

**Governor's Prescription Drug Abuse Prevention Council
STATE PLAN TO PREVENT AND TREAT PRESCRIPTION DRUG ABUSE
PROGRESS SUMMARY UPDATE MAY 2017**

PRIORITY AREA: PRESCRIBERS

Recommendation	Lead Entity/Entities	Status and Considerations
<p><i>The Council recommends that the Medical Board, the South Carolina Department of Health and Environmental Control, and other stakeholders work together to create a suggested list of topics for the education providers to include in the mandated training.</i></p>	<p>LLR/DHEC</p>	<p>The South Carolina Board of Medical Examiners (BME) has published an advisory opinion, a general information overview, and links to CME providers as guidance documents for physicians regarding the two hours of required continuing medical education pursuant to the amendment of S.C. Code Ann. §40-47-20(a), which went into effect on June 6, 2014. These resources are available via the BME's website at http://www.llr.state.sc.us/pol/medical/ or via the following hyperlinks:</p> <p>http://www.llr.state.sc.us/POL/Medical/Policies/BME_AO_CME_Prescribing_and_Monitoring_Controlled_Subst.pdf</p> <p>http://www.llr.state.sc.us/POL/Medical/Policies/CME_requirement_general_information.pdf</p> <p>http://www.llr.state.sc.us/POL/Medical/Policies/Links_to_Controlled_Substance_CME_providers.pdf</p> <p>The BME amended its renewal application to add a certification of completion of the two hours of continuing medical education required regarding the responsible prescribing of controlled substances. The BME received renewal applications from approximately 16, 746 licensees during the most recent renewal cycle, 3/27/2015 to 9/30/2015. The BME is reviewing its audit and will address non-compliant licensees at its August 2017 meeting.</p>

<p><i>The Council recommends extending the education mandate contained in Act 244 to dentists, physician assistants, and advanced practice nurses with prescriptive authority.</i></p>	<p>Statute Change</p>	<p>Session 122 (2017-2018) H 3821 Addresses this <u>in higher education institutions.</u></p>
<p><i>The Council recommends working with schools to increase course offerings related to this topic or make it a mandatory part of the curriculum.</i></p>	<p>Higher Education Institutions</p>	<p>Session 122 (2017-2018) H 3820 and H 3821 address this.</p>

<p><i>The Council strongly encourages all prescribers to be familiar with the Revised Pain Management Guidelines contained in Appendix A to this Plan and to conform their prescribing practice to these Revised Guidelines.</i></p>	<p>LLR</p>	<p>The Joint Revised Pain Management Guidelines, which were approved by the Boards of Dentistry, Medical Examiners, and Nursing in November of 2014, are included in the CME “Responsible Opioid Prescribing” required by SC Dept. of Labor Licensing and Regulation when prescribers renew licenses and are available on the LLR website for prescribers’ convenient review or via this hyperlink: http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf</p> <p>The Federation of State Medical Boards (FSMB) adopted revised guidelines for prescribing opioids during its annual meeting April 20-22, 2017, which include, in part, the CDC’s Guidelines for Prescribing Opioids for Chronic Pain. The BME has designated a committee to propose revisions to the Joint Revised Pain Management Guidelines in conjunction with the Boards of Dentistry and Nursing. The BME is scheduled to review and adopt the updated Joint Revised Pain Management Guidelines at its upcoming meeting in August 2017.</p> <p>The BME and Board of Pharmacy developed and approved the “Joint Protocol To Initiate Dispensing Of Naloxone HCL Without A Prescription” at their respective November 2016 meetings, pursuant to H. 5139. This joint protocol authorizes any pharmacist practicing in the State of South Carolina and licensed by the South Carolina Board of Pharmacy to dispense Naloxone Hydrochloride products to persons without a prescription as directed pursuant to § 44-130-40. The protocol is available on LLR’s website at: http://www.llr.state.sc.us/pol/medical/pdf/laws/Joint_Naloxone_Protocol.pdf</p>
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<p><i>The Council recommends that prescribers be knowledgeable about all state and federal laws and regulations regarding controlled substances.</i></p>	<p>LLR/DHEC</p>	<p>The South Carolina Board of Medical Examiners (BME) has published an advisory opinion, a general information overview, and links to CME providers as guidance documents for physicians regarding the two hours of required continuing medical education pursuant to the amendment of S.C. Code Ann. §40-47-20(a), which went into effect on June 6, 2014. These resources are available via the BME’s website at http://www.llr.state.sc.us/pol/medical/ or via the following hyperlinks:</p> <p>http://www.llr.state.sc.us/POL/Medical/Policies/BME_AO_CME_Prescribing_and_Monitoring_Controlled_Subst.pdf</p> <p>http://www.llr.state.sc.us/POL/Medical/Policies/CME_requirement_general_information.pdf</p> <p>http://www.llr.state.sc.us/POL/Medical/Policies/Links to Controlled Substance CME providers.pdf</p> <p>The BME amended its renewal application to add a certification of completion of the two hours of continuing medical education required regarding the responsible prescribing of controlled substances. The BME received renewal applications from approximately 16, 746 licensees during the most recent renewal cycle, and 3/27/2015 to 9/30/2015. The BME is reviewing its audit and will address non-compliant licensees at its August 2017 meeting.</p>
<p><i>The Council recommends that registration and utilization of SCRIPTS be considered mandatory for prescribers to provide safe, adequate pain management.</i></p>	<p>Statute Change</p>	<p>Session 122 (2017-2018) H 3824 addresses this.</p>
<p><i>The Council recommends that prescribers who prescribe chronic opioid therapy be familiar with treatment options for opioid addiction, including those available in licensed opioid treatment programs and those offered by an appropriately credentialed and experienced physician through office-based opioid treatment, so as to make appropriate referrals when needed.</i></p>	<p>LLR/DHEC</p>	<p>DAODAS will be partnering with MUSC in 2017 to do outreach to prescribers in the state who treat pain and addiction for support with best practices. LLR member boards will disseminate any guidelines or other resources shared with it to the respective licensee pools.</p>

<p><i>The Council recommends prescribers treating patients with controlled substances consider prescribing Naloxone when clinically indicated.</i></p>	<p>LLR/DAODAS /DHEC</p>	<p>The South Carolina Overdose Prevention Act passed in May 2015, and an amendment to the Act that passed in May 2016 allows wider access to naloxone.</p> <p>DAODAS, DHEC, and the Fifth Circuit Solicitor’s Office are collaborating on the <i>South Carolina Overdose Prevention Project</i>, train first responders, and opioid use disorder patients and their families to recognize opioid overdose and administer naloxone. An award of a federal grant will allow for programming and the purchase of naloxone for five years.</p> <p>The BME and Board of Pharmacy developed and approved the “Joint Protocol To Initiate Dispensing Of Naloxone HCL Without A Prescription” at their respective November 2016 meetings, pursuant to H. 5139. This joint protocol authorizes any pharmacist practicing in the State of South Carolina and licensed by the South Carolina Board of Pharmacy to dispense Naloxone Hydrochloride products to persons without a prescription as directed pursuant to § 44-130-40. The protocol is available on LLR’s website at: http://www.llr.state.sc.us/pol/medical/pdf/laws/Joint_Naloxone_Protocol.pdf</p> <p>The Joint Revised Pain Management Guidelines referenced hereinabove emphasize that prescribers treating patients with controlled substances consider prescribing Naloxone when indicated.</p>
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<p><i>The Council strongly encourages the Boards of Medical Examiners, Dentistry, and Nursing to continue to update the Revised Pain Management Guidelines as lessons are learned and when data suggests that changes are needed.</i></p>	<p>LLR</p>	<p>The Joint Revised Pain Management Guidelines, which were approved by the Boards of Dentistry, Medical Examiners, and Nursing in November of 2014, are included in the CME “Responsible Opioid Prescribing” required by SC Dept. of Labor Licensing and Regulation when prescribers renew licenses and are available on the LLR website for prescribers’ convenient review or via this hyperlink: http://www.llr.state.sc.us/POL/Medical/PDF/Joint_Revised_Pain_Management_Guidelines.pdf</p> <p>The Federation of State Medical Boards (FSMB) adopted revised guidelines for prescribing opioids during its annual meeting April 20-22, 2017, which include, in part, the CDC’s Guidelines for Prescribing Opioids for Chronic Pain. The BME has designated a committee to propose revisions to the Joint Revised Pain Management Guidelines in conjunction with the Boards of Dentistry and Nursing. The BME is scheduled to review and adopt the updated Joint Revised Pain Management Guidelines at its upcoming meeting in August 2017.</p>
<p><i>SCRIPTS must be as user friendly as possible to facilitate easy use.</i></p>	<p>DHEC</p>	<p>DHEC has transitioned SCRIPTS to a new vendor, <i>Appriss</i>. The new system offers online registration, online password reset, registration of delegates, and prescribers’ ability to see all CII-IV controlled substance prescriptions issued under their name.</p> <p>DHEC and DAODAS are making funds available for integration of SCRIPTS into health systems’ electronic health records.</p>

<p><i>The Bureau of Drug Control (BDC) and Boards have a shared interest in correcting improper prescribing behaviors, through education when possible and enforcement when necessary. Upon establishment of criteria by the Board of Medical Examiners, which may include, but are not limited to, a daily MED threshold and prescription volume by prescriber, SCRIPTS shall generate reports by which outlier prescribers will be identified for further review by the BDC and, if necessary, referral to LLR for initiation of the complaint process.</i></p>	<p>DHEC</p>	<p>BDC personnel provide PMP and controlled substance accountability education during onsite practitioner visits. When appropriate, the BDC refers cases to LLR so that the board responsible for regulation of the respective profession may investigate.</p>
<p><i>Based on the Revised Guidelines, the Council recognizes that patients requiring more than 80 MED present an increased risk of death from respiratory depression. Accordingly, the Council recommends that, when capable, SCRIPTS offer an MED calculator that can generate an alert for each patient whose record is accessed and for which the MED exceeds 80 MED. The MED calculator and alert function will provide an additional tool for the prescriber to utilize when assessing a patient's prescriptive needs. This threshold is not a substitute for a prescriber's clinical judgment, but merely one factor for consideration in the prescribing process.</i></p>	<p>DHEC</p>	<p>The SCRIPTS report lists the MED calculation of each narcotic prescription that has been filled for a patient.</p>
<p><i>The BDC shall utilize the full analytical capabilities of SCRIPTS to identify prescribers engaged in questionable prescribing activities.</i></p>	<p>DHEC</p>	<p>The BDC uses the prescription drug monitoring program to identify prescribers engaged in questionable prescribing practices.</p>
<p><i>Information shared between LLR and DHEC may be used to assist the BDC in promptly identifying a prescriber's area of specialization, if applicable, when investigating a licensee's prescribing behavior.</i></p>	<p>DHEC</p>	<p>Communication between LLR and DHEC continues to serve the BDC in investigating prescribers' questionable activities.</p>

<p><i>The Council and the Boards support the compilation and distribution of report cards to all South Carolina licensed prescribers so that each prescriber can see how his or her prescribing patterns compare to other prescribers practicing in the same or similar clinical setting.</i></p>	<p>DHEC/LLR</p>	<p>DHEC and LLR’s member boards support the use of report cards once the new platform can provide the necessary data analysis. DHEC anticipates the generation and release of report cards to prescribers in mid-2017.</p> <p>Third party payers could also develop and distribute report cards.</p>
<p><i>Prescribers engaged in conduct not rising to the level of criminal activity, but who may benefit from additional education or counseling regarding appropriate prescribing, shall be identified by the BDC and provided an educational intervention.</i></p>	<p>DHEC/LLR</p>	<p>DHEC’s Bureau of Drug Control Inspectors provides suggestions and tips to providers during onsite inspections. The BME is working with the Pain Society of the Carolinas to identify a group of physicians who are willing and available to serve as mentors for prescribers. A small group of key physicians has been identified and will work to develop appropriate parameters for the mentoring experience.</p>
<p><i>Prescribers identified by the BDC engaged in conduct rising to the level of criminal activity, shall be subjected to the standard process of investigation by the BDC, arrest, where appropriate, and referral to LLR for investigation of unprofessional conduct.</i></p>	<p>DHEC/LLR</p>	<p>This is a mission of the Bureau of Drug Control. The BDC will continue to refer cases to LLR for investigation.</p>
<p><i>The Council recommends that the Boards identify licensees with expertise in ethical prescribing to serve as hearing officers or hearing panel members in any disciplinary cases arising from prescribing behavior. These designated individuals shall hear and review disciplinary matters and make recommendations to the applicable regulatory board for final action as set forth in each profession’s Practice Act and regulations. These individuals shall not be the same licensees identified to serve as voluntary mentors.</i></p>	<p>LLR</p>	<p>Individuals identified by DAODAS and/or the physicians to be identified by the Pain Society of the Carolinas and the BME as described hereinabove who are not selected to serve as mentors may be recruited to serve as hearing officers for the BME’s cases. Other regulatory boards will identify similarly qualified individuals to serve as hearing officers.</p>

PRIORITY AREA: THE SOUTH CAROLINA PRESCRIPTION MONITORING PROGRAM

<p align="center">Recommendation</p>	<p align="center">Lead Entity/Entities</p>	<p align="center">Status and Considerations</p>
<p><i>The Council recommends that prescriber registration and enrollment in SCRIPTS become required and recommends that each patient's prescription history is reviewed in certain circumstances prior to the prescription of controlled substances.</i></p>	<p align="center">Statute Change</p>	<p>As of May 1, 2017, there are 11,522 registered SCRIPTS prescribers and prescriber delegates requesting more than 488,000 patient prescription requests each month.</p>
<p><i>The Council recommends that DHEC proceed to acquire analytic services and/or products to work with SCRIPTS data, expanding the capacity to develop predictive models and to detect anomalies in prescriber patterns and patient prescription behaviors. The Council further recommends that DHEC send letters notifying prescribers of suspicious behavior identified by the analytics.*</i></p>	<p align="center">Statute Change</p>	<p>BDC began notifying prescribers of patients exhibiting questionable prescription behavior in the last quarter of 2016.</p>
<p><i>The Council recommends that DHEC coordinate real-time hosting of data from other state agencies to include, but not be limited to, the South Carolina Department of Alcohol and Other Drug Abuse Services; South Carolina Department of Mental Health; South Carolina Department of Juvenile Justice; South Carolina Department of Social Services (DSS); South Carolina Department of Health and Human Services (DHHS); South Carolina Attorney General's Office; South Carolina Department of Probation, Parole, and Pardon Services; South Carolina Department of Corrections; South Carolina Prosecution Commission; and the South Carolina Law Enforcement Division.*</i></p>	<p align="center">DHEC and Multiple Agencies</p>	<p>Limitations with state and federal confidentiality laws</p>

*denotes potential fiscal impact

<p><i>The Council recommends that DHEC and the Revenue and Fiscal Affairs Office collaborate and create capacity for information sharing between SCRIPTS and South Carolina Health Information Exchange (SCHIEEx).*</i></p>	<p>DHEC/RFA</p>	<p>DHEC and RFA continue to explore translation services for integration of SCRIPTS with SCHIEEx. Limitations with state and federal confidentiality laws</p>
<p><i>The Council recommends that DHEC work with prescribers and healthcare providers to integrate SCRIPTS data into electronic health records, so that access to patients' controlled substance records does not interrupt prescriber workflow.*</i></p>	<p>DHEC</p>	<p>SCRIPTS has been integrated with two of the largest electronic health record vendors at three of the larger hospitals in the State. Palmetto Health, Lexington Medical Center, and the Medical University of SC hospital systems now have SCRIPTS integrated into their electronic health records systems. Additionally, all Doctor's Care locations in South Carolina have integrated SCRIPTS into their electronic health records systems.</p> <p>Kroger pharmacy has integrated SCRIPTS data into the workflow of their pharmacy system.</p> <p>Greenville Hospital System is in the process of integrating SCRIPTS into their EHR. They are expected to go live with this ability in 2017.</p> <p>Pharmacy software vendor QS 1 finalized testing of the integration of SCRIPTS into their software and now offer integration to customers.</p>
<p><i>The Council recommends that Governor Haley request by letter the States of North Carolina and Georgia enroll in the National Association of Boards of Pharmacy's Prescription Monitoring Program Interconnect hub to afford enhanced regional monitoring.</i></p>	<p>Office of Governor</p>	<p>A letter was sent to North Carolina's Governor in 2015.</p> <p>In August 2016, Georgia joined the Interconnect hub which now allows SCRIPTS users to access Georgia PMP data.</p>
<p><i>The Council recommends that the BDC continue and expand initiatives to coordinate education and awareness campaigns for SCRIPTS, to include outreach to more stakeholders such as provider associations, licensing boards, and investigative agencies.</i></p>	<p>DHEC</p>	<p>Information on registration and use of SCRIPTS is included in required continuing medical education at the point of licensure renewal with the BME. An education package developed at the South Carolina College of Pharmacy has been distributed to some providers and will be included in a prescriber education package that has been distributed by the South Carolina Pharmacy Association state-wide since 2016.</p>

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PRIORITY AREA: PHARMACY

Recommendation	Lead Entity/Entities	Status and Considerations
<i>The Council recommends expanding prescription drug take-back programs across the state.*</i>	Multiple Agencies	With help from The Alliance for a Healthier South Carolina, DAODAS and many other agencies are working to get at least one permanent receptacle in every county. There are over 80 permanent sites in 30 counties currently.
<i>The Council recommends regulating non-resident entities dispensing controlled substances into the state.</i>	DHEC	BDC requires non-resident pharmacies, manufacturers and distributors to obtain a South Carolina Controlled Substances Registration. The requirement applies to any non-resident pharmacy, manufacturer or distributor who dispenses controlled substances into the state of South Carolina, including mail order pharmacies. The Board of Pharmacy permits non-resident entities dispensing and distributing prescription drugs into South Carolina.
<i>The Council recommends increasing the number of pharmacists registered to use SCRIPTS.</i>	LLR/DHEC	The South Carolina Board of Pharmacy and South Carolina Pharmacy Association have each published newsletters, provided continuing education, and held presentations on the importance of registering and using SCRIPTS. As of May 1, 2017, there are 3,299 pharmacists registered to use SCRIPTS.

PRIORITY AREA: THIRD-PARTY PAYERS

<i>The Council recommends that third-party payers adjust payer policies in accordance with the Revised Pain Management Guidelines outlined in the Prescribers section and Appendix A of the State Plan to Prevent and Treat Prescription Drug Abuse.</i>	HHS/PEBA/DOI	Payers have increasingly adopted requirements for scrutiny for opioid doses that exceed morphine equivalent thresholds.

*denotes potential fiscal impact

<p><i>The Council recommends that third-party payers continue to adopt and revise interventions to address controlled substance misuse and abuse by beneficiaries, including participation in multi-agency data sharing with the Bureau of Drug Control Prescription Monitoring Program.</i></p>	<p>HHS/PEBA/DOI</p>	<p>In January and March 2016, Medicaid and BlueCross BlueShield of South Carolina, BlueChoice® HealthPlan of South Carolina and the SC Public Employee Benefit Authority (PEBA) respectively, instated a requirement in physician contracts that opioid prescribers check SCRIPTS prior to prescribing schedule II, III, or IV drugs.</p>
<p><i>The Council recommends that third-party payers adapt pharmacy benefits packages to encourage appropriate use of opioids.</i></p>	<p>HHS/PEBA/DOI</p>	<p>SCDHHS has made initial updates to the coverage of opioids, such as increasing access to medications with abuse-deterrent technologies. Additional adjustments are expected throughout 2017.</p>
<p><i>The Council recommends healthcare payer coverage for screening and treatment for substance use disorders.*</i></p>	<p>HHS/PEBA/DOI</p>	<p>Some varying coverage is available.</p> <p>SCDHHS has made initial updates to the coverage of opioids, such as increasing access to medications with abuse-deterrent technologies. Additional adjustments are expected throughout 2017.</p>

PRIORITY AREA: LAW ENFORCEMENT

<p><i>The Council recommends expanding law enforcement sponsorship of prescription drug take-back programs.*</i></p>	<p>Law Enforcement/Multiple Agencies</p>	<p>Forty-five law enforcement stations are sites for prescription drug collection. The Alliance for a Healthier South Carolina is assisting development of partnerships between local law enforcement agencies and hospitals and pharmacies that are eligible to collect unused prescription drugs for local, DEA approved disposal.</p>
<p><i>The Council recommends increasing awareness and education of law enforcement to identify potential misuse of prescription drugs.</i></p>	<p>SLED and Multiple Agencies</p>	<p>The South Carolina Alcohol Enforcement Team has implemented training for the identification of impairment due to opiates and other specific drugs during standardized field sobriety testing. The team has increased the number of “Drug Recognition Experts” statewide.</p>

<i>The Council recommends increasing law enforcement participation in community-based prevention programs.</i>	Multiple Agencies	In 2016, DAODAS funded six county coalitions for prevention programming to target prescription drug misuse. Programming is inclusive of law enforcement training and participation. Other local coalitions have included law enforcement training without state or federal funds.
<i>The Council recommends continuing and expanding investigation and prosecution efforts specific to prescription drug diversion.*</i>	Multiple Agencies	SLED, USPS and the US Attorney's Office have formed a coalition to identify and intercept large scale trafficking of fentanyl, carfentanil and other synthetic opioids from international origins shipped to South Carolina for distribution. These agencies will work together with other law enforcement and prosecutorial agencies to stem the flow of these illicit drugs.
<i>The Council recommends that law enforcement agencies and prosecutors work together to propose to the Legislature defined statutory amounts of opioids and other Schedule I through V controlled substances to qualify for the charges of Possession, Possession with the Intent to Distribute (PWID), and Trafficking.</i>	Statute Changes	Session 122 (2017-2018) S 245 and H 3860

PRIORITY AREA: TREATMENT

Recommendation	Lead Entity/Entities	Status and Considerations
<i>The Council recommends expanding medication-assisted treatment (MAT) services for prescription opioid dependency and addiction, and integrating MAT and medication management services with recovery support services, and therapeutic interventions for substance use disorders, so that both are available to all individuals as conditions indicate.*</i>	DAODAS	<p>With new state funds, DAODAS has expanded the capacity of many treatment providers in areas of high need to provide MAT. Funding is available statewide for individuals who need medication assisted treatment but who are uninsured, ineligible for Medicaid, and unable to pay for services.</p> <p>A number of LLR boards will be discussing whether impaired licensees should be allowed to practice while undergoing MAT during Summer 2017. A joint advisory opinion regarding the use of MAT in the regulated professions is anticipated by Fall 2017.</p>

*denotes potential fiscal impact

<p><i>The Council recommends coordinating substance use disorder treatment services with co-occurring, clinically substantiated pain-management needs.</i></p>	<p>LLR/DAODAS</p>	<p>LLR will defer to DAODAS as the treatment resource experts and its member boards will disseminate any guidelines or other resources shared with it to the respective licensee pools. DAODAS will be partnering with MUSC in 2017 to do outreach to prescribers in the state who treat pain and addiction for support with best practices.</p>
<p><i>The Council recommends establishing a protocol for primary care practitioners to refer cases of prescription drug addiction to treatment, and establishing a protocol for treatment providers to refer and navigate individuals to primary care.</i></p>	<p>LLR/DAODAS</p>	<p>Components of a <i>Prescription Safety Campaign</i>, supported by the South Carolina Pharmacy Association, and targeting prescribers in South Carolina includes information on identifying substance use disorder, and steps to perform an intervention and referral options to substance use disorder treatment for patients in need. Over 5,000 prescribers received information including protocol to navigate individuals to primary care in 2016.</p>
<p><i>The Council recommends providing family education and services, inclusive of substance use disorder treatment and recovery services.</i></p>	<p>DHEC/PEBA/ DAODAS</p>	<p>20 of the 33 public treatment agencies in South Carolina have implemented steps to become a <i>Recovery Oriented System of Care (ROSC)</i>. Essential elements of a ROSC include home and family support and involvement. In October, 2016 DAODAS hired an FTE to expand family and caregiver education and training for patients with opioid use disorder.</p>
<p><i>The Council recommends expanding community-based services for substance use disorder treatment and recovery support.*</i></p>	<p>DAODAS/DHHS</p>	<p>DAODAS has worked with community-based organizations in the last year to expand peer-support training and to build recovery environments that are inclusive of individuals who use medication to get to recovery.</p>

PRIORITY AREA: EDUCATION AND ADVOCACY

<p><i>The Council recommends mandatory continuing education for pharmacists regarding SCRIPTS and general education on the problem itself. Further, the Council recommends reaching out to the pharmacy schools to increase course offerings related to the subject.</i></p>	<p>Statute Change</p>	<p>Session 122 (2017-2018) H 3821 Addresses this <u>in higher education institutions.</u></p>
<p><i>The Council recommends engaging a marketing firm or state or university employees to develop a marketing campaign and identify the target audience. The Council recommends that the campaign’s message include, but not be limited to, the following three components:</i></p> <ul style="list-style-type: none"> • <i>dangers of prescription drug abuse;</i> • <i>proper disposal of prescription drugs, including available sites; and</i> • <i>use of SC 211 information helpline for opioid addiction.*</i> 	<p>Multiple Agencies</p>	<p>Work on a <i>Prescription Safety Campaign</i> is underway, with development by stakeholders including; UofSC College of Pharmacy, DAODAS, Blue Cross Blue Shield of SC, DHEC, SCMA, DHHS, SCHA, SC Board of Pharmacy, and others. The communication approach will utilize the presence of unity among state authorities and commercial payers to reach all prescribers in the state with best prescribing practices tool-kit that includes information on identifying substance use disorder, and referral options and resources.</p> <p>In 2017, DAODAS will initiate a statewide multi-level public awareness campaign targeting citizens with messages on the dangers of prescription drug abuse, proper disposal of unused prescription drugs, and treatment of substance use disorder.</p>
<p><i>Once the plan is developed, the Council recommends reaching out to the existing community coalitions, the South Carolina Department of Education, and professional associations to distribute marketing materials through schools, hospitals, physician and dental offices, and pharmacies. Further, the Council recommends reaching out to local communities without an existing coalition to assist them in building one.</i></p>	<p>Multiple Agencies</p>	<p>Public awareness material from the Prescription Safety Campaign will be dispersed at local levels. Information and education for healthcare providers will be distributed to all prescribing entities. DAODAS and the South Carolina Prevention Learning Community continue to assist local communities to build prevention coalitions.</p>

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PRIORITY AREA: DATA AND ANALYSIS

<p><i>The Council recommends that the Department of Health and Environmental Control and the Department of Health and Human Services (DHHS) work on a Memorandum of Understanding to facilitate information sharing between SCRIPTS and existing comprehensive databases.</i></p>	<p>DHEC/DHHS</p>	<p>SCRIPTS data is prohibited by law to be shared except under very specific situations. DHHS may have SCRIPTS data regarding Medicaid program recipients without an MOU.</p>
<p><i>The Council recommends exploring with the South Carolina Court Administration and Solicitor’s Association the possibility of creating a database for tracking all prescription drug-related convictions.*</i></p>	<p>Multiple Agencies</p>	
<p><i>The Council recommends identifying counties with adult drug courts and seeking information from those counties regarding currently collected data.</i></p>	<p>SLED/DAODAS</p>	
<p><i>The Council recommends identifying medication-assisted treatment (MAT) options for individuals battling prescription drug addiction and tracking the use of MAT in South Carolina.</i></p>	<p>DHEC/DAODAS</p>	<p>DAODAS, DHEC, and RFA have worked closely together to share state and county-level data identifying individuals seeking and receiving treatment with public and private providers. DAODAS will have a gap-analysis of available MAT treatment options summer of 2017.</p>
<p><i>The Council recommends that the Department of Labor, Licensing and Regulation (LLR) revise its ReLAES database to designate disciplinary matters with a searchable identifier for prescription drug misuse/abuse/addiction cases.</i></p>	<p>LLR</p>	<p>Evaluation of this option is ongoing.</p>
<p><i>The Council recommends that the South Carolina Law Enforcement Division (SLED) add a “special circumstances” field to designate prescription drug matters.</i></p>	<p>SLED</p>	<p>Based on recommendations by the Council, the SLED SCIBRS system has two separate drug designations for Prescription Opioids and Prescription Benzodiazepine incidents. Prescription Opioids are identified as H “other narcotics”. Prescription Benzodiazepines are identified as “Q”. These changes will allow law enforcement to identify the number of incidents and the amounts seized. These changes became effective January 1, 2017.</p>

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<p><i>The Council recommends that coroners uniformly report causes and manner of death so that a comprehensive reporting system exists to track deaths associated with prescription drug abuse and/or overdose. To rectify this data error, the Council recommends that DHEC add a data field on the electronic death certificate that requires a coroner to specify the type of implicated drugs, prescription or illicit, in cases of overdose deaths.*</i></p>	<p>DHEC</p>	<p>DHEC’s Office of Vital Statistics has implemented procedural changes, whereby queries are done on overdose deaths with no specified drug. Information received due to the query is added to the death record per procedure. In addition, a question was added to the Electronic Death Registration System prompting the medical certifier to include drug names if the death is due to drug abuse and/or overdose. These efforts combined have substantially improved the specificity of drug related deaths for years 2014 and 2015.</p>
<p><i>Further, the Council recommends expanding training for coroners and medical examiners. In South Carolina, coroners must annually complete 16 hours of continuing education, most of which is offered by the South Carolina Coroner’s Association. Currently, coroners are offered a course regarding best practices in identifying drug-related deaths. The Council recommends that DHEC work with the Coroner’s Association to add a component to this course regarding the proper reporting of these deaths.</i></p>	<p>DHEC/Coroners</p>	<p>Training on death certificate completion related to opioids has been incorporated into coroner training.</p>
<p><i>The Council recommends that additional metrics be added to the current benchmarks as the Plan is implemented and revised.</i></p>	<p>Multiple Agencies</p>	<p>The Council continues to watch national and state trends and health outcomes in order to revise if needed.</p>