South Carolina Opioid Emergency Response Plan

I.   INTRODUCTION

A.   The South Carolina Opioid Emergency Response Plan (SCOERP) reflects the direction provided in the Governor's Executive Order 2017-42, including organization, purpose, and planning guidance to reduce this threat to our citizens.

B.   The SCOERP provides a methodology for the coordinated effort of state agencies, stakeholders, private-sector partners, and the public to address the crisis utilizing a framework to address awareness, prevention, and treatment of the use and misuse of opioids.

C.   The SCOERP defines the roles and responsibilities of each agency to implement goals and objectives to achieve unified results in support of local jurisdiction plans and programs.

D.   The SCOERP is designed to work in conjunction with federal, state, and local policies, plans, programs, and initiatives to maximize available resources and place them where most needed to support our citizens.

II.   PURPOSE

A.   Provide a comprehensive plan to address the opioid epidemic that maximizes available resources to achieve desired outcomes through coordinated efforts with federal, state, and local agencies, stakeholders, and private-sector partners.

B.   Nest strategies, findings, and recommendations from the Governor's Prescription Drug Abuse Prevention Council and the South Carolina House of Representatives Opioid Abuse Prevention Study Committee into the plan and ensure unity of effort.

C.   Integrate best practices and lessons learned from the National Safety Council, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention (CDC), states, and stakeholders that provide an immediate and sustained impact on the opioid epidemic.

D.   Improve data collection and sharing to provide situational awareness using a common platform accessible to each agency, activity, and partner.

E.   Employ information systems to support public and community outreach on the opioid epidemic to assist in awareness, prevention, and treatment.

F.   Develop assessment capabilities that enable plan refinement based on the desired outcomes. This is a key step in the delivery of services in support of local jurisdictions and our communities.

IV.   SCOPE

A.   The South Carolina Opioid Emergency Response Team (OERT) develops a multi-lateral strategy to prevent and treat the misuse of prescription opioids and use of illicit opioids in order to strengthen public health, security, safety, and the economic well-being of the citizens of the state.

B.   The OERT establishes goals of the strategy translated into the response plan. The goals of the response plan include:

    1.   Reduce opioid and related illicit drug deaths across the state.

    2.   Educate the public to create an awareness of the risks, impacts, and reduction measures that enhance the quality of life for South Carolinians.

    3.   Change health professional prescribing practices to reduce unnecessary opioid usage with the Joint Revised Pain Management Guidelines and expand screening and management of substance use disorders.

    4.   Reduce the availability of illicit opioids through a broad range of law enforcement strategies and community outreach programs.

    5.   Improve treatment access and recovery support.

C.   The OERT integrates and describes responsibilities of agencies, partners, and stakeholders to organize expertise and resources into four focus areas:

    1.   Educate and Communicate

    2.   Prevent and Respond

    3.   Treat and Recover

    4.   Employ Coordinated Law Enforcement Strategies

D.   Focus areas enable coordination, synchronization, and assessment of progress to ensure success. These focus areas will adjust strategies and delivery mechanisms that are tailored to the environment and the needs of the community to address the opioid problem.

V.   PLAN STRUCTURE

A.   The plan adopts a statewide approach to the opioid emergency with our partners and includes overarching planning assumptions, roles and responsibilities, concept of the operations, focus areas for implementation, and plan review and assessments.

B.   Annexes and supporting documents enable the implementation of focus-area objectives to attain desired outcomes measured against performance or effectiveness targets to achieve goals to combat the opioid epidemic.

C.   The plan is a living document and must be reviewed periodically using feedback from principals and stakeholders to assess progress and make necessary changes in strategy and actions based on assessments derived from each focus area and the community.

VI.   FACTS

A.   Drug poisoning is now the number-one cause of unintentional death in the United States. Every day, more than 100 people die from opioid drugs – including nearly 71,000 deaths in 2019 and nearly 93,000 in 2020.

B.   Providers in South Carolina wrote 60.4 opioid prescriptions for every 100 persons, compared to the average United States rate of 46.7 prescriptions for every 100 persons in 2019.

C.   One in four people who are prescribed opioids struggles with addiction.

D.   Four in five people who use heroin started with prescription pain killers.

E.   Cocaine-involved overdose deaths provisionally increased by 50% in 2020 from 2019.

F.   In 2020, provisional CDC data reported that 1,395 deaths in South Carolina were the result of an opioid overdose, an increase of 59% from 2019.

G.   Provisional CDC data reported synthetic opioid-involved overdose deaths increased by approximately 64% from 2019 to 2020.

VII.   ASSUMPTIONS

A.   Use of illicit opioids and availability of illicit opioids will increase as availability of prescription opioids is restricted.

B.   Policies and codes will help curb illicit use of prescription opioids.

C.   As we curb opioid use, we may see increased use of benzodiazepines, cocaine, methamphetamines, and marijuana. Psychostimulant-involved deaths increased 61% in 2020 over 2019, the second-largest increase in deaths by drug type.

D.   Shifts in illicit drug availability change drug use and can increase risk of overdose death.

E.   Effects of COVID-19 on psychology, social structures, and systems have negatively impacted populations at risk of substance use disorders.

F.   Prevalence of opioid use disorder (OUD) and morbidity and other consequences related to OUD may increase before we see improvement.

G.   As more evidence-based medical treatment is practiced to treat OUD, lives will be saved and people will recover.

H.   Better prescribing practices and the expansion of alternatives to prescription drugs will reduce OUD.

I.   Patients with substance use disorders will seek treatment and recovery services within their communities.

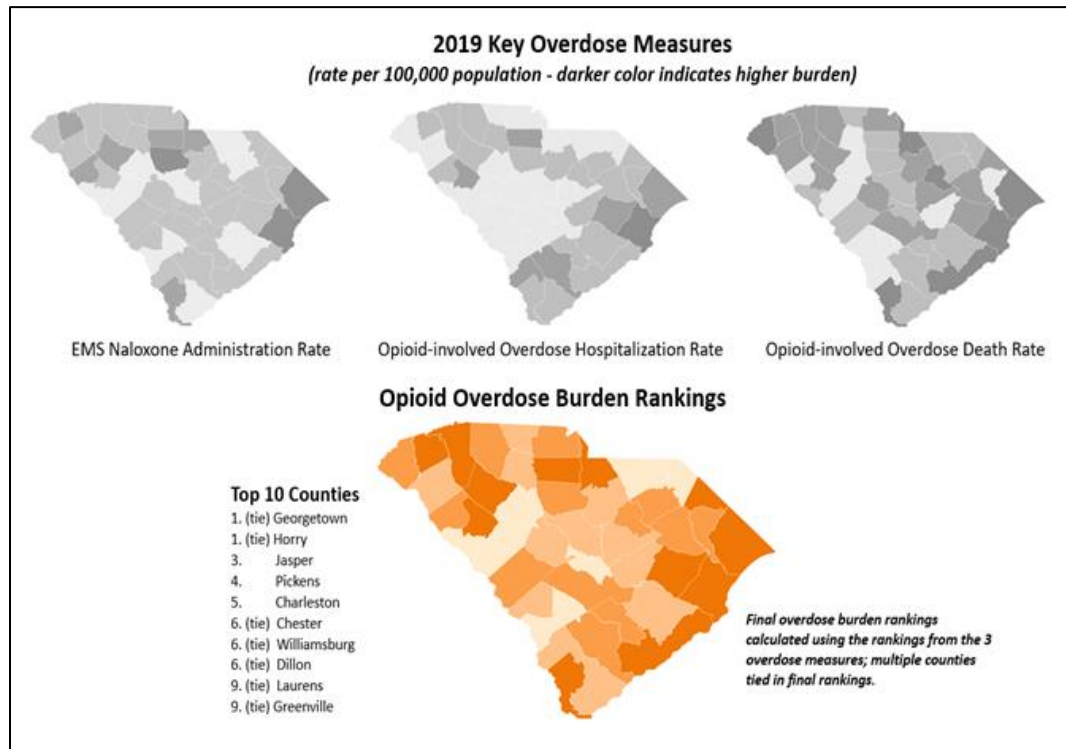J.   Insufficient resources are available to address prevention and treatment across the state.

VIII.   SITUATION

A.   *General:*   South Carolina is not immune to the consequences of opioid misuse. Overdosing is at an epidemic level in our state.   In 2019, there were 876 overdose deaths involving opioids in South Carolina – a rate of 17.8 deaths per 100,000 persons, compared to a rate of 16.7 deaths per 100,000 persons in 2018.   The greatest increase in opioid deaths occurred among cases involving psychostimulants (which include methamphetamine), with a 40% increase from 242 deaths in 2018 to 338 in 2019.   Fentanyl-involved overdose deaths and heroin-involved overdose deaths both increased by 17% from 2018.   Provisional mortality data for South Carolina in 2020 shows there were substantial spikes in deaths among all drug categories and by all drugs.
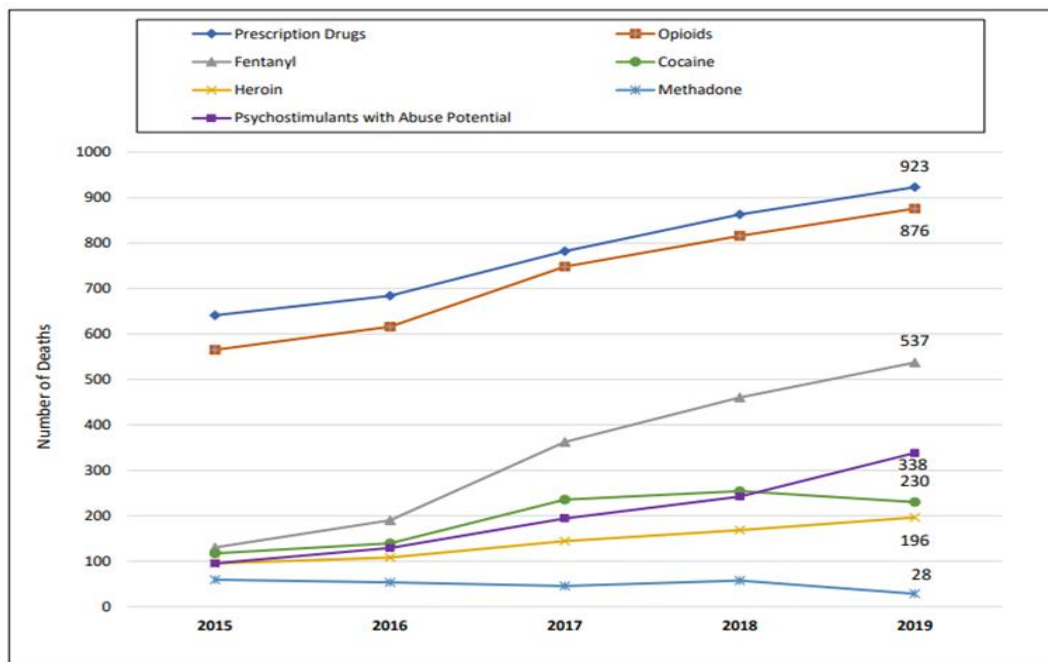
Source: SC DHEC, Vital Statistics

B.   *Threat:*   Addiction to opioids, also known as opioid use disorder (OUD), is a chronic disease clinically defined as a problematic pattern of opioid use leading to clinically significant impairment or distress. The use and misuse of opioids have created direct consequences for our society, economy, and the general well-being of our public. Opioid deaths and addiction continue to climb across the state. Among the top 10 counties for opioid-involved overdose mortality rate per 100,000 in South Carolina, five are located in the Upstate region (Greenwood, Greenville, McCormick, Oconee, and Pickens counties), two are located in the Pee Dee (Horry and Georgetown counties) and the Lowcountry regions (Charleston and Jasper counties), and only one in the Midlands region (Kershaw County). All counties in the state are experiencing a direct or indirect impact from these deaths, regardless of the number of incidents or location of these occurrences. (Source: http://justplainkillers.com/data/). Additionally, stigma related to substance use and subsequent treatment methods (such as medication-assisted treatment [MAT]) among the public and medical community continues to be a barrier that is constantly being examined. Furthermore, the onset of the COVID-19 pandemic across the country, including South Carolina, has exacerbated the opioid epidemic and caused a spike in overdoses coupled with a strain on the healthcare system, which poses a serious threat to the efforts in the state.

2019 Key Overdose Measures
(rate per 100,000 population - darker color indicates higher burden)

EMS Naloxone Administration Rate   Opioid-involved Overdose Hospitalization Rate   Opioid-involved Overdose Death Rate

Opioid Overdose Burden Rankings

Top 10 Counties
1. (tie) Georgetown
1. (tie) Horry
3.   Jasper
4.   Pickens
5.   Charleston
6. (tie) Chester
6. (tie) Williamsburg
6. (tie) Dillon
9. (tie) Laurens
9. (tie) Greenville

Final overdose burden rankings calculated using the rankings from the 3 overdose measures; multiple counties tied in final rankings.

C.   *Assessment:*   The opioid problem must be addressed using a range of strategies. The most important consideration is to ensure that necessary support and resources are provided to communities to best combat this problem at the local level. (The above figure shows where resources are being used, coupled with where they are needed.) The ability to resource existing programs or assist in developing programs

at the local level using a coordinated approach will yield the best results. The national consensus identifies key actions. These actions include:

1. Preventing overdose death

2. Expanding access to evidence-based treatment

3. Improving data collection and sharing

4. Supporting evidence-based prevention efforts

5. Reducing the supply of illicit substances

6. Expanding access to recovery support services

IX. CONCEPT OF OPERATIONS

A. *General:*

1. The OERT coordinates state-level actions for the delivery of support to local jurisdictions based on their requirements and statewide assessments.

2. Actions are performed through the four focus-area groups and routine collaboration across the groups to shape success.

3. Each focus area is coordinated by a lead agency, with primary agencies and supporting organizations that reflect the expertise of each area and the resources to address the opioid epidemic.

B. *Key Tenets:* The stakeholders identified the following key tenets for plan success:

1. Work together to address the problem and include everyone who wants to work to achieve success in the state.

2. Develop focus areas to direct support and resources connected to the statewide assessment of the problem.

3. Exploit the expertise resident in each organization to generate solutions to support our focus areas.

4. Implement a coordinated practice to shape policy and programs and to align available resources to address opioid use in the state.

5. Develop a working response plan that represents the best practices and emerging solutions across all disciplines to support outcomes.

C. *Focus Area Organization:* Mission analysis, state agency assessments, and a review of nationwide programs – coupled with national and state guiding

documents – resulted in the identification of four focus areas to organize experts in the field, align resources, develop information-sharing capabilities, and organize the delivery of ongoing and future programs to attain the desired outcomes of the plan.

1. *Educate and Communicate:* Develop awareness of the opioid problem with the public, healthcare providers, and educators to increase knowledge, understand the risks, and assist in removing stigma.

   a. Improve prescribing, intervention, and treatment practices by working with healthcare providers.

   b. Enhance community-based programs and public education to prevent opioid misuse.

   c. Build on awareness and primary prevention education in our school systems, colleges, and universities.

   d. Maximize developed social marketing and public awareness campaigns to raise awareness and provide educational tools and resources.

2. *Prevent and Respond:* Develop a public health approach to address primary prevention actions, secondary treatment-oriented actions, and tertiary rescue actions; expansion of first responder training and distribution of naloxone; and institution of behavior change associated with the recognition of opioid addiction as a chronic disease.

   a. *Primary Prevention Actions:* These actions focus on personal, community, and other risk factors that may lead to addiction and include the following preventative actions:

      - Employ effective use of the Prescription Drug Monitoring Program.

      - Share information across healthcare providers.

      - Modify pain management programs.

      - Enforce prescribing practices.

      - Implement individual risk assessments.

      - Employ evidenced-based programs focused on specific at-risk audiences.

      - Ensure availability of permanent drop box locations, "take-back" events, and the provision of medication disposal bag

programs to provide opportunities for citizens to properly dispose of expired, unused/unneeded prescription medications.

- Share information to educate and inform the people of South Carolina about the grave consequences associated with prescription pain killer/opioid misuse, the availability of treatment and recovery resources, and efforts to prevent opioid overdose deaths through the availability and use of naloxone through the "Just Plain Killers" campaign.

- Continue the promotion of universal branding through the "Just Plain Killers" campaign in order to link current multimedia opioid misuse/abuse campaigns developed by partner agencies in South Carolina.

b. *Promote Secondary Treatment-Oriented Actions:* Identify, diagnose, and treat dependency and substance use disorders. Remove barriers to treatment and expand access to medication-assisted treatment through:

- Screening and treatment

- Chronic disease treatment approach

- Removal of stigma

c. *Tertiary Rescue Actions:* Prevent death from overdoses and lessen outcomes through naloxone and curbing the use of intravenous drug usage to prevent exposure to other deadly diseases.

- Expand the Law Enforcement Officer Naloxone (LEON) training and distribution program.

- Expand the Reducing Opioid Loss of Life (ROLL) training and distribution program for fire departments.

- Integrate reporting at the scene by first responders to capture information that informs response and assessments.

- Employ community paramedic program to conduct home visits following patients' release to prevent recurrence.

- Increase the number of organizations in South Carolina that apply to be Community Distributors of naloxone to improve access and training for citizens throughout the state.

3. *Treat and Recover:* Continuity of care and access to support networks are critical to the long-term treatment of opioid dependency and addiction. The

elimination of obstacles to treatment access, costs, and shame associated with assistance is paramount to the success of these programs. Recovery communities that embrace peer support services and promote assistance with social, behavioral, and physical needs are essential.

a. *Insurance Parity:* Provide recommendations on changes in programs to enhance access to treatment and recovery programs. Explore expansion or subsidizing alternatives to opioid-based pain management and use of medication-assisted treatment to support treatment and prevention.

b. *Expand Outreach Programs:* Increase the number of community-specific outreach and care programs that address a variety of touch points with those seeking assistance, to include – but not limited to – healthcare providers, workplace assistance, community and faith-based assistance, and school and university network referral for treatment.

c. *Recovery Community Resources:* Provide training support and resources for recovery communities to increase peer support networks, advocacy, and support groups that provide counseling and other support services.

d. *Recognize Addiction As a Chronic Disease:* Opioid addiction is caused by a combination of behavioral, environmental, and biological factors, much the same as more common and accepted diseases like cancer, diabetes, and heart disease.

- Screen for risk factors as part of pain management assessment.

- Educate the public on the components of opioid use disorder as a treatable chronic disease.

4. *Coordinated Law Enforcement Strategies:* Develop strategies that maximize capacity and capabilities of law enforcement to identify opioid processing, protect law enforcement and responders from exposure to toxins, and interdict opioids to reduce the illicit supply while simultaneously supporting the development of soft services for law enforcement that address the disease and treatment for offenders.

a. Expand drug "take-back" programs in partnership with other focus-area groups.

b. Explore alternatives to incarceration to develop a broad-reaching deflection program for individuals with opioid use disorder.

      c.   Develop data-sharing that assists communities and partners in prevention, treatment, and resource delivery.

D.   *Implementation:* The core of the plan is in the implementation of focus-area objectives. Each focus-area group is responsible for the coordination and delivery of support/services to local jurisdictions and communities, collaboration using information-sharing platforms, development of metrics to measure success, and conducting of routine assessments to refine, adapt, or change goals and objectives necessary to achieve outcomes. Each focus-area group incorporates the following as part of their respective annexes to synchronize the efforts of all stakeholders to deliver support and services.

      1.   Develop agency and stakeholder performance metrics to assess success against goals and objectives while including existing plans and program metrics.

      2.   Identify key data- and information-sharing solutions to inform all partners and the OERT to assist in situational awareness and progress in program delivery across the focus areas.

      3.   Develop timelines and goal horizons assigned to support local jurisdictions and community programs balanced against resource allocation and apportionment across the state.

      4.   Conduct periodic reviews and updates to assess the overall plan and provided recommendations to shape future operations with the focus-area group and across the OERT.

E.   *Assessment:* The OERT conducts periodic assessments. Assessments allow the plan to be a living document responsive to the needs of the stakeholders and the community. Assessment is a continuous process and leverages the metrics and data developed to support implementation, as well as the feedback from supported partners in the field and the public.

      1.   *Assessment Triggers:* Changes associated with the assessment triggers may warrant adjustments to our plan or the supporting annexes. Triggers include, but are not limited to, the changes associated with:

            a.   Illicit drug use

            b.   Program availability

            c.   Ability to accurately measure or capture data

            d.   Changes in planning assumptions

            e.   Changes in policies, laws, or regulations that modify actions

f.   Changes in organizational design or authorities that impact services

2.   *Assessment Period:* Focus-area groups meet quarterly or as needed to detect change rates. These reviews should incorporate all stakeholder assessments and inform the OERT. Overall plan implementation assessments are conducted with OERT principals quarterly or as required by the co-chairs or as requested by the Governor.

X.   ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A.   *Organization:*

1.   Governor's Executive Order 2017-42 identifies the following agencies to form the OERT: S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS); S.C. Law Enforcement Division (SLED); S.C. Emergency Management Division (SCEMD); S.C. Department of Health and Human Services; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Health and Environmental Control (DHEC); S.C. Commission on Prosecution Coordination; S.C. Department of Public Safety; Medical University of South Carolina; State Attorney General's Office; and the Adjutant General of South Carolina.

2.   The OERT also includes the S.C. Department of Social Services; S.C. Revenue and Fiscal Affairs Office; S.C. Department of Education; S.C. Department of Corrections; S.C. Department of Probation, Parole and Pardon Services; S.C. Coroners' Association; S.C. Department of Mental Health; Behavioral Health Services Association of South Carolina Inc.; S.C. Hospital Association (SCHA); S.C. Medical Association (SCMA); American College of Emergency Physicians; Blue Cross Blue Shield of South Carolina; S.C. State Association of Fire Chiefs; S.C. Sheriffs' Association; S.C. Office of Rural Health; Atlanta-Carolinas High Intensity Drug Trafficking Area (HIDTA); recovery community organizations; local law enforcement agencies; municipal leaders; local coalitions; and community and faith-based organizations engaged in recovery activities.

3.   *Focus-Area Group Organization:* Coordinating agencies for each focus area are responsible for organizing stakeholders and partners to develop and implement goals and objectives, and to deliver support and resources within each area.

Focus Area	Coordinating Agency
Educate and Communicate	SCHA & SCMA
Prevent and Respond	DHEC

Focus Area	Coordinating Agency
Treat and Recover	DAODAS
Employ Coordinated Law Enforcement Strategies	SLED

4. OERT will integrate all stakeholders and partners through outreach and plan implementation.

B. S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS)

1. Coordinate actions of the OERT as a co-chair agency to provide oversight and guidance to the review, update, and assessment of the SCOERP.

2. Coordinate progress updates from the principals of each focus-area group.

3. Serve as the Coordinating Agency for Focus Area 3 (Treat and Recover) and integrate state agencies and stakeholders.

4. Develop implementation steps with stakeholders to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for each focus area.

5. Identify and recommend data- and information-sharing items that will support metrics in measuring success across programs.

6. In collaboration with stakeholders and partners, create a data dashboard to provide situational awareness in the integration of statewide information and links to treatment, prevention, and community resources.

7. Assist in expanding telehealth capabilities for treatment services.

8. Ensure availability of medication-assisted treatment for unfunded/ uninsured South Carolinians.

9. Ensure availability of other forms of behavioral health treatment for unfunded/uninsured South Carolinians.

10. Ensure availability of peer support services to assist recovery.

11. Develop an emergency room peer support pilot program to enhance recovery services.

12. Develop promising community-based recovery organizations and collegiate recovery systems.

13. Develop treatment options for individuals prior to, during, and after (or in lieu of) incarceration.

14. Assist in the expansion of evidence-based drug courts to minimize incarcerations associated with opioid use.

15. Expand use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model to identify, reduce, and prevent problematic use, dependency, and addiction to alcohol and illicit drugs.

16. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependency, and overdose.

C. S.C. Law Enforcement Division

1. Coordinate actions of the OERT as a co-chair agency to provide oversight and guidance to the review, update, and assessment of the SCOERP.

2. Coordinate progress updates to the principals from each focus-area group.

3. Serve as the Coordinating Agency for Focus Area 4 (Employ Coordinated Law Enforcement Strategies) and integrate state agencies and stakeholders.

4. Assist stakeholders in developing and delivering programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus area.

5. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependency, and overdose.

6. Maintain information-sharing capabilities among law enforcement authorities, state agencies, and private-sector partners to combat drug use and support the interdiction of drug sources.

7. Provide threat assessments to support response across all focus areas that provides situational awareness on the presence of opioids and other highly lethal synthetic drugs in the state's various regions.

8. Share threat information with the public to increase awareness and prevent further deaths using traditional media, social media, and other collaborative platforms.

9. Educate the public and partner with stakeholders on drug take-back programs.

10. Increase the size of Interdiction Teams to cover all state regions.

11.   Explore how to leverage Drug Enforcement Agency Tactical Diversion Squads.

12.   Provide timely analysis and reports on drug seizures and laboratory findings.

13.   Coordinate with partners to develop a law enforcement-assisted addiction recovery initiative.

D.   S.C. Department of Health and Environmental Control (DHEC)

1.   Serve as the Coordinating Agency for Focus Area 2 (Prevent and Respond) and integrate state agencies and stakeholders.

2.   Assist stakeholders in developing and delivering programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus area.

3.   With DAODAS program support and funding, expand training and distribution of naloxone to all state and local law enforcement agents and first responders who wish to participate through the expansion of the Law Enforcement Officer Naloxone (LEON) program, with a goal of reducing the number of fatal opioid overdoses.

4.   Promote drug take-back programs through the DHEC website and social media accounts.

5.   Enhance and expand the current DHEC website with an informatics dashboard that contains timely and relevant opioid-related public health data to inform the public, healthcare providers, and educators, and to assist with data-driven public health decisions.

6.   Increase the usefulness of the SCRIPTS Prescription Drug Monitoring Program by providing an enhanced version with the goal of reducing the number of inappropriate opioid prescriptions.

7.   Evaluate the system by which DHEC staff assess public health clients' substance use or misuse and refer the clients to external sources.

8.   Assist in the reduction of existing stockpiles of controlled substances received through take-back initiatives throughout the state by developing partnerships with private and public entities.

9.   Facilitate access to treatment facilities by evaluating existing regulatory requirements and removing unnecessary barriers to allow an increase in the number of treatment facilities.

10.   Implement the community paramedic program for patients discharged after overdose to support recovery, as funding permits.

11.   Increase drug control enforcement activities throughout the state.

12.   Provide timely scheduling of drugs and dissemination of information.

13.   Coordinate with healthcare providers, DAODAS, and local emergency managers to assess disaster readiness for patients with opioid use disorder.

E.   S.C. Emergency Management Division

1.   Assist in the facilitation of OERT activities to support the SCOERP.

2.   Host working group and principals' meetings to mature components of the plan and assist with interagency coordination.

3.   Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4.   Collaborate on public messaging to enhance public awareness of the opioid problem using the widest range of tools to disseminate information.

5.   Coordinate with local emergency management agencies to assist focus-area groups with delivery of services as required.

6.   Provide planning assistance to OERT stakeholders in the development of the action plan and required supporting documents.

7.   Coordinate with DHEC to assess disaster readiness for survivors who have an opioid use disorder, as well as options for delivering services post-disaster.

F.   S.C. Department of Public Safety (SCDPS)

1.   Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 4 (Employ Coordinated Law Enforcement Strategies).

2.   Integrate best practices and lessons learned from the law enforcement community to assist in highway interdiction.

3.   Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

4.   Expand training on and distribution of naloxone across SCDPS divisions for those officers at risk of exposure to opioids.

5. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

6. Increase proactive enforcement along our highway corridors by utilizing highly trained criminal interdiction officers to intercept and deter the trafficking of illegal opioids.

7. Provide liaisons to the Drug Enforcement Administration / U.S. Marshal Task Force in Charleston, Columbia, and Greenville to assist federal agents with state drug issues.

8. Educate officers on opioid awareness and drug interdiction techniques through use of troop-wide criminal enforcement training.

9. Educate the public by engaging in a statewide public information campaign concerning the dangers of opioid use that will be led by the S.C. Highway Patrol Community Relations Officers.

G. S.C. Department of Labor, Licensing and Regulation (LLR)

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 2 (Prevent and Respond).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Review licensure board annual recertification to ensure providers understand prescribing guidelines and Prescription Drug Monitoring Program usage.

5. Promote awareness regarding the risks of opioid addiction among licensed healthcare professionals and the public in South Carolina.

6. Educate healthcare providers on prevailing best practices for prescribing.

7. Collaborate with stakeholders and partners to promote opioid misuse awareness and prevention to the public.

8. Increase access to naloxone – without a prescription – for patients and caregivers of patients at risk of an opioid overdose.

9. Educate prescribers about potential benefits of simultaneous prescribing of naloxone and opioids for patients at risk of opioid overdose.

10. Increase the number of trained and certified first responders capable of administering naloxone by expanding delivery of the Reduction of Opioid Loss of Life (ROLL) program throughout the fire service.

11. Develop a professional licensing board's position statement regarding practice by impaired licensed healthcare professionals while receiving medication-assisted treatment.

12. Integrate the South Carolina Recovering Professional Program.

13. Promote team-based care in the treatment of opioid use disorder, including allowing nurse practitioners and physician assistants to prescribe medicines to treat addiction.

14. Coordinate with law enforcement through LLR, Office of Investigation and Enforcement, on actions to support investigations.

H.   S.C. Department of Health and Human Services

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 2 (Prevent and Respond).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Limit Medicaid coverage for opioids to the shortest duration and lowest dosage medically necessary.

5. Leverage Medicaid's Retrospective Drug Utilization Review (RetroDUR) function to focus on suboptimal opioid prescribing.

6. Educate Medicaid providers as to best practices and potential risks surrounding opioid prescribing.

7. Execute five-day prescription limit, pursuant to Governor's Executive Order 2017-43.

8. Ensure appropriate access to treatment and recovery services through the Medicaid program.

9. Streamline coverage guidelines for the coverage of medication-assisted treatment.

10. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependence, and overdose.

I. S.C. Department of Education

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 1 (Educate and Communicate).

2. Share the free Office of Standards and Learning professional learning opportunity to support opioid misuse prevention for classroom implementation.

3. Provide resources – tailored to students and instructors – on opioid and other drug use prevention to school systems.

4. Develop peer education and leadership programs in schools and colleges to promote effective prevention messages.

5. Integrate training for school staff members on the use of naloxone, and how to recognize signs of a substance use disorder.

6. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

7. Identify federal, state, and other funding mechanisms that can be directed to combat opioid misuse, dependence, and overdose.

J. Medical University of South Carolina (MUSC)

1. Participate as a Primary Agency to support the focus-area groups.

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Provide and make accessible medication that quickly reverses the deleterious effects of opioids.

5. Increase access to specialty opioid use disorder (OUD) medication-assisted treatment (MAT) in rural and underserved areas by providing front-line

clinicians with the knowledge and support they need to manage patients with complex conditions.

6. Utilize the expert multidisciplinary MUSC Addiction Science faculty and staff to educate other healthcare providers and the community at large about OUD and effective treatment strategies.

7. Increase the number of buprenorphine treatment providers across the state.

8. Increase the availability of MAT in high-profile opioid use emergency departments (EDs) across the state.

9. Initiate the implementation of MAT in the MUSC ED in Charleston.

10. Utilize interactive web-based communication across the state.

11. Utilize technology to increase the use of OUD treatment in underserved counties.

12. Support an MAT program at Grand Strand Medical Center and Tidelands Waccamaw Medical Center ED.

K. S.C. Association for the Treatment of Opioid Dependence

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Reduce the number of opioid-related fatalities in the state through positive intervention, treatment, and recovery programs.

5. Expand implementation of Overdose Education and Naloxone Distribution programs at all opioid treatment programs in the state.

6. Increase availability of cost-free overdose-reversal medication directly to persons with an opioid use disorder.

7. Increase access to medication-assisted treatment (MAT) medications, including buprenorphine and methadone, for persons in the criminal justice system.

8. Establish at least one new pilot program for access to MAT in incarcerated settings.

9. Initiate at least one additional MAT access pilot in a state drug court not currently allowing participants to take opioid use disorder (OUD) treatment medications.

10. Partner with other stakeholders to improve access to methadone treatment for persons with limited ability to pay for services.

11. Establish methadone treatment as a covered benefit under S.C. Medicaid.

12. Utilize the State Targeted Response to the Opioid Crisis Grant to fund methadone treatment for pregnant and postpartum women unable to afford care, at least until the time that Medicaid coverage is established.

13. Partner with other stakeholders working to develop funding sources to assist persons with an OUD in need of methadone treatment who are unable to afford care.

L. S.C. State Attorney General's Office

1. Participate as a Primary Agency to support the focus-area groups.

2. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

3. Seek court-ordered injunctions and monetary damages for State Medicaid and SC PEBA from Purdue Pharma through the Attorney General's Office's pending litigation.

4. Continue investigations into other manufacturers and distributors of opioids for potential violations of South Carolina law, including the South Carolina Unfair Trade Practices Act.

M. S.C. Department of Corrections

1. Participate as a Primary Agency to support the focus-area groups.

2. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

3. Coordinate with stakeholders and partners on how to expand access to treatment and recovery services to prevent relapse and recidivism when individuals are released.

N.   S.C. Department of Probation, Parole and Pardon Services

    1.   Participate as a Primary Agency to support the focus-area groups.

    2.   Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

O.   S.C. Coroners' Association

    1.   Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 2 (Prevent and Respond).

    2.   Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

    3.   Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

    4.   Enhance surveillance and information on overdose-related deaths to gain greater fidelity on the opioid epidemic.

    5.   Improve classification of opioid overdose deaths on death certificates to ensure accurate surveillance of overdoses in the state.

    6.   Provide refresher training to all coroners in the state to assist in classification.

    7.   Improve access to specialized toxicology testing services in the state to support classification of deaths.

P.   S.C. Office of Rural Health

    1.   Participate as a Supporting Agency to the focus-area groups, with specific support to Focus Areas 1 and 2.

    2.   Assist in the development of implementation steps to deliver programs based on local jurisdiction and community need for inclusion in the respective annexes for the focus areas.

    3.   Assist with development of data- and information-sharing solutions to support interagency and partner access to support assessments, delivery of services and prioritization of resources.

    4.   Identify federal, state, and other funding mechanisms that are directed to combat opioid use, misuse, and overdose, specifically in rural communities

(through the Federal Office of Rural Health Policy within the U.S. Department of Health and Human Services, as well as through the U.S. Department of Agriculture, among others).

5. Partner with the S.C. Medical Association (SCMA) and the S.C. Hospital Association to provide public education through rural hospitals and physician practices.

6. Partner with the SCMA and key physician specialty associations on education and training for prescribing healthcare practitioners (especially Rural Health Clinics), to include alignment with existing practice-transformation efforts.

7. Support rural health systems and physician practices in establishing active interfaces between their respective electronic health records (EHRs) and the SCRIPTS Prescription Drug Monitoring Program, as well as related practice-integration efforts, to support effective utilization.

8. Partner with DHEC on implementation of the community paramedic program for rural patients discharged after overdose to support recovery.

9. Support rural first responder and law enforcement access to and training for naloxone administration in the field.

10. Actively support the engagement of rural health systems and physician practices in telemedicine to include medication-assisted treatment among the education and/or training opportunities in rural communities.

11. Support collaboration between rural health systems and law enforcement agencies – at the local and state levels – on the interface between opioid use disorder identification and treatment and detection, interdiction, and enforcement of drug-related charges and violations.

12. Support collaboration and coordination between rural stakeholders in order to identify and promote alignment between community-based recovery programs and resources.

13. Guide rural grassroots organizations in engaging communities in order to most effectively meet the local jurisdiction's need.

Q. S.C. Medical Association (SCMA)

1. Serve as a Coordinating Agency to support Focus Area 1 (Educate and Communicate).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Continue the SCMA's internal Opioid Task Force in an effort to keep the organization engaged on all fronts, legislatively and administratively.

5. Develop and disseminate communication guidelines for physician-to-physician communication about proper opioid prescription processes.

6. Develop and disseminate communication guidelines for physician-to-patient communication about proper opioid use and disposal of excess prescriptions.

7. Increase public awareness through the production and dissemination of an SCMA Alliance poster.

8. Continue to be a resource for executive and legislative leaders as they continue developing policies to address this issue on a statewide level.

R. S.C. Hospital Association (SCHA)

1. Serve as a Coordinating Agency to support Focus Area 1 (Educate and Communicate).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Partner with the S.C. Medical Association (SCMA) to provide public education through hospitals and physician practices.

5. Partner with the SCMA and key physician specialty associations on education and training for prescribing healthcare practitioners.

6. Actively align the SCHA's public and healthcare professional education and training with other stakeholder organizations.

7. Coordinate and support implementation of specific hospital-based opioid prescribing guidelines by specialty and procedural category.

8. Promote academic detailing programs and resources to hospital system medical staffs and owned physician practices.

9. Actively support first responder and law enforcement access to and training for naloxone administration in the field.

10. Support training of emergency department physicians and staff in management of opioid use disorder overdoses and early triage to medication-assisted treatment (MAT).

11. Guide hospital systems in establishing active interfaces between their respective electronic health records and the SCRIPTS Prescription Drug Monitoring Program.

12. Encourage hospital systems to provide access to and support for medical staff members and employed physicians to gain training and certification to provide MAT.

13. Actively support the development of telemedicine hubs to provide MAT in partnership with hospitals and primary care practices in rural settings.

14. Facilitate hospital systems and their medical staffs / physician practices in adopting standardized/unified prescribing guidelines for acute and chronic pain management.

15. Identify and promote alignment between hospital systems and community-based recovery programs and resources.

16. Facilitate collaboration between hospital systems and law enforcement agencies at the local and state levels on the interface between opioid use disorder identification and treatment and the detection, interdiction, and enforcement of drug-related charges and violations.

S. Prisma Health

1. Participate as a Supporting Agency to support the focus-area groups.

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Establish appropriate patient expectations at the beginning of every encounter to reduce misuse of prescription opioids (Prisma Health Opioid Stewardship Program).

5. Expand external marketing campaign for CARES.

6. Collaborate with stakeholders to maximize provider education (attending, advanced practice providers, residents) to ensure common understanding of roles and responsibilities in addressing the opioid problem.

7. Implement nursing education on the value of non-opioid first and lowest dose to effectively manage pain.

8. Collaborate with the University of South Carolina School of Medicine faculty to increase awareness during training.

9. Promote and increase utilization of non-opioid surgeries.

10. Reduce opioids at discharge and coordinate alternative non-opioid pain management options and pain management guidelines/incentives.

11. Develop and implement best practice-based "pain power plans."

12. Supplement cultural shift to non-opioids first with available medications/therapies.

13. Assess and monitor patients appropriately for pain and risk for opioid misuse and dependence.

14. Identify all resources available to create an addiction services campaign.

T. S.C. Department of Mental Health

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

U. Behavioral Health Services Association of South Carolina Inc.

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3.   Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4.   Assist in creating additional capacity for patients expected to enter treatment facilities.

5.   Sustain necessary evidence-based practices for the growing population of substance use disorder patients.

6.   Collaborate with other stakeholders to increase the number of certified/licensed staff to provide prevention, intervention, treatment, and recovery-support services to the public.

7.   Sustain continuing education for staff, in addition to utilizing new methods and clinical best practices for assisting patients.

8.   Expand local partnerships with providers and the community to maximize resources for addressing an increasing population seeking recovery assistance.

9.   Assist in the expansion of the use of medication-assisted treatment to all areas of the state (e.g., telemedicine, local physician / nurse practitioner (NP) partnerships, hiring physicians/NPs).

10. Monitor and provide recommendations of modifications necessary in the 2009 Mental Health Parity and Addiction Equity Act to address opioid treatment and recovery.

V.   S.C. Department of Insurance

1.   Participate as a Primary Agency to support the focus-area groups.

2.   Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

3.   Work with payers to review insurance practices and ensure that they do not impede access to treatment.

4.   Implement policies with provider groups and insurers that promote the effective use of prescribing guidelines, including alternative treatments.

W.   S.C. Revenue and Fiscal Affairs Office

1.   Assist the OERT and stakeholders with data and information sharing that will provide situational awareness, assist in tracking progress across program areas, and inform the public.

2. Collaborate with OERT partners on how to best share and protect data needed for program implementation for each focus area as necessary.

3. Participate as a member of the OERT data committee to enable shared understanding of methods to host and disseminate information.

4. Provide recommendations on how to capture data for use in measuring progress against implementation action metrics.

X. S.C. Department of Social Services

1. Participate as a Primary Agency to support the focus-area groups, with specific support to Focus Area 3 (Treat and Recover).

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

Y. BlueCross BlueShield of South Carolina

1. Participate as a Supporting Agency to support the focus-area groups.

2. Assist in the development of implementation steps to deliver programs based on local jurisdiction and community needs for inclusion in the respective annexes for the focus areas.

3. Assist with development of data- and information-sharing solutions to support interagency and partner access to improved assessments, delivery of services, and prioritization of resources.

4. Provide insights on how insurers and group providers can support initiatives within the SCOERP.

5. Share observations and best practices in monitoring opioid prescriptions and offering alternative treatment recommendations and treatment and recovery programs.

XI. **FEDERAL SUPPORT**

A. U.S. Drug Enforcement Administration / Atlanta and Carolinas High Intensity Drug Trafficking Area

1. Support Focus Area 4 (Employ Coordinated Law Enforcement Strategies).

2. Identify, investigate, and prosecute drug trafficking organizations that are trafficking controlled substances within the state of South Carolina and supplying controlled substances to the state of South Carolina.

3. Utilize the Diversion and Tactical Diversion Squad to prevent, detect, and investigate the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources.

4. Work with federal, state, and local partners on community outreach and awareness.

B. U.S. Postal Inspection Service

1. Support interdiction actions employing advance electronic data to curb the flow of illicit opioids from national and international sources.

2. Employ shared technologies to improve interdiction efforts with federal and state partners.

C. U.S. Department of Justice

1. Share information from the Prescription Interdiction and Litigation Task Force to assist the OERT.

2. Share actions from other U.S. Attorney's Offices for implementation in South Carolina, such as the Heroin Education Action Team and other tools being used nationally.

D. Centers for Disease Control and Prevention

1. Assist in sharing best practices and lessons learned on programs across the nation.

2. Share opioid use disorder treatment initiatives and protocols.

E. Substance Abuse and Mental Health Services Administration (SAMHSA)

1. Assist in the education and use of the SAMHSA Opioid Overdose Prevention Toolkit.

2. Assist in education and implementation of the Strategic Prevention Framework to support local jurisdictions and communities.

F. U.S. Department of Health and Human Services (HHS)

1. Share information on HHS focus areas to assist in shaping plan implementation efforts related to prevention, treatment, data management, and research.

2. Disseminate progress of an interagency task force in addressing actions and success against each opioid epidemic priority.

XII. REPORTING, EVALUATION, AND PLAN MAINTENANCE

A. Coordinating agencies will meet with their focus group partners during each quarter to share information, best practices, and assessment of progress related to objectives.

B. The OERT co-chairs will conduct a principals meeting quarterly – or as required – to receive updates from the focus groups in order to provide updates to the Governor's Office and the South Carolina House of Representatives Opioid Abuse Prevention Study Committee.

C. The OERT co-chairs are responsible for the development, coordination, and review and updating of this plan and supporting attachments and annexes.

D. State agencies, stakeholders, and private-sector partners are responsible for developing and maintaining portions of this plan.

E. At a minimum, the OERT principals will review and update this plan on a semi-annual basis or as the operational environment warrants updates to support implementation to achieve goals and outcomes.

XIII. AUTHORITIES AND REFERENCES

A. *Authorities:*

1. Executive Order 2017-42, Proclamation of a Statewide Public Health Emergency and Establishment of the Opioid Emergency Response Team, December 18, 2017.

B. *References:*

1. The President's National Drug Control Strategy, Office of National Drug Control Policy, January 2019.

2. S.C. House of Representatives Opioid Abuse Prevention Study Committee, January 2018.

3. DAODAS Just Plain Killers website: http://justplainkillers.com/drug-safety/#toolkit

4. Centers for Medicare and Medicaid Services, Opioid Resources website: https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page.html

5. S.C. Department of Health and Environmental Control, Drug Overdose Deaths, 2018.

6. Governor's Prescription Drug Abuse Council, State Plan to Prevent and Treat Prescription Drug Abuse, Progress Summary, May 2017.

7. The President's Commission on Combating Drug Addiction and the Opioid Crisis, November 1, 2017.

8. National Safety Council, Prescription Drug Community Action Kit: https://www.nsc.org/home-safety/tools-resources/rx-community-action-kit

9. Centers for Disease Control and Prevention, Rx Awareness Campaign, September 25, 2017.

10. U.S. Department of Health and Human Services website: https://www.drugabuse.gov/opioid-summaries-by-state/south-carolina-opioid-summary

XIV. ATTACHMENTS

A. South Carolina Opioid Response Resource List

B. South Carolina Opioid Data and Information Sharing

C. South Carolina Public Information Opioid Response

XV. ANNEXES

A. Annex 1 Focus Area – Communicate and Educate

B. Annex 2 Focus Area – Prevent and Respond

C. Annex 3 Focus Area – Treat and Recover

D. Annex 4 Focus Area – Employ Coordinated Law Enforcement Strategies