



MEMORANDUM

To: House Opioid Abuse Prevention Study Committee Members

From: Shelly Kelly, Director of Health Regulation, DHEC

Date: May 5, 2017

RE: DHEC's Role with Opioid Abuse

DHEC's Office of Public Health Statistics and Information Services (PHSIS) oversees the statewide operation of vital records registration, field consulting, correction and certification. DHEC is the state's official records keeper for vital information including deaths occurring in South Carolina. Today a fireproof vault at DHEC's state office at 2600 Bull Street in Columbia houses more than 9 million original birth and death certificates. DHEC also provides for the quality control, statistical processing and dissemination of vital statistics in South Carolina.

The following data was reported on death certificates (2016 data is not yet available):

- In 2014, 508 deaths occurred in SC from drug overdoses involving opioids.
- In 2015, 565 deaths occurred in SC from drug overdoses involving opioids.
- In both years, opioid overdoses outnumbered murders.

DHEC has several program areas that play an integral role in combating opioid overdoses and deaths. With DHEC's internal efforts joining forces with our state and local partners, we are much more effective at addressing the opioid epidemic.

I. Drug Control Efforts

DHEC's Drug Control program enforces the South Carolina Controlled Substances Act, which requires every person or entity who engages in controlled substances activity in South Carolina to obtain an annual registration from DHEC and register with the federal DEA prior to engaging in such activity. This law empowers DHEC to decrease the diversion of controlled substances from legal sources to illegal sources by maintaining a closed system of distribution.

DHEC employs licensed pharmacists also commissioned as state law enforcement officers, who oversee almost 25,000 controlled substance registrants in South Carolina.

A. PMP & SCRIPTS

Drug Control also is charged with administering the state's prescription monitoring program (PMP) called the South Carolina Reporting & Identification Prescription Tracking System (SCRIPTS) which tracks the dispensing of Schedule II-IV controlled substance prescriptions in South Carolina. By using SCRIPTS, Drug Control monitors these transactions to better prevent diversion and abuse.

Drug Control is conducting several initiatives to improve information technology and access to SCRIPTS to make the PMP easier for providers to access and use. SCRIPTS allows the exchange of information with participating states. South Carolina providers can query participating states directly through the SCRIPTS website. South Carolina currently shares information with 30 other states.

DHEC is working with the PMP vendor to develop "report cards" to distribute to prescribers based on their prescribing habits and patterns. The vendor is expected to make the prescription report card system option available later this month, so that DHEC can roll out the report cards within the next few months. The vendor is active in 42 states and territories and is launching the report card system in South Carolina and other participating states.

B. Drug Control Enforcement

Drug Control works with federal, state, and local government agencies to identify prescription drug abuse "hotspots." Drug Control is involved in multijurisdictional task forces that target specific geographic corridors where prescription drug abuse may be more prevalent. Drug Control is working with the DEA, the SC Attorney General's office, the US Attorneys' offices, state solicitors, and local law enforcement to improve investigation and prosecution of prescription drug abuse cases.

C. Scheduling Controlled Substances in South Carolina

The orders for the new schedules for controlled substances are posted on the DHEC website when the placement is official:

<http://www.scdhec.gov/Health/FHPP/DrugControlRegisterVerify/Orders/>.

Controlled substances become scheduled in South Carolina through a process initiated by either DHEC or the federal government. DHEC initiates the scheduling process by recommending or submitting to the General Assembly any additions, deletions, or revisions in the schedules of controlled substances which DHEC deems necessary based on potential for abuse. When the federal government adds, deletes, or reschedules a substance as a controlled substance pursuant to federal law or regulation, DHEC is required to add, delete,

or reschedule the substance in the appropriate schedule at the first DHEC Board meeting within 30 days of the federal register publication.

II. EMS

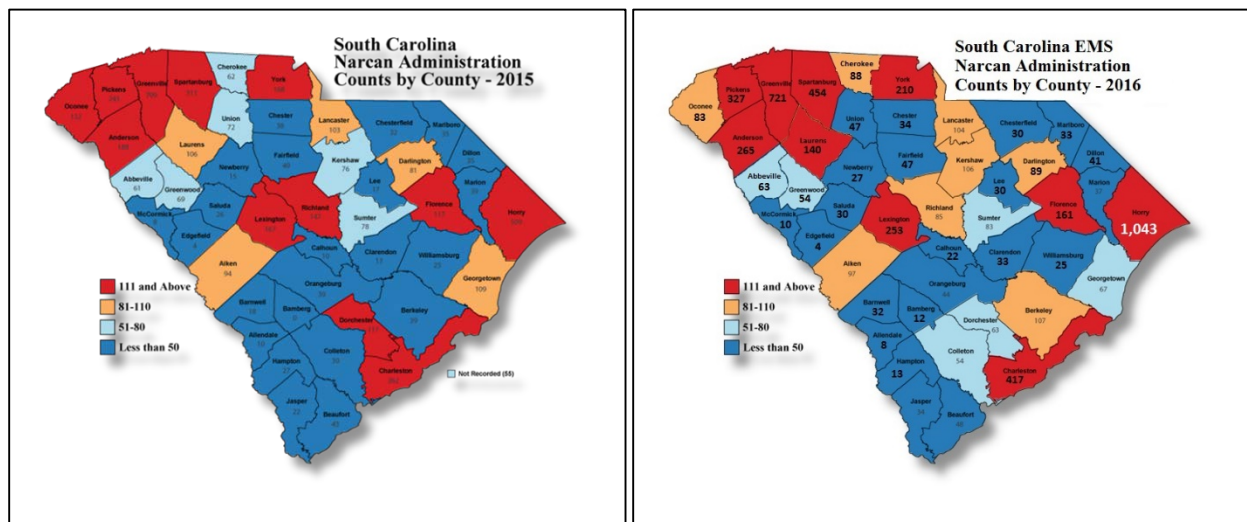
DHEC's EMS program regulates EMS personnel, vehicles, and training. Emergency medical personnel are among the first responders of the state when there is an emergency.

A. EMS Naloxone Administration

Since the 1970s, the Bureau of EMS has regulated and monitored paramedic usage of an opioid antidote called naloxone (the generic name for NARCAN®). Recently, EMS expanded the scope of practice for first responders including EMRs, EMTs, and AEMTs to authorize them to carry and use naloxone.

During 2015 and 2016, naloxone administration by EMS was the following:

- In 2015, SC EMS personnel administered naloxone approximately 4,600 times.
- In 2016, SC EMS personnel administered naloxone approximately 6,400 times.
- By comparison, the city of Darlington, SC, has a population of 6,206.
- Between 2015 and 2016, there was a 39% increase in naloxone administration by EMS in South Carolina.
- The increase in naloxone administration is illustrated in the maps below and also available on the DHEC website:
<http://www.dhec.sc.gov/Health/Opioids/OpioidStatistics/>.



B. LEON Program

After the South Carolina Overdose Prevention Act became law in 2015, DHEC, in collaboration with the Fifth Circuit Solicitor's Office and DAODAS, created the Law Enforcement Officer Naloxone (LEON) program, which focuses on law enforcement officers who are frequently the first emergency responders to arrive on scene. Response time is critical to saving lives. LEON's goal is to provide comprehensive training to law enforcement agencies across South Carolina that focuses on identification, treatment and reporting of drug overdoses attributed to opioids. The LEON program provides comprehensive training, an online reporting system, access to designated pharmacies, and a statewide standing order by a physician to carry and administer naloxone. LEON provides naloxone to first responders free of charge.

Through the LEON program, the DHEC-operated pharmacies across the state store and dispense naloxone to local law enforcement officers.

Since June 2016, law enforcement officers have saved 34 opioid overdose victims by administering naloxone through the LEON program.

The LEON program has trained over 1,500 officers in 45 law enforcement agencies.

While the first two years of the LEON program are focused on law enforcement officers, the third year will be focused on providing naloxone to fire departments. Unlike fire departments, law enforcement agencies do not provide in-service medical training programs. This is why the initial phase of the LEON program has focused on training the law enforcement officers. As indicated above, the recent change in protocol allows the fire departments to start their in-service naloxone training, and DHEC will focus on distributing naloxone to these fire departments during the third year of the LEON program.

C. State Targeted Response to the Opioid Crisis Grant Award

SAMSHA recently awarded DAODAS \$6.5 million through the State Targeted Response to the Opioid Crisis Grants which will allow continued prevention, treatment, and recovery services to combat opioid addiction.

The grant award will provide funding for the LEON program "Narcan Czar" and a community paramedic program for paramedics to conduct home visits of patients treated and released from the hospital after an opioid overdose. The city of Cincinnati, Ohio, conducted two similar community paramedic pilot programs and had great success in getting that population to enroll and stay in rehab programs.

III. CON & State Health Plan

DHEC is responsible for updating the State Health Plan (Plan) to set forth the needs for health care facilities and certain services in the state. The Plan is currently being updated and if adopted as proposed, will provide for increased opportunities for expanded health care services for treating addiction.

The chart below outlines the difference in “need” between the current State Health Plan and the revised plan. Note that the “proposed plan” is not final. The public comment period ended on May 5, 2017. These figures do not take into consideration any of the comments received during that comment period.

Facility Type	<u>Current Plan Need</u>	<u>Proposed Plan Need</u>	Inventory
Inpatient Treatment Facilities	38 additional beds	40 additional beds (Current +2)	186 beds
Freestanding Medical Detoxification Facilities	Need specified by applicant.	Need specified by applicant.	58 beds
Narcotic Treatment Programs (e.g., Methadone Clinics)	Need specified by applicant.	At least one facility per county with priority in counties with no program.	21 programs

IV. Health Facilities Licensing

A. Regulation of PSAD Facilities

DHEC licenses a category of facilities referred to as “facilities that treat individuals for psychoactive substance abuse or dependence” or “PSADs”. The regulation for these facilities includes the following:

- Outpatient facilities,
- Residential treatment program facilities,
- Medical detoxification facilities,
- Social detoxification facilities, and
- Narcotic treatment programs.

DHEC licenses 13 inpatient PSAD facilities, which include medical detoxification beds, residential treatment program beds, and social detoxification beds. DHEC also licenses 78 outpatient facilities, which include several narcotic treatment programs.

During the current agency regulation review, DHEC has determined that the PSAD regulation can be better organized to improve awareness and access to treatment at these facilities and programs. DHEC will seek input from DAODAS and our other stakeholders during the process.

B. Buprenorphine Waiver Program

DHEC is looking at ways to improve access to medication-assisted treatment (MAT), where the most common medications used in treatment of opioid addiction are methadone and buprenorphine. The use of medication in combination with counseling and behavioral therapies for treatment of opioid abuse can help sustain recovery.

Through the Drug Addiction Treatment Act (DATA) of 2000, qualified physicians may treat opioid dependency with approved narcotic medications, including buprenorphine, in settings beyond traditional treatment facilities.

Initially, DATA-waived physicians (DWP) may treat a maximum of 30 patients at a time. After one year, the DWP may submit a second notification for approval to treat up to 100 patients at a time. DWP who have had a waiver to treat 100 patients for at least one year can now apply to treat up to 275 patients at a time under new federal regulations.

The 2016 Comprehensive Addiction and Recovery Act (CARA) expands access to substance use treatment services and overdose reversal medications by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs).

DHEC wants to help ensure that our regulations do not unduly limit or restrain these practitioners from prescribing the approved narcotic medications in authorized settings.

V. Public Awareness and Collaboration

DHEC is involved in many public outreach and collaborative efforts to help educate the public on the many layers and approaches to the opioid epidemic.

A. Opioid Epidemic Webpage

DHEC recently launched an informational webpage on the opioid epidemic, which will continue to be updated: <http://www.dhec.sc.gov/opioids>.

DHEC's Drug Control program is developing an interactive GIS mapping technology to enhance this new opioid epidemic webpage that will be rolled out later this year.

B. National Rx Drug Abuse and Heroin Summit 2017

DHEC staff attended the annual summit in Atlanta (April 17-19, 2017) alongside representatives from DAODAS, LLR, and the Fifth Circuit Solicitor's Office.

C. National Prescription Drug Take-Back Day – Spring 2017

DHEC recently promoted the DEA's biannual event (April 29, 2017) on our homepage and social media channels, and typically posts information for the spring and fall event to include local collection site locations.

D. Governor's Opioid Summit 2017

DHEC is participating in the planning of the upcoming Governor's opioid summit.

DHEC plays many roles in the fight against opioid addiction and looks forward to continued collaboration with state and local partners to combat the epidemic.