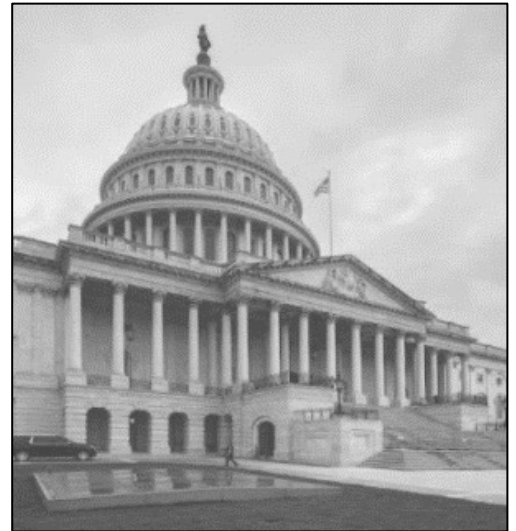


## South Carolina SOR Initiatives

### Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



### Single State Agency (SSA): South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

From FY19 through FY23, DAODAS received \$89.1 million in SOR funding. For FY23–FY24, it received \$18.8 million. South Carolina has identified goals across the continuum of care for SOR, which are listed below.

#### Prevention

- Implement community-wide educational programs to raise awareness about the risks of opioid use and the importance of prevention.
- Develop and distribute educational materials targeting schools, healthcare providers, and community organizations.
- Establish prevention initiatives to address the root causes of opioid misuse, such as HIV/hepatitis C (HCV) prevention and intervention, as well as social determinants of health.

#### Harm Reduction

- Expand access to naloxone and provide training to first responders, community members, and individuals at risk of opioid overdose.





- Integrate harm reduction strategies into existing community-based healthcare systems, law enforcement, and educational institutions.

### Treatment

- Increase access to holistic evidence-based treatment practices, including MOUD treatment services, stimulant use services, and recovery services.
- Promote service-delivery approach by building partnerships to create a broader, integrated process between healthcare providers, mental health professionals, and substance use providers.
- Increase treatment services and resources availability for underserved and rural populations.
- Improve economic opportunities, employability, transportation, housing, and food insecurities.

### Recovery

- Enhance the menu of traditional treatment services and alternative therapies by including peer recovery coaching, peer support services, and community reintegration programs.
- Reduce stigma associated with substance use disorders (SUD) to create a supportive environment for individuals in recovery.
- Collaborate with criminal justice systems to implement re-entry programs for individuals with SUD.

## Preventing Opioid and Stimulant Misuse Before It Starts

South Carolina has used SOR to support prevention initiatives like educational campaigns.

### “Just Plain Killers” Education Campaign

This campaign is designed to educate South Carolinians on the dangers of misusing prescription opioids and the resources available throughout the state for those affected by OUD. DAODAS has an interactive website ([justplainkillers.com](http://justplainkillers.com)) and a presence on Facebook, Instagram, and X (formerly Twitter) for the campaign. Many media types have been used throughout the campaign to deliver messages to the public, including television and radio public service messages and interviews, billboards, social media posts, resources at health fairs, speaking engagements, and public events.

During FY23, 4,122,859 impressions were recorded through social media channels.

### “One Fake Pill Can Kill” and “1, 2, Breathe” Education Campaigns

These two spin-offs of the main “Just Plain Killers” campaign have been developed to bring awareness to the dangers of fentanyl and the availability of overdose reversal agents, such as naloxone, throughout the state. Messages are linked to the main website and the campaigns use the same outlets to deliver their messages.

### “Embrace Recovery SC” Education Campaign

Launched on May 13, 2021, the “Embrace Recovery SC” public education campaign was developed to eliminate bias against people in recovery from SUD and to provide appropriate recovery resources for people and families impacted by SUD. These goals are being supported through an active social media effort on Facebook, X (formerly Twitter), and Instagram and in television messages broadcast statewide.

The foundation of the campaign is a website, [embracerecoverysc.org](http://embracerecoverysc.org), that provides information on the definition of “recovery,” the correct words to use when discussing recovery, and recovery service options available in South Carolina. In FY23, 58,025 impressions were recorded through the campaign’s social media.

## Overdose Reversal Efforts: Saving Lives

South Carolina has used SOR to support overdose reversal medication distribution and education initiatives.

### Overdose Reversal Program

Currently, there are more than 100 community distributors (CDs) funded through SOR to provide an overdose reversal agent, such as naloxone, to individuals at risk of an overdose. In South Carolina, state statute defines a community distributor as “an organization, either public or private, which 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” (S.C. Code Section 44-130-20(2)). Funded sites include all 31 county alcohol and drug abuse authorities (which serve all 46 counties), opioid treatment programs, recovery community organizations (RCOs), and entities like homeless shelters, colleges/universities, faith communities, and federally qualified health centers. There were 34,638 naloxone kits ordered with combined state and SOR funds for the second, third, and fourth quarters of FY23. The number of naloxone kits distributed during that same timeframe was 27,638.

## Implementing Harm Reduction Strategies

South Carolina has used SOR to support allowable harm reduction services, described below.

### HIV/HCV Testing and Referral to Care

South Carolina is funding three RCOs to provide HIV/HCV screening, testing, and linkage to care via local Ryan White HIV/AIDS programs in the state. The RCOs were able to reach hundreds of individuals throughout the state who were less likely to seek testing in traditional venues.

From 2023–2024, RCO staff conducted 1,164 rapid HIV tests and 816 rapid HCV tests.

### Fentanyl and Xylazine Test Strips

CDs of overdose reversal agents, such as naloxone, can request funding and support from SOR to provide fentanyl test strips (FTS), testing guidelines, and testing supplies (e.g., vials of sterile water, testing receptacles). A total of 104,062 FTS were ordered by CDs in 2023, and 50,740 FTS were distributed through state harm reduction efforts with SOR in 2023. South Carolina has begun providing resources to CDs to also purchase and provide xylazine test strips and testing supplies as of the beginning of the next fiscal year.

## Increasing Access to Treatment

South Carolina has used SOR to support initiatives to increase treatment access, including MOUD services and contingency management.

### County Alcohol and Drug Authorities

With SOR, DAODAS enabled county alcohol and drug authorities to deliver evidence-based treatment for OUD, with capacity support for all 31 county authorities to offer MOUD with psycho-behavioral therapy. SOR will continue to expand fee-for-service reimbursement for treatment costs for MOUD, psychosocial therapy, and case management services, including treatment for psychostimulants for uninsured or underinsured patients.

### Hub-and-Spoke Model

To ensure that high-quality services and access are provided to low-income patients, DAODAS chose and supported six county authorities to serve as medical provider hubs for local patients, as well as other county authorities that do not have in-house medical services. The model is used to provide medication and case management services for low-income patients diagnosed with OUD.

### Opioid Treatment Programs (OTPs)

To meet the demand of individuals in need, OTPs have expanded services from 24 to 28 providers in the state. DAODAS has fostered the culture of executing evidence-based practices across the spectrum. OTPs have received trainings to incorporate a comprehensive behavioral health approach to the ongoing opioid crisis.

### Office-Based Outpatient Treatment (OBOT)

DAODAS has partnered with an OBOT program to provide screening, brief intervention, and referral to treatment (SBIRT). In concert with SBIRT, individuals needing MOUD are fast-tracked and provided a warm hand-off to county authorities. During FY23, OBOT initiated 179 unique individuals on MOUD.

### Telehealth Strategies

South Carolina has implemented telehealth strategies to increase treatment access throughout the state. The primary target population is uninsured or underinsured individuals in rural communities. In addition to the targeted population, the substance use community as a whole had access to this treatment modality. Mental health and SUD services, like psychotherapy, group therapy, and alcohol and substance use counseling services, are offered.

### StUD Treatment

DAODAS provides SOR funds to South Carolina's county alcohol and drug authorities to deliver evidence-based treatment for stimulants, with capacity support for all 31 county authorities to offer stimulant treatment with psycho-behavioral therapy. SOR expands fee-for-service reimbursement for treatment costs for stimulant use, psychosocial therapy, and case management services, including treatment for psychostimulants for uninsured or underinsured patients.



## Supporting Long-Term Recovery

To help individuals reach and maintain long-term recovery, South Carolina has implemented recovery support services like recovery coaching and peer support.

### The Courage Center

DAODAS awarded SOR funds to a provider to supply recovery coaching and peer support services to patients at Lexington Medical Center and residents of Lexington and Richland counties. Through this initiative, 1,458 recovery coaching sessions and 342 group recovery support meetings were provided. A mobile outreach van that provided education, outreach, and harm reduction materials to the community was also funded through this program.

### Peer Support Specialist Contracts With County Alcohol and Drug Authorities

DAODAS provided SOR funding to 29 county alcohol and drug authorities for peer support services. These peer support services were provided to patients and clients residing in these 29 counties at no charge. In 2023, 7,438 recovery coaching sessions were provided, and 2,163 unduplicated clients were served.



## Reaching & Serving Populations of Focus

South Carolina has used SOR to implement several programs and services to reach and serve populations of focus, including individuals in the criminal justice system and Native Americans.

### South Carolina Department of Corrections

DAODAS assigned four certified peer support specialists (CPSS) to the South Carolina Department of Corrections (SCDC) Offender Re-Entry Project, which offers naltrexone, combined with talk therapy, to inmate volunteers within 90 days of release. Each CPSS guides the inmates and serves as a support system during the transition from SCDC institutions to local service providers, recovery housing, and job opportunities. DAODAS and SCDC have trained and certified 101 inmates who are in personal recovery from SUD and have equipped them to provide support services to other inmates striving to remain free from opioids and other drugs.

DAODAS and SCDC have worked to enhance recovery support services, with a focus on the social determinants of health for inmates re-entering the community. Year to date, the following services have been rendered for the identified population who returned to their communities:

- 52 individuals secured housing
- 40 individuals became gainfully employed
- 52 individuals secured transportation

Overall, 680 inmates diagnosed with a StUD participated in peer-led support groups, received a “warm hand-off” to county alcohol and drug abuse authorities, and were connected to recovery support services upon release from incarceration. They obtained access to food, health care, and key creature comforts.

### Federally Recognized Catawba Nation

DAODAS has developed a strong collaborative relationship with the Catawba Nation by implementing strategies to address StUD and OUD within the native territory. SOR funded technical assistance and training opportunities for implementing strategies to address SUDs. One of the strategies executed was recovery support services within the nation. The Catawba Nation attended South Carolina’s first-ever Collegiate Recovery Day event at the State House, sponsored in part by DAODAS, on April 13, 2023. This community event encourages recovery support services becoming a part of the landscape within the Catawba Nation.



**About the Opioid Response Network (ORN):** ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA’s SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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