

South Carolina's Opioid Settlements

The United States is in the **midst of a crisis** on its streets and in its communities as **overdoses, homelessness, and disorder reach record levels**. Yet settlement proceeds secured by the State of South Carolina present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

South Carolina is set to receive **more than \$725 million** (\$773,300,669.30) in opioid settlement funds—equal to nearly half of the state's share of the monumental Tobacco Master Settlement Agreement.¹ With 21 separate settlements and payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment is not underutilized. **South Carolina can make targeted investments in treatment capacity** that will **honor those who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

South Carolina has a scaled allocation structure, with about 15–20 percent of funds allocated to the state and 80–85 percent of funds allocated to subdivisions until the year 2030 and beyond, when proceeds will be allocated 50/50.² The state is estimated to receive \$264,314,090.63 over the course of the settlement period. The nine-person Opioid Recovery Fund Board is authorized to disburse payments unilaterally from the Discretionary Subfund of the Opioid Recovery Fund.³

In the most recent report, the Board authorized \$6.4 million to around a dozen recipients to fund several dozen projects.⁴ Allocating funds to diffuse community organizations to fund piecemeal prevention projects will not create lasting treatment infrastructure. **The state should amend the statute to abolish the Board and vesting final allocation authority in the legislature.**

The state must rein in the misallocation of these funds and prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Behavioral Health Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on South Carolina.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**
 - o Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
 - o Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
 - o Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

State Psychiatric Hospitals

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. South Carolina currently has only **3.9 state psychiatric beds** per 100,000 people for civil (i.e., non-criminal) patients.^{5,6} Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, South Carolina still falls short of the minimum.⁷ Secure beds are a costly but necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
 - o Invest in expanding state hospital capacity.
 - o Move forensic (criminal) commitments to a jail-based restoration facility.
 - o Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental diseases (IMDs).

Inpatient Stabilization Centers and Mobile Crisis Teams

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies, but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out, overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
 - Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
 - Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
 - Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

SOUTH CAROLINA

[Download all South Carolina opioid settlement documents](#)

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STATE-CONTROLLED FUNDS	ALL FUNDS	2025 EOY FUNDS RECEIVED - STATE	2025 EOY FUNDS RECEIVED - ALL	Av. Receipt (All Funds) / Yr (*20)
\$264,314,090.63	\$773,300,669.30	\$59,101,864.23	\$261,130,229.60	\$38,665,033.47

2021 National Opioid Settlement

South Carolina v. Distributors

- [Final Consent Judgment](#)
 - Final Consent Judgment and Dismissal with Prejudice [p. 1]
 - Exhibit A "Distributor Settlement Agreement" [p. 16]
 - Exhibit C "South Carolina Opioid Settlement Allocation Agreement" [p. 591]
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. McKesson Corporation, et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2019-CP-4004521

South Carolina v. Janssen

- [Final Consent Judgment](#)
 - [Exhibit A "Janssen Settlement Agreement"](#)
 - [Exhibit C "South Carolina Opioid Settlement Allocation Agreement"](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. Johnson & Johnson, et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2022-CP-4003004

2022 National Opioid Settlement

South Carolina v. CVS

- [Final Consent Judgment](#)
 - [Exhibit A "agreement dated as of December 9 2022"](#)
 - [Exhibit C "South Carolina Opioid Settlement Allocation Agreement"](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. CVS Pharmacy, Inc., et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2024-CP-40-00618

South Carolina v. Walgreens

- [Final Consent Judgment](#)
 - [Exhibit A "agreement dated as of December 9 2022"](#)
 - [Exhibit C "South Carolina Opioid Settlement Allocation Agreement"](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. CVS Pharmacy, Inc., et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2024-CP-40-00618

South Carolina v. Walmart

- [Final Consent Judgment](#)
 - [Exhibit A “agreement dated as of November 14 2022”](#)
 - [Exhibit C “South Carolina Opioid Settlement Allocation Agreement”](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. CVS Pharmacy, Inc., et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2024-CP-40-00618

South Carolina v. Allergan

- [Final Consent Judgment](#)
 - [Exhibit A “Allergan Public Global Opioid Settlement Agreement”](#)
 - [Exhibit C “South Carolina Opioid Settlement Allocation Agreement”](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. Allergan Limited, et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2024-CP-40-00619

South Carolina v. Teva

- [Final Consent Judgment](#)
 - [Exhibit A “Teva Global Opioid Settlement Agreement”](#)
 - [Exhibit C “South Carolina Opioid Settlement Allocation Agreement”](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. Allergan Limited, et al., Fifth Judicial Circuit Court of Common Pleas, Richland County, Civil Action No. 2024-CP-40-00619

Other Coalition Opioid Settlements

South Carolina v. Kroger

- [Final Consent Judgment](#)
 - [Exhibit A “agreement dated as of March 22 2024”](#)
 - [Exhibit C “South Carolina Opioid Settlement Allocation Agreement”](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. The Kroger Co., Fifth Judicial Circuit Court of Common Pleas, Richland County, Case No. 2024-CP-40-00895

South Carolina v. McKinsey

- [Final Consent Judgment](#)
- [McKinsey Allocation Amounts](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. McKinsey & Company, Inc., United States, Fifth Judicial Circuit Court of Common Pleas, Richland County, Case No. 2021-CP-400515

South Carolina v. Mallinckrodt

- [NOAT II Agreement](#)
- [Statewide Abatement Agreement](#)
- [Notice of Abatement Distribution](#)

South Carolina v. Publicis

- [Consent Judgment](#)
 - [Exhibit A “Publicis Multistate Settlement Allocation”](#)
 - [Exhibit B “Publicis Multistate Settlement Allocation of Costs”](#)
- The State of South Carolina ex rel. Alan Wilson, in his official capacity as Attorney General of the State of South Carolina, v. Publicis Health, LLC, Fifth Judicial Circuit Court of Common Pleas, Richland County, Case No. 2024-CP-40-00695

South Carolina v. Endo

- [Global Public Trust Agreement](#)
- [Notice of Abatement Distribution](#)

2025 National Settlements

South Carolina v. Purdue

- [missing documentation]
- State of South Carolina, ex rel. Alan Wilson Attorney General v. Purdue Pharma L.P., et al., C.P. Richland County, Case No. 2017-CP-4004872 [unconfirmed]

South Carolina v. Mylan

- [missing documentation]

South Carolina v. Hikma

- [missing documentation]

South Carolina v. Amneal

- [missing documentation]

South Carolina v. Apotex

- [missing documentation]

South Carolina v. Indivior

- [missing documentation]

South Carolina v. Sun Pharmaceuticals

- [missing documentation]

South Carolina v. Alvogen

- [missing documentation]

South Carolina v. Zydus

- [missing documentation]

Independent Settlements

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- 1 KFF. "Actual Tobacco Settlement Payments Received by the States (in millions)." Accessed 8 September 2025. <https://www.kff.org/health-costs/state-indicator/tobacco-settlement-payments>.
 - 2 "South Carolina Opioid Settlement Allocation Agreement." https://drive.google.com/file/d/1pVIGDD1S-_G5hUEGblidXSsRMYYqhCmtj/view?usp=sharing.
 - 3 South Carolina Code § 11-58-40. <https://www.scstatehouse.gov/code/t11c058.php>.
 - 4 South Carolina Opioid Recovery Fund Board. "Discretionary Subfund Award List – 2024." https://scorf.sc.gov/files/dsf_awards_2024.pdf.
 - 5 Treatment Advocacy Center, "South Carolina Psychiatric Beds Report." 2023. <https://www.tac.org/wp-content/uploads/2023/10/SouthCarolinabedsinformation.pdf>.
 - 6 United States Census Bureau, "2023 American Community Survey – Total Population." [https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US\\$0400000](https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US$0400000).
 - 7 Silver, Shanti, "Estimating Psychiatric Bed Need in the United States," p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.