

Categorization of Expenditures for Opioid Remediation Programming

Background

The national opioid settlement uses Exhibit E which details Core Strategies (Schedule A) for opioid abatement which are prioritized uses, while Schedule B details other approved uses allowed under the funding.¹ These lists are not intended to be exhaustive and also overlap considerably. The consortium of researchers from Pennsylvania State University, Temple University, and the University of Pittsburgh (research consortium), leveraged self-reporting of county opioid abatement programs linked to these existing schedules to conceptualize a new opioid abatement categorization taxonomy aimed at helping counties to more clearly categorize their existing programming for public display and for future health outcomes research, aimed specifically at demonstrating public health impact of opioid abatement programs.

In early 2024, the research consortium started our process to more clearly categorize both Schedules A and B fund uses, grouping them in overall domains of potential opioid abatement programming to be supported by the settlement. The research consortium also developed initial population categorization aimed at better understanding the populations being served by opioid abatement programs. Language used in the taxonomy was informed by both Substance Abuse and Mental Health Services Administration (SAMHSA) and Shatterproof guides on reducing stigma.^{2,3}

Initial categorization frameworks were informed both by reviewing existing state and county-level reporting in other states disbursing opioid settlement funds and discussions among researchers engaged in various aspects of better understanding the opioid crisis and mechanisms to reduce overdose and related deaths.^{4,5}

Based on feedback the initial taxonomy from the Pennsylvania Association of County Drug and Alcohol Administrators (PACDAA), the research consortium reassessed categorization and terminology through an expert advisory committee composed of PACDAA members directly responsible for opioid abatement program management in Pennsylvania's counties, as well as other programmatic experts. This committee was tasked with answering questions about their opioid abatement programs using the taxonomy and were also provided an explainer sheet to help answer questions that the research consortium predicted may arise. Based on feedback from a meeting with this committee in November 2024, further refinements were made to the taxonomy to clarify language and capture data about populations served. The explainer sheet was also updated based on these clarifications and the committee was asked to use the taxonomy again in December 2024. Feedback on the taxonomy continued into January 2025 which was subsequently finalized and added into the March 17, 2025 reporting cycle.

¹ <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

² <https://www.shatterproof.org/sites/default/files/2021-02/Stigma-AddictionLanguageGuide-v3.pdf>

³ <https://www.samhsa.gov/sites/default/files/overcoming-stigma-ending-discrimination-resource-guide.pdf>

⁴ <https://ncopioidsettlement.org/>

⁵ <https://caremass.org/data-dashboard/>

Note: Pennsylvania Counties and Litigating Subdivisions that receive opioid settlement funds have self-reported the following primary categories and target populations of approved opioid remediation programming according to Exhibit E. The following categories do not track Exhibit E directly, but are intended to assist with public understanding of expenditures and potential health outcomes research.

Primary Categories

Counties and Litigating Subdivisions were asked to select the category that best represents the primary aim of the reported opioid remediation program. They could select multiple categories to represent shared aims of the program.

- 1. Prevention**
- 2. Treatment – Medication for Opioid Use Disorder**
- 3. Treatment – Other**
- 4. Harm Reduction – Naloxone**
- 5. Harm Reduction – Other**
- 6. Family-Centered Support Program**
- 7. Safe Disposal**
- 8. Recovery Support**
- 9. Stigma Reduction**
- 10. Data Collection/Research**
- 11. Infrastructure Support**

Primary Category Description

(Examples below are not meant to be expansive but help Counties and Litigating Subdivisions categorize their existing programming.)

Prevention

Efforts focused on preventing the initiation of opioid misuse and development of opioid use disorder. Includes but is not limited to, education and media campaigns.

Treatment – Medication for Opioid Use Disorder

Programming directly related to increasing utilization of medication assisted treatment (MAT) including methadone, buprenorphine, and naltrexone.

Treatment– Other

All other aspects of treatment not directly related to increasing utilization of MAT, including but not limited to counseling based treatment, fellowship based treatment, detoxification, acute overdose treatment, certified recovery specialists, warm hand off, peer navigators, criminal justice diversion from incarceration programs to treatment, etc.

Harm Reduction – Naloxone

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies related directly to increasing access to naloxone.

Harm Reduction – Other

All support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies not related to naloxone.

Family-Centered Support Program

Support for neonatal abstinence syndrome, foster care, certified family grief counseling, and other family-focused services.

Safe Disposal

Safe disposal programming.

Recovery Support

Short and long-term support for those in recovery from substance use disorders, community re-entry programs, housing for those released from treatment, work placement services, etc.

Stigma Reduction

Media campaigns, training, or education supporting stigma reduction.

Provider Education

Prevention media campaigns and training for providers, supporting safe disposal, and stigma reduction

Data Collection/Research

Creation and analysis of addiction data, evaluation of settlement funds, research into innovative treatments, etc.

Infrastructure Support

Costs that support opioid abatement infrastructure, and not centered on direct services such as administrative staff pay, conference registration fees, etc.

Populations Served

Counties and Litigating Subdivisions were asked to select the category that best represents the population served by the opioid remediation program. They could select multiple categories to represent different populations served.

1. Individuals who use opioids
2. Individuals seeking Treatment for Opioid Use Disorder and co-occurring Substance Use Disorder and mental health conditions
3. Individuals in recovery from Opioid Use Disorder and co-occurring Substance Use Disorder and mental health conditions
4. Family members of those who use opioids
5. Community members impacted by the opioid epidemic
6. Justice-involved Individuals
7. Pregnant and Post-partum Women
8. Infants (those under 6 months)
9. Adolescents (those under 18)
10. Adults (those aged 18+)
11. Elderly (65+)
12. Healthcare Personnel
13. Substance Use Treatment Personnel
14. Mental Health Treatment Personnel
15. Law Enforcement Personnel
16. First Responders/EMT
17. The General Public
99. Other: