South Carolina House of Representatives Opioid Abuse Prevention Study Committee

Findings and Recommendations

January 2018

Table of Contents

South Carolina House of Representatives Opioid Abuse Prevention Study Committee

Letter from the Chairman

January 9, 2018

Dear Speaker James H. Lucas and Members of the South Carolina House of Representatives:

On behalf of my fellow committee members, I am pleased to enclose the final report containing the findings and recommendations of the House Opioid Abuse Prevention Study Committee.

Our report reflects eight months of study and fulfills the mission set out by Speaker Lucas to identify legislative solutions that will help curb the rapidly growing opioid epidemic before it destroys more families and lives in South Carolina.

This invasive problem affects every community and does not discriminate against race, age, gender, socioeconomic class or profession. During our study, the Committee recognized that chronic and acute pain are serious concerns for many in our state and healthcare professionals must maintain the ability to treat patients according to their best judgment.

After holding public hearings and working group meetings, Committee members developed legislation addressing priority areas and identified key recommendations to address gaps in services and areas for further study.

We hope this report will help foster continued conversations related to the impact of opioid use disorder and encourage communities to engage existing local partnerships as well as establish new coalitions.

Most importantly, the Committee learned that no single change in the law will fix the opioid epidemic. In order to fully address the many issues related to this problem, there must be a long-term commitment to coordinate efforts at the state and local level, providing resources and support across the state for prevention, treatment and recovery services.

Sincerely,
Eric Bedingfield

The Impact of Opioids

Overdose deaths are the leading injury death in the United States.

For the past three years, the number of opioid-related overdose deaths in South Carolina surpassed the number of homicides, with 2016 statistics reporting 616 opioid-related overdose deaths and 366 homicides. Also, in 2016, the following counties reported twenty-five or more fatal opioid overdoses: Horry, Charleston, Greenville, Richland, York, Spartanburg, Lexington, Pickens, Georgetown, and Berkeley.

According to the South Carolina Department of Alcohol and Other Drug Abuse Services, there has been a 67% increase in the number of attempts to reverse opioid overdose conducted by EMS personnel throughout the state from 2013 through 2016.

3,847 attempts in 2013
4,187 attempts in 2014
4,610 attempts in 2015
6,427 attempts in 2016

Committee Membership

The Honorable Eric Bedingfield (District 28-Greenville): Speaker James H. Lucas appointed Representative Bedingfield to serve as Chairman of the House Opioid Abuse Prevention Study Committee. In addition to his service on the Committee he is the Chairman of the Regulations and Administrative Procedures Committee as well as a member of the Judiciary Committee. Chairman Bedingfield has served in the House of Representatives since 2007.

The Honorable Terry Alexander (District 59-Florence): Representative Alexander serves on the Education and Public Works Committee as well as the Regulations and Administrative Procedures Committee. He has served in the House of Representatives since 2008.

The Honorable Todd Atwater (District 87-Lexington): Representative Atwater serves on the Labor, Commerce and Industry Committee as well as the Rules Committee. He has served in the House of Representatives since 2011.

The Honorable Chandra Dillard (District 23-Greenville): Representative Dillard serves as Secretary of the Agriculture, Natural Resources and Environmental Affairs Committee, Secretary of the Ethics Committee, as well as a member of the Legislative Oversight Committee. She has served in the House of Representatives since 2009.

The Honorable MaryGail Douglas (District 41-Fairfield): Representative Douglas serves on the Education and Public Works Committee as well as the Legislative Oversight Committee. She has served in the House of Representatives since 2013.

The Honorable Shannon Erickson (District 124-Beaufort): Representative Erickson serves on the Ways and Means Committee as well as the Regulations and Administrative Procedures Committee. She has served in the House of Representatives since 2007.

The Honorable Russell Fry (District 106-Horry): Representative Fry serves on the Judiciary Committee as well as the Rules Committee. He has served as a member of the House of Representatives since 2015.

The Honorable Phyllis Henderson (District 21-Greenville): Representative Henderson serves on the Labor, Commerce and Industry Committee as well as the Legislative Oversight Committee. She has served in the House of Representatives since 2010.

The Honorable Lee Hewitt (District 108-Georgetown): Representative Hewitt serves on the Agriculture, Natural Resources and Environmental Affairs Committee. He has served as a member of the House of Representatives since 2017.

The Honorable Chip Huggins (District 85-Lexington): Representative Huggins serves on the Ways and Means Committee as well as the Regulations and Administrative Procedures Committee. He has served in the House of Representatives since 1999.

The Honorable Mandy Norrell (District 44-Lancaster): Representative Norrell serves on the Judiciary Committee as well as the Legislative Oversight Committee. She has served as a member of the House of Representatives since 2013.

The Honorable Bobby Ridgeway (District 64-Clarendon): Representative Ridgeway serves on the Medical, Military, Public and Municipal Affairs Committee as well as the Legislative Oversight Committee. He has served as a member of the House of Representatives since 2013.

The Honorable Todd Rutherford (District 74-Richland): Representative Rutherford serves on the Ways and Means Committee. He has served in the House of Representatives since 1999.

The Honorable Kit Spires (District 96-Lexington): Representative Spires serves on the Labor, Commerce and Industry Committee. He has served in the House of Representatives since 2007.

The Honorable David Weeks (District 51-Sumter): Representative Weeks serves as Vice-Chairman of the Ethics Committee as well as a member on the Judiciary Committee. He has served as a member of the House of Representatives since 2001.

The Honorable Jay West (District 7-Anderson): Representative West serves on the Education and Public Works Committee as well as the Legislative Oversight Committee. He has served as a member of the House of Representatives since 2017.

Background and Acknowledgements

The Committee has aimed to build upon the success of past and current efforts to address the opioid epidemic in South Carolina. In recent years, stakeholders with varying perspectives and areas of expertise have contributed to this endeavor.

In December 2014, the Governor's Prescription Drug Abuse Prevention Council, established by then Governor Nikki Haley, developed a comprehensive State Plan to Prevent and Treat Prescription Drug Abuse consisting of fifty-four recommendations. To date, most of these recommendations have been implemented, and many of the members of this Committee sponsored legislation to enact the recommended changes in state law.

Early in 2017, the South Carolina Hospital Association, working with state agencies and private and non-profit leaders, established the South Carolina Behavioral Health Coalition, which has brought together stakeholders from across the state with the goal of developing an all-encompassing system that ensures access, coverage, coordination and awareness of mental health and substance use disorders and services and resources for individuals and families. This multi-sector coalition is built on a defined set of goals for improving availability and access to treatment services and resources.

On December 18, 2017, Governor Henry McMaster signed Executive Order No. 2017-42, declaring a Statewide Public Health Emergency related to opioid misuse and abuse, opioid use disorder and opioid-related deaths.[i] The Executive Order also established the Opioid Emergency Response Team, under the joint leadership of South Carolina Law Enforcement Division Chief, Mark Keel and South Carolina Department of Alcohol and Other Drug Abuse Services Interim Director, Sara Goldsby.[ii]

The Committee supports these continued efforts and welcomes the opportunity to work in coordination with these initiatives in the future.

The Committee would be remiss in failing to thank a number of people whom, without their support, this report would not have been possible. First, to Speaker Lucas for establishing the House Opioid Abuse Prevention Study Committee, recognizing the significant need in our state to address this issue and making it a priority for the 2018 Legislative Session. Second, we would like to thank all of the agency directors and their staff who presented to the Committee and provided detailed information, and offered their ample expertise whenever called upon. These agencies served as invaluable resources for data, process information and ongoing support through the course of the Committee's study. Additionally, representatives from the law enforcement community have played a critical role in this study. As first responders, these brave men and women offered firsthand accounts of the epidemic that enabled the Committee to gain a more holistic understanding of the life-saving measures currently being used in the field. We also want to express our profound gratitude to the individuals in recovery, families who have lost loved ones, peer support specialists, treatment providers and medical professionals, advocates, and the general public who appeared before the committee and shared their hearts and wisdom. Finally, to the staff who dedicated themselves to this effort and worked to develop this report.

Introduction

On April 24, 2017, Speaker James H. Lucas announced the establishment of the House Opioid Abuse Prevention Study Committee. The Committee is comprised of a select group of members of the South Carolina House of Representative from various legislative committees, professional backgrounds, and districts that share the firsthand knowledge and personal experience of the impact of the opioid epidemic.

The Committee held its inaugural meeting on May 9, 2017 and was given its charge by Speaker Lucas to find preventive measures and increase treatment and recovery options to better protect South Carolinians from opioid abuse. The members received in-depth testimony from agency leadership representing the South Carolina Department of Alcohol and Other Drug Abuse Services, the South Carolina Department of Health and Environmental Control, and the South Carolina Department of Labor, Licensing and Regulation regarding the current status of the opioid epidemic and the statewide actions taken to address its rise.

Recognizing that opioid abuse and addiction is widespread and affects every corner of the state, the Committee held a series of public hearings in order to give those directly impacted by the opioid epidemic an opportunity to speak openly with the Committee regarding their experiences. The Committee solicited input from a number of stakeholders and received testimony, telephone calls, and emails from hundreds of South Carolinians as well as individuals from other states willing to offer their support to the Committee's efforts.

The first public hearing was held in Greenville on July 12, 2017. Earlier that day, the members of the Committee had the opportunity to tour the facilities of Greenville's Phoenix Center, speak with clients and staff, and interact with Peer Support Specialists and Recovery Coaches at the FAVOR Greenville center. The Charleston public hearing was held on August 16, 2017. The final public hearing was held in Conway on September 13, 2017.

Throughout each of the public hearings, the Committee was presented with a consistent theme that it came to adopt as its own; there must be a dramatic shift in the way our communities perceive substance use disorders. The stigmas around diagnosis and treatment of this disorder cannot continue if we are to make meaningful improvements.

After the conclusion of the public hearings, the members reconvened for three working group meetings on October 25, November 9, and December 6, 2017. These meetings included extensive discussion about the input received at the public hearings as well as expert testimony from individuals throughout our state and others. On January 3, 2018, the Committee formally adopted the recommendations and findings included in this report.

National Perspective

Opioid addiction is one of the largest and most devastating epidemics in United States history. According to the Centers for Disease Control and Prevention, opioids (including prescription opioids, heroin, and fentanyl) killed more than 42,000 people in 2016 more than any year on record, an increase from 33,000 people in the previous year.[iii] Nearly half of all opioid overdose deaths involve a prescription opioid which makes drug overdose the leading cause of accidental death in the nation.[iv]

According to the American Society of Addiction Medicine, in 2012, 259 million prescriptions were written for opioids, enough for each American adult to have their own bottle of prescription opioids.[v] Furthermore, the Society reported that four out of every five new heroin users started by abusing prescription painkillers and 94% of respondents to a 2014 survey switched to heroin because it was a cheaper alternative to prescription opioids.[vi] In 2015, 276,000 adolescents were nonmedical users of pain relievers with 122,000 of those admitting to having an addiction.[vii]

On October 26, 2017, President Donald Trump declared the opioid crisis a public health emergency under federal law. The declaration provides a critical step in confronting the causes and devastating effects of this crisis on a national scale. On November 1, 2017, the President's Commission on Combating Drug Addiction and the Opioid Crisis issued its report comprising numerous, urgent recommendations. According to the Commission's report, 175 American lives are lost every day from the opioid abuse epidemic.[viii]

Fentanyl is the strongest opioid available for medical use by humans, with approximately 100 times the potency of morphine.[ix] A startling trend has emerged in which fentanyl and fentanyl analogues are combined with inert substances and pressed into pill form and are being sold as counterfeit prescription opioid pills.[x] A recent Centers for Disease Control and Prevention study found that of 5,152 opioid overdose deaths examined, 3,700 tested positive for fentanyl or a fentanyl analog.[xi]

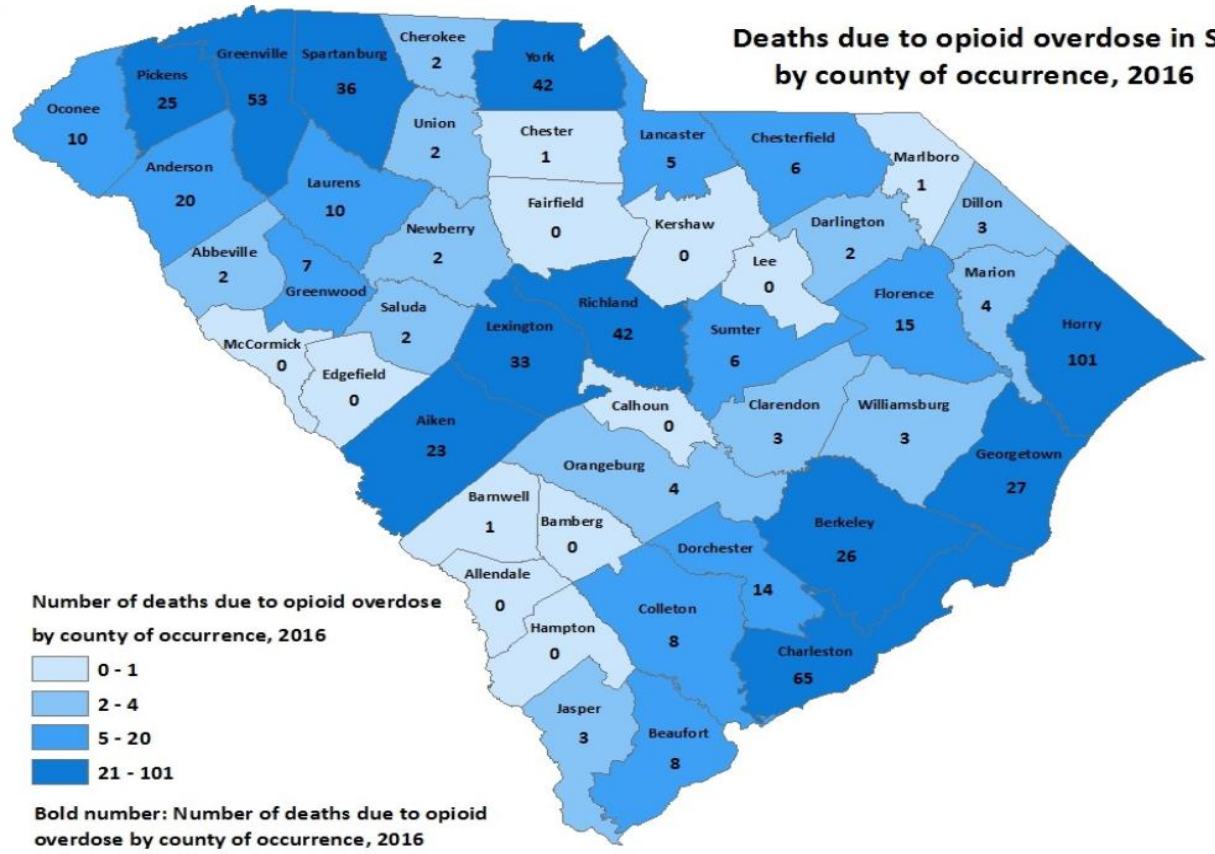
In a November 2017 report titled *The Underestimated Cost of the Opioid Crisis,* the United States Council of Economic Advisors found that the 33,000 Americans who died in 2015 due to opioid related overdose represented 63% of all reported drug overdose deaths in the United States.[xii] The Council estimated economic costs of the crisis were over $500 billion in 2015 alone, equal to 2.8% of National Gross Domestic Product.[xiii] A survey by the Substance Abuse and Mental Health Services Administration indicates that 2.4 million Americans have an opioid use disorder.[xiv] Within the overall economic impact of this crisis, the non-fatal costs of treatment for an overdose is an estimated $58 billion nationally.[xv]

The increasing economic burden and the compounding effect of lost human life caused by the opioid epidemic have presented systemic issues throughout the country that must be addressed through a multifaceted and collaborative approach. The Committee is hopeful that the recommendations put forth by the President's Commission will lead to sweeping changes, increased funding, and heightened national awareness to opioid use disorder, further strengthening the ability and capacity of the states to address these issues locally.

Impact on South Carolina

The South Carolina Department of Health and Environmental Control and the Department of Alcohol and Other Drug Abuse Services presented the Committee with alarming information about the burden of opioid use and overdose in South Carolina. According to the South Carolina Department of Health and Environmental Control, in 2014, 464 deaths occurred in the state from opioid overdoses (including prescription opioids and heroin).[xvi] The following year, the number rose to 565 deaths and in 2016 there were 616 opioid-involved overdose deaths. In all three years, opioid overdose deaths outnumbered homicides in the state.[xvii]

While opioid addiction and overdose occurs throughout the state, it is not evenly distributed geographically. In 2016, the heaviest concentration of lives lost due to opioid overdose occurred in clusters of counties in the upstate (Pickens, Greenville, Spartanburg, and York), the midlands (Richland, Lexington and Aiken), and the coast (Horry, Georgetown, Berkeley, and Charleston).



Map provided by the South Carolina Department of Alcohol and Other Drug Abuse Services

While the effects of the epidemic must be addressed from an overall state perspective, it is imperative that the individual communities are given the tools necessary to best combat this issue at a local level. Only through a coordinated approach at all levels can the state ensure that each county is equipped with appropriate resources designed to address the specific needs of each community.

Recently Enacted State Law

Several significant bills addressing different facets of the opioid problem have been introduced by members of the Legislature in recent years. The following legislation has been signed into law since 2014.

Act 244, S.0840, *Prescription Monitoring Program*
Revises the Prescription Monitoring Program to require dispensers to make daily submissions about certain controlled substances. The Act also provides for an authorized delegate, which means an individual who is approved as having access to the prescription monitoring program and who is directly supervised by an authorized practitioner or pharmacist. The legislation requires a pharmacist or practitioner who knowingly discloses prescription monitoring information in violation of provisions to be reported to his respective board for disciplinary action. Further, the act requires certain continuing professional education for physicians related to procedures for prescribing and monitoring controlled substances. This bill was signed into law by Governor Nikki Haley on June 6, 2014.

Act 54, H.3083, *South Carolina Overdose Prevention Act*
Grants physicians, pharmacists, caregivers and first responders immunity from civil liability and criminal prosecution when prescribing, dispensing, and administering naloxone. In addition to provider immunity in cases of suspected drug overdose, the act authorizes law enforcement to carry and administer the lifesaving drug. This bill was signed into law by Governor Nikki Haley on June 3, 2015.

Act 76, H.3817, *Controlled Substance Collectors*
Provides for more expansive law enforcement controlled substance take-back programs by allowing pharmacies and certain others to register as collection centers for unused prescription drugs as a means of preventing substance abuse by keeping opioids and other potentially dangerous prescription drugs out of the wrong hands. This bill was signed into law by Governor Henry McMaster on May 19, 2017.

Act 91, H.3824 *Prescription Monitoring Program*
This Act significantly expands the requirements set forth by Act 244 of 2014. According to guidance provided by the Board of Medical Examiners, all practitioners authorized by state and federal law to prescribe controlled substances must now review a patient's controlled substance prescription history, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. If an authorized delegate reviews a patient's controlled substance prescription history, the practitioner must consult with the authorized delegate regarding the prescription history before issuing a prescription for Schedule II controlled substances. The consultation must be documented in the patient's medical record. Act 91 provides for additional continuing education requirements for

prescribers of approved procedures of prescribing and monitoring of Schedule II, III, and IV controlled substances. Expanded continuing education requirements of approved procedures of prescribing and monitoring of Schedule II, III, and IV controlled substances also apply to dentists, optometrists, physician assistants, podiatrists, pharmacists and other pharmacy personnel. This bill was signed into law by Governor Henry McMaster on May 19, 2017.

Act 95, S.0179, *Limited Immunity from Prosecution*
Establishes certain legal immunity while seeking medical assistance for a drug or alcohol overdose as a means of encouraging individuals to obtain life-saving treatment. This bill was signed into law by Governor Henry McMaster on June 10, 2017.

Pending House Legislation

A number of bills were introduced during the 2017 Legislative Session that are currently under review by the Legislature. **House Bill 3823** would require healthcare professionals to report suspected child abuse or neglect when infants or fetuses are being exposed to alcohol or drugs. This bill passed the House of Representatives, and was amended by the Senate. A Conference Committee was appointed on May 11, 2017, but a conference report has not yet been finalized or adopted.

Recommendation: Reconvene the Conference Committee for H.3823.

Recommendation: Adopt the Pending House Legislation Referenced Below.

The Committee recommends the passage of **H.3819** regarding prescription requirements for opioid analgesics to minors. The bill establishes informed consent requirements prior to prescribing opioid painkillers to minors. This bill is currently in the House Committee on Medical, Military, Public and Municipal Affairs.

The Committee recommends the passage of **H.3820** regarding opioid education in secondary schools. This bill, as a part of the public school Comprehensive Health Education Program, requires certain instruction in prescription opioid abuse prevention in grades nine through twelve beginning with the 2017-2018 school year. This bill is currently in the House Committee on Education and Public Works.

The Committee recommends the passage of **H.3821** regarding opioid education in higher education. This bill provides for a mandatory higher education curriculum on prescribing controlled substances in the training of healthcare professionals. The bill further requires public and private institutions of higher education, offering degrees in a healthcare profession that allows graduates to prescribe controlled substances listed in Schedules II, III, and IV, to develop mandatory course work on the prescription and monitoring of controlled substances, including Schedule II drugs used to treat or manage pain. The coursework must include instruction on strategies to recognize and reduce the likelihood

of patient addiction to opioids and other controlled substances. This bill passed the House and is currently in the Senate Committee on Education.

The Committee recommends the passage of **H.3822** regarding changes to controlled substance schedules. This bill establishes reporting requirements that allow for the updating of controlled substance drug schedules to reflect changes made by the Department of Health and Environmental Control. This bill passed the House and is currently in the Senate Committee on Medical Affairs.

The Committee recommends the passage of **H.3825** regarding prescription report cards. This bill requires the Department of Health and Environmental Control to provide prescription report cards to practitioners utilizing the prescription monitoring program that includes data relevant to a practitioner's prescribing practices. This bill is currently in the House Committee on Medical, Military, Public and Municipal Affairs.

The Committee recommends the passage of **H.3860** regarding trafficking of heroin and synthetic opiates. This bill standardizes the definitions and other information relating to illegal drugs, including heroin, synthetic opiates, and other drugs. These revisions will be made to the state Schedule I and II controlled substance possession, distribution, and trafficking criminal statutes. This bill is currently in the House Judiciary Committee and a similar bill, S.0245, is currently on the Senate Calendar.

The Committee recommends the passage of **H.3882** regarding deaths due to illegal drugs. This bill provides that when illegal drugs, controlled substances, their analogues, or other unlawful substances are sold and then causes the death of users, a criminal charge of involuntary manslaughter could be made against the seller or distributor. This bill is currently in the House Judiciary Committee. A similar bill, S.0083, is on the Senate Calendar.

The Committee recommends the passage of **H.4092** regarding Medicaid Health Plans. The bill provides that the Department of Health and Human Services shall prohibit Medicaid health plans from limiting patient access to medications that treat opioid addiction including, but not limited to, through dosage limitations, duration of treatment limitations, extensive prior authorization requirements, and fail-first or step therapy requirements, and shall guarantee unrestricted access to any FDA-approved treatment options available for individuals who have completed a detoxification program. This bill is currently in the House Committee on Medical, Military, Public and Municipal Affairs.

The Committee recommends the passage of **H.4112** regarding administering or prescribing of a controlled substance containing an opioid by a practitioner. The bill provides that in consultation with the Board of Medical Examiners and the Board of Pharmacy, the Department of Health and Environmental Control shall develop and publish a uniform voluntary non-opioid directive form which may be used by a patient to deny or refuse the administering or prescribing of a controlled substance containing an opioid by a practitioner. This bill is currently in the House Committee on Medical, Military, Public and Municipal Affairs.

The Committee recommends the passage of **H.4117** regarding the Prescription Monitoring Program. The Department of Health and Environmental Control will be allowed to provide data in the prescription monitoring program pertaining to a specific case involving a designated person to a drug court official. This bill is currently in the House Committee on Medical, Military, Public and Municipal Affairs.

New House Legislation

Over the course of the Committee's study, certain critical areas of need were identified, and legislation is being introduced in the 2018 Legislative Session to update existing programs and address gaps in the South Carolina Code of Laws.

Recommendation: Pass the Legislation Referenced Below, Introduced by the Members of the House Opioid Abuse Prevention Study Committee, during the 2018 Legislative Session.

Require Licensing for Addiction Counselors

In conjunction with the South Carolina Department of Alcohol and Other Drug Abuse Services, the South Carolina Department of Labor, Licensing and Regulation, and various stakeholders, members of the Committee are introducing legislation to implement licensure for addiction counselors and the inclusion of addiction counselors on the Board of Licensure of Professional Counselors, Marriage and Family Therapists, and PsychoEducational Specialists.

Add the Administration of Opioid Overdose Antidotes to the South Carolina Reporting & Identification Prescription Tracking System

State law requires the South Carolina Department of Health and Environmental Control to maintain the South Carolina Reporting & Identification Prescription Tracking System. This program monitors the prescribing and dispensing of all Schedule II, III, and IV controlled substances by individuals licensed to prescribe or dispense these substances in the state. Naloxone, an opioid overdose antidote, is not a controlled substance and administrations are not reported to the prescription monitoring program.

Members of the Committee are introducing legislation that will add the administration of opioid overdose antidotes to the prescription monitoring program. The administration of an opioid overdose antidote indicates a potential crisis and presents the need for immediate referral to treatment. Including antidotes for opioid overdose, such as naloxone, in a patient's record on the prescription monitoring program, provides prescribers with critical information regarding past overdose incidences.

Community Distribution of Opioid Overdose Antidotes

As referenced above, naloxone is a benign drug that reverses the effects of opioids in the event of an overdose. Under current South Carolina law, pharmacists are able to dispense this drug without a prescription based on a standing order. However, those suffering from addiction are frequently unwilling or unable to purchase the medication from a pharmacy. According to the South Carolina Department of Alcohol and Other Drug Abuse Services, there has been a 67% increase in the number of attempts to reverse opioid overdose conducted by emergency medical services personnel throughout South Carolina from 2013 through 2016, with approximately 4,600 administrations in 2015 and 6,400 administrations in 2016.[xviii]

The loss of life in 2016 would have been far greater without the administration of naloxone by emergency medical services personnel and law enforcement. Recognizing the increasing need for greater accessibility to these lifesaving drugs, the Committee, in coordination with the South Carolina Department of Alcohol and Other Drug Abuse Services, developed legislation regarding the distribution of naloxone.

Members of the Committee are introducing legislation that defines a community distributor as any organization, either public or private, that provides substance use disorder assistance and services, such as counseling, homeless services, advocacy, harm reduction, alcohol and drug screening, and treatment to individuals at risk of experiencing an opioid related overdose. Community Distributors will be permitted to provide opioid overdose antidotes to individuals based on a joint protocol to be developed by the Board of Medical Examiners and the Board of Pharmacy allowing organizations that work to serve this population to have this life-saving drug more accessible.

Statutory Supply Limits for Opioid Medications

In 2016, the Centers for Disease Control and Prevention issued guidelines for providers recommending shorter durations for opioid prescriptions. According to a Centers for Disease Control and Prevention study, "patients that use such pain killers for longer periods of time are more likely to end up addicted to them."[xix]

Governor Henry McMaster issued an executive order on December 17, 2017 directing the South Carolina Department of Health and Human Services to limit initial opioid prescriptions for acute and post-operative pain to a maximum of five days for state Medicaid recipients.[xx] According to the Governor's Office, the Public Employee Benefit Authority has agreed to enact similar limits for participants in the State Health Plan.

Members of the Committee are introducing legislation that would enact a statutory limit of five days for initial opioid prescriptions.

Scheduling of Controlled Substances, H.4487

Members of the Committee have introduced legislation to permit the South Carolina Department of Health and Environmental Control to schedule a substance as a controlled substance on an emergency basis if the Department, in consultation with the South Carolina Law Enforcement Division, determines the action is necessary to avoid imminent danger to the public health and safety. When a substance is added or rescheduled of a substance, the Department will provide copies of the change to the Chairmen of the Medical Affairs Committee and the Judiciary Committee of the Senate, the Medical, Military, Public and Municipal Affairs Committee, and the Judiciary Committee of the House of Representatives, and to the Clerks of the Senate and House of Representatives, and will post the schedules on the South Carolina Department of Health and Environmental Control's website indicating the change and specifying the effective date of the change.

Coroner and Medical Examiner Access to Prescription Monitoring Program Data, H.4488

Members of the Committee have introduced legislation to authorize the South Carolina Department of Health and Environmental Control's Bureau of Drug Control to provide data in the prescription monitoring program to a coroner, deputy coroner, medical examiner, or deputy medical examiner who is involved in a specific inquiry into the cause and manner of death of a designated person.

Committee Recommendations

The Committee recognizes that the opioid epidemic cannot be addressed by legislation alone; therefore the following recommendations represent non-statutory proposals that require coordination with state agencies, local governments, and other stakeholders. These recommendations are categorized as follows: I. Access to Treatment and Services, II. Education and Training, III. Criminal Justice System, IV. Prescription Medication Access, and V. Community Coordination.

I. Access to Treatment and Services

Access to appropriate treatment for substance use disorder is a systemic healthcare issue. The South Carolina Department of Alcohol and Other Drug Abuse Services, in conjunction with both public and private behavioral health providers, offers an array of treatment services. However, notable gaps in available services persist. The following recommendations target this issue, and are aimed at improving the availability of treatment for substance use disorder. These recommendations are further divided into subcategories for Crisis Intervention and Treatment and Recovery Services.

A. Crisis Intervention

Select Recovery Centers and all seventeen Community Mental Health Centers provide twenty-four hour crisis call lines for individuals with an immediate need for emergency assistance. The South Carolina Department of Mental Health has contracted with the South Carolina Department of Health and Human Services to develop the Community Crisis Response and Intervention program (CCRI), a statewide, after-hours and weekend crisis response system for mental health disorders. While federal regulations related to Substance Abuse Confidentiality and Regulations (42 CFR part 2) may present difficulties, the Committee strongly believes that the CCRI presents a unique model for the development of a substance use disorder specific crisis response system, in order to best allow first responders and the public an enhanced opportunity for engaging individuals at the most critical moment. Every effort to establish a crisis response for substance use disorder into a statewide response system such as an after-hours call line should be made, including the potential development of a broader statewide referral system that could incorporate both substance use disorder response and the CCRI.

Recommendation: Explore the Viability of a Centralized Statewide or Regionalized Crisis Call Line for Substance Use Disorder

Based on the success of these individual crisis call lines, the United Way's 211 help referral service, the National Suicide Prevention Lifeline, and the prevalence of co-occurring diagnoses, the Committee recommends the establishment and creation of a state supported centralized call line, or regional call lines, for crisis intervention that can be accessed by both individuals and providers for substance use order.

One of the most effective support systems available to individuals in recovery is counseling by certified peer support specialists, as these specialists have a unique expertise through firsthand experience unavailable in a traditional training program.

Recommendation: Integrate Certified Peer Support Specialists in Hospitals Statewide.

The Committee recommends placing certified peer support specialists in hospitals statewide, through a combination of state funding and partnerships with local recovery centers, behavioral health centers, and other treatment and recovery program providers. Furthermore, the Committee recommends that additional funding and support be made available for provider partnerships statewide, similar to the FAVOR Greenville - Greenville Health System model funded through the Substance Abuse and Mental Health Administration grant, by integrating certified peer support specialists into hospitals and emergency rooms. While the cost of providing a peer support specialist can vary, the benefits justify the investment, especially in more rural or medically underserved areas throughout the state, where treatment and assistance can be difficult to find.

According to the Substance Abuse and Mental Health Services Administration, buprenorphine is used in medication-assisted treatment to help individuals reduce or cease using heroin or other opiates, such as pain relievers like morphine.[xxi] Additionally, medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency.[xxii]

Based on a 2015 clinical trial, a collaborative effort between the South Carolina Department of Health and Human Services, the South Carolina Department of Alcohol and Other Drug Abuse Services, and the Medical University of South Carolina was established to provide buprenorphine in select emergency departments in South Carolina starting in December 2017. Evidence-based studies show that patients provided with buprenorphine demonstrated enhanced engagement in treatment, further reducing relapse and potential future overdose.[xxiii]

Recommendation: Expand the Medication Assisted Treatment Pilot Program.

The Committee recommends expanding the existing Medication Assisted Treatment Pilot Program to additional emergency departments in areas of critical need. Based on outcomes of the pilot program as established by Proviso 33.20 of the Fiscal Year 2017-2018 Appropriations Act, the Committee supports the investment of supplemental funds to provide for the incorporation of additional areas. Outcomes data should be available in the spring of 2018, prior to the final General Appropriations Bill debate by the House of Representatives.

B. Treatment and Recovery

The South Carolina Department of Alcohol and Other Drug Abuse Services, local governments and community organizations have made significant efforts to maintain the behavioral health system in this state, yet medically underserved areas remain. Additional facilities and programs may be needed to provide safe environments for substance use disorder treatment. The South Carolina Department of Alcohol and Other Drug Abuse Services, in cooperation with the South Carolina Department of Health and Human Services, South Carolina Revenue and Fiscal Affairs Office of Health and Demographics, the Executive Budget Office, and other entities have valuable data that could provide the General Assembly with a comprehensive evaluation of service areas covered by existing providers.

Recommendation: Evaluate the Geographical Availability of Facilities and Potential Expansion of Detoxification Programs.

The Committee recommends that the South Carolina Department of Alcohol and Other Drug Abuse Services perform a thorough review of the outcomes of withdrawal management programs and initiate policies based on outcomes data regarding the need to implement in-patient or out-patient detoxification treatment programs and establish detoxification facilities statewide, based on needs within each community. This review should include transitional housing opportunities and rehabilitation programs designed to provide the best combination of in-patient and out-patient treatment options, in order to identify areas in need of additional facilities, capital improvements, or expanded detoxification programs.

Access to treatment is often hindered by the inability of specific facilities to provide care with adequate reimbursement for substance use disorder. State Medicaid policies can be amended to cover nontraditional populations, but some federal regulations present barriers to providing coverage through state Medicaid programs.

Recommendation: Develop a State Waiver for Institutions for Mental Disease or Other State Initiatives to Provide Targeted Coverage for Substance Use Disorder.

The Committee recommends that the South Carolina Department of Health and Human Services develop appropriate policy changes to provide coverage for substance use disorders for nontraditional populations. The department should review the impacts and potential of an Institution for Mental Disease waiver for substance use disorders similar to the 1115 Waiver approved by the Centers for Medicare & Medicaid Services in October 2017 for Utah. This waiver provides a sound model for exploration due to its focus on a targeted population with substance use disorder diagnoses while maintaining significant state flexibility in regard to the development and establishment of coverage parameters.

Through a partnership with the Medical University of South Carolina and the South Carolina Department of Health and Human Services, the state has developed an expansive, open-access Telehealth network. Significant investments have been made to establish this network and allow for the integration of new applications, which could include the incorporation of substance use disorder treatment.

Recommendation: Expand Applications of the Telehealth Network for Substance Use Disorder.

The Committee recommends that the South Carolina Telehealth Alliance incorporate the South Carolina Department of Alcohol and Other Drug Abuse Services in the continued development of the state's telehealth network. Furthermore, necessary investment in infrastructure through the Act 301 behavioral health agencies in collaboration with hospital emergency departments, the South Carolina Department of Mental Health, and other healthcare providers, are necessary in order to expand applications through the statewide network, such as consultations with peer support specialists and provider education collaboration. With the investments made by the General Assembly, and the expertise available through the Medical University of South Carolina and the Telehealth Alliance, exploration of potential uses of the network for substance use disorder is vital to combating this issue in rural and underserved areas of the state.

The South Carolina Department of Health and Human Services has requested additional, recurring state funds to expand access to substance use disorder treatments for Medicaid beneficiaries, enhance provider education and training, and revise current covered benefits.[xxiv] The requested funding would go to providers that serve Medicaid beneficiaries who qualify for the treatment of opioid use disorder.

Recommendation: Appropriate State Funding for Expanded Opioid and Substance Use Disorder Treatment as Requested by the South Carolina Department of Health and Human Services.

The Committee recommends fully funding the South Carolina Department of Health and Human Services budget request for substance use disorder and opioid treatment programs as submitted in the agency's Fiscal Year 2018-2019 budget request.[xxv] This request would allow for $4.35 million in recurring state funds, a total of $15 million with federal match. These funds would broaden coverage for medications and counseling, add services provided by outpatient treatment programs as a Medicaid covered benefit, and require Medicaid managed care organizations to expand coverage of medication assisted treatments. This request would also enhance educational efforts to targeted providers and expand coverage for non-opioid pain treatment options.

According to the Kennesaw State University Center for Young Adult Addiction and Recovery presentation to the Committee, Collegiate Recovery Programs provide recovery and academic peer-driven support for students living in long-term recovery.[xxvi] Oftentimes, the college campus culture is perceived as a hostile environment for individuals seeking recovery. However, these on-campus programs provide recovery support services such as a safe social space, mutual aid meetings, clinical support, seminars, and wellness groups that are recovery cognizant.[xxvii] Collegiate Recovery Programs also offer academic support including study space, technology access, and academic advising.[xxviii] The Association of Recovery in Higher Education reported that the national relapse average is 5%, which means that approximately 95% of the students who participate in these programs, maintain their recovery.[xxix]

Recommendation: Support Collegiate Recovery Pilot Programs.

The Committee recommends that a pilot program be implemented in at least one four-year college or university and one technical college within on-campus dormitories. Some colleges and universities in South Carolina offer programs and special events on campus dedicated to students in recovery. The prevalence of opioid abuse by college-aged individuals necessitates the expansion of these programs to target intervention and the retention of students.

The pervasiveness of opioid use disorder has depleted the nation's labor pool which presents challenges for hiring and retaining a qualified workforce. According to a 2017 survey by the National Safety Council, more than 70% of United States employers have been impacted by prescription drugs.[xxx] Nineteen percent feel extremely prepared to deal with prescription drug misuse.[xxxi] It was reported that 76% of employers surveyed are not offering training on how to identify signs of misuse, also, 81% of these employers lack a comprehensive drug-free workplace policy.[xxxii] Encouragingly, it was also reported that 70% of employers would like to help employees return to work following appropriate treatment.[xxxiii]

Recommendation: Support Workforce Initiatives to Enhance Awareness and Access to Substance Use Disorder Treatment.

The Committee recommends a further examination of gaps in both support and treatment options within the workforce, and the implementation of initiatives designed to promote an enhanced response to substance use disorder. Additionally, the Committee recommends that the state establish comprehensive drug-free workplace policies for employees as well as implement training for human resources personnel on how to identify signs of opioid use disorder and provide referral to appropriate treatment services.

II. Education and Training

Increased educational requirements and enhanced training of current and future prescribers as well as public education campaigns focusing on the risks of prescription drug addiction will serve as vital components in curbing the growing opioid epidemic in South Carolina.

The South Carolina Department of Alcohol and Other Drug Abuse Services will launch a statewide campaign in January 2018 intended to raise awareness about the dangers of opioid use, reduce the stigma surrounding the issue of opioid abuse, and support local offices, partners and stakeholders throughout the state.

Recommendation: Support Ongoing Public Education Campaigns Regarding the Hazards of Substance Use Disorder with a Focus on the Opioid Crisis.

The Committee recommends the expansion of this public information campaign and the consideration of additional statewide educational programs designed to increase substance use disorder awareness and advocacy.

The FAVOR SC Recovery Training Academy provides a five-day certification and training opportunity designed for individuals interested in serving as a Peer Support Specialist or Recovery Coach. These individuals verify that they have at least two years of sustained recovery and serve as mentors for people seeking or maintaining recovery. The South Carolina Department of Alcohol and Other Drug Abuse Services screens applicants prior to being accepted into the training program and administers and promotes the program that includes an Ethical Behavior Code created by FAVOR SC.

Recommendation: Promote and Expand Training and Certification Opportunities for Peer Support Specialists and Recovery Coaches, and Develop Appropriate Disciplinary Procedures

The Committee recommends the expansion of this training program and the development of an appropriate disciplinary process including but not limited to, receipt of complaints, investigation protocols, and possible revocation of certification.

As previously addressed, peer support specialists provide a critical service to those in treatment and seeking recovery. Increasing training opportunities for inmates within the South Carolina Department of Corrections, through collaboration with the South Carolina Department of Alcohol and Other Drug Abuse Services, benefits the long-term recovery of inmates and provides workforce development. Inmates are presented with the opportunity for stable employment when reentering the workforce.

Recommendation: Expand Peer Support Specialist Training Through the South Carolina Department of Alcohol and Other Drug Abuse Services and the South Carolina Department of Corrections Collaboration.

The Committee recommends supporting and expanding the existing partnership between the South Carolina Department of Alcohol and Other Drug Abuse Services and the Department of Corrections that provides peer support specialist training programs for inmates with substance use disorders. These supports provide an opportunity for recovery that is otherwise unavailable while incarcerated and reduce recidivism rates.

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is defined by the federal Substance Abuse and Mental Health Services Administration as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services.[xxxiv] Through the Birth Outcomes Initiative, established by the South Carolina Department of Health and Human Services and the South Carolina Hospital Association, South Carolina Medicaid implemented new billing codes for obstetricians to receive SBIRT training.

Recommendation: Provide Reimbursement for the Screening, Brief Intervention, and Referral to Treatment Training.

The Committee recommends that the South Carolina Department of Health and Human Services and the South Carolina Department of Alcohol and Other Drug Abuse Services create billing codes for providers of substance use disorder and opioid use disorder treatment and develop an agreed upon program for healthcare professionals to provide appropriate reimbursement for SBIRT training. This recommendation further supports the South Carolina Department of Health and Human Services' Fiscal Year 2018-2019 budget request and removes another barrier that may otherwise limit the ability of providers to address these issues at critical junctures.

Education and professional development is essential to providing medical care and necessary support to those with opioid use disorder. The 2017 Revised Joint Pain Management Guidelines provides uniform guidelines for prescribers across various disciplines and utilizes the Centers for Disease Control and Prevention's Guidelines for Prescribing Opioids for Chronic Pain. Act 91 of 2017 provided additional continuing education requirements for several medical professionals related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV.

Recommendation: Promote the Joint Pain Management Guidelines within Continuing Education Requirements.

The Committee recommends that the 2017 Revised Joint Pain Management Guidelines and any subsequent updates or amendments be integrated into continuing education credits for medical professionals. Additionally, training should be encouraged for current and future prescribers that entails patient screening and identification of opioid use disorder, referral services and treatment options to those with opioid use disorder.

III. Criminal Justice System

Behavioral health issues and the criminal justice system naturally intersect. Many individuals who come in contact with the criminal justice system have serious mental health issues, substance use disorders, or oftentimes co-occurring diagnoses. Criminal conviction and incarceration can exacerbate these conditions.

According to The President's Commission on Combating Drug Addiction and the Opioid Crisis report, criminal justice-related costs were estimated at nearly $8 billion in lost revenues for state and local governments nationwide in 2013.[xxxv]

Opportunities exist to lower incarceration rates and expedite recovery through treatment for individuals that would otherwise be criminalized. These opportunities include diversion and deflection policies, specialty courts, and law enforcement training programs.

The National Conference of State Legislatures provided the Committee with testimony and information on the success of diversion programs and the emergence of new deflection policies. While diversion programs assist individuals upon arrest or when charged by law enforcement for various drug offences, deflection policies allow for deferral to treatment when an arrest would have otherwise occurred.

The recently reauthorized South Carolina Sentencing Reform Oversight Committee has been meeting since August 2017 to discuss community supervision, sentencing classifications, and release mechanisms within the state's criminal justice system. The work of the Sentencing Reform Oversight Committee includes the review of practices and policies related to substance use disorder from the moment of arrest, through conviction and sentencing, and ultimately release.

Recommendation: Develop Diversion Programs and Deflection Policies.

The Committee recommends that the Sentencing Reform Oversight Committee review and propose appropriate diversion and deflection policies for individuals with substance use disorder to minimize the collateral consequences that arise from entry into the criminal justice system.

The implementation of drug courts across South Carolina has created tremendous results in the treatment and further prevention of opioid abuse. According to the Fifth Judicial Circuit Solicitor's Office, "the purpose of the Drug Court Program is to bring together the criminal justice and the public health systems to meaningfully treat chemically dependent offenders, thereby reducing drug use, increasing public safety and improving the quality of life for the community."

The President's Commission on Combating Drug Addiction and the Opioid Crisis found that drug courts are a proven avenue to treatment for individuals who commit non-violent offences because of their substance use disorder. The Commission's report stated that 44% of counties in the United States in 2014 did not have a drug court for adults and that the chief factors limiting drug court expansion are a lack of funding, treatment, and supervision resources, not a lack of judicial interest.[xxxvi]

Recommendation: Consider the Establishment of Drug Courts Statewide or the Combination of Drug Courts and Mental Health Courts

The Committee recommends that the Sentencing Reform Oversight Committee include within their proposed legislation the establishment of drug courts statewide with consistent programmatic standards and uniform guidelines, or the combination of drug courts and mental health courts in each judicial circuit.

On August 15, 2017, Attorney General Alan Wilson filed a lawsuit against Purdue Pharma, the maker of OxyContin and other opioid drugs. The lawsuit alleges unlawful and deceptive marketing of opioid products, which helped create and fuel the opioid epidemic in South Carolina. In addition, the Attorney General is currently investigating a number of other opioid manufacturers to determine whether those manufacturers similarly marketed their opioid products.

The Attorney General is also part of a multistate investigation into the three largest distributors of opioids: Cardinal, AmerisourceBergen, and McKesson; to determine whether those distributors contributed to the opioid crisis by permitting grossly excessive quantities of opioids to be shipped to pharmacies across South Carolina and the country.

Recommendation: Utilize Potential Lawsuit Settlement Funds for Substance Use Disorder Treatment.

The prevalence of opioid prescriptions, overprescribing practices, and misinformation to both professionals and the general public directly fueled the pervasiveness of the epidemic. Therefore, the Committee recommends that any potential settlement funds from pending pharmaceutical litigation, or other related lawsuits that may arise in the future, should be used for expanding treatment and recovery services for individuals with substance use disorder.

IV. Prescription Medication Access

Access to prescription medications presents a twofold dilemma. The overprescribing of opioid medications directly influences the prevalence of substance use disorder while current access to treatment medications is often limited. The duality of this issue must be addressed to decrease the widespread presence of opioid prescriptions and increase the availability of prescription opioid antagonists in addition to other evidence-based treatment options.

The South Carolina Department of Health and Environmental Control's Bureau of Drug Control received a grant from the Centers for Disease Control and Prevention's Prescription Drug Overdose: Prevention for States (PfS) program to provide staffing for South Carolina Reporting & Identification Prescription Tracking System, the state's prescription monitoring program. The South Carolina Department of Health and Environmental Control currently covers the remaining costs of the prescription monitoring program system out of earned revenue. An estimated $400,000 will be needed to maintain staffing once the PfS grant expires. Further enhancements to the system as proposed by the vendor could require up to $500,000 in additional funding. In addition to these costs, in order for the state to cover the integration of the prescription monitoring program system into existing provider Electronic Health Record systems and pharmacy dispensing systems statewide, an additional $700,000 in recurring state General Funds will be needed.

Recommendation: Enhance the Prescription Monitoring Program.

The Committee recommends that the General Assembly appropriate necessary funding to cover the programmatic enhancements to the existing prescription monitoring program as identified by the vendor in order to provide a more comprehensive platform. These enhancements would provide a user friendly interface with powerful analytics for risk assessment and patient support tools that are critical to reducing the over prescription of opioids. Full integration into provider Electronic Health Records further supports this effort, and should be considered in reviewing the sufficient allocation of state funds.

Additionally, to supplement the statutory changes proposed in the new legislation that would add opioid overdose antidotes to the South Carolina Reporting & Identification Prescription Tracking System, the Committee recommends that the South Carolina Department of Health and Environmental Control work with the prescription monitoring program vendor to also expand program capabilities to include the administration of naloxone and other opioid overdose antidotes.

Most state Medicaid plans and private insurance plans are required to cover at least one prescription opioid antidote, such as naloxone. Some plans chose a generic version from this category of medications. The South Carolina Department of Health and Human Services has established a committee review and adopt an appropriate management strategy for coverage of these medications to best ensure that individuals are given proper prescriptions for their circumstances.

As previously stated, the Committee recommends passage of H.4092 directing the Department of Health and Human Services to prohibit Medicaid health plans from limiting patient access to medications that treat opioid addiction. Currently, barriers exist through dosage limitations, duration of treatment limitations, extensive prior authorization requirements, and fail-first or step therapy requirements. House Bill 4092 would ensure unrestricted access to any FDA-approved treatment options available for individuals who have completed a detoxification program.

Recommendation: Alleviate Prior Authorization Issues for Substance Use Disorder Treatment Medications.

The Committee recommends that the South Carolina Department of Health and Human Services review the agency guidelines for these medications and establish appropriate policies for prescribing treatment medications through consultation with the managed care organizations, Public Employee Benefit Authority, other health insurance plans, and best practices while taking into account the language proposed in H.4092.

V. Community Coordination

Collaborative efforts are needed to identify and confront opioid use disorder at all levels. No single entity has all the tools necessary to fully address such a broad epidemic without the combined coordination of stakeholders. This collective approach lends a variety of expertise, specialties and disciplines to the development of a correlated and complementary treatment and support network.

Successful community based collaborations have been developed in several areas of the state. The needs of each community vary and local leaders are best positioned to determine the most suitable approach to meet the needs of their citizens.

Recommendation: Encourage the Development of Community Coordinating Councils.

The Committee encourages local leadership, law enforcement, and all other stakeholders statewide to form expansive community coordinating councils involving public, private, and faith-based partnerships to address opioid use disorder on the county or local level.

The disposal of prescription drugs can create significant challenges. The Drug Enforcement Agency sponsors National Prescription Drug Take Back Days aimed at providing a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about these medications and the potential for abuse.

Recommendation: Expand Prescription Drug Take Back Day Events and Drop-Off Box Locations.

The Committee encourages local governments as well as public and private entities to partner with law enforcement agencies to create community events associated with national and community sponsored Prescription Drug Take Back Days. Additionally, the availability of prescription drug drop-off box locations should be expanded through coordination with local law enforcement agencies.

The removal of prescription drugs from law enforcement agencies after confiscation often presents problems related to the disposal of these medications. Certain federal regulations limit options for disposal, and law enforcement entities must often retain and store these prescription drugs indefinitely.

Recommendation: Coordinate with the Drug Enforcement Agency to ensure timely removal of prescription drugs collected from law enforcement agencies.

The Committee recommends that both state and local law enforcement agencies coordinate with the Drug Enforcement Agency to identify and develop reasonable removal and disposal policies to prevent prolonged storage of these medications and lessen the burden on local law enforcement that accumulate large quantities of prescription opioids.

Conclusion

The Committee recognizes that these recommendations will not solve all aspects of this widespread epidemic and the extensive devastation inflicted on South Carolinians. While this report, in addition to the State Plan developed by the Prescription Drug Abuse Council, and the ongoing review by the South Carolina Behavioral Health Coalition provide a solid foundation for diminishing the impact of opioid use disorder, there is no simple solution. Further study and analysis is necessary and long-term concentration on the implementation of these recommendations and other policy developments is paramount. As we move into a new year and the first phase of the Committee's work ends with the submission of this report, the members of the Committee remain committed to monitoring the progress of these recommendations, hopeful that future review of these endeavors show positive impacts throughout the state and most importantly protect South Carolina's most precious resource, its people.

[i] Office of the Governor, State of South Carolina, Executive Order No. 2017-42 (2017). Retrieved from: www.governor.sc.gov/ExecutiveBranch/Documents/2017-12-18%20FILED%20Executive%20Order%20No.%202017-42.pdf

[ii] ibid.

[iii] Centers for Disease Control and Prevention, *Opioid Overdose* (2017). Retrieved from: www.cdc.gov/drugoverdose/index.html

[iv] American Society of Addiction Medicine, *Opioid Addiction 2016 Facts & Figures*, p. 2, (2016). Retrieved from: www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf

[v] ibid.
[vi] ibid.
[vii] ibid.

[viii] President's Commission on Combating Drug Addiction and the Opioid Crisis, Final Draft Report, p. 5, (2017). Retrieved from: www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

[ix] United Nations Office of Drugs and Crime, *Fentanyl and its Analogues- 50 Years On*, Global Smart Update, Volume 17, (2017). Retrieved from: www.unodc.org/documents/scientific/Global_SMART_Update_17_web.pdf

[x] The President's Commission on Combating Drug Addiction and the Opioid Crisis, Final Draft Report, p. 61, (2017). Retrieved from: www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

[xi] O'Donnell JK, Halpin J, Mattson CL, Goldberger BA, Gladden RM. Deaths Involving Fentanyl, Fentanyl Analogs, and U-47700 — 10 States, July–December 2016, Morbidity and Mortality Weekly Report 66:1197–1202 (2017). Retrieved from: www.cdc.gov/mmwr/volumes/66/wr/mm6643e1.htm

[xii] The Council of Economic Advisors. Executive Office of the President of the United States. (2017, November). The Underestimated Cost of the Opioid Crisis. Retrieved from: www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf

[xiii] ibid.
[xiv] ibid.
[xv] Id. at 7

[xvi] South Carolina Department of Health and Environmental Control, *Opioid Statistics, Overdose Deaths Involving Opioids* (2017). Retrieved from: www.scdhec.gov/Health/Opioids/OpioidStatistics/

[xvii] ibid.

[xviii] South Carolina Department of Alcohol and Other Drug Abuse Services, Impact of Opioids (2017). Retrieved from: www.daodas.sc.gov/wp-content/themes/daodas/assets/docs/DAODAS-Opioid-Fact-Sheet-6-2017.pdf

[xix] Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, *Understanding the Epidemic*, (2017). Retrieved from: www.cdc.gov/drugoverdose/epidemic/index.html

[xx] Office of the Governor, State of South Carolina, Executive Order No. 2017-43 (2017). Retrieved from: www.governor.sc.gov/ExecutiveBranch/Documents/2017-12-18%20FILED%20Executive%20Order%20No.%202017-43.pdf

[xxi] Substance Abuse and Mental Health Services Administration, *Medication and Counseling Treatment, Buprenorphine* (2017). Retrieved from: www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine

[xxii] ibid.

[xxiii] D'Onofrio G, O'Connor P, Pantalon M, et al., *Models of Screening, Brief Intervention with a Facilitated Referral to Treatment (SBIRT) for Opioid Patients in the Emergency Department.* Identification No. NCT00913770 (2015). Retrieved from: clinicaltrials.gov/ct2/show/record/NCT00913770

[xxiv] South Carolina Department of Health and Human Services, Fiscal Year 2018-19 Agency Budget Plan (2017). Retrieved from: www.admin.sc.gov/files/J020%20-%20HHS.pdf

[xxv] ibid.

[xxvi] Johnston, Teresa Wren, Director, Center for Young Adult Addiction and Recovery, Kennesaw State University, PowerPoint presentation to the House Opioid Abuse Prevention Study Committee on December 6, 2017.

[xxvii] ibid.
[xxviii] ibid.

[xxix] Association of Recovery in Higher Education (2017). Retrieved from: collegiaterecovery.org/faq/

[xxx] Hersman, Deborah A.P., National Safety Council. *How the Prescription Drug Crisis is Impacting American Employers* (2017). Retrieved from: www.nsc.org/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf

[xxxi] ibid.
[xxxii] ibid.
[xxxiii] ibid.

[xxxiv] Substance Abuse and Mental Health Services Administration (2017). Retrieved from: www.samhsa.gov/sbirt/about

[xxxv] The President's Commission on Combating Drug Addiction and the Opioid Crisis, Final Draft Report, p. 31, (2017). Retrieved from: www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

[xxxvi] Id. at 73