

WELCOME TO THE

“JUST PLAIN KILLERS” SYMPOSIUM: FAIRFIELD OPIOID RESPONSE

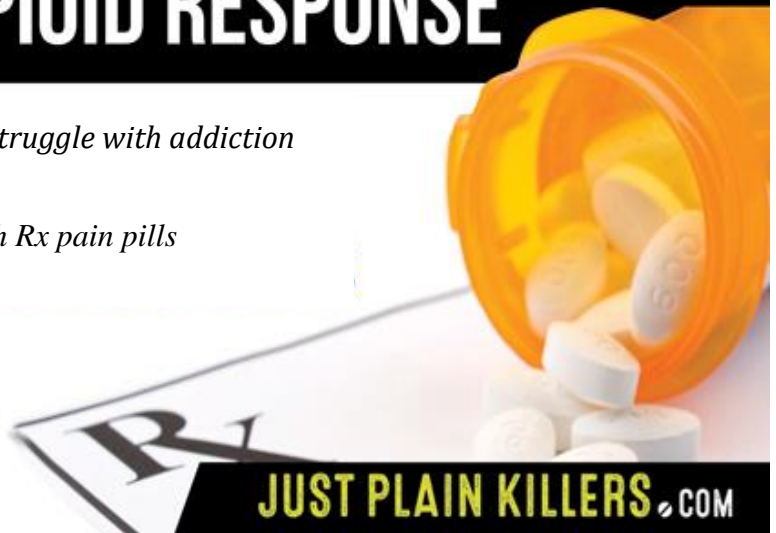
1 in **4** people who are prescribed opioids struggle with addiction

4 out of **5** heroin users started with Rx pain pills

Opioid dependency can develop in

Just 3 Days

1 in **4** teens has misused or abused



Saturday, November 16, 2019 | 10:00 am - 12:30 pm

Fairfield Central High School Auditorium

SYMPOSIUM PROGRAM

*Funded by the Center for Substance Abuse Treatment (CSAT) and
Substance Abuse and Mental Health Services Administration (SAMHSA)*

[Award #1H79TI081720-01]

"JUST PLAIN KILLERS" SYMPOSIUM: FAIRFIELD OPIOID RESPONSE

Sat, Nov 16 | 10am

Fairfield Central HS Auditorium

REGISTER NOW! 803.635.2335

Fairfield Behavioral
Health Services

Imagine
the difference



South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services



JUST PLAIN KILLERS.COM

Registration & Prescription Drug Take Back Program 9:00 am – 10:00 am

AGENDA

Moderator: Steven K. Barnett M.D., *FBHS Medication Assisted Treatment Physician*

Welcome & Purpose

Brian Bonds, *Board Chairman, Fairfield Behavioral Health Services (FBHS)*
10:00 am – 10:10 am

Acknowledgements & Introduction of Presenters

Veronica Dadzie-Edmonds, *FBHS Director of Prevention Services*
10:10 am – 10:15 am

Greetings & Keynote Address from the State Authority

Director Sara Goldsby, *Department of Alcohol and Other Drug Abuse Services*
10:15 am – 10:30 am

Opioid Education & Narcan Distribution (OEND) Training

Jeremy Purnell & Douglas Johnson, *FBHS Staff*
10:30 am – 10:50 am

Fairfield's Response

Dr. J.R. Green, *Superintendent-Fairfield County School District*
Chief John Seibles, *Winnsboro Public Safety Director*
Major Brad Douglas, *Fairfield County Sheriff Department*
Anna Rhodes, *Deputy Director, Fairfield County EMS*
Vernon Kennedy Sr., *Executive Director, Fairfield Behavioral Health Services*
10:50 am – 12:15 pm

The Marion C. Smith - Partner of the Year Award

Jennifer Robinson, *FBHS Board Member*
12:15 pm – 12:20 pm

Evaluation & Prize Drawing

12:20 pm – 12:25 pm

Closing Remarks

Vernon Anderson, *Vice Chairman FBHS Board*
12:25 pm – 12:30 pm

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drug

“Just Plain Killers” Symposium: Fairfield Opioid Response and all related efforts were funded by the *South Carolina Department of Alcohol and Drug Abuse Services (DAODAS)* made possible by the *Center for Substance Abuse Treatment (CSAT)*, *Substance Abuse and Mental Health Services Administration (SAMHSA)* [under award #1H79TI081720-01] through a cooperative agreement with the *South Carolina Governor’s Office State Opioid Response (SOR)*. SOR is administered by DAODAS who charged all 32-county substance use disorder authorities serving all 46 counties to implement a minimum of two pre-approved evidence-based and promising opioid prevention strategies in partnership with local entities. Fairfield Behavioral Health Services and partnering organizations executed a Memorandum of Agreement to implement this Symposium to include a *Drug Take Back Program*, *Provision of drug deactivation bags (Deterra)* and *Public Awareness Campaign (local ads, billboard, etc.)*.

Symposium Goal: To reduce the impact of prescription drug use/misuse on overdoses and deaths in Fairfield County.

Learning Objectives: To educate the general population on *opioids, effects on the body, current statistics, the impact of uses and safe disposal, as well as local law enforcement, prevention and treatment efforts* to address the opioid epidemic.

Partnering Organizations



Presenter Biographies

Steven K. Barnett, MD is a Family Physician that has practiced in Fairfield County for over 20 years. He has provided primary care, inpatient care, and has been the physician for the Detention Center and providing Medication Assisted Treatment of Opiate and Alcohol dependence at Fairfield Behavioral Health Services. He has dealt with opiate use and dependency in all facets including treating chronic pain and providing medical care for those with substance abuse disorders. He is an advocate for treatment of alcoholism and opiate dependency using the holistic approach of individual and group counseling, appropriate medications when indicated, and promoting long term sobriety with the use of established recovery programs after treatment including AA and NA. His other interests include working with the detention center to provide substance abuse treatment during incarceration in order to offer those who suffer from these conditions to overcome their addictions rather than continue in the cycle of substance abuse and incarceration.



Major Brad Douglas graduated from the University of South Carolina with a BS in Criminal Justice in 1993 and has over 25 years in law enforcement. He began working with the Fairfield County Sheriff's Office as a patrol deputy in 1994. In 1999, Brad was assigned to the Narcotics Division where he served as a narcotics investigator, DEA Task Force Agent, and Lieutenant. In 2009, he was promoted to Captain over Narcotics and CID and was selected to attend the Federal Bureau of Investigations (FBI) National Academy (Class #247) in 2011. In 2013 Brad was promoted to Major, overseeing Narcotics, Criminal Investigations Division (CID), Special Response Team (SRT), Internal Affairs, and Evidence and is still serving in that capacity.

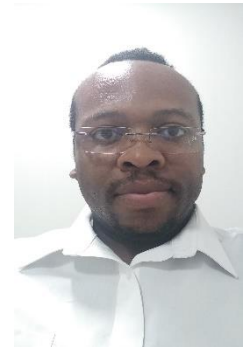
Sara Goldsby, MSW, MPH is a native of Wyoming was confirmed as Director of DAODAS by the South Carolina Senate on February 8, 2018, after being appointed Acting Director by Governor Nikki Haley in August 2016, then nominated as Director by Governor Henry McMaster in May 2017. As Director, she has led South Carolina's response to the opioid crisis and currently serves as co-chair of the State Opioid Emergency Response Team. Under her leadership, DAODAS has been instrumental in helping local law enforcement agencies employ the use of the emergency overdose antidote naloxone. With passion around social determinants of health and access to care, Director Goldsby has worked in legal and dental practices, and hospital case management. She earned her Master of Social Work and Master of Public Health degrees – with an emphasis on health services, policy, and management – from the University of South Carolina in 2015. In 2019, she was named the recipient of the 12th Annual Ramstad/Kennedy Award for Outstanding Leadership in recognition of her support of localized prevention, treatment, and recovery efforts.





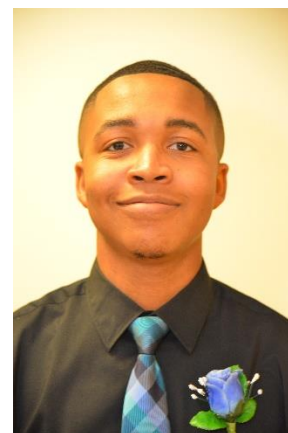
Dr. J.R. Green, Superintendent currently serves as the Superintendent of Schools in Fairfield County. Before assuming this position, he served as the Assistant Superintendent for Curriculum and Instruction with the Chesterfield County School District. His career in education administration also included a stint as principal of the Palmetto Gold Award-winning Central High School in Pageland South Carolina from 2004-2008. He is a 1987 graduate of Bishopville High School and a 1991 graduate of the University of South Carolina in Columbia. His academic accomplishments include a Bachelor of Science in Business Administration, a Master of Art in Teaching Business Education, a Master's in Education Administration, and a PhD. in Educational Leadership from the University of South Carolina. Dr. Green is married to Tonya Green and they have been blessed with 3 children. (Jamara, Janelle, & Jacia). He was a 1989 initiate into the Theta Nu Chapter of Alpha Phi Alpha and is currently a member of the Omicron Iota Lambda chapter in Columbia South Carolina. Dr. Green is doing what he feels he was born to do; which is to work with and inspire young people. He constantly impresses upon his students that education is the foundation of their future. His philosophy is that through "teamwork" we can maximize the academic and personal potential of every student.

Douglas Johnson is the Administrative Specialist for Fairfield Behavioral Health Services since 2018. He is responsible for a variety of duties with his primary function of ensuring prompt and accurate billing for services rendered in accordance with multiple governance and insurance standards. Mr. Johnson also serves as the Narcan Trainer for the organization in which he addresses opioid addiction by providing life-saving naloxone to our community residents through the Overdose Education and Naloxone Distribution (OEND) Program. He has trained over 50 of residents since May 2019.



Mr. Vernon L. Kennedy Sr., MA, CSPP, ICPS graduated from Fairfield Central High School in 1992; from the University of South Carolina in Spartanburg in 1996 with a *Bachelor of Science Degree in Psychology*; from Webster University in 2005 with a *Master of Arts Degree in Human Resources Development*; and from Addiction Technology Transfer Center Leadership Institute in 2006 with a *Certificate of Achievement in Addiction and Leadership (6 month program)*. Mr. Kennedy has been employed at Fairfield Behavioral Health Services for 22 years. Mr. Kennedy and his wife Mandina, have been married for 22½ years. They have two sons, Vernon Jr. and Harrison. Mr. Kennedy is dedicated to serving in many professional and civic capacities to include a faithful member and *Deacon of Bible Light Holiness Church* in Ridgeway; the *Behavioral Health Services Association of South Carolina* (President 2016 – 6/30/18); the *Blunt Truth SC Task Force Co-Chair* (2015 – 2018); *Fairfield Forward (formerly Fairfield Community Coordinating Council)* (Chairman 2017 – 12/30/18); *Rotary Club of Winnsboro* since 2006 (President – FY2014) and several others. He is also an active member and joint founder of the *Griffin Bow Tie Club* of Fairfield County School District and a *Fairfield County School District Hall of Fame 2014 Recipient*. His favorite motto is "MAKE IT HAPPEN!"

Jeremy Purnell is a graduate of the University of South Carolina with a bachelor's degree in Experimental Psychology. He has been working as Certified Prevention Specialist for Fairfield Behavioral Health Services since 2015 where he implements evidence-based programs in several schools throughout Fairfield County educating students on the dangers of substance use, drug resistance strategies, and life skills. He assists in planning and participation of annual events in the county such as our 5K Run/Walk, community events, and health fairs. In 2018, he was awarded the Jan Oglietti Rising Star Prevention Professional Award for outstanding contributions to the field of prevention.



Anna Rhodes began her career in EMS 22 years ago. She started out as a Paramedic for a private ambulance service and then went to work for Fairfield County. Ms. Rhodes has been at Fairfield County EMS for 17 years and is now the Deputy Director. Along the way she has achieved many instructorships, to include, ACLS, PALS, PHTLS, AMLS and EMT instructor. She enjoys competing in paramedic competitions and mentoring other EMTs and paramedics.

Chief John Seibles is a life-long resident of Fairfield County. Forty-three years in Law Enforcement. Retired from Fairfield County Detention Center as the Jail Administrator in 2002 and returned after 9 months of retirement to his first law enforcement assignment, the Winnsboro Department of Public Safety. After serving in several positions, he is now the current Chief of Public Safety over the Police and Fire Departments where they serve in both roles. Chief Seibles is married to Dr. Shirley Seibles, his wife for almost 35 years. They have 5 children, 14 grandchildren and 3 great grandchildren



NOTES

Keynote Address from the State Authority _____

Opioid Education & Narcan Distribution (OEND) Training

Fairfield Opioid Response _____

Other _____

PAIN KILLERS CAN BE JUST PLAIN KILLERS

In December 2017, Governor Henry McMaster declared the state's opioid crisis to be a public health emergency and established the state's Opioid Emergency Response Team, led by the S.C. Law Enforcement Division and the Department of Alcohol and Other Drug Abuse Services. Through this team, representatives of state and federal law enforcement agencies, state health and regulatory agencies, healthcare providers, and other stakeholders have combined their data on opioid use, misuse and addiction to help inform South Carolina's approach to the crisis.

FAIRFIELD COUNTY

PRESCRIPTIONS

Number of opioid prescriptions dispensed.

18,696

NALOXONE

Number of naloxone administrations via EMS.

102

HOSPITALIZATIONS

Opioid-related overdose hospitalizations.

29

CHILDREN

Newborns identified with Neonatal Abstinence Syndrome.

0 REPORTED

MORTALITY

0 DEATHS INVOLVING OPIOIDS.

0 DEATH INVOLVING HEROIN.

0 DEATH INVOLVING FENTANYL.

2018

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AN INITIATIVE OF **South Carolina DAODAS**
Department of Alcohol and Other Drug Abuse Services

Funded through grant #1H79TI080221-01 from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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FAIRFIELD COUNTY

PRESCRIPTIONS

Number of opioid prescriptions dispensed.

20,879

NALOXONE

Number of naloxone administrations via EMS.

79

HOSPITALIZATIONS

Opioid-related overdose hospitalizations.

30

CHILDREN

Newborns identified with Neonatal Abstinence Syndrome.

0 REPORTED

MORTALITY

2 DEATHS INVOLVING
OPIOIDS.

1 DEATH INVOLVING
HEROIN.

1 DEATH INVOLVING
FENTANYL.

2017

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Department of Alcohol and Other Drug Abuse Services

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PAIN KILLERS CAN BE JUST PLAIN KILLERS

South Carolina is not immune to the consequences of opioid misuse. Overdosing is at an epidemic level in our state. And while opioids can be a vital, life-changing tool for those living with chronic pain, these statistics highlight why they should only be used with extreme caution.

5 MILLION PAIN KILLER PRESCRIPTIONS ARE FILLED EVERY YEAR IN SOUTH CAROLINA - THAT'S MORE THAN ONE FOR EVERY PERSON IN OUR STATE.

1 IN 4 PEOPLE WHO ARE PRESCRIBED OPIOIDS STRUGGLE WITH ADDICTION.

4 IN 5 HEROIN USERS STARTED WITH PRESCRIPTION PAIN KILLERS.

1 IN 4 TEENS HAS MISUSED OR ABUSED A PRESCRIPTION DRUG AT LEAST ONCE.

IN 2016, 550 DEATHS IN SOUTH CAROLINA WERE PRESCRIPTION OPIOID OVERDOSES. THAT'S AN INCREASE OF 18% FROM 2014.

FATAL HEROIN OVERDOSES INCREASED BY 67% FROM 2014 TO 2015.

IN 2015, THE NUMBER OF DEATHS FROM HEROIN AND OPIOID OVERDOSES SURPASSED THE NUMBER OF HOMICIDES.

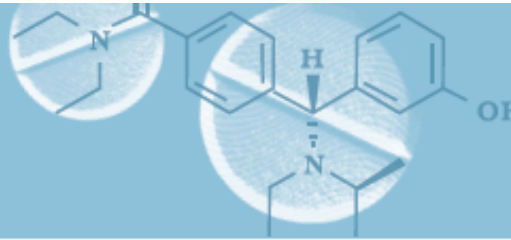
Help stop South Carolina's opioid epidemic. Store any prescription medications safely and securely. Find safe drug disposal locations. Know where to get help. And learn more about the dangers of prescription opioid drugs at JustPlainKillers.com.

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AN INITIATIVE OF  DAODAS

Funded through grant #1H79TI090221-01 from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

NONOPIOID TREATMENTS FOR CHRONIC PAIN



PRINCIPLES OF CHRONIC PAIN TREATMENT

Patients with pain should receive treatment that provides the greatest benefit. Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. Evidence suggests that nonopioid treatments, including nonopioid medications and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer. Effective approaches to chronic pain should:



Use nonopioid therapies to the extent possible

Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)

Focus on functional goals and improvement, engaging patients actively in their pain management

Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain)

Use first-line medication options preferentially

Consider interventional therapies (e.g., corticosteroid injections) in patients who fail standard non-invasive therapies

Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors

NONOPIOID MEDICATIONS

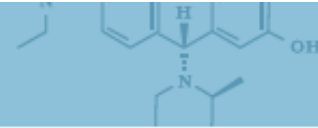
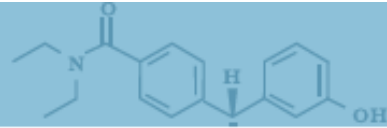
| MEDICATION | MAGNITUDE OF BENEFITS | HARMS | COMMENTS |
|--|-----------------------|---|--|
| Acetaminophen | Small | Hepatotoxic, particularly at higher doses | First-line analgesic, probably less effective than NSAIDs |
| NSAIDs | Small-moderate | Cardiac, GI, renal | First-line analgesic, COX-2 selective NSAIDs less GI toxicity |
| Gabapentin/pregabalin | Small-moderate | Sedation, dizziness, ataxia | First-line agent for neuropathic pain; pregabalin approved for fibromyalgia |
| Tricyclic antidepressants and serotonin/norepinephrine reuptake inhibitors | Small-moderate | TCA's have anticholinergic and cardiac toxicities; SNRIs safer and better tolerated | First-line for neuropathic pain; TCAs and SNRIs for fibromyalgia, TCAs for headaches |
| Topical agents (lidocaine, capsaicin, NSAIDs) | Small-moderate | Capsaicin initial flare/burning, irritation of mucus membranes | Consider as alternative first-line, thought to be safer than systemic medications. Lidocaine for neuropathic pain, topical NSAIDs for localized osteoarthritis, topical capsaicin for musculoskeletal and neuropathic pain |



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/gui/deline.html

C5263451 April 27, 2016



RECOMMENDED TREATMENTS FOR COMMON CHRONIC PAIN CONDITIONS

Low back pain

Self-care and education in all patients; advise patients to remain active and limit bedrest

Nonpharmacological treatments: Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation

Medications

- First-line: acetaminophen, non-steroidal anti inflammatory drugs (NSAIDs)
- Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

Migraine

Preventive treatments

- Beta-blockers
- TCAs
- Antiseizure medications
- Calcium channel blockers
- Non-pharmacological treatments (Cognitive behavioral therapy, relaxation, biofeedback, exercise therapy)
- Avoid migraine triggers

Acute treatments

- Aspirin, acetaminophen, NSAIDs (may be combined with caffeine)
- Antinausea medication
- Triptans-migraine-specific

Neuropathic pain

Medications: TCAs, SNRIs, gabapentin/pregabalin, topical lidocaine

Osteoarthritis

Nonpharmacological treatments: Exercise, weight loss, patient education

Medications

- First-line: Acetaminophen, oral NSAIDs, topical NSAIDs
- Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intra-articular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

Fibromyalgia

Patient education: Address diagnosis, treatment, and the patient's role in treatment

Nonpharmacological treatments: Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

Medications

- FDA-approved: Pregabalin, duloxetine, milnacipran
- Other options: TCAs, gabapentin



LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

