

**HORRY AND GEORGETOWN COUNTIES OPIOID STUDY, 2018**

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## **EXECUTIVE SUMMARY**

**The use and abuse of heroin and opioids have become a national healthcare crisis, resulting in the deaths of tens of thousands of people throughout the country and the state of South Carolina. This epidemic has emotionally and financially devastated the families of those that have lost lives, as well as those who suffer from active addiction. The Center for Disease Control (CDC) estimates that 72,287 deaths have occurred across our nation because of overdoses in 2017, making the opioid epidemic deadlier than gun violence, car crashes, or AIDS (August 16, 2018). In addition to this profound human tragedy, the heroin and opioid crisis has taken a tremendous toll on public health, law enforcement, and judicial resources. Sadly, South Carolina has not been immune to this national epidemic, and Horry County currently ranks second only to Charleston in death rates due to heroin/opioid related overdoses.**

**The Opioid Study, in the form of a community needs assessment, provides a snapshot of local policies, systems, current initiatives, gaps in necessary services, and service duplication associated with addressing the heroin/opioid crisis in Horry and Georgetown Counties. Suggestions to improve efforts and key resources are highlighted throughout the report. Additionally, a separate resource directory was also created (See Appendix D).**

### **Key Recommendations**

**Horry and Georgetown Counties have many individuals, families, churches, government organizations, private doctors, counselors, non-profits, and others working tirelessly to address and mediate the heroin/opioid epidemic in both geographical areas. Findings from this study highlight funding resources and distribution, as well as the lack of coordination and access of services as being the primary obstacles hindering these two counties from**

being able to effectively address the heroin/opioid crisis in their area. Without proper financial resources, many well-founded prevention, treatment, recovery, and enforcement efforts are limited in their ability to deliver and provide appropriate and effective services. Confounding the problem is that these services are often fragmented, not well known to those in need, and lack the continuum needed to appropriately address an epidemic of this magnitude. As such, key recommendations from this study are as follows:

#### State Funding Allocation

In FY 18, South Carolina allocated over 24 million tax dollars to assist with their attempts to address the heroin/opioid crisis. With this funding, state agencies took the lead with addressing the epidemic by establishing and enhancing statewide initiatives. In FY 19, the state is projected to receive over 27 million dollars to continue with their efforts. Yet, the state's death rates and overdose numbers continue to increase.

While Horry County led the state in opioid related deaths, only one provider within the county received \$513,503 in direct funding. Other partners benefited indirectly from some of the programs and some did not benefit at all. Overall the benefits that Horry and Georgetown Counties received were minimal in comparison to the needs. Georgetown County did not receive any direct funding from the state.

In FY 19, Horry County is projected to receive \$60,000 additional dollars or \$573,503, which will be allocated to one agency. In FY 19, Georgetown County may receive some funding but there are no projections at this time.

Still, according to an August 20<sup>th</sup>, 2018 ABC 4 news story, the Department of Health and Environmental Control (DHEC), reported that the number of opioid related deaths in South Carolina continued to increase for a third year

(<https://abcnews4.com/news/local/dhec-number-of-opioid-overdose-deaths-in-sc-increases-for-third-year>).

### Direct State Funding for Horry and Georgetown Counties

**Recommendation: Advocate for annual State appropriation in proportion to the needs of Horry and Georgetown Counties.**

Horry and Georgetown Counties receive a very small portion of the state's overall funding when compared to the need. It is strongly recommended that a portion of the state funding be directly allocated to Horry and Georgetown Counties combined. This money would be used to establish a pilot program, based on findings from this report, that could be replicated in other counties and potentially be adopted as state and national models.

Direct funding for these counties, in conjunction with financial support from Horry and Georgetown Counties, local municipalities, health care providers, and private donors would allow local leaders to more efficiently allocate funding to further develop viable programs and address service gaps specific to the two-county area. Local leaders are more familiar with the needs of their communities and the types of programs and services that would enhance the quality of life in their perspective regions. Addressing the heroin/opioid epidemic on a smaller geographic scale would be a more efficient use of tax payer money, allowing for resources to be used based on local need, which would result in preserving more families and saving more lives.

### Coordination of Services

**Recommendation: Establish a coordinator position with centralized authority to oversee and direct prevention, intervention, treatment, recovery, and enforcement efforts.**

There are several fine public institutions, non-profit organizations, and various individuals involved in the counties' attempts to fight the heroin/opioid epidemic. Yet, there is little coordination of services, thus resulting in a fragmented approach. As such, it is strongly recommended that funding be allocated to employ a coordinator to manage, direct, and assist with prevention, intervention, treatment, recovery, and enforcement efforts.

This action would ensure that there is a continuum of services available to the community based on best practices. In short, associated responsibilities for this coordinator could broadly include:

- identifying and/or establishing viable programs, promoting public awareness of these resources;
- offering consumer and family support;
- making funding recommendations based on programming needs and gaps in services;
- providing education and trainings;
- assisting with curriculum development/policies and procedures;
- making legislative recommendations;
- seeking alternative funding streams.

#### Gaps in Services

**Recommendation: Prioritize addressing gaps in services associated with public education, access to affordable medication-assisted treatment, inpatient treatment, and transportation services.**

**Ensuring that appropriate and effective prevention, treatment, and recovery services are affordable and available is critical to saving lives. To effectively address the heroin/opioid crisis in Horry and Georgetown Counties there must be an effective continuum of viable services available. In addition, those involved with addressing the crisis in Horry and Georgetown Counties will be able to focus on their specific areas of expertise. Several gaps in necessary services were identified during this study. Based on best practices, the following is recommended:**

- **monitor the education pilot program at Horry County Schools currently using the DEA curriculum with a group of students from a specified grade;**
- **upon evaluation, implement the educational curriculum in all grades throughout the public-school system;**
- **provide public education;**
- **expand access to naloxone (family support);**
- **identify an inpatient detoxification provider;**
- **take steps to establish an inpatient treatment facility (60-day minimum);**
- **expand affordable access to medication assisted treatment (where requested);**
- **assist with transportation to and from services.**

#### **Other Recommendations**

**Numerous other recommendations are mentioned throughout the report and are outlined as follows:**

- **coordinating county and city ordinances as they relate to this crisis;**
- **establishing, monitoring, and enforcing regulations/policies/procedures;**

- **conducting ongoing assessments and evaluations of programs as they relate to best practices;**
- **receiving, investigating, and addressing complaints;**
- **expanding forgiveness programs;**
- **increasing harm reduction efforts;**
- **promoting peer education/support programs;**
- **promoting education/training for patients admitted to hospitals with substance abuse issues;**
- **assisting with law enforcements mapping efforts;**
- **exploring the possibility of enhancing the 301 organizations in Horry and Georgetown Counties.**

**To decrease the death toll and number of non-fatal overdoses, as well as deal with the stress on agencies attempting to handle these issues, it is imperative that every effort is made to increase funding and other resources in Horry and Georgetown Counties, and implement these recommendations as soon as possible.**

## **METHODOLOGY**

**The Opioid Study was divided into four phases.**

### **PHASE 1 RESEARCH**

**The goal of Phase 1 was to research and identify local agencies who reported being engaged in efforts to combat heroin/opioid addiction in Horry and Georgetown Counties. As such, on April 19, 2018, a press release was issued via various media outlets to ensure that the community was informed about the study. Healthcare providers, law enforcement officers, various treatment providers, members of the medical community, educators,**

detention center staff, non-profit organization leaders, 12 step members, advocacy groups, and private individuals were quick to reply. In addition, many family members and consumers directly impacted also responded desperately seeking help with treatment and referral services.

The number of those seeking help presented various challenges. To assist, ongoing conversations quickly commenced with representatives from New Directions, Faces and Voices of Recovery (FAVOR), Shoreline Behavioral Health, various members of the criminal justice system, advocacy groups, consumers, and others. Discussions about gaps in services, best practices, terminology, and recommendations quickly emerged. In conjunction with compiling the initial master list of one hundred and twelve potential resources, several referrals were also provided (See Appendix A).

## **PHASE 2 INTERVIEW, ASSESS, AND CATEGORIZE**

Phase 2 consisted of setting up interviews with key individuals from a variety of sectors that were referenced in Phase 1. Site visits were conducted, fee schedules were reviewed, policies and procedures were discussed and analyzed, and in most cases where available they were collected. Efforts around sharing resources were also discussed. Attempts were made to categorize services-based prevention, intervention, and recovery services. This was challenging. Due to the lack of coordination in services, limited regulations, and funding issues, several organizations were not categorized because of their broad attempts to provide all service components.

Overall, those interviewed were welcoming, engaged, and in most cases even excited to participate in the study. There were some challenges regarding scheduling and several occasions where individuals/agencies had to be contacted and visited more than once to

verify information. The average meeting time in any one sitting was approximately 5 hours (See Appendix B).

Engagement and feedback were an integral part of the process. All findings were assessed, interpreted, and later analyzed. Leaders shared their knowledge and expertise relative to the issue. Consumers, families, and supporting members shared their insight relative to services and treatment. All parties made suggestions regarding how to more effectively address the heroin/opioid epidemic in Horry and Georgetown Counties. The original master list was revised during this phase. Calls from consumers and their family members continued and referrals were consistently made.

### **PHASE 3 OVERVIEW OF CURRENT INITIATIVES, DUPLICATION OF SERVICES, GAPS, AND RECOMMENDATIONS**

Phase 3 of the study was designed to assess current initiatives and specific needs associated with addressing the heroin/opioid crisis in Horry and Georgetown Counties. Service gaps and duplication of resources are highlighted throughout this section. Strengths, weaknesses, and themes are identified. A brief overview of federal and state funded agencies and their primary initiatives are outlined. Recommendations based on best practices are provided.

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

In 1992, Congress established the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the quality and availability of treatment services pertaining to substance abuse and mental illness ("SAMHSA," n.d.). SAMHSA provides funding for research and evidence-based programs. SAMHSA administers and works with

States and community-based groups supporting various evidence-based pathways to recovery ("SAMHSA," n.d.).

Last year alone, statistics show that approximately 20 million people in need of substance abuse treatment did not receive it. This gap in services unnecessarily jeopardizes the health and well-being of individuals and is also very costly ("SAMHSA", n.d.). As a result, SAMHSA allocates millions of dollars to address the heroin/opioid epidemic on behalf of the federal government to save lives.

South Carolina receives a large amount of funding from SAMHSA to assist with addressing the states heroin/opioid epidemic.

**[South Carolina Department of Alcohol and Other Drug Abuse Services \(DAODAS\)](#)**

The South Carolina Department of Alcohol and Other Drug Abuse Services, DAODAS, is the South Carolina government agency appointed to address, prevent, and reduce substance abuse (<http://www.daodas.sc.gov>). This organization promotes addiction services that are designed to improve the quality of life for individuals and families impacted by substance use, abuse, and dependence. They are responsible for coordinating statewide efforts and generally work closely with the appointed Act 301 organizations. Act 301 organizations are known to be the local alcohol and drug abuse authorities.

In FY 18, DAODAS received over 24 million dollars to address and coordinate services for the heroin/opioid crisis. In FY 19, they are expected to receive over 27 million dollars to continue and expand their initiatives (Lee Dutton, Chief of Staff and Marla Oros, Grants, DAODAS).

According to an August 20<sup>th</sup>, 2018 ABC 4 news story, the Department of Health and Environmental Control (DHEC), reported that the number of opioid related deaths in

**South Carolina continued to increase for a third year**

**(<https://abcnews4.com/news/local/dhec-number-of-opioid-overdose-deaths-in-sc-increases-for-third-year>).**

### **Act 301 Organizations**

**In 1972, South Carolina legislatures established statewide drug and alcohol commissions via Act 301 (<http://www.shorelinebhs.com>). These commissions are designed to administer state and federal funds that are allocated for addiction services. Each county has a 301 organization. Shoreline Behavioral Health in Horry County and Georgetown Alcohol and Drug Abuse Commission in Georgetown County are the 301 appointed organizations in these two counties.**

### **Shoreline Behavioral Health Services**

**In 1985, Horry County Council Ordinance 6-85 established the Horry County Commission on Alcohol and Drug Abuse (HCCADA) designating it to be the single county authority for alcohol and drug abuse programs (<http://www.shorelinebhs.com>). In 2000, Shoreline Behavioral Health Services (Shoreline) was approved to be that agency. This organization currently serves as the 301 system that works directly with DAODAS. As such, they also receive a small portion of direct state and federal funding to enhance their programming efforts in Horry County.**

**In FY 18, Shoreline was the only organization in Horry County to receive direct state funding in the amount of \$513,503. Other counties partners benefited indirectly from some of the programs established with these funds. In FY 19, Shoreline is projected to receive an additional \$60,000 or \$573,503, to continue to enhance their services.**

During this study, several interviews were conducted with John Coffin, Executive Director, and various other staff members from Shoreline to learn about their initiatives pertaining to the heroin/opioid crisis. One of the programs is a train the trainer where members of state agencies train Shoreline staff in Narcan administration and those staff members in turn train others.

There are also other programs. Narcan is disbursed and available for those who receive treatment from Shoreline and their caregivers. Peersupport is also provided during certain hours at the emergency rooms at Tideland's Waccamaw Hospital and Grand Strand Hospital. Peer Specialists assess, make referrals, and provide medication-assisted treatment (MAT) when patients are identified as having substance abuse issues or problems with heroin/opioids. The idea is to provide a fast way for opioid addicts to get their first dose of MAT. After these patients receive their first dose of MAT they are referred to Shoreline for outpatient services. If they cannot afford these services, financial assistance may be available. If it is determined that a patient needs residential treatment, they are referred to an outside agency, however; at that point financial assistance through Shoreline is not available.

Shoreline also has a separate grant that provides funding for public education and is used to employ one staff member. This individual works with churches, law enforcement, and a variety of other organizations to highlight the impact that substance abuse has in Horry County.

Mr. Coffin, Executive Director, reported the need for easier access to Narcan and Buprenorphine to help save lives.

[Georgetown Alcohol and Drug Abuse Commission](#)

The Georgetown Alcohol and Drug Abuse Commission serves as the designated 301 organization for Georgetown County. They offer programs like those at Shoreline and other 301 organizations.

In FY 18, Georgetown County or Georgetown Alcohol and Drug Abuse Commission did not receive any direct funding from the state.

#### Local Challenges with Current Federal and State Funded Initiatives

In FY17/18, DAODAS was awarded over 24 million dollars to assist with addressing the heroin/opioid crisis in South Carolina (<http://www.daodas.sc.gov>). DAODAS used these funds to directly coordinate, develop, enhance, and provide training to various groups throughout the state. Individuals were hired via this funding to expand access to MAT. DAODAS representatives also contracted a Medical Director to assist with expanding the MAT program. Contracts were made with thirteen counties via the 301 appointed agencies for medications, physician services, and counselors. All 301 organizations were able to access coverage for medication and other general medical services. Yet, minimal to no direct funding was given to any of the 301 organizations.

Horry County, having the highest death rates at the time, was one of the counties that received direct funding via Shoreline. However, in FY18, out of approximately \$24 million, Horry County, via Shoreline, only received a little more than 2% of this total, amounting to \$513,503 in direct funding. Much of this funding was used to hire 3 Peer Support Specialists to work in 2 local hospital emergency rooms (refer to the section on Shoreline).

Georgetown County did not receive any direct funding in FY18. The DAODAS Chief of Staff reported that the Georgetown 301 organization is working with a private physician's

group to offer opioid medication and behavioral health therapies (L. Dutton, Chief of Staff, DAODAS).

With a portion of the grant money received from SAMHSA, DAODAS continued to develop the South Carolina Overdose Prevention Grant. The main goals were to identify the high-need communities ranking them in order of highest need, train law enforcement officers, patients, caregivers, and firefighters to recognize an overdose, administer naloxone, and monitor a person's response until EMT arrives (<http://www.daodas.sc.gov>). The grant was also set up to provide naloxone via Narcan to individuals regardless of their ability to pay for the medication if they are clients of the 301 organizations. Horry County was identified as the location with the highest need, so their first responders were trained first.

In addition, approximately \$6.5 million of the total dollars spent was part of a State Targeted Response (STR) Grant which was also received from SAMHSA. These services were designed to expand capacity and programming (<http://www.daodas.sc.gov>). Public awareness to prevent opioid deaths, a charge by the South Carolina General Assembly in awarding state opioid funding, expanding clinical services, providing financial assistance to patients, enhancing offender re-entry services, and improving recovery-support services are all part of the initiatives (<http://www.daodas.sc.gov>).

DAODAS reports that to date, funding has been used to:

1. increase the number of prescribers eligible to provide buprenorphine (MAT);
2. fund a partnership established with the Medical University of South Carolina to:
  - expand telehealth-covered services

- increase capacity within the public substance use disorder system (as well as with pregnant women receiving methadone in both public and private opioid treatment programs)
  - and to implement workforce development training initiatives;
3. expand best practice opioid programs in the state's drug court system;
  4. increase naloxone access points across the state;
  5. expand recovery-support services by providing peer support specialists in 19 locations across the state (<http://www.daodas.sc.gov>).

Other DAODAS initiatives received by Horry and Georgetown Counties include:

- police, EMT, and firefighters (first responders) were trained to administer and were provided with Naloxone (reporting procedures helped with mapping);
- DAODAS staff also trained selected staff members at Shoreline to administer Naloxone; these staff members trained caregivers of their clients how to administer Naloxone and the medication was also provided for the household;
- MAT was expanded to include funding assistance for indigent patients;
- “Just Plain Killers” a statewide web based educational initiative was also launched.

DAODAS plans to continue to expand the MAT and Naloxone training programs in FY 19.

Horry and Georgetown Counties do not appear to have directly and significantly benefited from these state-based initiatives. The following should be considered:

- several consumers report going to the emergency rooms for MAT but are unable to attend their appointments the next day and cannot continue treatment due to transportation issues;

- **multiple first responders report that the training was a waste of resources and not necessary because Narcan is very easy to administer and is available via request at local drug stores;**
- **law enforcement officers report that family members and caregivers should be allowed to have easier access to Narcan, thereby allowing them to use their time more effectively on prevention and enforcement efforts (this would help save lives);**
- **multiple service providers in Horry and Georgetown Counties report that they do not support MAT in their programs, even though it is considered a best practice, and thus do not benefit from any of the state funding.**

**It has been the consensus by those interviewed in this study that Horry and Georgetown Counties should receive direct funding to create, support, enhance, and coordinate their own initiatives to more effectively address the crisis locally. All those involved with the study agreed that resources could be more appropriately allocated to address the needs directly associated with specific geographical areas.**

### **Medication-Assisted Treatment (MAT)**

**There are currently three forms of federally approved medications used to treat heroin/opioid addiction. They are as follows:**

- **Methadone, an opioid agonist that does not block other narcotics but prevents withdrawal while taking it. It is taken daily in the form of a liquid, pill, or wafer and is only available in specialty regulated clinics. Methadone tricks the brain into thinking that it is still receiving the abused drug. Methadone is a Schedule II drug which indicates its potential to be addictive. It is the only form of MAT approved for**

pregnant and breastfeeding women. The Center of Hope located in Horry County provides methadone treatment.

- **Buprenorphine is an opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk. It can be administered via a daily dissolving tablet, film, or a six-month implant under the skin. Approved in 2002, it is the newest form of MAT for heroin/opioid addiction with easier access via a physician's office, hospital, or correctional facility with proper training and certification. Buprenorphine is a Schedule III drug which indicates that when compared to Methadone, it is less likely to be abused.**

**Buprenorphine was originally used as a pain reliever. To treat heroin/opioid addiction, Naloxone is commonly combined with Buprenorphine to deter abuse of this medication. When used alone, it can produce effects similar to opioids like euphoria or respiratory depression.**

**Buprenorphine can be prescribed in the form of Subutex, Suboxone, Bunavail, or Zubsolv. Subutex is the only form that does not contain Naloxone.**

- **Naltrexone, is an office based non-addictive opioid antagonist that blocks the effects of other narcotics. It is administered in the form of a daily pill or a monthly injection. It is injected in the form of Vivitrol. It works differently than buprenorphine and methadone by blocking opioid receptors and reducing cravings.**

**MAT is required to be used in combination with behavioral therapy. There is evidence in the literature to support MAT as a best practice.**

In Horry and Georgetown Counties, several providers support the use of MAT while others do not. This can prove to be problematic for consumers and their families who need to receive services and referrals based on their individual needs.

### Narcan Administration

Many consumers of heroin/opioids and their care givers who were interviewed report being unaware of their ability to obtain Narcan for their homes. Multiple agencies including law enforcement, EMS, and Fire Departments are being called simultaneously, several times a week, to administer Narcan with a multiple number of first responders arriving on the scene. While lives are being saved, 100 % of the first responders associated with this study reported that this was a waste of viable resources and agreed that those directly impacted by heroin/opioid consumption should have easier direct access to Narcan. This would also increase the number of lives saved not only helping those who overdose but would also allow an innocent bystander quick treatment in case they were exposed.

All officers associated with this study expressed their desire to work on enforcement efforts and strategies while reporting that there have been no arrests at any call where they administered Narcan. They also support the idea of caregivers and consumers having easier access.

This is very costly for the citizens of Horry and Georgetown Counties. Current funding has been allocated for those who are directly impacted to get Narcan regardless of their ability to pay. It is recommended that efforts are expanded to make the people of Horry and Georgetown Counties aware of their ability to have access to Narcan. Unnecessary tax dollars are being spent for duplicative services by paying for multiple agencies to respond when there is a report of an overdose. Many times, caregivers may be able to directly

respond saving more lives and tax dollars. In some cases, federal dollars and health insurance may be available to pay for this.

### Public Education

Promoting public education relative to heroin/opioid consumption is not only a recommendation but should be considered a priority. During the research for this study, there was no evidence that demonstrated youth were receiving education in the public-school system or otherwise about the dangers of heroin/opioid consumption. The use of heroin/opioids is being glamorized via mainstream media outlets in the form of television shows, music, magazines, etc. As such, research indicates consumers are starting at a younger age.

During this study, 4 focus groups with addicts or those in remission were conducted. All participants reported that they had not received any education about the dangers of heroin/opioids prior to using. In addition, the majority stated that they first gained access to these drugs at their local public schools. Unanimously, the need for education in the public-school system and the community was highly recommended.

Shoreline employs a staff member, via a grant, who provides public education. During the study he was interviewed and found to be extremely knowledgeable about the heroin/opioid epidemic in Horry County. His efforts include speaking to churches and various organizations about the crisis and working with law enforcement to promote medication drop boxes. In addition, he works with the Coroner's Office who also attempts to educate where there are any opportunities.

It was observed that multiple individuals are attempting to provide education. It is recommended that a curriculum be developed and approved that could be used to help with these initiatives and educate youth which would enhance prevention efforts.

### Peer Education

Peer Education is considered a best practice. The concept consists of training individuals in recovery to work with individuals who are at risk or in active addiction. Currently, there is one peer education program in Horry and Georgetown Counties conducted by Faces and Voices of Recovery (FAVOR). This organization has formed a strong partnership with Shoreline Behavioral Health to train Shorelines Peer Educators/Specialists to work in some of the hospital emergency rooms as part of the state dollars. New Directions also has a Peer Educator/Specialist that helps their clients with addiction services. FAVOR receives minimal if any funding for their role in training Peer Educators/Specialists.

Peer Educators/Specialists can be used in a variety of ways. The main objective is for the client to have an individual that can relate to their addiction. Individuals who consume heroin/opioids may benefit from having a Peer Educator/Specialist that can go with them to the gym, 12-step meetings, visit their family, or just encourage them if they are about to relapse. Peer Educators/Specialists can also be used to assist with providing public education and work with parents. It is therefore recommended that the use of Peer Educators/Specialists be expanded as they are a valuable resource.

### Horry Georgetown Technical College

During the study, discussions were held with representatives from Horry Georgetown Technical College about expanding the role of Peer Educators/Specialist by developing a

**Peer Educators/Specialist Certificate Program. This program would assist those in recovery with acquiring college credits and becoming employable as Peer Educators/Specialists; providing continued hope and promoting self-sufficiency.**

**Peer Educators/Specialists would be taught to incorporate their life experiences with the knowledge and practice learned through course work. This would strengthen their ability to effectively assist individuals, families, and organizations in a variety of settings. In addition, successful students would be permitted to continue and potentially graduate with an Associate's Degree in Human Services. It is recommended that this program be in coordination with the trainings offered by FAVOR.**

### **Hospitals**

**The hospitals are overwhelmed with individuals who are directly impacted by heroin/opioid use. Some consumers are utilizing the emergency rooms to manage chronic pain, get referrals to treatment, or seek immediate medical assistance because of an overdose. Participants in focus groups discussed using hospital settings for their drug seeking behaviors including going from one emergency room to another to try and get prescriptions for opioids. In addition, due to the lack of detox services available in Horry and Georgetown Counties, consumers reported going to the emergency rooms stating they were having suicidal ideations so they could be rapidly admitted to treatment.**

**The states response to help with the overwhelming number of emergency room patients with substance abuse problems has been to establish a fast track program for MAT. As such, Shoreline and MUSC are working together, via DAODOS funding, to provide consumers of heroin/opioids with a dose of buprenorphine (MAT) and a referral to services the next day.**

When an individual comes into the emergency room, they are screened by the emergency room staff for a substance abuse disorder. If an individual is flagged by hospital staff, Peer Support Specialists, funded by Shoreline via state funds, are called to meet with them. After an assessment, the individual may be provided with one dose of buprenorphine and a follow up referral for the next day. It is the consumers responsibility to continue and comply with treatment by seeing a physician who is qualified to prescribe MAT in conjunction with therapeutic services. Currently, only Horry County has Peer Support Specialists who are located at Grand Strand Hospital and Tidelands Health Waccamaw.

While this program has been helpful, there are some problems associated with this initiative. For example, transportation can be a major obstacle for a client that needs to get to an appointment the next day, get their next dosage of MAT, and continue treatment. It is recommended that this program be expanded to include other locations which would also reduce the amount of traffic in the hospital emergency rooms. In some interviews, consumers reported going to the hospital emergency room because it was the only place that they could get MAT quickly.

Associated hospital staff members who were interviewed for this study also reported the need to expand addiction-based services once patients are admitted. Various hospital staff members reported that admitted patients with substance abuse problems could benefit from attending groups and meetings while hospitalized. It is recommended that hospitals expand the roles of the Peer Support Educators/Specialists by granting them the ability to provide 12 step or educational groups with those admitted to the hospital who have been identified as having issues with chemical dependency.

### Law Enforcement

Multiple interviews were conducted with various members of the criminal justice system. Throughout the interview process, officers consistently discussed not being able to effectively utilize their skills and training because of the associated burdens that have been placed on them because of the heroin/opioid crisis. Officers reported that their time and resources could be used more effectively. Those interviewed were in support of a “forgiveness program” and were open to expanding the ways that they could work with consumers on prevention and intervention efforts. There was a consensus that “we cannot arrest ourselves out of this”. Law enforcement staff agreed that there needs to be better coordination of services even among their respective agencies.

Equipment, assistance with mapping, and coordinating city and county ordinances are also key components necessary to effectively address the heroin/opioid epidemic.

### Solicitor’s Office

Solicitor Richardson was very receptive about meeting to discuss the heroin/opioid crisis. He emphasized the strong need for education and prevention efforts. He also discussed the inability of participants in Horry and Georgetown drug court to utilize MAT, highlighting the amount of criminal activity associated with the epidemic in Horry and Georgetown Counties. Mr. Richardson was extremely receptive to coordinating efforts and expanding current policies.

Mr. Richardson is not alone in being opposed to using MAT in his programs. Several of the organizational heads associated with addressing the heroin/opioid epidemic in Horry and Georgetown Counties are opposed to the use of MAT. This means that state and federal funding that could be used throughout Horry and Georgetown Counties to support

other types of effective programs that they have is non-existent. With most of the state tax dollars supporting MAT efforts, organizations that do not allow MAT do not receive any funding and very limited indirect assistance. Yet, many of these programs are beneficial and could enhance their services if they had funding.

Consumers directly impacted by the heroin/opioid epidemic are limited with the types of services that may be available to them based on the organization they are associated with. Services throughout the counties are inconsistent and not coordinated. Best practices include support promoting all pathways to recovery after conducting individualized assessments and establishing associated individualized treatment plans based on the appropriate level of care needed for that person.

In summary, Mr. Richardson is very open to supporting best practices and other services but reports that they need to be correctly monitored. In addition, he is open to considering additional types of “forgiveness” programs and working on policies and procedures.

#### [Horry/Georgetown County Drug Court](#)

Horry/Georgetown County Drug Court was visited on three different occasions. During the first meeting the Director and staff discussed the policies associated with the program. The second visit was scheduled to observe the court room proceedings. The third meeting centered around conducting a focus group with active participants.

Drug Court is supervised by the Horry/Georgetown County Solicitor’s Office. It is a supervised outpatient treatment program that serves as an alternative to incarceration for those with substance abuse problems (Horry Georgetown Drug Court, n.d.). Depending on the individual, the program can last from nine to eighteen months. Participants must have

criminal charges, referred by a Solicitor, have transportation, and cannot be on MAT (Horry Georgetown Drug Court, n.d.). This program has been proven to be effective; however, they do not receive any state or federal funding.

### Detention

The detention centers in Horry and Georgetown Counties are inundated with consumers of heroin/opioids. Many local families view the detention facilities as a “safe place” to house their loved ones and report “at least they are alive” (Various, personal communications, Summer, 2018). In many cases, consumers are being “held” without receiving any treatment or education relative to substance abuse (Various, personal communications, Summer, 2018). Family members who were interviewed report that relapse is common upon release (Various, personal communications, Summer, 2018).

State funding is available to enhance re-entry services; however, Horry and Georgetown Counties did not receive any of this funding.

In interviews conducted at J. Reuben Long Detention Center, leaders encouraged the following recommendations:

- a partnership with the Solicitor’s Office to develop a separate housing unit for those identified as having substance abuse/dependency issues;
- this housing unit would be used to provide case management, educational, and treatment services to those who are chemically dependent;
- programming would include life skills, adult education/GED testing, assistance with getting a driver’s license, social security card, job placement, vocational training, and other services necessary to prepare these individuals to return to society as productive citizens.

J. Reuben Long is already an authorized location for GED testing. Mr. Fox, Deputy Sheriff, reports that there is enough space in the facility to have such a program, however; currently there is not enough funding to support these services.

Many individuals are currently in detention facilities, sitting and waiting for months to go to court, with excessive available time that could be used to educate them about substance abuse/dependency and prepare them to lead successful self-sufficient lives. Along with paid staff, this program could incorporate the use of volunteer's, college interns, 12-step programs, anger management, and faith-based services. It is also recommended that detention facilities develop policies and procedures relative to the use of MAT. Thousands of tax dollars, over the course of many years, could be saved by providing these individuals with a second chance.

#### Coroner's Office

Coroner Robert Edge is very vocal regarding the heroin/opioid epidemic. He was interviewed multiple times and maintained ongoing contact throughout the study. He provided a tour of the morgue and discussed several of the deaths associated with the crisis. Mr. Edge is adamant about the need to provide public education and have a coordinated response (R. Edge, various personal communications, Summer/Fall, 2018).

#### Zoning

Horry County Zoning Ordinances were reviewed regarding land use associated with half-way/recovery houses. It appears that some of the half-way/recovery homes are not in compliance with these regulations. Two of the half-way houses openly admitted that they are currently working on the associated issues. While another reported that the zoning requirements were not appropriate, and they do not plan to comply. Directly allocating

funding to the counties would assist with ensuring that effective programs were also able to afford to address and comply with zoning ordinances.

### Half-Way/Recovery Houses

Seventeen half-way/recovery houses were initially identified in Phase 1 of the study. Several individuals were also in the process of opening new sites. During the study, the executive directors from all seventeen half-way/recovery facilities were interviewed at their respective locations (Appendix C: Half-Way/Recovery Houses Visited). There were no consistent policies and procedures observed due to the lack of regulations. Individuals living in the homes ranged from those who were in detox to those who had been in recovery for years. Most of the homes were managed by unpaid individuals who also lived there. During the study, focus groups were conducted at three different half-way/recovery houses including: Oxford House, Recovery Ranch, and Free Ministries. Various residents at multiple other half-way/recovery homes were interviewed individually during the visits.

Founders of some homes pay a fee to be listed as Chamber Members. This gives the appearance that they are in good standing with the local municipalities. The directors report that they are providing a viable service that meets the needs of the heroin/opioid community.

During the study, residents of several of the half-way/recovery homes called to discuss various issues and complaints. Some residents reported being fearful of the individuals managing them. It is imperative that regulations are established and enforced that ensure that the services provided are effective, safe, and legal.

### New Directions

New Directions has four shelters that assist homeless families with emergency, non-emergency, long-term, and transitional housing (<http://helpnewdirections.org>). William Howsare is located at New Directions and is being paid to work with individuals who are addicted to heroin/opioids. Mr. Howsare provides referrals to inpatient treatment and outpatient services. Mr. Howsare was helpful throughout the study, identifying agencies in Phase 1, and assisting with referrals.

While conducting a presentation at the Housing Coalition Meeting, the Chairwoman of the Board for New Directions expressed an interest in increasing their role (August 15, 2018). As a recommendation, New Directions could be a housing resource for individuals who are working on recovery efforts.

#### [Sea Haven for Youth](#)

Sea Haven provides community-based services, temporary emergency housing, transitional, and permanent housing for runaway/homeless youth (<http://www.seahaveninc.com/>). In addition to these services, the program provides youth and their families with emergency food, clothing, case management, and referral services (<http://www.seahaveninc.com/>).

During an interview with Christina Jackson, Executive Director, she stated that she would be open to expanding some of her services for youth who are struggling with heroin/opioid abuse to promote positive youth development principles. Ms. Jackson is receptive to these ideas only if proper coordination and funding exists.

#### [Pharmacists](#)

During the study, pharmacists were randomly selected and interviewed to get their recommendations. In one interview, discussions revolved around how the roles of

pharmacists could be easily expanded to assist with harm reduction efforts and intervention. It was suggested that pharmacists be more effectively utilized with intervention efforts particularly when they observe prescriptions written for large amounts of opioids.

All pharmacists interviewed were very open to harm reduction efforts via a needle exchange program. This program would include the pharmacist's ability to exchange an individual's dirty needle for a clean one; no questions asked. This program has been proven to be effective by reducing the number of HIV/AIDS/Hepatitis cases and by helping law enforcement with mapping efforts.

#### Focus Groups

To ensure that heroin/opioid consumers were given an opportunity to discuss current resources, four separate focus groups were conducted. Three of the focus groups occurred at half-way/recovery homes and one occurred at Horry/Georgetown County Drug Court. Participants were asked about their experiences relative to services, suggestions to address the heroin/opioid crisis, ideas for prevention, and MAT. Several major themes emerged including the following:

- the need for awareness/education/community outreach;
- the need for collaboration/coordination of services;
- assistance with appropriate referrals for services;
- enhanced mental health services;
- a plea for additional forgiveness programs;
- help with transportation to services;
- assistance with fees;

- assistance with family reunification;
- assistance with education and employment;
- help with addressing housing barriers.

Participants repeatedly stated that they are not aware of existing services and treatment options. All agreed that there is a lack of coordination of efforts and minimal information being shared in the community. Participants stated that it would be extremely helpful to have a central location where they could get confidential assistance and information about the area's resources.

### **PHASE 4 FINAL SUMMARY**

Phase 4 summarizes the report and includes a directory of current resources in Horry and Georgetown Counties via a separate attachment. Each listing contains the most up to date contact information, websites where available, a summary of services, and associated fee schedules (Appendix D: Resource Directory.)

In FY 19, South Carolina is expected to receive over 27 million dollars to address the heroin/opioid crisis. It is imperative and highly recommended that a portion of this funding be directly allocated to Horry and Georgetown Counties combined so that they can save more lives and effectively address the heroin/opioid crisis in these areas.

According to the Horry County Coroner's Office, the death rates in August 2018 compared to August 2017 are as follows:

- Overall opioid deaths are down 15%;
- Fentanyl deaths are up 21%.

As of August 2018, reports from the Coroner's Office indicate that there have been 34 heroin/opioid related deaths in Horry County since the beginning of the year. At the time

of this report, there are 15 additional pending toxicology reports. This means that at least one person and perhaps more dies each week of opioid use in Horry County.

Despite these high numbers, out of the millions of tax dollars allocated to the state, in FY 18, Horry County only received \$513, 503 in funding and Georgetown County did not receive any. This money was allocated to one county agency. Still, this organization, along with several community partners who also provide effective services, continues to struggle with meeting the needs of those directly and indirectly impacted by the heroin/opioid crisis. While some lives were saved, many more may have been if there were appropriate resources available to the residents of Horry and Georgetown Counties.

In FY 19, Horry County is expected to receive an additional \$60,000 via the same organization. Throughout this study, those on the front lines, consumers, and their caregivers have consistently pleaded for state funding to be directly allocated to Horry and Georgetown Counties combined so that the heroin/opioid crisis in these geographical locations can be effectively addressed based on current resources and gaps in services. These individuals report that state and federal tax dollars would be more appropriately spent by the local municipalities who could target the counties specific needs and coordinate their efforts.

Recommendations throughout the report are consistent with these requests. Providers associated with addressing the heroin/opioid epidemic are plentiful in these areas; however, the services are fragmented, and there is little if any coordination. Lack of coordination in conjunction with limited funding are highlighted throughout as the biggest obstacles preventing Horry and Georgetown Counties service providers with meeting the immediate needs of those directly and indirectly impacted.

**Direct funding, successful coordination, and ensuring that there is a continuum of services will allow Horry and Georgetown Counties the fair and critical opportunity to effectively address the heroin/opioid crisis. Implementing an initiative to coordinate local services, support effective programming, address gaps and duplication will ultimately utilize tax payers' money more meaningfully, but more importantly it will save the lives of current users and prevent many youth from joining the death toll.**

**To effectively address the opioid epidemic in Horry and Georgetown Counties, every effort must be made to respond to this crisis in the same way that a visible disaster would be addressed. As with any crisis, a coordinator/director should be assigned to establish and support a team of front-line responders. It is recommended that Horry and Georgetown Counties request direct state and federal funding and work with their local health providers to adequately address the needs of those directly and indirectly impacted by the opioid crisis in these areas. The citizens of Horry and Georgetown County rely on and have confidence in this leadership and 100% of those interviewed stated that the counties should directly establish a means and method to work on the crisis in their own areas.**

**It is recommended that Horry and Georgetown County create a joint budget that will support the coordination and provision of current services among the medical community, criminal justice system, academic community, public and private treatment providers, public school system, churches, half-way/recovery houses, zoning offices, and all other entities who are directly and indirectly involved with addressing the opioid crisis.**

**Adequate funding and coordinated efforts should be used to:**

- create an educational curriculum;**
- provide intensive public education via face to face and PSA's;**

- **identify and collaborate with a provider to create mobile intake/referral/fast track/limited treatment unit reducing the number of individuals that frequent the emergency rooms while providing easier access to resources;**
- **assist with or establish a transportation component;**
- **establish/identify a provider(s) that can provide detox services;**
- **identify and collaborate with a provider that will establish a local inpatient treatment facility (60-day minimum);**
- **establish, monitor, and enforce regulations for Half-Way/Recovery Houses;**
- **provide programs and trainings relative to best practices;**
- **assist with developing and writing policies/procedures;**
- **provide oversight and support for the continuum;**
- **establish a method for receiving, investigating, and addressing complaints relative to services and needs;**
- **expand naloxone access and decrease response rates of first responders while decreasing death rates;**
- **expand MAT access and monitoring; potentially establishing MAT programs in detention facilities;**
- **expand peer support services to include schools, detention facilities, churches, family support, law enforcement, etc.;**
- **support law enforcement's efforts to "enforce" and provide information for mapping;**
- **enhance community police programs and school-based programs;**

- **work with the Solicitor's Office on prosecution efforts while also expanding forgiveness programs;**
- **create program evaluations and surveys to assist in providing continuous improvement;**
- **increase efforts to support family members, caregivers, and friends;**
- **promote healthy local partnerships by hosting joint meetings;**
- **research, encourage, and assure best practices;**
- **ensure that programs are monitored, expanded where needed, and support all pathways to recovery;**
- **review and propose legislation while ensuring that county and city ordinances relative to addressing the epidemic are consistent.**

**At the end of the Opioid Study, a directory was developed which includes the following current resources in Horry and Georgetown County:**

- **8 Hospitals;**
- **20 Medical Clinics;**
- **6 Inpatient Treatment Facilities;**
- **15 Outpatient Treatment Programs;**
- **41 Private MAT Practitioners;**
- **49 Addiction Counselors;**
- **27 Half-Way/Recovery Houses;**
- **9 Other Potential Housing Programs;**
- **10 Consumer Self-Help Programs (By Program Type);**
- **5 Education/Training Programs;**

- **19 Family Support Services;**
- **30 Other Government Agencies;**
- **EMT/Fire Rescue Emergency Responders;**
- **14 Law Enforcement/Police Departments;**
- **7 Detention/Correctional Facilities;**
- **7 Advocacy Groups.**

There are also many churches and private funding partners in both counties.

Despite the number of programs listed above and the vast number of individuals who are dedicated and willing to assist with addressing this crisis, the epidemic continues. It is imperative that direct and adequate funding be secured to target this crisis. Funding resources must be found to focus on coordinating initiatives, addressing the gaps, and providing local prevention, treatment, recovery, and enforcement efforts.

## **EPILOGUE**

The opioid study was conducted from April 19, 2018 to August 30, 2018. It was funded by Horry and Georgetown Counties and healthcare providers. The City of Myrtle Beach and Horry County each contributed \$12,500. The City of Georgetown and Georgetown County contributed \$5,000 each, while healthcare providers HCA, McLeod Health, Tideland Health and Conway Medical Center each contributed \$6,250.

This report serves as a compilation of the overall findings of each research component. This study allowed the local governments and healthcare partners to take an in depth look at the greater community and to better understand the devastating costs of this epidemic to the families with members from all walks of life suffering from this crisis, but also to recognize the costs to the community at large. The study was therefore conducted to

**further their commitment and develop a community implementation plan focused on meeting the community's needs relative to heroin/opioid abuse.**

**APPENDIX A: POTENTIAL RESOURCES AT A GLANCE**

<b>HOSPITALS</b>	<b>9</b>
<b>ADDICTION CLINICS</b>	<b>4</b>
<b>INPATIENT/DETOX</b>	<b>5</b>
<b>OUTPATIENT PROGRAMS</b>	<b>8</b>
<b>HARM REDUCTION PHYSICIANS</b>	<b>11</b>
<b>ADDICTION COUNSELORS</b>	<b>20</b>
<b>HALF-WAY HOUSES</b>	<b>17</b>
<b>CONSUMER SELF-HELP (PROGRAM TYPE)</b>	<b>4</b>
<b>FAMILY SUPPORT SELF HELP (PROGRAM TYPE)</b>	<b>4</b>
<b>POTENTIAL HOUSING RESOURCES</b>	<b>10</b>
<b>PEER SUPPORT TRAINING PROGRAMS</b>	<b>1</b>
<b>CRIMINAL JUSTICE/LAW ENFORCEMENT</b>	<b>16</b>
<b>ADVOCACY GROUPS</b>	<b>3</b>
<b>MEDIA OUTLETS</b>	<b>UNLIMITED</b>

**APPENDIX B: ORGANIZATIONS VISITED AND PERSON(S) OF REFERENCE**

<b><u>PERSON(S) OF REFERENCE</u></b>	<b>ORGANIZATIONS VISITED</b>
<b>SOLICITOR J. RICHARDSON</b>	<b>15<sup>TH</sup> CIRCUIT SOLICITORS OFFICE</b>
<b>REPRESENTATIVE RUSSELL FRY</b>	<b>SOUTH CAROLINA LEGISLATURE</b>
<b>CHIEF HILL  AND  SUPPORTING STAFF</b>	<b>HORRY COUNTY POLICE DEPT.</b>
<b>CHIEF PROCK  AND  SUPPORTING STAFF</b>	<b>MYRLTE BEACH POLICE DEPT.</b>
<b>SHERIFF THOMPSON  AND  SUPPORTING STAFF</b>	<b>HORRY COUNTY SHERIFF'S OFFICE</b>
<b>MAJOR STAUB  AND  SUPPORTING STAFF</b>	<b>GEORGETOWN SHERIFF'S OFFICE</b>
<b>DEPUTY SHERIFF FOX</b>	<b>HORRY COUNTY SHERIFF'S  OFFICE/DETENTION</b>
<b>CHIEF LONG</b>	<b>CONWAY POLICE DEPT.</b>
<b>LIEUTENANT TOM DELPERCIO</b>	<b>HORRY COUNTY POLICE/HEROIN  COALITION/CHAIRMAN OF LAW  ENFORCEMENT 15<sup>TH</sup> JUDICIAL CIRCUIT</b>

<b>CANDY STRICKLAND, DIRECTOR</b> <b>AND</b> <b>SUPPORTING STAFF</b>	<b>HORRY/GEORGETOWN COUNTY DRUG COURT</b>
<b>REQUESTED NON-DISCLOSURE</b>	<b>DRUG ENFORCEMENT UNIT</b>
<b>MAJOR STAUB</b> <b>AND</b> <b>SUPPORTING STAFF</b>	<b>GEORGETOWN COUNTY 911</b>
<b>KRISTIAN EDWARDS, PEER EDUCATOR</b> <b>AND</b> <b>SUPPORTING STAFF</b>	<b>TIDELANDS HEALTH</b>
<b>DR. J. POWERS</b>	<b>INFECTIOUS DISEASE SPECIALIST</b>
<b>CHARLES BELL, DEPUTY DIRECTOR</b> <b>AND</b> <b>SUPPORTING STAFF</b>	<b>SHORELINE BEHAVIORAL HEALTH</b>
<b>JOEY SMOAK, EXECUTIVE DIRECTOR</b> <b>AND</b> <b>SUPPORTING STAFF</b>	<b>ECHO</b>
<b>RAPHAEL CARR, EXECUTIVE DIRECTOR</b> <b>AND</b> <b>SUPPORTING STAFF</b>	<b>GEORGETOWN COUNTY A&amp;D COMMISSION</b>
<b>DR. V. ARCHAMBEA</b>	<b>TIDELANDS HEALTH</b>
<b>JASON BRAND, REGIONAL DIRECTOR</b> <b>AND</b>	<b>REGIONAL DIRECTOR, OXFORD HOUSES</b>

<b>SUPPORTING STAFF</b>	
<b>SHELLY WALDROUP GERALD, EXECUTIVE DIRECTOR AND FOUNDER</b>	<b>EXECUTIVE DIRECTOR, GREATER LOVE HOMES</b>
<b>CHRISTINA JACKSON, EXECUTIVE DIRECTOR</b>	<b>EXECUTIVE DIRECTOR, SEA HAVEN</b>
<b>RICH AND KRISTA REYNOLDS, FOUNDERS</b>	<b>EXECUTIVE DIRECTORS, RECOVERY RANCH</b>
<b>DR. ARCHAMBEA, CHAIR  AND  SUPPORTING STAFF</b>	<b>REFUGE OF HOPE RECOVERY HOUSE</b>
<b>JIM “JIMBO” BOUDREAU, FOUNDER  AND  SUPPORTING STAFF MEMBER</b>	<b>FREE MINISTRY RECOVERY FARM</b>
<b>WAYNE RAY, FOUNDER  AND  SUPPORTING STAFF</b>	<b>THE LAUNCH PAD</b>
<b>WILLIAM HOWSARE  AND  SUPPORTING STAFF</b>	<b>NEW DIRECTIONS</b>
<b>CORONER ROBERT EDGE</b>	<b>HORRY COUNTY CORONER</b>
<b>WALT LUPO</b>	<b>PHARMASIST</b>
<b>DENIS AND NOREEN BECK, FOUNDERS</b>	<b>VOICES OF RECOVERY</b>
<b>CHRIS HOCKER, FOUNDER</b>	<b>RECOVERY HOME</b>
<b>DR. ARCHAMBEA, CHAIR  AND</b>	<b>HORRY/GEORGETOWN FAVOR</b>

<b>SUPPORTING STAFF</b>	
<b>FOCUS GROUP 1</b>	<b>HORRY/GEORGETOWN DRUG COURT</b>
<b>FOCUS GROUP 2</b>	<b>OXFORD HOUSES</b>
<b>FOCUS GROUP 3</b>	<b>RECOVERY RANCH</b>
<b>FOCUS GROUP 4</b>	<b>FREE MINISTRY</b>
<b>JOHN COFFIN</b>  <b>AND</b>  <b>SUPPORTING STAFF</b>	<b>EXECUTIVE DIRECTOR, SHORELINE</b>
<b>CHAPLIAN EDDIE HILL</b>	<b>J. REUBEN LONG DETENTION CENTER</b>
<b>VARIOUS STAFF MEMBERS</b>	<b>HORRY COUNTRY PLANNING AND ZONING</b>
<b>VARIOUS CONSUMERS</b>	
<b>VARRIOUS FAMILIES</b>	
<b>CAROLYN BOGDON, DIRECTOR</b>	<b>MUSC/HCA/TIDELANDS HEALTH</b>
<b>LEE DUTTON, CHIEF OF STAFF</b>  <b>AND</b>  <b>MARLA OROS, GRANTS</b>	<b>DAODAS/MUSC GRANT</b>

**APPENDIX C: HALF-WAY/RECOVERY HOUSES VISITED**

<b>OXFORD HOUSE, SURFSIDE</b>
<b>OXFORD HOUSE, COASTAL CAROLINA</b>
<b>RECOVERY RANCH</b>
<b>GREATER LOVE HOMES CONWAY</b>
<b>GREATER LOVE HOMES SOCASTEE</b>
<b>HARRIETS HOUSE MYRTLE BEACH</b>
<b>FREE MINISTRY RECOVERY FARM</b>
<b>NEW LIFE LAUNCH PAD</b>