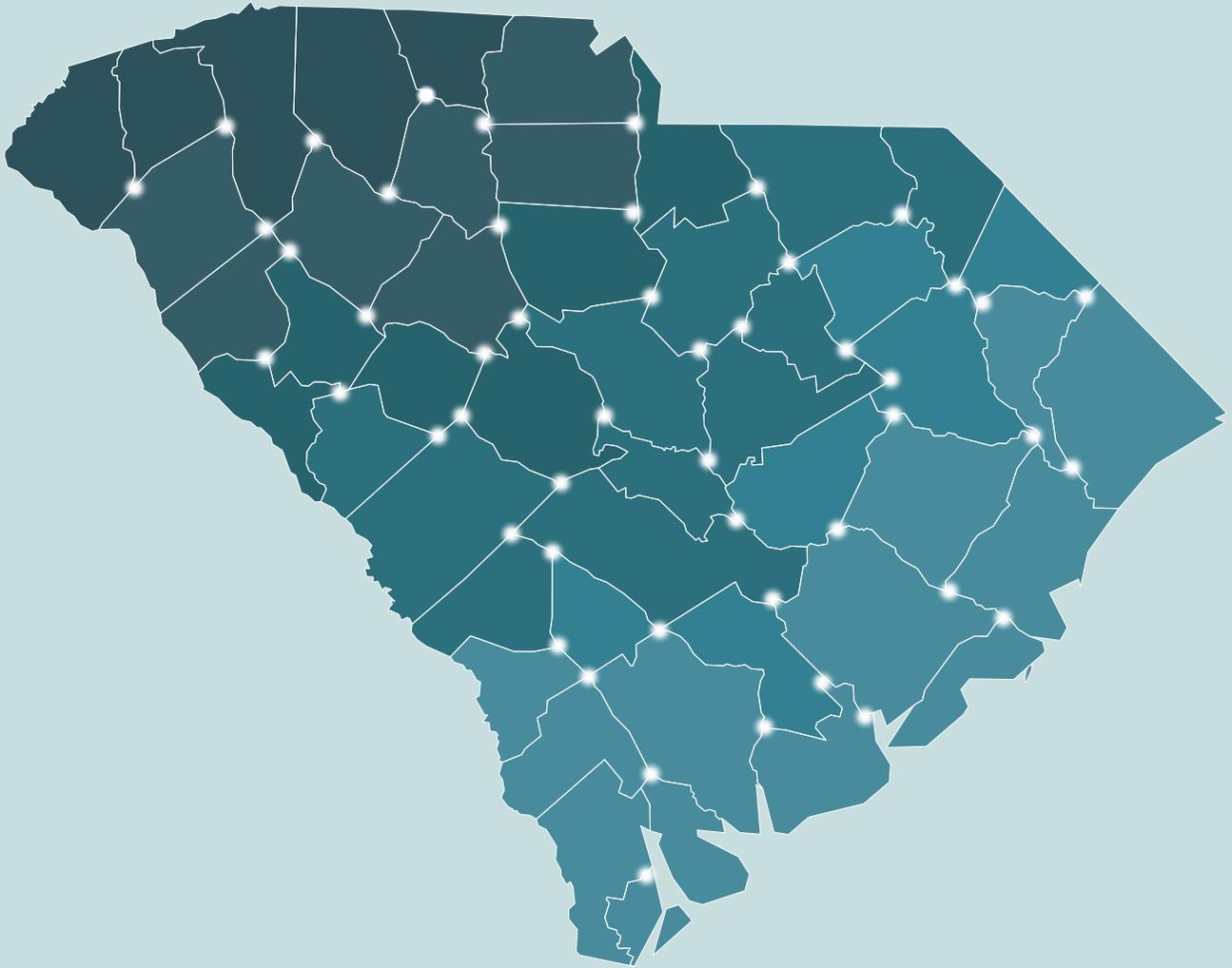South Carolina Institute of
Medicine & Public Health

South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services

South Carolina's Guide to Approved Uses for Investing Opioid Settlement Funds

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About The South Carolina Department of Alcohol and Other Drug Abuse Services

The Department of Alcohol and Other Drug Abuse Services (DAODAS) is the South Carolina government agency charged with ensuring quality services to prevent or reduce the negative consequences of substance use and addictions through a statewide system of local agencies that provide prevention, treatment and recovery services. For more information, visit www.daodas.sc.gov.

About the South Carolina Institute of Medicine and Public Health

The South Carolina Institute of Medicine & Public Health (IMPH) is an independent entity serving as an informed nonpartisan convener around the important health issues in our state, providing evidence-based information to inform health policy decisions. For more information, visit www.imph.org.

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Subject Matter Experts

Christina M. Andrews, Ph.D.

Associate Professor

Department of Health Services Policy and Management
Arnold School of Public Health, University of South Carolina (UofSC)

Dr. Andrews' research interests include the organization and financing of substance use disorder treatment on service access, with a particular focus on strategies to address the opioid epidemic. She is currently Principal Investigator on two multi-year research grants funded by the National Institutes of Health assessing the effects of Medicaid managed care on access to alcohol use disorder treatment and opioid use disorder treatment. Dr. Andrews is also a Co-Investigator on two additional National Institute on Drug Abuse (NIDA)-funded projects: a survey of Medicaid coverage for opioid use disorder treatment, and a study of financing for opioid use disorder treatment within the criminal justice system as part of NIDA's Justice Community Opioid Innovation Network (JCOIN) initiative.

Her work has been published in scientific journals, such as the *New England Journal of Medicine, Health Affairs* and the *American Journal of Public Health.* In 2016, she received the Breakthrough Star Award, presented annually to early-career faculty for research excellence by the UofSC Office of the Vice President for Research. Dr. Andrews' research training was supported through multi-year predoctoral training fellowships from the Agency for Healthcare Quality and Research and NIDA. She received her Ph.D. from the University of Chicago.

Kathleen T. Brady, MD, PhD

Distinguished University Professor
Director

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Dr. Brady is an experienced clinical and translational researcher and has been conducting scientific investigations and clinical work in the field of addictions and psychiatric disorders for over 30 years. Her research focuses on pharmacotherapy of substance use disorders, comorbidity of psychiatric disorders and addictions (e.g., post-traumatic stress disorder and bipolar disorder), gender differences and women's issues in addictions and the neurobiologic connections between stress and addictions. She has received numerous federal research grants and has published over 400 peer-reviewed journal articles and co-edited 10 books.

She is the Principal Investigator of MUSC's Clinical and Translational Science Award (CTSA), Principal Investigator of the Southern Consortium Node of the NIDA-funded Clinical Trials Network, and Director of MUSC's Women's Research Center. Her dedication to furthering research careers has attracted a number of junior investigators and clinicians. She is the former Vice President for Research at MUSC. She has served as the President of the Association for Medical Education and Research in Substance Use Disorders (AMERSA), the American Academy of Addiction Psychiatry (AAAP) and is the immediate past president of the International Society of Addiction Medicine (ISAM). In 2019, she won the South Carolina Governors Award for Excellence in Science based on her state-wide work focused on the opioid overdose epidemic.

Sara Goldsby, MSW, MPH

Agency Director

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

Sara Goldsby was confirmed as Director of DAODAS by the South Carolina Senate in 2018, after being appointed Acting Director by Governor Nikki Haley in 2016, then nominated as Director by Governor Henry McMaster in May 2017. As Director, she has led South Carolina's response to the opioid crisis and currently serves as co-chair of the State Opioid Emergency Response Team. Under her leadership, DAODAS has been instrumental in helping local law enforcement agencies employ the use of the emergency overdose antidote naloxone.

In 2019, she was recipient of the national Ramstad/Kennedy Award in recognition of her strong leadership and support of family recovery programs, peer credentialing and emergency room collaborations with recovery community organizations.

In 2021, Director Goldsby was elected President of the National Association of State Alcohol and Drug Abuse Directors. She also serves on two federal appointments – the Substance Abuse and Mental Health Services Administration's Interdepartmental Substance Use Disorders Coordinating Committee, and the Appalachian Regional Commission's Substance Use Disorder Advisory Council.

Alain H. Litwin, MD, MPH

Executive Director

Prisma Health Addiction Medicine Center

Vice Chair of Academics and Research

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Dr. Litwin is board certified in addiction medicine and internal medicine and has been providing substance use disorder and medical care to people with opioid use disorders and complex social, psychiatric and medical needs within an integrated primary care and opiate agonist treatment program for 20 years.

Dr. Litwin is the Vice Chair of Academic and Research in the Department of Medicine, Executive Director of the Prisma Health Addiction Medicine Center, and Medical Director of Prisma Health Office-Based Buprenorphine Program and Inpatient Addiction Consultation team where he is increasing access to buprenorphine, addiction care, HCV care and HIV pre-exposure prophylaxis (PrEP) in urban and rural South Carolina. Dr. Litwin co-leads the Prisma Health opioid council with taskforces focused on opioid stewardship, chronic pain and addiction.

Dr. Litwin is a Fellow of the fifth class of the Aspen Health Innovators Fellowship and a member of the Aspen Global Leadership Network, served as the Vice President of the International Network on Hepatitis and Health in Substance Users (INHSU), and currently serves on the advisory council for CTN Southern Consortium Node (SCN). With funding from NIDA, NSF, PCORI, CDC, SAMHSA, AHRQ, BOJ, CMS, Robert Wood Johnson Foundation, New York City, New York State, South Carolina State and industry, Dr. Litwin's research, clinical and mentoring activities are focused on developing and studying models of co-located care for addiction treatment and primary care. Dr. Litwin is Principle Investigator of the multi-site PCORI HERO study – nine states and 23 sites including primary care centers and substance use treatment programs.

Edward Simmer, MD, MPH, DFAPA
Agency Director
South Carolina Department of Health and Environmental Control (DHEC)

Dr. Simmer was appointed Director of DHEC by the S.C. Board of Health and Environmental Control, assuming this position on February 4, 2021.

Prior to being confirmed as Agency Director, Dr. Simmer served for over 30 years on active duty in the United States Navy where he held increasing leadership positions, including Chief Medical Officer for the TRICARE Health Plan and Commanding Officer and CEO at the Naval Hospital in Oak Harbor, Washington. He holds over 25 years of extensive clinical leadership and team-building experience with a strong track record of transforming large healthcare systems.

Dr. Simmer received his Doctor of Medicine degree from Saint Louis University and holds a Master of Public Health degree, with a focus on epidemiology, from the Eastern Virginia Medical School/Old Dominion University Consortium, as well as a Bachelor of Arts degree from Hiram College. In addition, Dr. Simmer is board certified in general and forensic psychiatry by the American Board of Psychiatry and Neurology and has an administrative psychiatry certification from the American Psychiatric Association.

Dr. Simmer's personal awards include the Defense Superior Service Medal (two awards), Meritorious Service Medal (four awards), Joint Service Commendation Medal, Navy Commendation Medal (three awards), Army Commendation Medal and Navy Achievement Medal (two awards). He has also received numerous unit, campaign and service awards. Dr. Simmer is a Distinguished Fellow of the American Psychiatric Association.

About the Settlement

On February 25, 2022, the National Prescription Opiate Litigation Plaintiffs' Executive Committee (PEC) finalized settlements totaling $26 billion with three of the nation's top wholesale pharmaceutical drug distributors, AmerisourceBergen, Cardinal Health and McKesson and opioid manufacturer Johnson & Johnson. Fifty-two states and territories and thousands of local governments across the country signed on to the agreement which was made possible by years of advocacy by the PEC on behalf of more than 3,300 community clients and State Attorneys General.

In addition to the national agreements, South Carolina Attorney General Alan Wilson worked with South Carolina counties and eligible municipalities to allocate the more than $360 million coming to South Carolina over the next 18 years. Through an agreement reached by Wilson and the litigating counties, 92% of these funds will be used to directly address the opioid crisis. A majority of these funds are set aside for requests by all 46 counties, 43 eligible municipalities and the Health Services District of Kershaw County. More than $100 million will be available for disbursement to entities such as nonprofits, hospitals, state agencies and others working to help address the opioid epidemic.[1]

In addition to the funds, Cardinal, McKesson and AmerisourceBergen will:

- Establish a centralized independent clearinghouse to provide all three distributors and state regulators with aggregated data and analytics about where drugs are going and how often, eliminating blind spots in the current systems used by distributors.
- Use data-driven systems to detect suspicious opioid orders from customer pharmacies.
- Terminate customer pharmacies' ability to receive shipments, and report those companies to state regulators, when they show certain signs of diversion.
- Prohibit shipping of and report suspicious opioid orders.
- Prohibit sales staff from influencing decisions related to identifying suspicious opioid orders.
- Require senior corporate officials to engage in regular oversight of anti-diversion efforts.

Johnson & Johnson is required to:

- Stop selling opioids.
- Not fund or provide grants to third parties for promoting opioids.
- Not lobby on activities related to opioids.
- Share clinical trial data under the Yale University Open Data Access Project.[2]

As part of the South Carolina Opioid Settlement Allocation Agreement, the state has enacted legislation to allow settlement funds to be sent to approved counties and municipalities and creates the South Carolina Opioid Recovery Fund Board to manage and disperse the settlement funds.[3] The board will be comprised of nine members who will be appointed and representative of the four regions of the state.

- The Governor will appoint one member to serve as the Chair of the Board.
- The President of the Senate will appoint one member.
- The Speaker of the House will appoint one member.
- The Governor will appoint three members, the Speaker one member and the President of the Senate one member from a list provided by the South Carolina Association of Counties with at least one member from each of the South Carolina Public Health Regions as defined by the South Carolina Department of Health and Environmental Control (DHEC).[a]
- The Governor will appoint one member from a list provided by the South Carolina Municipal Association.

The enacting legislation requires all members of the board to be academic, medical, licensed health or other professionals with significant experience in opioid prevention, treatment or intervention. The board is required to meet at least four times per year and will be staffed by a member of the South Carolina Office of the Attorney General for necessary legal services.

The South Carolina Opioid Recovery Fund Board will oversee funds for counties and eligible municipalities, which must submit requests that seeks funding for an approved abatement strategy listed in the settlement agreement. All money allocated to counties and eligible municipalities that has not been used for three years will be moved to the Discretionary Subfund, from which any person or entity can request funding for approved abatement strategies.

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[a] Those regions are the Upstate (consisting of Oconee, Pickens, Anderson, Greenville, Spartanburg, Cherokee, Union, Laurens, Abbeville, Greenwood, and McCormick counties); the Midlands (consisting of York, Chester, Lancaster, Fairfield, Kershaw, Newberry, Saluda, Lexington, Richland, Edgefield, and Aiken counties); the Pee Dee (consisting of Chesterfield, Marlboro, Lee, Darlington, Dillon, Florence, Marion, Sumter, Clarendon, Williamsburg, Georgetown, and Horry counties), and the Lowcountry (consisting of Calhoun, Orangeburg, Barnwell, Bamberg, Allendale, Hampton, Colleton, Dorchester, Berkeley, Charleston, Jasper, and Beaufort counties)

Glossary of Terms

Co-Occurring Disorders

This is used most often to describe in with both mental illness & substance use disorder. Personality disorder may also co-exist with psychiatric illness and/or substance use disorders. Also known as comorbidity or dual diagnosis.

Dependence

The state in which metabolic status and functioning is maintained through the sustained presence of a drug; manifested as a mental or physical disturbance or withdrawal upon removal of the substance.

Drug Courts

Drug courts are problem-solving courts that operate under a specialized model in which the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service and treatment communities work together to help non-violent offenders find restoration in recovery and become productive citizens. With an emphasis on rehabilitation and treatment, drug courts serve only a fraction of the estimated 1.2 million individuals suffering from substance use disorder in the United States criminal justice system.

Employee Assistance Program (EAP)

Voluntary work-based intervention programs offered by employers to support employees in management of issues affecting mental and emotional well-being, such as: substance use, stress, grief, family problems, trauma and psychological disorders. While services may vary, Employee Assistance Programs (EAPs) provide employees with free and confidential assessments, short-term counseling, referrals and follow-up services.

Evidence-Based Practice

Patient care informed through the integration of clinical expertise and best available clinical evidence from systematic research.

Fentanyl

A potent opioid synthetically produced in laboratories that activates the reward centers of the brain to produce sensations of euphoria and provide pain relief. Side effects have included alterations in consciousness, sensations of heaviness, decreases in mental function, constipation, anxiety, changes in mood and appetite, nausea, dry mouth, intense itching, constricted pupils, respiratory depression, increased body temperature and death. Fentanyl is 50 to 100 times more potent than morphine, and is available in legal prescription form, and increasingly, in illegal illicit forms. Also known as Apache, China Girl, or Jackpot.

Harm Reduction

Policies, programs and practices that aim to reduce the harms associated with the use of alcohol or other drugs. The defining features include a focus on the prevention of harm, such as transmission of infectious disease transmission and overdose death, with attention and focus on connecting individuals to treatment, peer support and other recovery services.

Medication for Addiction Treatment (MAT) or Medications for Opioid Use Disorder (MOUD)

In the treatment of addiction, medications are used to reduce the intensity of withdrawal symptoms, reduce alcohol and other drug cravings, and reduce the likelihood of use or relapse for specific drugs by blocking their effect. The primary goal of medication-assisted treatment is for the patient to achieve fully sustained remission.

When combined with behavioral therapy, medications are shown to:
- Improve rates of patient survival
- Increase retention in treatment programs
- Decrease illicit opiate use and substance-related criminal involvement
- Increase patients' ability to gain and maintain employment
- Improve outcomes in pregnancies affected by substance use

Naloxone

A medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. It is an opioid antagonist–meaning that it binds to opioid receptors and can reverse and block the effects of other opioids, such as heroin, morphine, fentanyl and oxycodone.

Neonatal Abstinence Syndrome (NAS)

A post-natal withdrawal syndrome inherited by children exposed to substances, most often opioids, during pregnancy. Babies born with Neonatal Abstinence Syndrome are more likely to suffer from low birthweight, breathing problems, feeding problems, seizures, or birth defects.

Opioid Use Disorder (OUD)

Defined by the Diagnostic and Statistical Manual of Mental Disorders as a problematic pattern of opioid use leading to clinically significant impairment or distress. Also referred to as "opioid addiction," the disorder requires a thorough evaluation by a healthcare provider with authority to diagnose. It is important to remember that OUD exists on a continuum of severity. As a result, a scale for assigning severity exists (mild, moderate, severe) and is based upon criteria. The severity distinction has treatment implications.

Recovery

A process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

An evidence-based method used to detect, reduce and prevent problematic substance use and substance use disorder.

- **Screening** – An assessment – usually brief such as a paper and pencil self-report measures or a biological assay (e.g., urine/blood) – to help detect risky or harmful substance use. This is often conducted by healthcare professionals using standardized screening tools in a specific clinic or other setting.

- **Brief Intervention** – A short conversation or counseling session in which healthcare providers typically offer feedback and advice in order to motivate individuals identified as at-risk for substance-related harm to become more aware of the risk and to reduce or eliminate substance use or to seek treatment.
- **Referral to Treatment** – The third and final stage in the SBIRT model, when a healthcare provider formally refers a patient identified as having or is at-risk for substance use disorder to additional services such as brief therapy or longer-term treatment.

Stigma

An attribute, behavior, or condition that is socially discrediting. Known to decrease treatment seeking behaviors in individuals with substance use disorders.

Substance Use Disorder (SUD)

A term used synonymously with "addiction." "Substance Use Disorder" is a clinical term describing a syndrome consisting of a coherent set of signs and symptoms that cause significant distress and or impairment during the same 12-month period. Substance use disorders are primary, chronic, neurobiologic diseases with genetic, psychosocial and environmental factors influencing their development and manifestations. They are diagnosed as "mild" "moderate" or "severe" and characterized behaviors that include:

- Impaired control over substance use
- Compulsive use
- Continued use despite harm
- Cravings

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), substance dependence is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
- A need for markedly increased amounts of the substance to achieve intoxication or the desired effect or
- Markedly diminished effect with continued use of the same amount of the substance.

2. Withdrawal, as manifested by either of the following:
- The characteristic withdrawal syndrome for the substance or
- The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

3. The substance is often taken in larger amounts or over a longer period than intended.

4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

6. Important social, occupational, or recreational activities are given up or reduced because of substance use.

7. The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Warm Handoff

A transfer of care between two members of a health care team, where the handoff occurs in front of the patient and family allowing the patient to hear what is said and engage in communication to clarify or ask questions about their care.

Withdrawal

Physical, cognitive and affective symptoms that occur after chronic use of a drug is reduced abruptly or stopped among individuals who have developed tolerance to a drug.

Withdrawal Management

Medically managed withdrawal (the updated term for detoxification) is not the standard of care for opioid use disorder, and is associated with a very high relapse rate, while also significantly increasing an individual's risk for opioid overdose and death if opioid use is resumed.[4] Medically managed withdrawal, when done in isolation, is not an evidence-based practice for opioid use disorder. If medically managed withdrawal services are provided, they should be accompanied by the offer and provision of injectable extended-release naltrexone to protect such individuals from opioid overdose in case of return to use and to improve treatment outcomes.

Wraparound Services

Wraparound services coordinate services for people with complex health care needs, including behavioral health issues, and their families. The structure of wraparound programs can vary greatly; they often include intensive behavioral health care planning and case management for individuals and their families. Wraparound programs are generally family-centric and provided in the home, school or community setting in order to address a person or family's needs while allowing them to remain in their community.

This glossary of terms was adopted from the Recovery Research Institute and the Rural Health Information Hub.[5,6]

Core Strategies

All funds in the South Carolina Opioid Recovery Fund must be used for one or more of the following approved opioid remediation uses. Priority shall be given to the following "Core Strategies":

Naloxone Or Other FDA-Approved Drug to Reverse Opioid Overdoses

1. **Expand training for first responders, schools, community support groups and families.**

2. **Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.**

   - Support provision by public health entities of free naloxone to anyone in the community.
   - Increase availability and distribution of naloxone and other drugs that treat overdoses to first responders, patients, individuals with opioid use disorder (OUD) and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison or other members of the general public.

   » South Carolina Code of Laws – Overdose Prevention Act[7]
   » Naloxone Saves SC[8]
   » Model Expanded Access to Emergency Opioid Antagonists Act - Legislative Analysis[9]
   » Law Enforcement Naloxone Tool Kit[10]
   » Targeted Naloxone Distribution - Evidence-Based Strategies for Preventing Opioid Overdose[11]

Medications for Opioid Use Disorders (MOUD) Distribution and Other Opioid-Related Treatment

1. **Increase distribution of MOUD to individuals who are uninsured or whose insurance does not cover the needed service.**

2. **Expand availability of treatment for MOUD and any co-occurring substance use disorder and/or mental health (SUD/MH) conditions, including all forms of MOUD approved by the U.S. Food and Drug Administration.**

   » Overview of Medications for Opioid Use Disorder[12]
   » American Society of Addiction Medicine National Practice Guidelines[13]
   » SAMHSA – Medication-Assisted Treatment[14]
   » National Academies of Sciences, Engineering and Medicine - Medications for Opioid Use Disorder Save Lives[15]
   » Treatment Components - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter Two[16]

3. **Provide education to school-based and youth-focused programs that discourage or prevent misuse.**

- » Evidence-Based Program Guidance for Substance Use Prevention Education in Schools[17]
- » Blueprints for Healthy Youth Development Certified Model Programs[18]
- » Life Skills Training[19]
- » Good Behavior Game[20]

- » Strengthening Families[21]
- » SAMHSA - Substance Misuse Prevention for Young Adults[22]
- » CDC - Preventing Adverse Childhood Experiences[23]
- » Positive Action[24]
- » Project Towards No Drug Abuse[25]

4. **Provide MOUD education and awareness training to healthcare providers, EMTs, law enforcement and other first responders.**

- » Medications for Opioid Use Disorders (MOUD) - Evidence-Based Strategies for Preventing Opioid Overdose[26]

- » Providers Clinical Support System[27]
- » Become a Buprenorphine Waivered Practitioner[28]

5. **Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling and recovery housing that allow or integrate medication and with other support services.**

- » Facilities for Chemically Dependent or Addicted Persons[29]
- » National Alliance for Recovery Residence[30]
- » South Carolina Alliance for Recovery Residences[31]

- » SAMHSA - Recovery Housing: Best Practices and Suggested Guidelines[32]
- » Addiction Professionals of South Carolina Peer Support Specialist Certification[33]

Pregnant & Postpartum Women

1. **Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non-Medicaid eligible or uninsured pregnant women.**

- » SAMHSA - Screening, Brief Intervention and Referral to Treatment[34]
- » South Carolina SBIRT[35]

2. **Expand comprehensive evidence-based treatment and recovery services, including Medication for Opioid Use Disorder (MOUD), for women with co-occurring Opioid Use Disorder (OUD) and other Substance Use Disorder (SUD)/Mental Health disorders for uninsured individuals for up to 12 months postpartum.**

3. **Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training and childcare.**

Expanding Treatment for Neonatal Abstinence Syndrome (NAS)

1. Expand comprehensive evidence-based and recovery support for NAS babies.

   - Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants[38]

2. Expand services for better continuum of care with infant-need dyad.

   - Triple P Positive Parenting Program[39]
   - Parent-Child Interaction Therapy[40]
   - Home Visiting[41]

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

   - National Center on Substance Abuse and Child Welfare Resources[42]
   - Handle With Care Model[43]
   - Adverse Childhood Experiences[44]
   - CDC - Preventing Adverse Childhood Experiences[45]

Expansion of Warm Hand-Off Programs and Recovery Services

1. **Expand services such as navigators and on-call teams to begin medication for opioid use disorder (MOUD) in hospital emergency departments**

   - Use of Medication Assisted Treatment in Emergency Departments[46]
   - Blueprint for Hospital Opioid Use Disorder Treatment[47]
   - Emergency Department Quick Start[48]
   - Bridge Clinic Buprenorphine Program Degreases Emergency Department Visits[49]
   - Initiating Buprenorphine-based MOUD in Emergency Departments - Evidence-Based Strategies for Preventing Opioid Overdose[50]

2. **Expand warm hand-off services to transition to recovery services.**

3. **Broaden scope of recovery services to include co-occurring substance use disorder (SUD) or mental health conditions.**

4. **Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training and childcare.**

5. **Hire additional social workers or other behavioral health workers to facilitate expansions above.**

Treatment for Incarcerated Population

1. **Provide evidence-based treatment and recovery support, including medication for opioid use disorder (MOUD) for persons with opioid use disorder (OUD) and co-occurring substance use and mental health SUD/MH disorders within and transitioning out of the criminal justice system.**

   » JCOIN Training & Engagement Center - Justice Community Opioid Innovation Network Coordination and Translation Center[51]
   » Linkage to Care Upon Release from Incarceration[52]

2. **Increase funding for jails to provide treatment to inmates with OUD.**

   » National Governors Association - Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings[53]
   » Substance Abuse and Mental Health Services Administration (SAMHSA) Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings[54]
   » Access to MOUD in US Jails and Prisons[55]

   » County Jail MOUD Expansion Initiative[56]
   » Support for Overdose Education and Naloxone Distribution in Jails[57]
   » Care for Opioid Use Disorder in the Criminal Justice System – Evidence-Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter 4[58]

Prevention Programs

1. **Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco).**

   » Just Plain Killers[59]

2. **Funding for evidence-based prevention programs in schools.**

   » Evidence-Based Program Guidance for Substance Use Prevention Education in Schools[60]
   » Blueprints for Healthy Youth Development Certified Model Programs[61]

   » Life Skills Training[62]
   » Screening for Behavioral Health Risk in Schools[63]
   » Prevention of Opioid Misuse and its Harmful Effects on Children and Families[64]

3. **Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC Guidelines[65], including providers at hospitals.**

- » Draft 2022 CDC Guidance for Prescribing Opioids (Anticipated Release in Late 2022)[66]
- » South Carolina Joint Revised Pain Management Guidelines, August 2017[67]
- » Opioid Stewardship Measurement Implementation Guide[68]
- » Establishing an Opioid Stewardship Program in Your Health System[69]

4. **Funding for community drug disposal programs**

- » DEA Regulations and Registration for Disposal of Controlled Substances[70]

5. **Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.**

- » PAARI Non-Arrest Program Model[71]
- » Sequential Intercept Model[72]
- » Safe Stations[73]
- » An Overview of Deflection and Pre-Arrest Diversion[74]
- » PAARI - The Police Assisted Addiction and Recovery Institute[75]
- » PAARI Non-Arrest Program Model – Proactive Outreach Model[76]
- » Drug Abuse Response Team, Lucas County Ohio Model[77]

- » Chelsea Police Department Hub Model[78]
- » The Solution to the Opioid Crisis: The Naloxone Plus Pre-Arrest Diversion Framework[79]
- » The 2018 Overdose Response Strategy Cornerstone Project[80]
- » The LEAD National Support Bureau[81]
- » Safe Project Pre-Arrest Diversion[82]
- » Expand Law Enforcement Diversion and First Responder Models that Connect Individuals to Substance Use and Misuse Treatment and Recovery Support Services[83]

Expanding Syringe Service Programs

- • South Carolina Code of Laws - Poisons, Drugs and Other Controlled Substances[84]

1. **Provide comprehensive syringe services programs with more wrap-around services, including linkage to opioid use disorder (OUD) treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.**

- » Legality of Syringe Access Programs in South Carolina[85]
- » Syringe Service Programs Effective Strategies and Approaches for Planning, Design and Implementation[86]
- » Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States[87]
- » Summary of Information on The Safety and Effectiveness of Syringe Service Programs[88]

- » Prevention and Treatment of HIV among People Living with Substance Use and/or Mental Disorders[89]
- » Accessible Hepatitis C Care for People Who Inject Drugs[90]
- » SAMHSA – Harm Reduction[91]
- » Harm Reduction - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter Three[92]

Evidence-Based Data Collection and Research Analyzing the Effectiveness of The Abatement Strategies Within the State

Approved Uses

Approved use of the settlement funds will support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

Naloxone Or Other FDA-Approved Drug to Reverse Opioid Overdoses

- South Carolina Code of Laws – Overdose Prevention Act[93]

1. **Expand training for first responders[b], schools, community support groups and families.**

2. **Train and educate regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups and other members of the general public.**

   » Targeted Naloxone Distribution - Evidence-Based Strategies for Preventing Opioid Overdose[94]

3. **Enable school nurses and other school staff to respond to opioid overdoses and provide them with naloxone, training and support.**

4. **Expand, improve, or develop data tracking software and applications for overdoses/ naloxone revivals.**

   » Overdose Detection Mapping Application Program[c,95]

5. **Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.**

6. **Support provision by public health entities of free naloxone to anyone in the community.**

7. **Increase availability and distribution of naloxone and other drugs that treat overdoses to first responders, patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison or other members of the general public.**

   » Naloxone Saves SC[96]
   » Model Expanded Access to Emergency Opioid Antagonists Act - Legislative Analysis[97]
   » Law Enforcement Naloxone Tool Kit[98]

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[b] To request naloxone first responder training from DHEC, contact Kenny Polson at polsonkb@dhec.sc.gov.
[c] To request naloxone data tracking training, assistance or help registering, contact ODMAP@dhec.sc.gov.

Medications for Opioid Use Disorders (MOUD) Distribution and Other Opioid Use Disorder (OUD) Treatments

1. **Increase distribution of MOUD to individuals who are uninsured or whose insurance does not cover the needed service.**

   - Expand availability of treatment for MOUD and any co-occurring substance use disorder and/or mental health (SUD/MH) conditions, including all forms of MOUD approved by the U.S. Food and Drug Administration.

     » American Society of Addiction Medicine National Practice Guidelines[99]
     » Substance Abuse and Mental Health Services Administration (AMHSA) – Medication-Assisted Treatment[100]
     » MOUD - Evidence-Based Strategies for Preventing Opioid Overdose[101]
     » National Academy of Medicine - Medications for Opioid Use Disorder Save Lives[102]
     » Treatment Components - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter 2[103]

   - Support evidence-based maintenance treatment services for people with OUD and any co-occurring mental health conditions.

     » Overview of Medications for Opioid Use Disorder[104]
     » CDC - Evidence-Based Strategies for Preventing Opioid Overdose[105]

   - Expand telehealth, adhering to current state policy, to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MOUD, as well as counseling, psychiatric support and other treatment and recovery support services.

   - Expand staffing such as navigators and on-call teams to begin MOUD in emergency departments and hospital inpatient settings.

   - Provide training for emergency department personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.

     » Use of Medication Assisted Treatment in Emergency Departments[106]
     » Blueprint for Hospital Opioid Use Disorder Treatment[107]

2. **Provide MOUD education and awareness training to health care providers, EMTs, law enforcement and other first responders.**

   - Provide funding and training to clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MOUD and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

     » Become a Buprenorphine Waivered Practitioner[108]

- Provide training on MOUD to health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

  » Rural Community Action Guide[109]
  » South Carolina Office of Rural Health[110]

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3. **Ensure that health care providers are properly trained and conduct screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.**

- Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) training and implementation in primary care and emergency room settings. This is a well-established protocol and training is readily available through SAMSHA and multiple organizations.

  » SAMHSA - Screening, Brief Intervention and Referral to Treatment[111]
  » South Carolina SBIRT[112]

- Disseminate curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

  » Providers Clinical Support System[113]

- Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

  » Motivational Interviewing: Talking with Someone Struggling with OUD[114]

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4. **Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling and recovery housing that allow or integrate medication with other support services that adhere to nationally recognized standards.**

- Support mobile intervention, treatment and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

- Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

  » Standards for Licensing Crisis Stabilization Unit Facilities[115]

- Support hospital programs that transition people with OUD and any co-occurring SUD/MH conditions, or people who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

  » Bridge Clinic Buprenorphine Program Degreases Emergency Department Visits[116]

- Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

  » Community Outreach Paramedic Education[117]
  » Innovations in Overdose Response[118]

- Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, mobile units, ambulatory units, inpatient facilities and other similar settings; offer services, supports and connections to care for people with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

  » Addiction Professionals of South Carolina Peer Support Specialist Certification[119]
  » National Alliance for Recovery Residences[120]
  » South Carolina Alliance for Recovery Residences[121]

- Support evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions.

  » ASAM Continuum of Care[122]
  » CLOUD - Curated Library about Opioid Use for Decision-Makers[123]

- Offer baseline treatment and support evidence-based maintenance treatment services for people with OUD and any co-occurring mental health conditions.

- Begin MOUD in hospital emergency departments or inpatient settings utilizing patient navigators and on-call teams.

  » Initiating Buprenorphine-based MOUD in Emergency Departments - Evidence-Based Strategies for Preventing Opioid Overdose[124]
  » Use of Medication-Assisted Treatment in Emergency Departments[125]

- Support screening for fentanyl in routine clinical toxicology testing.

  » Evidence-Based Strategies for Preventing Opioid Overdose[126]

Pregnant & Postpartum Women

1. **Expand screening, brief intervention and referral to treatment (SBIRT) services to non-Medicaid eligible or uninsured pregnant women.**

   - Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

2. **Expand comprehensive evidence-based treatment and recovery services, including medication for opioid use disorder (MOUD), for women with co-occurring opioid use disorder (OUD) and substance use and mental health disorders (SUD/MH) for uninsured individuals for up to 12 months postpartum.**

   - Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports and prevention services for pregnant women–or women who could become pregnant–who have OUD and any co-occurring SUD/MH conditions and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome (NAS).

     » Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants[127]

   - Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

   - Provide training for obstetricians or other health care personnel who work with pregnant women and their families on the treatment of OUD and co-occurring SUD/MH conditions.

3. **Provide comprehensive wrap-around services for people with OUD, including housing, transportation, job placement/training and childcare.**

   - Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

   - Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parenting skills training.

     » Triple P Positive Parenting Program[128]
     » Parent-Child Interaction Therapy[129]
     » Home Visiting[130]

   - Provide support for Children's Services (Child Protective Services)–Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

   - Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for individuals who have suffered adverse childhood events.

     » Handle With Care Model[131]
     » Adverse Childhood Experiences[132]
     » CDC - Preventing Adverse Childhood Experiences[133]

Expanding Treatment for Neonatal Abstinence Syndrome (NAS)

Neonatal abstinence syndrome (NAS) is a withdrawal syndrome that can occur in newborns exposed to certain substances, including opioids, during pregnancy.

1. **Expand comprehensive evidence-based and recovery support for babies with NAS.**

   - Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

     » National Center on Substance Abuse and Child Welfare Resources[134]

2. **Expand long-term treatment and services for better medical monitoring of babies with NAS and their families, and a continuum of care with infant-need dyad.**

   - Expand comprehensive evidence-based treatment and recovery support for babies with NAS; expand services for a better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of babies with NAS and their families.

     » Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants[135]

Expansion of Warm Hand-Off Programs and Recovery Services

1. **Begin medication for opioid use disorder in hospital emergency departments utilizing patient navigators and on-call teams.**

   - Support centralized call centers that provide information and connections to appropriate services and supports for persons with opioid use disorder (OUD) and any co-occurring substance use disorder and mental health (SUD/MH) conditions.

     » The Lifeline and 988 National Suicide Prevention Lifeline (Goes Live July 16, 2022)[136]
     » SCHOPES Support Line[137]

2. **Broaden scope of recovery services to include co-occurring SUD/MH conditions.**

   - Providing training in harm reduction strategies to health care providers, clinical students, peer recovery coaches, recovery outreach specialists and other professionals who provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

     » Substance Abuse and Mental Health Services Administration (SAMHSA) – Harm Reduction[138]

- Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine continuum of care for OUD and any co-occurring SUD/MH conditions.[139]

  » Reimbursement for Medications for Addiction Treatment Tool Kit[140]

- Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking and adverse childhood experiences)

and family members (e.g., surviving family members after an overdose or overdose fatality) and training of health care personnel to identify and address such trauma.

  » SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach[141]
  » Training for Professionals - Starr Commonwealth[142]

3. **Expand warm hand-off services to transition to recovery services.**

4. **Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training and childcare.**

- Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management and connections to community-based services.

- Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it, including persons with OUD and any co-occurring SUD/MH conditions.

- Provide access to housing options for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs and recovery housing programs that allow or integrate FDA-approved mediation with other support services.

  » SAMHSA - Recovery Housing: Best Practices and Suggested Guidelines[143]

- Provide or support transportation to treatment or recovery programs/services for persons with OUD and any co-occurring SUD/MH conditions.

- Develop and support best practices on addressing OUD in the workplace.

  » NH Recovery Friendly Workplace[144]
  » National Safety Council[145]
  » SAMHSA – Substance Use Disorders Recovery with a Focus on Employment[146]

- Support evidence-based assistance programs for health care providers with OUD.

  » South Carolina Recovering Professional Program[147]

- Provide employment training and educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

- Identify successful recovery programs such as physician, pilot and college recovery programs and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

  » Association of Recovery in Higher Education[148]
  » Association of Recovery Community Organizations[149]
  » Guiding Principles and Elements of Recovery-Oriented Systems of Care[150]

- Engage non-profits, faith-based communities and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD.

  » Embrace Recovery SC[151]
  » Brining Recovery Supports to Scale Technical Assistance Center[152]
  » Opioid Epidemic Practical Toolkit: Helping Faith-based and Community Leaders Bring Hope and Healing to Our Communities[153]
  » Spirit of Harm Reduction: A Toolkit for Communities of Faith Facing Overdose[154]
  » Newport County Prevention Coalition – Faith Initiative[155]
  » EnCompass Training for Families and Communities[156]
  » TN Faith-Based Community Coordinators[157]

- Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals in recovery from OUD, including reducing stigma.

  » Learn About Ending the Stigma of Addiction[158]

- Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

  » Reducing Stigma Surrounding Substance Use Disorders[159]
  » Addiction Language Guide[160]

- Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including minority populations.

  » Developing Culturally Responsive Approaches to Serving Diverse Populations[161]
  » How to Embed a Racial and Ethnic Equity Perspective in Research[162]

- Create and/or support evidence-based recovery high schools.

  » Substance Misuse Prevention for Young Adults[163]

- Support hospital programs that transition people with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

  » Emergency Department Quick Start[164]

5. **Hire additional social workers, peer recovery coaches or other behavioral health workers to facilitate service expansions recommended above.**

- Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs or other incentives for providers to work in rural or underserved areas.

- Hire or train behavioral health workers to provide or expand any of the services or supports listed below:

» Comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH condition(s), including housing, transportation, education, job placement, job training and childcare.

» Full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH condition(s), including supportive housing, peer support services and counseling, community navigators, case management and connections to community-based services.

» Counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it.

» Access to housing for people with OUD and any co-occurring SUD/MH condition, including supportive housing, recovery housing, housing assistance programs, training for housing providers or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

» Community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

» Peer recovery centers, which may include support groups, social events, computer access and other services for persons with OUD and any co-occurring SUD/MH condition(s).

» Transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH condition(s).

» Employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions. Successful recovery programs targeted at specific populations such as physician, pilot and college recovery programs and provide support and technical assistance to increase the number and capacity of high-quality evidence-based programs to help those in recovery.

» Non-profits, faith-based communities and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

» Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

» Stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

» Evidence-based culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including minority populations.

» Evidence-based models of recovery high schools.

Treatment for Incarcerated Population

- JCOIN Training and Engagement Center - Justice Community Opioid Innovation Network Coordination and Translation Center[165]

1. **Increase funding to provide evidence-based treatment and recovery support, including MOUD for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system.**

- Support pre-arrest and pre-arraignment diversion and deflection strategies for persons with medication for opioid use disorder (MOUD) and any co-occurring substance use disorder and mental health (SUD/MH) conditions, including established strategies such as:

  » Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI).

  » PAARI Non-Arrest Program Model[166]
  » The Angel Program[167]
  » Safe Stations[168]
  » An Overview of Deflection and Pre-Arrest Diversion[169]
  » PAARI - The Police Assisted Addiction and Recovery Institute[170]
  » Hope Not Handcuffs[171]

  » Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model.

  » The 2018 Overdose Response Strategy Cornerstone Project[176]
  » The LEAD National Support Bureau[177]
  » Safe Project Pre-Arrest Diversion[178]
  » Expand Law Enforcement Diversion and First Responder Models that Connect Individuals to Substance Use and Misuse Treatment and Recovery Support Services[179]

  » Active outreach strategies such as the Drug Abuse Response Team (DART) model.

  » PAARI Non-Arrest Program Model – Proactive Outreach Model[172]
  » Drug Abuse Response Team, Lucas County Ohio Model[173]
  » Chelsea Police Department Hub Model[174]

  » Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative.

  » Pre-Arrest Adult Civil Citation Program - Leon County, Florida[180]
  » Narcotics Arrest Diversion Program - Chicago, Illinois[181]

  » "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services.

  » The Solution to the Opioid Crisis: The Naloxone Plus Pre-Arrest Diversion Framework[175]

  » Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

  » Police-Mental Health Collaboration Tool Kit[182]

- Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

- Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including medications for opioid use disorder and related services.

- Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

  - » Drug Court Standards[183]
  - » National Drug Court Institute[184]
  - » Public Safety-Led Programs[185]

- Provide evidence-based treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison, are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision or are in re-entry programs or facilities.

  - » National Governors Association - Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings[186]

- » Substance Abuse and Mental Health Services Administration - Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings[187]
- » Access to Medications for Opioid Use Disorder in US Jails and Prisons[188]
- » County Jail MOUD Expansion Initiative[189]
- » Support for Overdose Education and Naloxone Distribution in Jails[190]
- » Linkage to Care Upon Release from Incarceration[191]

- Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

- Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional or judicial personnel and to providers of treatment, recovery, harm reduction, case management or other services offered in connection with any of the strategies described in this section.

  - » Care for Opioid Use Disorder in the Criminal Justice System - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter 4[192]

Prevention Programs

1. **Provide funding for evidence-based prevention programs in schools.**

   - Evidence-Based Program Guidance for Substance Use Prevention Education in Schools[193]

   - Implement school-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and

are likely to be effective in preventing the uptake and use of opioids.

> » [Blueprints for Healthy Youth Development Certified Model Programs](#)[194]
> » [Life Skills Training](#)[195]
> » [Good Behavior Game](#)[196]
> » [Strengthening Families](#)[197]
> » [Substance Abuse and Mental Health Services Administration - Substance Misuse Prevention for Young Adults](#)[198]
> » [CDC - Preventing Adverse Childhood Experiences](#)[199]
> » [National Prevention Science Coalition – Strategy for Preventing Opioid Use Disorders in Communities](#)[200]

- Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations and others.

> » [CDC Rx Awareness Campaign](#)[201]
> » [Communities That Care](#)[202]

- Support evidence-based programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

- Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) can increase the risk of opioid or another drug misuse.

- Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment and recovery programs focused on young people.

- Enable school nurses and other school staff to respond to opioid overdoses and provide them with naloxone, training and support.

- Provide training and long-term implementation of screening, brief intervention and referral to treatment (SBIRT) in key systems (health, schools, colleges, criminal justice and probation), with a focus on youth and young adults when transitioning from misuse to opioid use disorder (OUD).

> » [Screening for Behavioral Health Risk in Schools](#)[203]
> » [Prevention of Opioid Misuse and its Harmful Effects on Children and Families](#)[204]

2. **Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with current CDC guidelines, including providers and hospitals.**[205]

- Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals.

> » [South Carolina Joint Revised Pain Management Guidelines, August 2017](#)[206]

- Provide Continuing Medical Education (CME) on appropriate prescribing of opioids.

- Provide support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

- Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including, but not limited to, improvements that:

  » Increase the number of prescribers using PDMPs.

  » Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs and/or improving the interface that prescribers use to access PDMP data.

  » Enable states to use PDMP data in support of surveillance or intervention strategies, including medication for opioid use disorder (MOUD) referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

South Carolina Reporting & Identification Prescription Tracking System[207]

  » Increase electronic prescribing to prevent diversion or forgery.

  » Educate dispensers on appropriate opioid dispensing.
    - CDC - Prescription Drug Monitoring Program[208]

  » Ensure PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

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3. **Funding for community drug disposal programs.**

- Create or support community-based education or intervention services for families, youth and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

- Fund community anti-drug coalitions that engage in evidence-based drug prevention efforts.

- Engage non-profits and faith-based communities as systems to support prevention.

- Support community coalitions in implementing evidence-based prevention, such as reduced social access and physical access, stigma reduction–including staffing, educational campaigns, support for people in treatment or recovery or train coalitions in evidence-informed implementation and the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

  » CDC - Drug-Free Communities Program[209]
  » Brandeis Opioid Resource Connector - Communities Informing Communities[210]

- Support drug take-back disposal or destruction programs.

  » DEA Regulations and Registration for Disposal of Controlled Substances[211]

- Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

- Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses and treat those with OUD and any co- occurring SUD/MH condition(s), or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

  » Public Health and Safety Team Toolkit[212]

- Provide funding for staff training or networking programs and services to improve the capability of government, community and not-for-profit entities to abate the opioid crisis.

- Provide resources to staff government oversight and management of opioid abatement programs.

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4. **Train first responders to participate in pre-arrest diversion programs, post-overdose response teams or similar strategies that connect at-risk individuals to behavioral health services and supports.**

- Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

- Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses and treat those with OUD and any co-occurring SUD/MH conditions.

- Provide wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

- Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

  » South Carolina Code of Laws – Overdose Prevention Act[213]

  » 911 Good Samaritan Laws - Evidence-Based Strategies for Preventing Opioid Overdose[214]

- Purchase automated versions of SBIRT and support ongoing costs of the technology.

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5. **Provide funding for evidence-based media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco).**

- CDC Rx Awareness Campaign Overview[215]

- Fund media campaigns to prevent opioid misuse.

- Corrective advertising or affirmative public education campaigns based on evidence.

- Educate the public on how to respond to an emergency overdose.

- Educate the public on immunity and Good Samaritan laws.

  » South Carolina Code of Laws – Overdose Prevention Act[216]

- Educate the public on drug disposal.

Evidence-Based Data Collection and Research Analyzing the Effectiveness of The Abatement Strategies Within the State

- 2022 National Drug Control Strategy[217]
- North Carolina Opioid Settlement Resource Engine[218]

1. **Support opioid abatement research that may include, but is not limited to, the following:**

- Perform geospatial analysis of access barriers to medication for opioid use disorder and their association with treatment engagement and treatment outcomes.

- Monitor, observe, collect data and evaluate programs and strategies described in this opioid abatement strategy list.

  » Data Infrastructure - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic[219]

- Research on non-opioid treatment of chronic pain.

- Research on improved service delivery for modalities such as screening, brief intervention and referral to treatment that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

  » Individualized Approach to Primary Prevention of Substance Use Disorder: Age-Related Risks[220]

- Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

  » Harm Reduction TA Center[221]
  » Baltimore and the Overdose Epidemic - Fentanyl One-Pager[222]

- Create a dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

  » NC Opioid Settlement Dashboard[223]

- Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse or opioid overdoses, treating those with opioid use disorder and any co-occurring substance use disorder and mental health conditions, supporting them in treatment or recovery, connecting them to care.

  » Sequential Intercept Model[224]

- Facilitate regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance.

  » Overdose Fatality Review[225]

- Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

- Expand research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances.

  » Hawaii HOPE Program[226]
  » 24/7 Sobriety Program- North Dakota[227]

- Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

  » For People Who Use Drugs - Rapid Assessment of Consumer Knowledge[228]

Expanding Syringe Service Programs

1. **Provide comprehensive syringe services programs with wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.**

- South Carolina Code of Laws - Poisons, Drugs and Other Controlled Substances[229]

- Implement syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care and the full range of harm reduction and treatment services provided by these programs.

  - » Legality of Syringe Access Programs in South Carolina[230]
  - » Syringe Service Programs Effective Strategies and Approaches for Planning, Design and Implementation[231]
  - » Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States[232]
  - » Summary of Information on The Safety and Effectiveness of Syringe Service Programs[233]

- Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

  - » Substance Abuse and Mental Health Services Administration – Harm Reduction[234]
  - » Harm Reduction - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter Three[235]
  - » Michigan FAN HARM:LESS Harm Reduction Support Team[236]

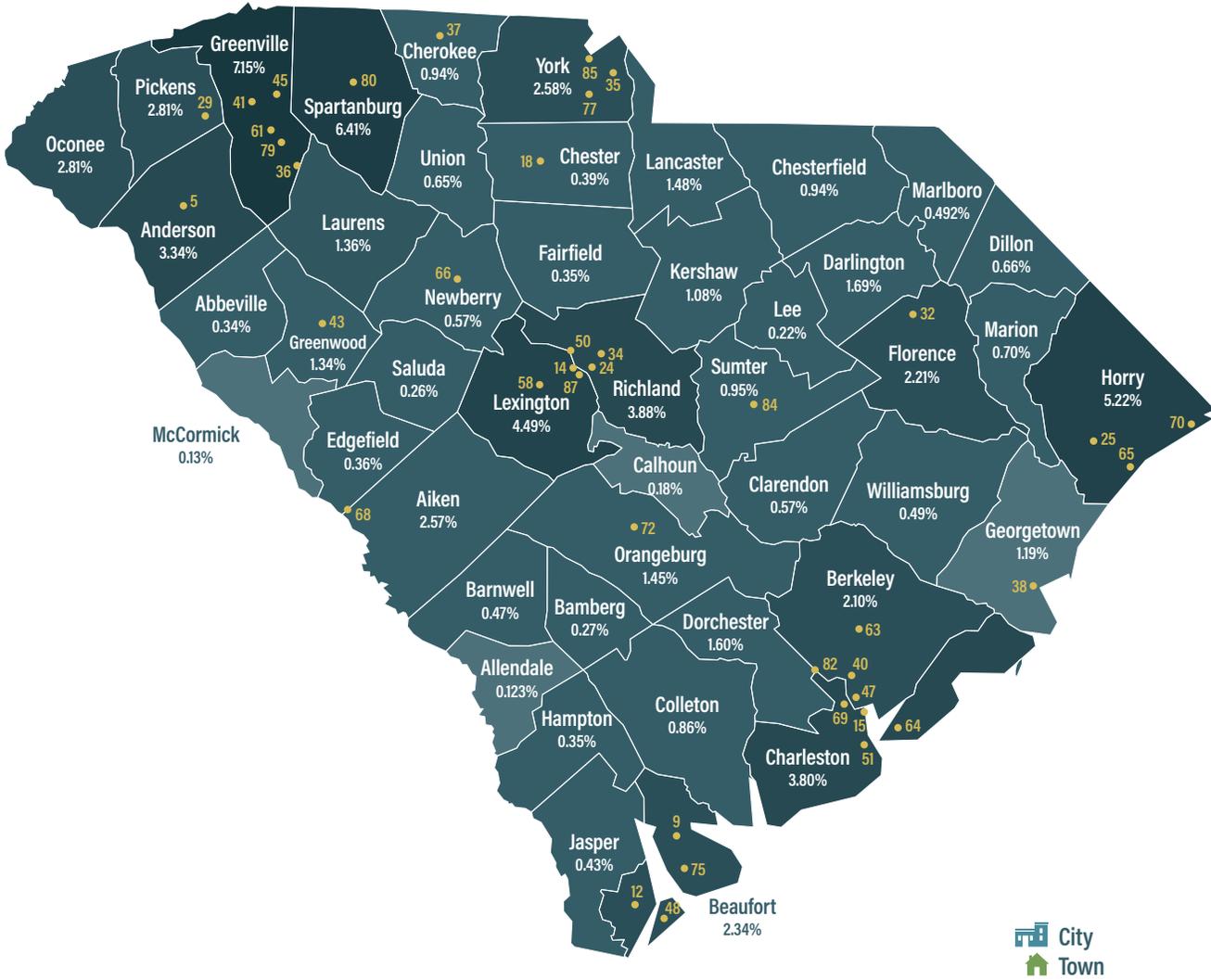- Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

  - » Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders[237]
  - » Accessible Hepatitis C Care for People Who Inject Drugs[238]

Appendix A

Allocations to South Carolina Counties and Cities

The following table is to be used by the Board for the purpose of allocating money in the Guaranteed Political Subdivision Subfund to the counties and cities of South Carolina:

Greenville 7.15%
Cherokee 0.94%
York 2.58%
Pickens 2.81%
Spartanburg 6.41%
Oconee 2.81%
Union 0.65%
Chester 0.39%
Lancaster 1.48%
Chesterfield 0.94%
Marlboro 0.492%
Anderson 3.34%
Laurens 1.36%
Fairfield 0.35%
Kershaw 1.08%
Darlington 1.69%
Dillon 0.66%
Abbeville 0.34%
Newberry 0.57%
Lee 0.22%
Marion 0.70%
Greenwood 1.34%
Saluda 0.26%
Richland 3.88%
Sumter 0.95%
Florence 2.21%
Horry 5.22%
McCormick 0.13%
Lexington 4.49%
Edgefield 0.36%
Calhoun 0.18%
Clarendon 0.57%
Williamsburg 0.49%
Georgetown 1.19%
Aiken 2.57%
Orangeburg 1.45%
Berkeley 2.10%
Barnwell 0.47%
Bamberg 0.27%
Dorchester 1.60%
Allendale 0.123%
Hampton 0.35%
Colleton 0.86%
Charleston 3.80%
Jasper 0.43%
Beaufort 2.34%

City
Town

2. Aiken 0.78%
5. Anderson 1.17%
9. Beaufort 0.08%
12. Bluffton 0.05%
14. Cayce 0.26%
15. Charleston 2.30%
18. Chester 0.13%
22. Clemson 0.33%
24. Columbia 2.39%
25. Conway 0.29%
29. Easley 0.86%

32. Florence 1.01%
35. Forest Acres 0.10%
35. Fort Mill 0.17%
36. Fountain Inn 0.20%
37. Gaffney 0.20%
38. Georgetown 0.26%
40. Goose Creek 0.55%
41. Greenville 2.27%
43. Greenwood 0.03%
45. Greer 0.56%
47. Hanahan 0.23%

48. Hilton Head 0.23%
50. Irmo 0.09%
51. James Island 0.05%
58. Lexington 0.23%
61. Mauldin 0.43%
63. Moncks Corner 0.20%
64. Mount Pleasant 0.58%
65. Myrtle Beach 1.91%
66. Newberry 0.03%
68. North Augusta 0.51%
69. North Charleston 1.78%

70. North Myrtle Beach 0.64%
72. Orangeburg 0.05%
75. Port Royal 0.02%
77. Rock Hill 1.31%
79. Simpsonville 0.35%
80. Spartanburg 1.19%
82. Summerville 0.64%
84. Sumter 0.54%
85. Tega Cay 0.04%
87. West Columbia 0.39%

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