and report. Community-based organizations also need reporting systems they can use to track services and outcomes. In observing community outcomes, the state should seek public comments and meaningfully incorporate them into their analysis. All of this data should be used in coordination to inform funding and policy decisions.

Public reporting on opioid settlement funds must be detailed, standardized, account for every dollar spent by the state and LGUs, and reported in a single location. This will allow for complete analyses of where and how funds have been spent, and assessments of the impacts of funding on overdose death rates

and other measurable impacts of the overdose crisis. Publicly reported information on funding awards should be accessible in formats, such as spreadsheets, that are easy to analyze.

5. TRAIN AND SUPPORT COMMUNITY-BASED WORKERS WITH LIVED EXPERIENCE.

Stable funding is important for community organizations because it helps organizations maintain staff and reduce burnout. Peer workers with lived experience need well-structured training programs that offer clear career advancement, benefits, and job security. By ensuring harm reduction and treatment program workers get the support they need to stay in their roles, we can help maintain a strong workforce.

6. SUPPORT COMMUNITY-BASED ORGANIZATIONS TO APPLY FOR FUNDING.

Community-based organizations are vital in supporting people and communities, yet they often have difficulty accessing grants and other funding opportunities. The OSFAB has talked about these barriers and looked at ways to help smaller organizations — such as creating a technical assistance program — to ensure providers can access and sustain important funding. The OSFAB and state should consult with community-based organizations to make funding more available to smaller organizations.

7. PROVIDE A VIRTUAL TESTIMONY OPTION AT OSFAB MEETINGS.

To make public participation easier, a virtual testimony option should be provided to the public at OSFAB meetings. Even though some meetings have been held in multiple regions simultaneously, many people still cannot make it to in-person meetings held at just a few locations across the state. Virtual options would let more people share their voices and help shape funding decisions.

CONCLUSION

THE RECOMMENDATIONS IN THIS REPORT ARE A GUIDE TO MAKE SURE OPIOID SETTLEMENT FUNDS ARE SPENT IN WAYS THAT HELP COMMUNITIES REDUCE DEATHS AND OTHER HARMS OF THE OVERDOSE CRISIS.

Beyond money, ending the overdose crisis will require honest conversations, fair systems, and strong partnerships with people most affected. We hope this report helps the OSFAB, government agencies, Governor, Legislature, and public better understand how the funds are being used and gives communities the tools they need to push for real and measurable improvements. Most of all, we hope it sparks a shared conversation about what comes next, and how we get there together.

APPENDIX A – COUNTY OSF SPENDING TABLE

Appendix A details all of the state funding awards allocated to counties, divided by award size (large-scale or small-scale), with each county's corresponding 2023 overdose death rate and 2013 urban/rural classification. The urban/rural classification is provided by the Office of Management and Budget's (OMB) 2013 Urbanization Classification codes, which categorize each county from 1 to 6, on a scale of most urban to most rural: 1, large central metro; 2, large fringe metro; 3, medium metro; 4, small metro; 5, micropolitan; 6, noncore..

NYS County	Urban/Rural Classification (OMB 2013 Urbanization Codes, 1-6)*	2023 OD Death Rate	Small-Scale Awards	Large-Scale Awards
Albany	3	31.6	Connections to Care Non-Medical Transportation Local Impact Initiative (3)	Low-Threshold Buprenorphine Services
Allegany	6	23.6	None	Outreach and Engagement (2) Professional Scholarship Program
Bronx	1	64.4	Low-Threshold Buprenorphine Services Expansion of NYS Drug User Health Hubs (DUHs) and Syringe Service Providers (SSPs) (2) Local Impact Initiative (2)	Outreach and Engagement (2) Connections to Care (2) Expansion of NYS DUHs and SSPs
Broome	4	46.9	Outreach and Engagement Connections to Care Non-medical Transportation Expansion of NYS DUHs and SSPs (2) Local Impact Initiative	Low-Threshold Buprenorphine Services
Cattaraugus	5	51.6	Local Impact Initiative	None
Cayuga	5	17.5	Local Impact Initiative	Outreach and Engagement Harm Reduction Services
Chautauqua	5	57.7	Local Impact Initiative (2)	Community Prevention Coalition
Chemung	4	50.4	None	None
Chenango	6	39.2	None	None
Clinton	5	21.8	Connections to Care	None
Columbia	5	29.8	Community Prevention Coalition	Harm Reduction Services
			Local Impact Initiative	Expansion of NYS DUHs and SSPs
Cortland	6	*	Local Impact Initiative (2)	Low-Threshold Buprenorphine Services
Delaware	6	38.3	None	None
Dutchess	2	35.7	None	Outreach and Engagement Community Prevention Coalition

Erie	1	42.3	Connections to Care Non-Medical Transportation Integrated Outpatient Treatment Local Impact Initiative (3)	Low-Threshold Buprenorphine Services (2) Connections to Care (2) Harm Reduction Services Expansion of DUHHS and SSPs
Essex	6	*	None	None
Franklin	5	*	None	Integrated Outpatient Treatment Program
Fulton	5	36.4	None	Non-medical Transportation
Genesee	5	41.7	None	Connections to Care
Greene	6	29.7	Local Impact Initiative	None
Hamilton	6	28.6	None	None
Herkimer	3	*	Connections to Care	None
Jefferson	4	25.3	Low-Threshold Buprenorphine Services Integrated Outpatient Treatment Program	Outreach and Engagement
Kings (Brooklyn)	1	29	Outreach and Engagement Connections to Care (2) Integrated Outpatient Treatment Expansion of NYS DUHHS and SSPs (2) Local Impact Initiative	Outreach and Engagement Integrated Outpatient Treatment
Lewis	6	18	None	None
Livingston	2	*	None	Connections to Care Non-medical Transportation Integrated Outpatient Treatment (2)
Madison	3	25.4	None	None
Monroe	1	60.3	Integrated Outpatient Treatment Local Impact Initiative (3)	Connections to Care Expansion of NYS DUHHS and SSPs
Montgomery	5	24.3	None	None
Nassau	2	15.1	Connections to Care	Low-Threshold Buprenorphine Services Connections to Care
New York (Manhattan)	1	33.7	Low-Threshold Buprenorphine Services (2) Connections to Care (2) Non-medical Transportation Harm Reduction Services Expansion of NYS DUHHS and SSPs (3) Local Impact Initiative	Low-Threshold Buprenorphine Services Connections to Care (6) Non-medical Transportation (3) Integrated Outpatient Treatment (2) Professional Scholarship Program Harm Reduction Service (5) Expansion of NYS DUHHS and SSPs (5) Naloxone Initiative
Niagara	2	43.9	Integrated Outpatient Treatment	None
Oneida	3	27.2	None	Low-Threshold Buprenorphine Services Connections to Care Non-medical Transportation Integrated Outpatient Treatment (2)
Onondaga	3	42.1	Local Impact Initiative (3)	Outreach and Engagement Integrated Outpatient Treatment Expansion of NYS DUHHS and SSPs

Ontario	2	28.4	None	Low-Threshold Buprenorphine Services Connections to Care Non-medical Transportation
Orange	2	28.2	Local Impact Initiative	Connections to Care Expansion of NYS DUHHS and SSPs
Orleans	2	25.6	None	None
Oswego	3	21.2	Local Impact Initiative (2)	Outreach and Engagement
Otsego	5	34.9	Connections to Care (2)	None
Putnam	2	20.4	None	None
Queens	1	23.4	Connections to Care Non-Medical Transportation Integrated Outpatient Treatment Harm Reduction Services Expansion of NYS DUHHS and SSPs	Outreach and Engagement (2) Connections to Care Harm Reduction Services Expansion of NYS DUHHS and SSPs
Rensselaer	3	44.6	None	None
Richmond	1	34.4	Connections to Care (3) Non-medical Transportation Expansion of NYS DUHHS and SSPs	None
Rockland	2	14.1	Local Impact Initiative	Connections to Care
St. Lawrence	5	15.9	None	Low-Threshold Buprenorphine Services Connections to Care Non-medical Transportation
Saratoga	3	13.8	Outreach and Engagement	Connections to Care
Schenectady	3	30	None	None
Schoharie	3	*	None	None
Schuyler	6	*	None	None
Seneca	5	*	None	None
Steuben	5	25	None	None
Suffolk	2	32.8	Outreach and Engagement Expansion of NYS DUHHS and SSPs	Professional Scholarship Program
Sullivan	6	51.3	None	Connections to Care
Tioga	4	25.1	None	None
Tompkins	4	28	None	Harm Reduction Services
Ulster	4	36.2	Outreach and Engagement Local Impact Initiative	Community Prevention Coalition
Warren	4	21.4	None	None
Washington	4	16.7	Connections to Care	None
Wayne	2	25.3	None	None
Westchester	2	17	Expansion of NYS DUHHS and SSPs Local Impact Initiative (4)	Low-Threshold Buprenorphine Services Connections to Care Integrated Outpatient Treatment (4)
Wyoming	6	*	None	None
Yates	2	*	None	None

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5. NY Mental Hygiene Law § 25.18 (2024)
OSFAB members are either appointed by virtue of their official position at state agencies, or by state leadership. State agency membership includes the Commissioners of the Office of Addiction Services and Supports (OASAS), Office of Mental Health (OMH), Department of Health (DOH), and the Director of the Division of the Budget (DOB). Authoritative bodies that can appoint the remaining members include the Governor and other legislative leaders (Assembly Speaker, Senate President) and minority leaders.
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16. See "How the Funds were Spent: State Funds," Figure 8.
17. This figure is calculated from the OASAS Settlement Fund Tracker as of 10/6/2025. "Opioid Settlement Fund Tracker," Office of Addiction Services and Supports, accessed September 11, 2025, <https://oasas.ny.gov/fy-2023-opioid-settlement-fund-initiatives>.
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22. "NYS Overdose Death Dashboard," Office of Addiction Services and Supports, accessed September 11, 2025, <https://oasas.ny.gov/overdose-death-dashboard>.
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31. Hispanic and Native people are not included in this chart because there is not complete and consistent data on these groups in rural counties, especially before 2021. The data sources in this review report the Hispanic overdose death rate in rural counties was 0 in 2019, 2020, and 2022. This is likely inaccurate. In addition, the data does not report on deaths among Native people.
32. "Opioid Settlement Fund: Projected Receipts by Source," Office of Addiction Services and Supports, <https://oasas.ny.gov/system/files/documents/2024/09/osfab-projected-receipts-by-source.pdf>.
33. The LGU is the unit of government with authority under New York State Mental Hygiene Law Article 41 to provide local addiction and mental health services. A list of LGUs can be found at "Opioid Settlement Fund Regional Abatements," Office of Addiction Services and Supports, September 25, 2025, <https://oasas.ny.gov/opioid-settlement-fund-regional-abatements>.
34. OSFAB Opioid Settlement Fund Fiscal Presentation, May 22, 2025, New York State Division of the Budget, <https://oasas.ny.gov/system/files/documents/2025/05/osfab-5-22-25-fiscalpresentation.pdf>.
35. "Exhibit N," NY Sharing Agreement, September 2021, <https://nationalopioidsettlement.com/wp-content/uploads/2021/09/NY-Sharing-Agreement.pdf>.
36. NY Mental Hygiene Law § 25.18 (2024)
37. "Schedule C – Approved Uses," OASAS, February 2023, <https://oasas.ny.gov/system/files/documents/2023/02/approved-uses.pdf>.
38. The terms of many opioid settlements direct 175% of funds to the State for unrestricted purposes with a portion available to the New York State Attorney General for litigation expenses. However, based on New York state finance law (SFL § 99-nn), all state opioid settlement funds must go into the OSF. This 175% of funds is included in the 37% of total state-managed OSF funds.
39. Awarded funds include both monies paid out, and monies awarded but not yet paid out.
40. Statewide initiatives to expand access to fentanyl/xylazine test strips, naloxone distribution, and to improve coroner and medical examiner data amount to more than \$41 million and were not included in the map.
41. "Opioid Settlement Fund Regional Abatements," Office of Addiction Services and Supports, September 25, 2025, <https://oasas.ny.gov/opioid-settlement-fund-regional-abatements>.
42. OSFAB Opioid Settlement Fund Fiscal Presentation, May 22, 2025, New York State Division of the Budget, <https://oasas.ny.gov/system/files/documents/2025/05/osfab-5-22-25-fiscalpresentation.pdf>.
43. "OSF Regional Abatement Planned Use of Funds," Office of Addiction Services and Supports, accessed September 11, 2025, https://oasas.ny.gov/system/files/documents/2023/02/regional_abatement_Opdf.
44. "Exhibit N," NY Sharing Agreement, September 2021, <https://nationalopioidsettlement.com/wp-content/uploads/2021/09/NY-Sharing-Agreement.pdf>.

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