

Coordinated Overdose Response in South Carolina: State Collaboration Leads to Local Intervention

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Learning Objectives

1. Describe South Carolina's process and protocol for organizing state-level rapid response
2. Explain how state-level surveillance resulted in timely local action and increased situational awareness of key stakeholder groups
3. Assess impact on processes, programs, and policies and community and systems change at state and local levels
4. Describe how South Carolina's response strategy can focus attention in rural communities

Background: Overdose Response in South Carolina

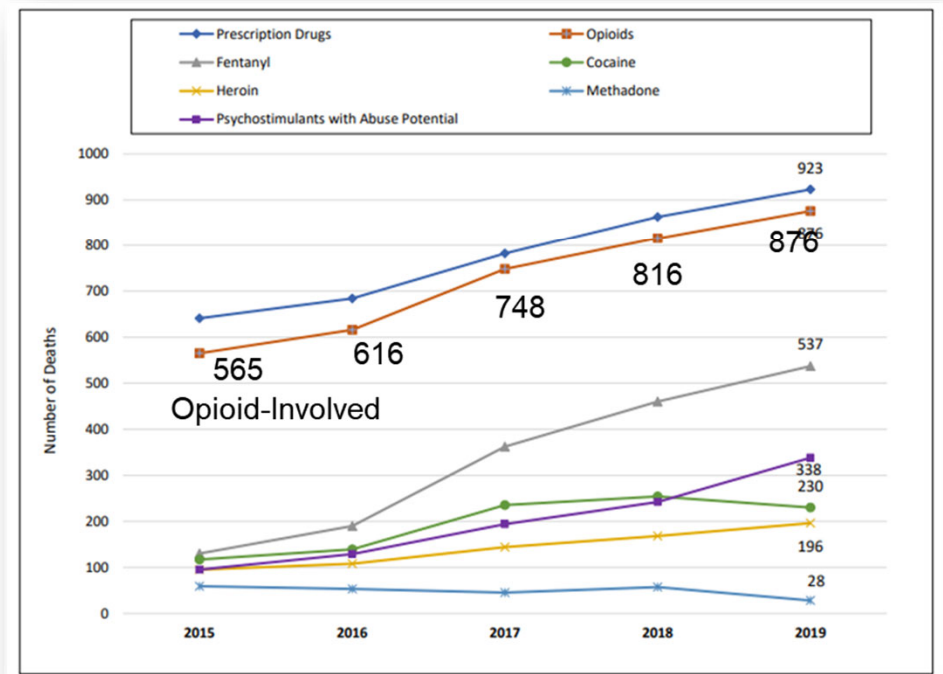
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South Carolina: Overview



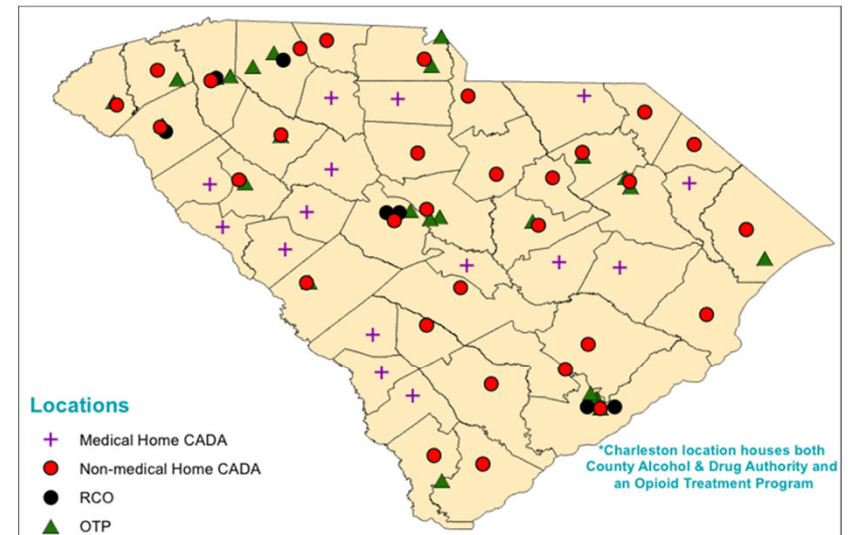
- 5.1 million residents across 46 counties
- Three major urban areas
- 10% increase in overdose deaths in 2018
 - One of five states with an increase in death rate from 2017 to 2018
- 3% increase in overdose deaths in 2019
 - Rising presence of fentanyl, psychostimulants
- More than 1,300 opioid-involved deaths expected in 2020 (+59%)



Context for Overdose Response

- Robust EMS data repository
- Statewide law enforcement and fire department Narcan® administration programs
- Strong centralized state health department
- Separate state alcohol and drug agency and county alcohol and drug authorities
- Elected county coroners
- Growing participation in Overdose Detection Mapping Application Program (ODMAP)

South Carolina's Treatment and Recovery Network



Law Enforcement Officer Narcan (LEON)



Reducing Opioid Loss of Life (ROLL)



S.C. Opioid Emergency Response Team

- Created by Governor's Executive Order in December 2017
- Developed response plan in 2018
- Four Annexes: (1) Educate & Communicate (2) Prevent & Respond (3) Treat & Recover (4) Coordinated Law Enforcement
- Centralized opioid-related data dashboard at www.justplainkillers.com
- Chaired by S.C. Law Enforcement Division (SLED) and Department of Alcohol and Other Drug Abuse Services (DAODAS), annex leads from other agencies
- Enabled organizations to communicate, coordinate, and collaborate



Getting Started: State-Level Rapid Response Team

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Objectives: State Overdose Surveillance

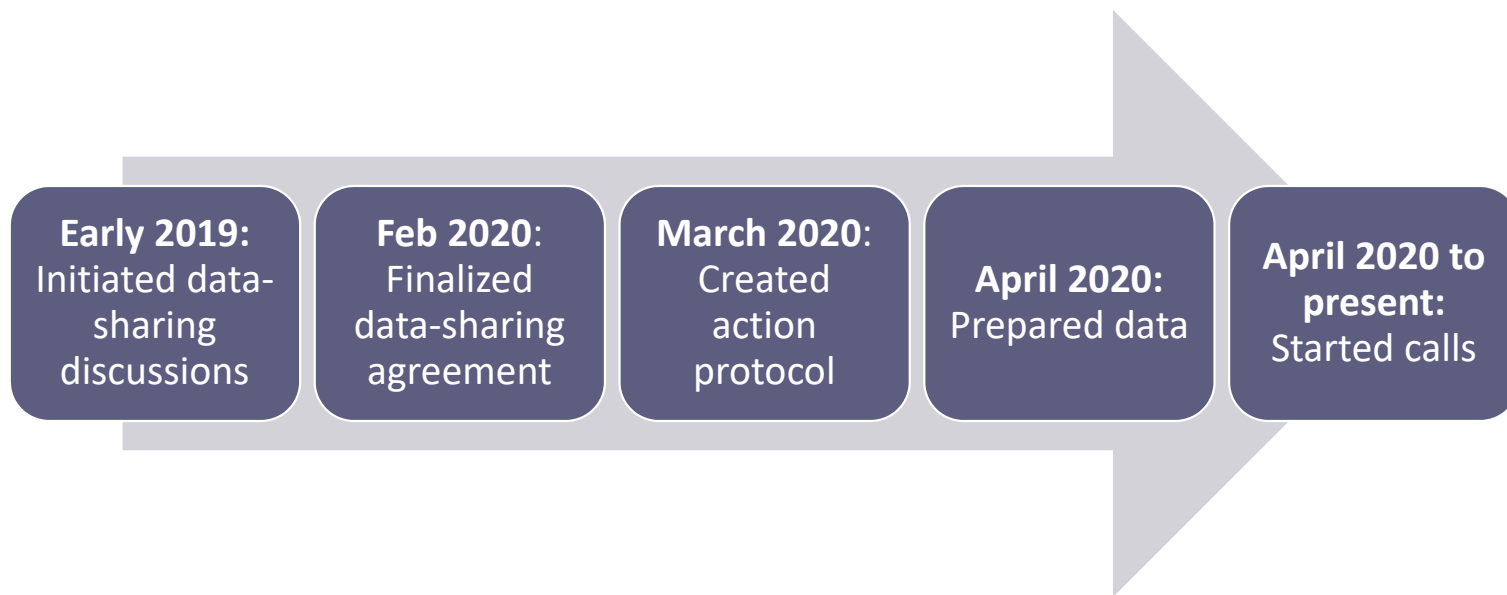
Gap: Website for public opioid-related data and other annual state agency reports, but no real-time data sharing

Intent: Establish routine monitoring, enhanced investigation, and rapid response across agencies

Goals:

- Identify high-burden areas to target strategies
- Synchronize response efforts across state agencies and mobilize local partners

Rapid Response Team Implementation



Creating an Action Protocol

OERT Overdose Action Protocol – South Carolina

Purpose

This protocol establishes a framework for a subset of the Governor's Opioid Emergency Response Taskforce (OERT) to monitor and respond to trends in suspected overdoses in South Carolina. The aim of this effort is to reduce injury and death from overdoses by:

- Identifying geographical high-burden areas to target strategies to prevent overdose deaths
- Synchronizing response efforts across state stakeholders and mobilizing local partners to deploy resources to limit the effects of suspected drugs

The protocol and its supporting documentation will outline a tiered approach for 1) routine monitoring efforts, 2) enhanced investigation, and 3) rapid response. Overdose action is a multiagency response that includes public safety, public health, health care providers, and community partners before, during, and after periods of high overdose activity.

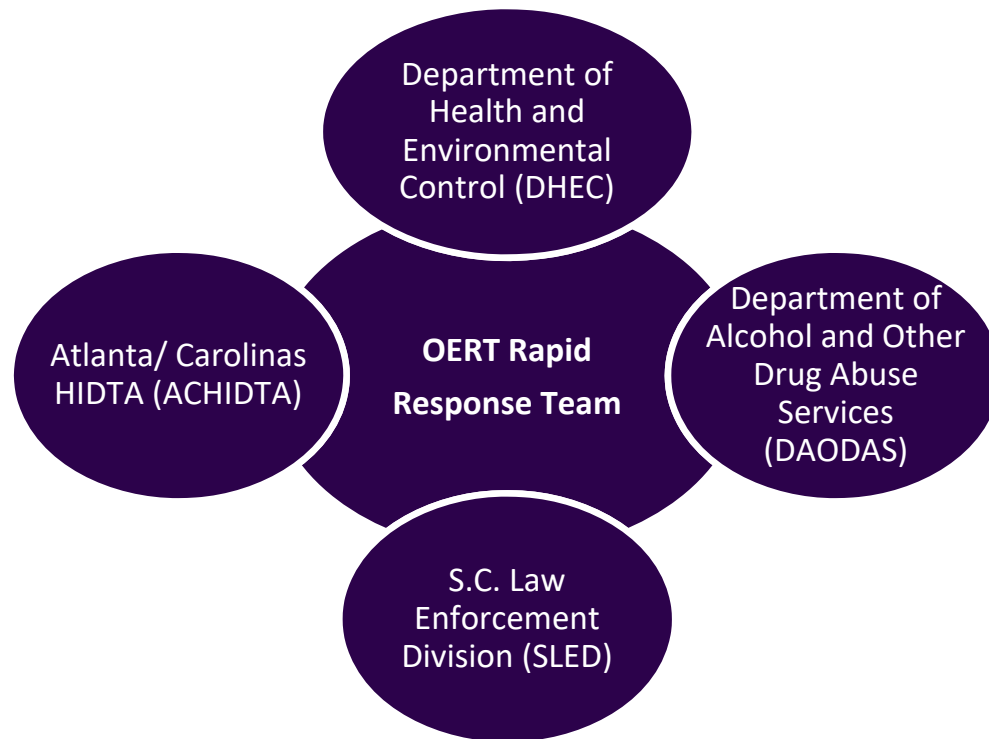
Background

The [South Carolina Opioid Emergency Response Plan](#), formed in 2018, includes goals to:

- Improve data collection and sharing to provide situational awareness, and
- Employ information systems to support public and community outreach on the opioid epidemic to assist in awareness, prevention and treatment

- Defines common expectations for team participation
- Outlines levels of response and how an alert is decided
- Identifies chains of communication
- Documents steps taken and results in action log

Forming the Team



What is the Overdose Response Strategy (ORS)?

The ORS is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and innovative strategies.

OVERDOSE RESPONSE STRATEGY

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COLLABORATE across public health and public safety sectors

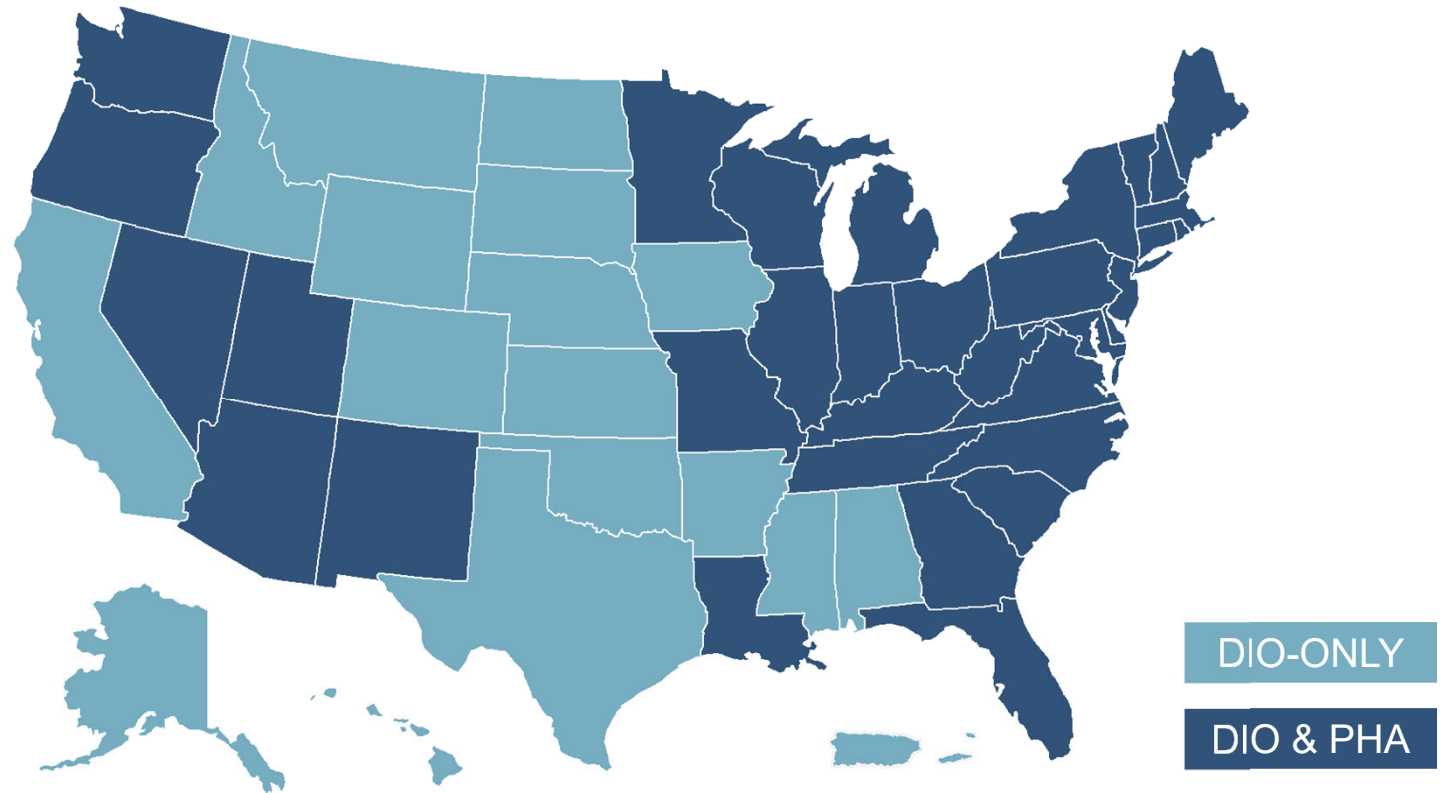


SHARE data, insights, and trends we are seeing related to drug overdose in our communities



INFORM AND HELP local communities develop local solutions to reduce overdoses and save lives

ORS Program Scope & Reach – PHA/DIO Map



ORS Program Strategies

- 1 **Share data systems** to inform rapid and effective community overdose prevention efforts.
- 2 Support immediate, **evidence-based response** efforts that can directly reduce overdose deaths.
- 3 Design and use promising strategies at the **intersection of public health and public safety**.
- 4 Use effective and efficient **primary prevention** strategies that can reduce substance use and overdose long term.

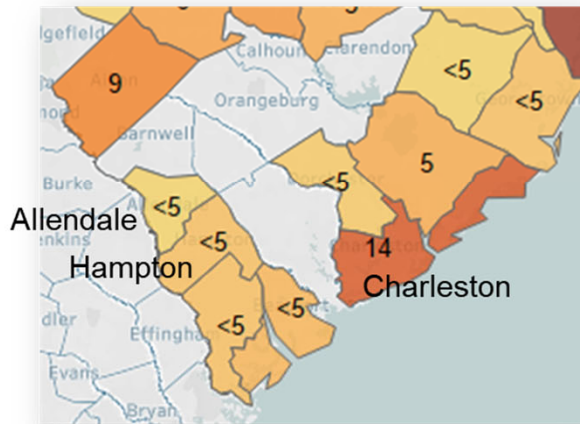
Rapid Response Team: Ongoing Process



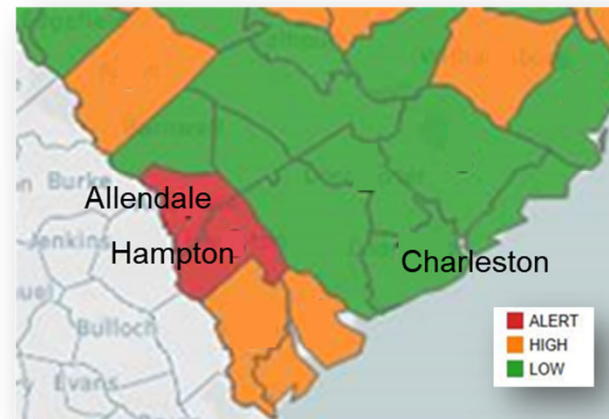
Reviewing Data and Taking Action

Focus on Counties with Heightened Activity – Example Scenario

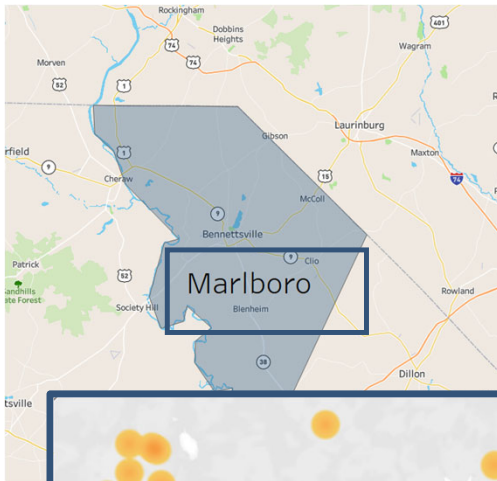
Count by County



Counts Compared to Typical Activity



Targeted Intervention



Trinity Behavioral Care presents
Poppin Pills Pop Dreams
Drive Thru
NO REGISTRATION REQUIRED
WE WILL BE GIVING AWAY.....

FREE NARCAN NASAL SPRAY
Reverse Opioid overdose until EMS can arrive

FREE DETERRA PACKETS
Dispose of Prescription medications that are unused or expired

MAY 18
11am-1pm

LOCATION
THE SWORD OF TRUTH
105 CHERAW STREET, BENNETTSVILLE SC
(PARKING LOT)

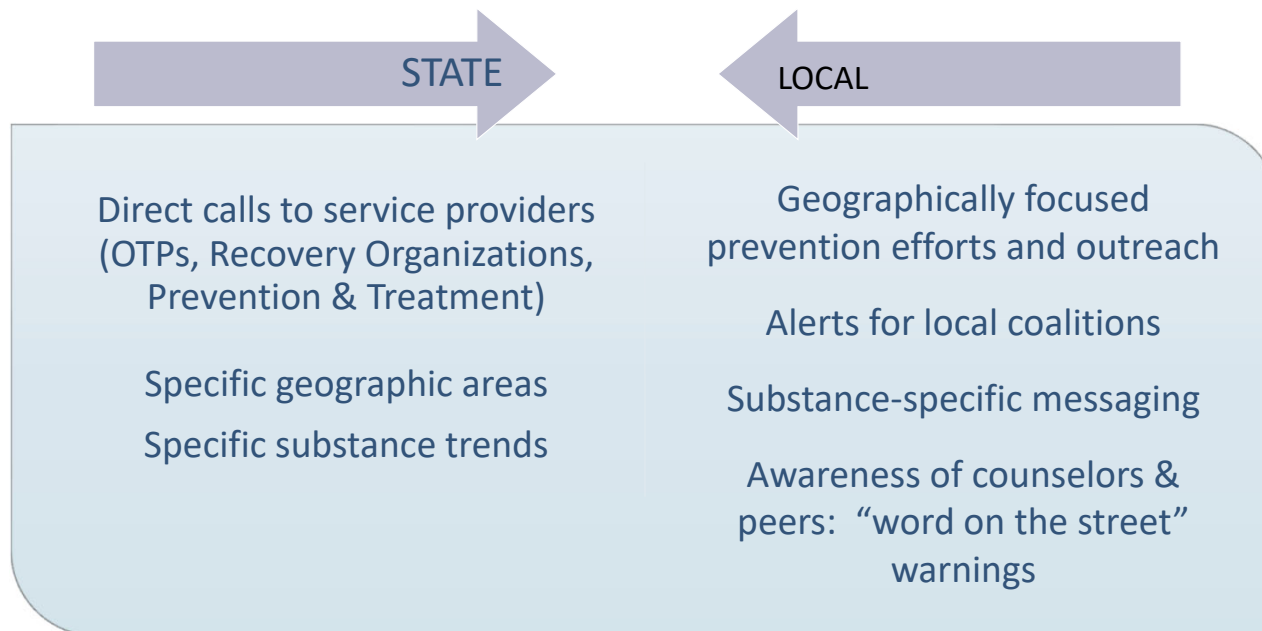


First, thank you for the info showing we had two OD hotspots...

Secondly, we are grateful that you suggested we aggressively go to the areas with outreach...

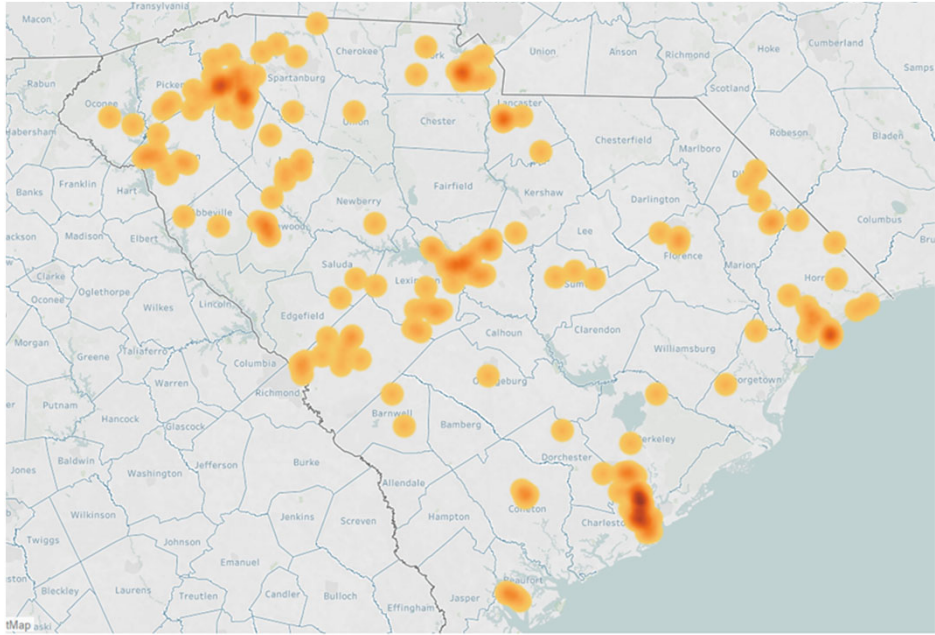
-- County Authority Staff

Department of Alcohol and Other Drug Abuse Services (DAODAS): Prevention/Treatment/Recovery Perspective



Stronger Relationships

Atlanta-Carolinas HIDTA: Public Safety Perspective



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Impact

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Process Measures

Instances of targeted outreach to counties and statewide

- ~50 instances of targeted outreach; 30 different counties and 9 statewide

Reach of notifications

- Direct communication to county authorities, local law enforcement, recovery community
- Bulletins to coroners, hospital association, prescribers, dispensers

Additional data sources shared

- Included local drug seizures, hospital substance use screening, ODMAP, mortality, prescription drug monitoring trends, treatment admissions, fentanyl analog testing

Process / policy / program improvements

- 16 identified – categorized by agency-specific, additional research/data sharing, systemic, population-specific recommendations

Tailored Statewide Communications

- **Bulletins to specific audiences:**
 - Hospitals
 - Coroners
 - Public safety
 - Prescribers and dispensers

SOUTH CAROLINA OPIOID EMERGENCY RESPONSE TEAM

ATTENTION: HOSPITAL ADMINISTRATION & STAFF

Situational Update: Highest month of EMS suspected opioid overdoses initiates call for support.

Since March 2020, during the COVID-19 pandemic South Carolina has seen a steady increase in suspected opioid overdoses and first responder Narcan® administrations. In May alone, EMS responded to an estimated 915 suspected opioid overdoses in South Carolina, the highest monthly number in the state's history, and nearly twice that reported for May 2019 (see Figure 1). Year-to-date, suspected opioid overdoses were 47% higher than for the same timeframe last year.

South Carolina expects COVID-19 to have a continued higher risk of overdose in the coming months, in addition to occurring frequently in suburban and rural areas of South Carolina (see Figure 2).

In April 2020, the Governor's Opioid Emergency Response Team (OERT) initiated weekly calls with the state Department of Health and Environmental Control (DHEC), Department of Alcohol and Other Drug Abuse Services (DAODAS), Law Enforcement Division (LED) and Alcohol-Cardinalis NIDA to monitor data at the state level. This effort has improved the ability of state and local partners to identify hotspots and mobilize resources to prevent overdose deaths. In one rural county, with support from the sheriff's office, local elected officials and a faith-based organization, the local treatment center piloted a Narcan® distribution drive-thru in an area with a cluster of overdoses.

The OERT endorses key strategies for hospitals to support effective response during this challenging time:

- Enable better data collection to inform state and local surveillance programs, which will contribute to a more comprehensive picture of the overdose crisis.

Figure 1. Trends

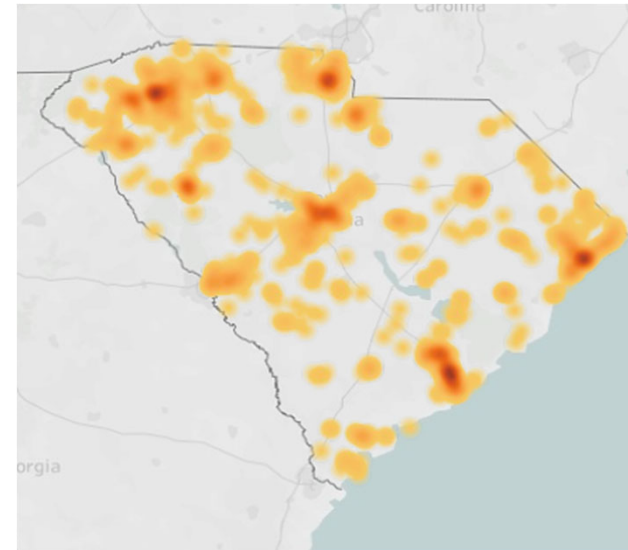
Source: South Carolina Bureau of EMS and EMS

- One additional opportunity to enable better data collection is fentanyl testing. The DHEC Public Health Laboratory (PHL) can partner with hospitals to test emergency department (ED) samples for exposure to fentanyl and fentanyl analogs using mass spectrometry. This instrument platform provides the PHL with the sensitivity and selectivity to identify exposure to various fentanyl analogs and is not available in most hospital EDs. This partnership is offered at no charge to the hospital, and DHEC provides training and shipping supplies for samples. Hospital leadership can support this partnership and enable staff to establish a formal agreement and set up a protocol to collect and send samples. Lab directors may contact Jimmy LaFirme at jimmy.lafirme@dhc.sc.gov.
- **Support immediate overdose prevention through communications channels**
 - **Overdose Prevention** – Use your communications channels to promote safe medication disposal of unused prescriptions. Find a disposal site near you at <http://www.suboxone.com/stop-overdose>. County alcohol and drug abuse authorities may facilitate community Narcan® distribution drive-thrus, and you can show support at these events.
 - **Direction to Support** – South Carolina recently established the SC HOPEs support line to help individuals seek resources for increased symptoms of mental health or substance use issues related to the COVID-19 crisis. The statewide support line, which can be reached 24/7 at 1-844-SC-HOPES (724-4737) will connect callers to trained clinicians who can address their specific needs. Share the SC HOPEs flyer widely with the community and at testing sites.
 - **Coordinated Naloxone Distribution** – If hosting a COVID testing site at a hospital or satellite location, consider coordinating with a county authority to co-locate a Narcan® distribution event, or at least offer information about permanent community distributors of naloxone and naloxone distribution events.

Figure 2. SC HOPEs support line flyer

Longer-Term Outcomes

- **Community and systems change**
 - Increased real-time knowledge of overdose trends
 - Expanded uptake of evidence-based initiatives and innovative strategies
 - Greater targeting of resources to address opioid overdose burden
- **Mitigating growth in morbidity/mortality**
 - Increased naloxone distribution
 - Fewer overdoses in months following rapid response outreach to local partners about trends



Heatmap of EMS Suspected Opioid Overdoses, May 2020

Continuous Improvement

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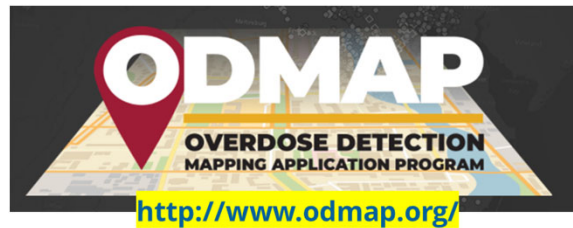
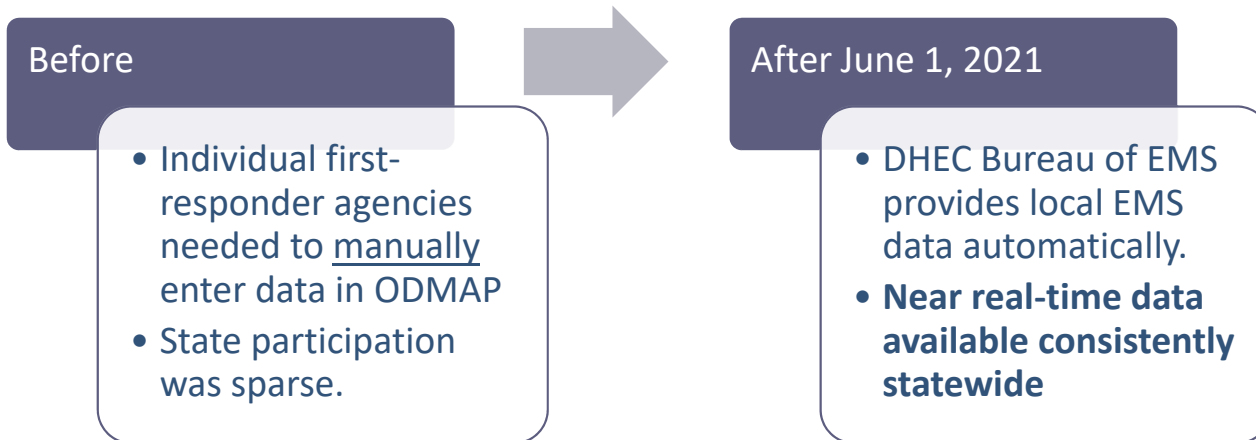


Ongoing Work

- Synthesizing other data sources to validate trends
- Expanding review to include stimulants and other drugs
- Integrating EMS data with Overdose Detection Mapping Application Program (ODMAP)
- Creating structured checklist for investigating spikes
- Working with local providers/coalitions to create local response plans and apply data effectively through ODMAP

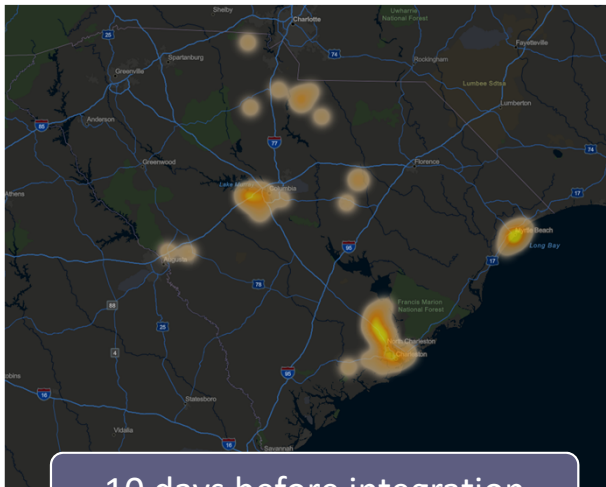


Improving Availability of Local Data

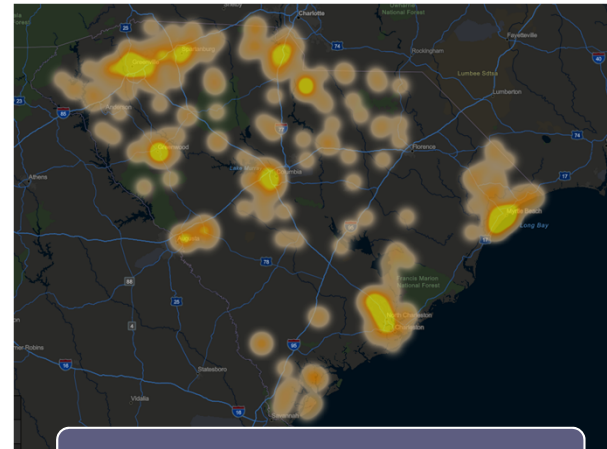


From this...

to this:




10 days before integration
(5/22-5/31)



First 10 days of statewide data
(6/1-6/10)

Data-Driven Community Response and Prevention



**SOUTH CAROLINA
OPIOID EMERGENCY
RESPONSE TEAM**

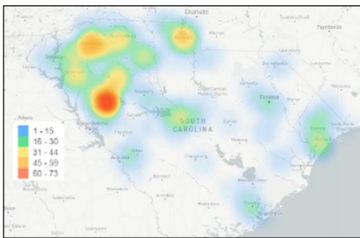
**ATTENTION: PARTNERS IN GREENWOOD & UNION COUNTIES
AND SURROUNDING AREAS**

Advisory: Warning about potent counterfeit Roxicodone* ("blue pills"), dangers of using drugs purchased without prescriptions

The OERT is issuing an alert due to ongoing substance use and overdose activity in Greenwood and Union counties and surrounding areas connected with counterfeit 30 mg Roxicodone® (AKA "blue pills") containing potent fentanyl. This alert is to increase community awareness and advise partners of the risks of using these counterfeit drugs and others purchased without prescriptions, as well as opportunities to prevent overdoses.


Overdoses Involving Pressed "Blue Pills" or 30 mg Roxicodone*

Since January 2020, more than 500 suspected opioid overdoses statewide have involved "blue pills," which often look like 30 mg Roxicodone*. Of these incidents, 18% were reported in Greenwood County alone, and approximately two-thirds of all incidents were in Upstate counties. The highest per-capita rate of these incidents was in Greenwood, Union and Abbeville counties, and the highest counts were in Greenwood, Greenville and York counties.



A higher percentage of these overdoses involve individuals ages 20-29 than is typically seen for EMS overdose response. Individuals often report overdosing even after taking only half a pill. Many individuals were given the pills by family members or friends and did not know that they contained highly potent fentanyl.


*EMS suspected overdoses involving "blue pills"
(January 2020 – June 15, 2021)*



Cornerstone Cares
July 14 at 10:07 AM · 🌐

Earlier today, Cornerstone hosted a meeting / listening session with a number of community partners. We met to discuss what can be done - collectively as a community- to address the impact of substance use disorders in the Greenwood County area. Of particular concern is the high number of drug overdoses and drug overdose deaths that have been occurring.

Representatives from various sectors - including law enforcement, criminal justice, medical community, social services, non- profits, and schools - attended. We would like to thank everyone who took time to share their experience and expertise. And, we look forward to the conversations continuing as we work together toward a solution.



👍❤️ 16

2 Shares

Takeaways: Keys to Success

- Strong representation of public safety, public health, and recovery perspectives
- Routine information-sharing to unlock opportunities for coordination
- State collaboration and outreach leading to local mobilization



Q&A

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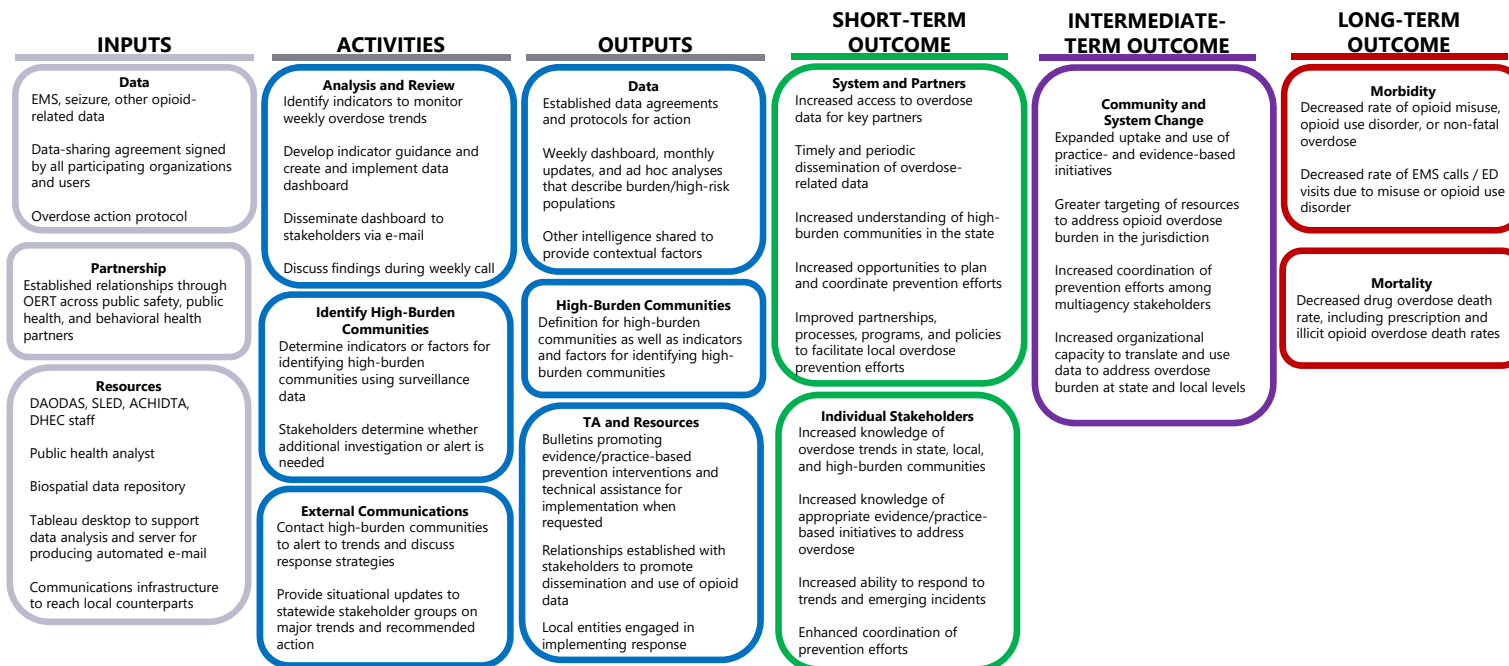
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**Logic Model
Overdose Surveillance and Rapid Response Team**



Improvements Identified Through Rapid Response Team

Systemic

- Promote registration in Overdose Detection Mapping Application Program (ODMAP) after spikes
- Keep stakeholders abreast of trends (Governor briefings, Office of Rural Health)
- Create bulletins with specific directives to stakeholder groups (coroners, hospital association, prescribers/dispensers)
- Promote state post-overdose outreach and pre-arrest diversion programs as good models for referring to treatment
- Share other data sources like seizures, hospital substance use screenings, mortality data
- Plan local coordinated responses

Agency-Specific

- DAODAS: Provide information on specific hotspots for targeted Narcan distribution
- DAODAS: Target Narcan distribution events by day and time if possible
- DHEC: Conduct outreach for Overdose Detection Mapping Application Program (ODMAP) presentation and sharing data with 911 dispatch after spikes
- SLED: Conduct outreach to local law enforcement about enrolling in naloxone administration program

Improvements Identified Through Rapid Response Team

Research/Data

- Monitor counterfeit pill trends in EMS records
- Review law enforcement naloxone administration reports for substance descriptions
- Track adulterants in mortality data extraction from Violent Death Reporting System and Statewide Unintentional Drug Overdose Reporting System
- Review historical trend data around holidays to inform targeted communications/outreach campaigns

Population-Specific

- Provide naloxone brochures to all refusals to transport
- Provide SC HOPES 24/7 support line referral cards to EMS agencies for any incidents that could benefit, not just overdoses