

SCHRC Political Affairs Committee Meeting Minutes: March 12, 2024

Rollie Martinson:

So this is our monthly political affairs committee meeting, um, where we're a subset of the South Carolina Harm Reduction Coalition focused, uh, on specific legislation that, that we're either wanting to support or oppose. Um, today, I think I'll get us started with, uh, I'll read off a quick, uh, mission and vision, uh, just for folks who, who this is your first meeting here, and we'll do a quick round of introductions, uh, since we have a, a face that's new to some of us, or maybe everybody knows you, Greg, I'm not sure. Um, so South Carolina Harm Reduction Coalition, uh, we engage in grassroots advocacy, resource development, and statewide messaging to improve the lives and safety of people who use drugs. We wanna see a community where people use drugs, have the tools to stay safe in a society where people are not criminalized based on the drugs they choose to consume. And I'll get started. So I'm Rollie Martinson. Um, I'm the director of Public Health for the coalition. And my full-time job is with Community Education Group, where I'm a policy associate primarily tracking, uh, opioid settlement funds right now, but also working on, uh, just viral hepatitis HIV and, and related, uh, issues.

Kris Stepp:

Hey, uh, I'm Kris Stepp. I work for AID Upstate in Greenville, South Carolina. I do, uh, counseling and testing, uh, for HIV, Hep C, STIs, and I also do that on a mobile unit with Challenges, Inc. Syringe Service Program three days a week. Um, I'm glad to be here, and it's a great group of people. I'm glad you're here, Greg, joining us along with everybody else, and I'm gonna pass it to you on that note.

Greg Huckins:

Yes. Uh, my name is Greg Huckins. I'm a, uh, research coordinator at Prisma Health Upstate, working primarily, uh, right now around HIV and Hepatitis C prevention, um, engaging folks with prep, uh, directly in emergency department and referrals, um, for prep. Um, and then also work in conjunction with the iLink team, uh, for follow up, a known positive, positive, uh, new positives, HIV, Hepatitis C, and I'm also a Certified Peer Support Specialist as well.

Greg Huckins:

Amber.

Amber Frazier:

Hey, y'all. Uh, I'm Amber, Peer Support Outreach Coordinator at The Courage Center. Um, and I volunteer my time with Challenges down here in Lexington, South Carolina. Oh, uh, Eric.

Kris Stepp:

And we're glad you do. Thanks, Amber.

Eric Ridings:

I'm Eric Ridings. I'm a pharmacist with, uh, DHEC, and I've been working on several, uh, projects and for the last year, been working on a stigma reduction, uh, grant. Uh, that's basically over, but, uh, we're still

doing some finishing up there, but it was focused on healthcare providers, and we're currently looking for some more grants to continue that, or similar harm reduction activities.

Eric Ridings:

Who's left? Uh, Brian.

Brian Musgrove:

Hi, good afternoon. Brian Musgrove, pharmacist with DHEC, uh, in Greenville also. And I am working on that grant also that, uh, Eric and I have been working on for the last year. We're finishing up on it, uh, should be within the next month. And as he said, it was to, uh, measure stigma in healthcare professionals and healthcare students, uh, against people who, uh, use substances. And, uh, just trying to, we developed a, uh, one hour curricula to, uh, present to those students and medical professionals to try and reduce that stigma. So, uh, we're looking for other grants, uh, in that, uh, in that vein and just trying to, um, continue the work

Rachel Kaplan:

Hi, my name is Rachel Kaplan. I'm the treasurer with the SC Harm Reduction Coalition. Um, and I also am a consultant, so I do project management. Um, and I've been working on some grants with the Office of Rural Health related to co-occurring disorders and, um, recovery friendly employment workplaces.

Kris Stepp:

She's being modest. She does a whole lot more than that.

Rollie Martinson:

<laugh>. Yeah. And actually, I might connect with you, uh, after this, Rachel. I got a, uh, working on a recovery friendly workplace project. Uh, let's see.

Rachel Kaplan:

Oh, awesome. Okay. Yeah. Overlap there. Yeah. Yeah. Let's connect about it.

Rollie Martinson:

All right. So today, uh, the only really, uh, item I have on the agenda is going over last week and then thinking about the next steps. So I just wanna say I'm super proud of the coalition, uh, really coming together and just, you know, sometimes these meetings like we're sitting around talking about, but last week we really had some action coming together. Um, we got, uh, I know a lot of folks send in letters of support. Uh, we don't know exactly how many, 'cause we didn't track them, but, uh, I know just conversations with, I had about some folks, uh, adjusting their letters of support, uh, from the template that we had provided. Um, got a lot of letters of support in, um, from all across the state really. And Rachel, uh, did a great job of, of making that really easy. So now we have this, this, this template, uh, that we've walked through this once where, where we want to, um, gather letters to, to support or oppose any legislation. It's gonna be a pretty, uh, straightforward process. So expect us to, um, to be doing that more in the future. And I think this, this subcommittee will be the place where we'll, uh, primarily, uh, hash out, uh, you know, the things that we do wanna support or maybe be vocal about.

Rollie Martinson:

So last week, um, the bill was heard in the Senate, in the Senate Medical Affairs subcommittee. Um, we had, uh, two of our committee members, uh, testify. Marc Burrows and Amber both did a awesome job testifying, um, hitting on some different points, uh, different, uh, different reasons, I think, uh, of their approach of why, uh, they should support this bill. Um, we were gonna have more verbal testimony, but we just weren't aware of the cutoff, uh, the time period for, for signups, uh, to get on the list. So, so if we have a chance to testify again on this, uh, we'll be better prepared. Um, it passed five to two, um, the no vote, it was, what's his name? Uh, Cash is the last name, I believe.

Kris Stepp:

Tom Cash from Anderson.

Rollie Martinson:

Yep, that's right. So he was the only opposition, uh, for the vote. The other, uh, no vote. He was, he wasn't present. So, uh, Cash was, uh, voting on his behalf. I think that was, uh, Senator Corbin. Um, and from what I remember of Cassius, uh, opposition to it, I, I, I don't know how, how genuine it really seemed. Uh, there was some of the classic like enabling, uh, this is enabling. Uh, I think the news article I put in the paper got him quoted about, uh, it being like, let's see here, what's he said, uh,

Kris Stepp:

In the meeting, his main point was that he googled Challenges and saw that we're already doing it, and since we're already doing it, what's the need for a bill? And then kind of swayed to those points Riley's making. But his main thing was that he didn't think that taxpayer payers would want to fund this type of thing. And what he also said, and I quote, is, as Republicans, they seem to have forgotten that federal money is also taxpayer money. But what he left out was the funding that this would come from is opioid settlement money, which has nothing to do with taxpayer money anyway.

Rollie Martinson:

Yeah. And I mean, the actual legislation. So I think he conflated Marc talking about how this can be a barrier to funding from like any source. Yeah. Uh, whether that, that is federal grants, like the harm reduction grant last year, or just like, uh, foundation grants, you know, um, there are some program, uh, that are fund harm reduction programs, but they don't want to fund them if they can't distribute syringes. Right. Um, so I think he conflated that. I don't, I don't know how genuine, uh, that really was. Um, my sense was that he was kind of looking for, for a reason to oppose it. Um, you know, they, he talked about like, uh, you know, it's like giving, giving kids condoms instead of telling 'em to, uh, not have sex until marriage. Um, but I would say it's more like giving kids condoms who are already having sex.

Kris Stepp:

That's exactly what it's, <laugh>

Brian Musgrove:

Sounds like an opportunity to educate him more than anything.

Rollie Martinson:

Yeah, absolutely. I agree. So I've, I've actually been working on a letter, um, to send directly to his office, uh, just offering some education on, on those points. Um,

Rollie Martinson:

If y'all have been following around the country, there's been a lot of, like, it's become a very partisan issue this election year. Um, a lot of pushback, uh, of places of just really, really being attacked directly on the syringe programs. You know, not wanting to, what you hear is, you know, not wanting to turn into, uh, like, uh, like San Francisco, if you get a a needle exchange, you're gonna have, you know, Kensington in your backyard. Um, so, uh, I plan on writing a letter that for, for, uh, directly to his office. Um, the next step, now it goes to the full Medical Affairs committee. Uh, we, we had heard it, it could be this Thursday. I still don't see it on the agenda though, so I, I don't know if anyone else has heard, uh, maybe Amber from Ed or anything on that. Yeah. So, uh, my sense is now it's, it's a waiting game. I'll, I'll keep checking that, uh, their, their calendar throughout the week, and we'll send out a, a notice to the whole coalition soon as we have anything. Um, if, if we're able to, I'd like to get some folks again, we'll sign up to go. Um, uh, and testify, um,

Eric Ridings:

Probably the, uh, contact that I'm got in the pharmacy association has it listed for Thursday, uh, at 9:00 AM.

Rollie Martinson:

Okay.

Eric Ridings:

So, I don't know if that's official or what, but usually they're right on on it.

Rollie Martinson:

Yeah. I didn't see on the agenda. I'll, I'll double check that. I might, I might have overlooked it. 'cause if it, if, if that is confirmed, uh, would definitely be mobilizing here in the next couple days.

Kris Stepp:

That was the one too, that Ed was saying that they won't really take any testimony in.

Rollie Martinson:

Okay. So there's no testimony for the...

Kris Stepp:

No. He said that they may like, have questions or something that.

Rollie Martinson:

Okay. Yeah. Said y part of that conversation with Ed. Could you, could you tell us more about that, Chris?

Kris Stepp:

So, what he was saying about the, the full committee is that they don't take testimony. They just, uh, go over the bill and discuss it and vote on it, but they may have questions that they don't know the answer to. So he said that it could be helpful if one of us were there to maybe answer the questions that they may have instead of them just assuming whatever they wanna assume is the answer to the question. Yep. So I don't think I'm gonna be able to make it down there. I don't know if anybody else in here can, but like, it's not, it's not a thing that where we're gonna be able to testify and we're probably not gonna speak at all.

Rollie Martinson:

Yeah. And that, and that was, so I think the letters and everything that we wrote to the subcommittee, that just all gets passed to the full committee, is my understanding. Yeah. Yeah.

Kris Stepp:

Okay. Yeah, all of that just follows on through.

Rollie Martinson:

Now, I'll, I'll reach out to, um, R Street today maybe, um, they, they've been talking directly, uh, um, to, uh, drawing a blank, uh, Senator Davis.

Kris Stepp:

Okay.

Rollie Martinson:

Sorry. I always get 'em mixed up with an old Aiken uh, politician.

Kris Stepp:

Then my understanding is though, if it passes that it goes to the Senate floor and they read it with no interruption one time, and then they read it again and ask for discussion or whatever, and then they read it a third time and vote, and if it passes, then it passes, and if not, then it, it goes, starts over again.

Rollie Martinson:

Okay. So my understanding, that's

Kris Stepp:

What I understood.

Rollie Martinson:

Yeah. I'm a little confused on that. Like, I know it has to be read. A bill has to be read three times, uh, before the House or the Senate. I think it's already had one reading of when it's introduced.

Kris Stepp:

Okay.

Rollie Martinson:

Giving us two now, I don't under really understand the, the, like, the process between the first and the, or the second and this third reading,

Kris Stepp:

I guess that's just to amend it or whatever they're gonna do to it.

Rollie Martinson:

Okay. Yep. Introduce it and then hash it out, and then read it, read a final. Right. Okay. Yep. And then, then, so after that Senate voted, it'd be kicked back to the house to repeat a, uh, similar process as it did in the Senate.

Rollie Martinson:

And then, then the governor's desk,

Kris Stepp:

Then the governor can sign it.

Rollie Martinson:

Okay.

Kris Stepp:

I may be wrong, wrong, but that's my understanding of it. And that makes the most sense to me outta what I heard. So...

Rollie Martinson:

Yeah, I'll, um, I'll reach out to R Street today since they have been talking to him, uh, pretty regularly, and see if they're gonna be there to offer like, expert or support, expert support, or if maybe we should get, uh, one of us also there. If, if necessary, I could, I could probably do it with work. Um,

Kris Stepp:

Yeah, I'd love to be to go to all of them and just watch it all the way through. But my work probably doesn't want me to do that.

Pieter Baker:

What did we say the time was? I heard Thursday 9:00 AM in with the same room. Gressett.

Kris Stepp:

Yep. Okay.

Eric Ridings:

Yeah, that's what was listed. But I, I, I just pulled up the link that they had sent, uh, from my group. And it doesn't list it on the, uh, the announcement. It's only listing, uh, 9, 7, 5 as the one being taken up.

Rollie Martinson:

Yeah. That, that's what I'm seeing. The same thing here. Uh, 9, 7, 5. All right. Well, uh, we'll keep an eye on it if anybody does hear something on that front. Um, any update, uh, can you please, you know, let, let Mark or or me, me know, and again, I'll, I'll reach out to our street right after this, this meeting and, and see, uh, if they know anything that we don't. So I do wanna say, um, I'm super proud though of the coalition, really, uh, actually showing up, um, and getting something done. Um, I think it just is gonna be a, a, it was a great practice run for, for doing a whole lot more of this, I hope, in the future.

Kris Stepp:

Yeah. And it's, it is super cool, just the whole, like, stuff I learned about in school and never seen firsthand. It was cool to go to that meeting the other day.

Rollie Martinson:

Yeah. I, I was, I was, I'm excited. I was a little intimidated. I've been to, like, I've done stuff similar to this at like City county Council, but never been, uh, in front of a, a state, uh,

Kris Stepp:

Right. And we're eventually gonna get to go like, to the Senate and like sit up top and watch 'em, read it on the floor too. That's gonna be cool, especially if it passes.

Rollie Martinson:

Yeah. Get the photo op with McMaster, everybody in the background signing it.

Greg Huckins:

Say something. Uh, going back to Richard Cash, um, I've been reaching out to Richard Cash for the last three years, um, sharing information regarding harm reduction, um, via email and or, and or phone calls at least three of each. Um, and then some more recently. So he is not in the dark if he's getting, getting this information. Um, I think, I think it may be more fruitful to find other allies than to try to change his mind. The, the information I'm hearing is that the opioid settlement funding for Anderson County is going to expand the jail in Anderson, which will include, uh, a, um, a peer or something of that nature. Um, and I think that's just a, I just, I think that's kind of a slap in the face in the law, you know, in the families of the loved ones who are lost to the, to, um, the, the epidemic. Um, and so it's been my experience, and I don't want to dishearten anybody, but I just feel like other advocates, um, can be found, whereas we may be less likely to change the mind of folks who are just, um, wanna hold firm to old beliefs systems. Absolutely.

Rollie Martinson:

That, that makes sense, Greg. Um, it, it does. I I didn't feel like what he was bringing up, it didn't seem very genuine. Like it, he was looking for whatever to throw at it. Um, if he has already been, it had some education on it,

Greg Huckins:

I, I think he looked into it enough to protect his stance. And so he wanted somebody in the room to say he, to to say exactly what was said so we can acquire funding. Right. And so what that means is that funding will be taken away from traditional services that he would rather support. And so, and where I

think he's not in tune is that, you know, I, I mean, I don't have a pulse on all of Anderson County, but I do have a pulse that, um, there is movement for support of harm reduction. Um, there are people that are, um, very conservative that would stand up and say something, I, I reached out last moment, um, to some family members, um, that probably voted for Mr. Cash, that would be staunch supporters for harm reduction services because of the loss of their son, because of endocarditis. And so I think that if you really talk to the people more, you may loosen up that opinion, it's probably not gonna be us. It's gonna be having his constituents standing before him saying, Hey, I lost my loved one because of an overdose, or because of an infectious disease. Um, and I think that may be the only way we may impact with him. Um, and so just my, my

Rollie Martinson:

No, that, that, that's super, uh, insightful. Uh, great. Very helpful. I, uh, I, I wonder if his arguments give us a sense of what the, how, like the opposition is gonna frame this. Um, because I know, um, R Street when they, they, they brought this to, to Senator Young, they were very intentional about this not, not placing any burden on government in terms of they, you know, were thoughtful about not requesting funding in here, um, not requesting like, uh, even like day Otis or DHE oversight, you know, um, if you look at the, their, uh, statements of financial need, they're, they're not saying, they're saying that this isn't gonna take any time or resources from the state.

Greg Huckins:

Um, right. I think that's what they need to know is that these, and continue hammering away at that, these monies are dedicated specifically for these services. You either get 'em for these services or you don't get 'em. It's not like opioid settlement money, which can be appropriated to other things.

Rollie Martinson:

Yeah. And, and opioid settlement money is, it's like quasi-governmental money. Uh, it's more on the side of, uh, like a civil, civil lawsuit, really. So then, then it's not, it's not federal funding. Um, and then I, I, I don't have any, uh, knowledge of, uh, Senator MCC Corbin. Is anyone familiar with his history or anything about him?

Kris Stepp:

He's Greenville, right?

Rollie Martinson:

Yeah. Yeah. I just never,

Kris Stepp:

I know he is been in in there for a while, but I don't know a whole lot about him. I mean, I know he is Republican and we're gonna have, like that Cash pushback times a thousand, the more it goes, uh, we just gotta be ready for that and hit 'em with facts, you know, because like, nobody talks about endocarditis rates. Right. But that's a major, major infection that a lot of drug users get that share drugs that doesn't get attention, because for the most part, it goes ignored until it goes in their heart and they have a heart attack. Right. Or in the case of a participant that I've had since I've been doing this, I just found out that she OD'ed last week and like almost died, went in the hospital and found out she had endo endocarditis. Like she'd have never known. Um, like I think we need to push the endo thing as much as we pushed the Hep C and the HIV because it's lesser known and it's costing the taxpayers

\$80,000 per patient that stays in the hospital for six weeks to get treatment for that. That's all money that could be saved. Right? I mean, that's just what we gotta push back on their pushback with, because that's the only thing that's going to change any Republican in South Carolina's mind is money.

Kris Stepp:

Because the way he, he was just sitting there waiting to say that too. Like, you could see him, like just, he was sitting in his seat, like, watch this. I'm gonna, I'm gonna bring this up as Republicans and man, I mean, come on. The pro the, the, the world's progressing. We need to go along with it, man. I mean, we're, we're way behind in a lot of things, but this is one of the things that we're behind in and should be leading in, because we have some of the worst numbers in infectious diseases spreading through PIDs right now. You know what I'm saying? I mean, it is, it is crazy. The numbers. Like I'll test people for a year, two years, once a month, and they'll be negative, and then boom, they'll come in and they're hep C positive. So like we, it, it, it is, it's not, it's not even a moral dilemma. It's a healthcare crisis that will save taxpayers money. Like, that needs to be our focus when we're talking to people like, mean, Cash, but that's just my 2 cents.

Rollie Martinson:

Yeah. And, and now's maybe a good time to start thinking about how we wanna, uh, message our support of this. I, I, I do agree. I, I think talking about, um, the fiscal impact of syringe legislation on the state that, hey, on the, on the contrary, this isn't gonna cost the state money. It's going to save the state money. Um,

Kris Stepp:

Yep. Because I feel like as easy as that was, you know, last week, it is, it is not gonna be that easy. Like the, the, the higher we get into the legislature, the more pushback we're gonna get and it's gonna be brutal.

Rollie Martinson:

So when I think of like conservative friendly messaging, I'm thinking of, uh, the fiscal savings, um, benefits to law enforcement, like reduction in needle sticks, reduction in possibly infectious needle sticks. Um, and I also, you know, it's not the way I see syringe programs, but I think we should focus too. My opinion, um, is that we've, we do a heavy focus on SSPs as a pathway to treatment and better health. Um, I think that that messaging is gonna have a little bit more resonance than, than harm reduction. Um, I, I don't know what do, what do y'all think about that, that last point?

Kris Stepp:

I think the better help is a given if you implement it though. I mean, that's just, that's the main, that's the main part of it. Like, we need to use that in the money as focal points. Because I mean, there's what, there's re there's numbers that people that use services like ours or what, five times more likely to seek treatment. I'm not sure what the number is, but I think it's something like that. I mean, that's five times.

Rollie Martinson:

Yeah. I think you hear like four or five times more likely to, um, engage in treatment three times more likely to be like in an abstinence based recovery.

Kris Stepp:

Yeah. And that's five times and three times more than zero that, you know what I mean? So like, just stuff like that. And like the family Greg's talking about whose kid died from endocarditis and like my story with Jessica, stuff like that, we gotta get that to 'em too, you know what I mean? And make 'em feel it. 'cause Jessica had endocarditis like three years before she died, that's when I found out that she was using drugs iv. She had fell off a zip line, broke her back, had some kind of little surgery, and they found it then, and were gonna keep her for six weeks. She had a PICC line in her neck and she left a MA with a PICC line. Her probation officer hunted her down and brought her back to the hospital. She didn't even get treatment until two years later in Columbia.

Kris Stepp:

So like, it's, it's a real, it is a real, real thing. Like the endocarditis is not a joke. I know a guy that I used to give stuff to that stayed in the hospital for four weeks outta six, left two weeks early, was flying a sign at Walmart on White Horse Road and died from a heart attack. It is, you know, it is, it is, it is stuff like that that we gotta tell 'em too. You know, we gotta make 'em feel it. We gotta let 'em see the money part. It's just, it is, it is, it is, it is gonna be hard to do, but it can be done and it will be a huge feat if we do get it done. But I, I feel like we got the right people to, to make something happen anyway.

Pieter Baker:

Yeah. I think just, um, kind of bridging what Rollie and Kris were just saying, uh, kind of framing, uh, these programs as not just pathways towards potential, um, other, you know, other models of drug treatment, but preventing pathways towards, um, you know, e emergency department visits and some of these harms that Kris is describing, like endocarditis, that that cost a lot of money and not forgetting that HIV you know, we have effective medication, but you're essentially on medication the rest of your life. And some regimens, you know, can cost up to like, uh, you know, half a million dollars just in a single individual's lifetime. So I think in the room last week, the, the phrase like prevention announcement, prevention's worth a pound of harm that seemed to resonate. Um, and, and, and then also this, you know, is not really among the highest public health priorities.

Pieter Baker:

But thinking about what you're saying, Rollie, with, you know, the, the scare tactics of using inner city imagery, uh, to kind of scare you, scare, you know, change people's perceptions. There's a lot of evidence suggesting these kinds of programs actually reduce, uh, syringe litter. And so by kind of preempting that, it takes away some of the argument that you can point to these other places where yes, there is evidence of injection drug use, but you know, there's no, there the links between, um, kind of the high, you know, that visibility of drug use and syringe programs are not strong. We know there's a lot a confluence of a lot of other things going on, but just maybe iterating the point that there's a lot of evidence reducing the, the reduced syringe litter for, for a lot of people that might, that might, uh, strike a chord.

Rollie Martinson:

Yeah, that's a great point. I'm taking notes here, Brian. I, I got, uh, or Peter, I'm sorry. Um, yep. Reduction in syringe litter, uh, needle stick injuries, increased referrals to treatment, cost savings to, to the community slash taxpayers. Um, we did have one law enforcement officer, so we're, another thing we're trying to find is some, any law enforcement within South Carolina that's willing to speak. There's one active officer in North Carolina who was one to come down. Um, I know another retired one, um,

who'd be really good. He is North Carolina, he's retired and he is like, you know, he worked in SWAT and all the, you know, the hardcore like drug bust kind of thing. So he is not like a, a soft guy. Um, but I, if anyone has any connections within South Carolina too, I think that'd be helpful if we could pull in any law enforcement who'd be open to speak.

Pieter Baker:

I don't, I don't know of Vinny. Um, and for those of you in the group, I haven't met, I'm a, a new, uh, faculty in the Department of Epidemiology at USC. So, but I, I have met some colleagues in the Department of Criminology who I know have worked with police in different contexts in the past. So I can try through them. Uh, I've been kind of interested in making contact in that area kind of anyway, so I'll let this group know if I find anyone who might, so you're suggesting maybe someone who might be willing, who has experience, who might be willing to, you know, support this framing of, of programs, right? Yeah. Okay. I don't know if anyone, but I'll let, I'll let the group know. If I find anyone,

Amber Frazier:

I'll reach out to my mom. She's, uh, she was ex law enforcement and see if she, um, has anybody who shares the same views as us. So I'll let you know.

Rollie Martinson:

Um, someone, I'm trying to think of any other common, like, opposition I've been seeing, uh, recently in other states. Another one I've been hearing is like putting children at risk of injury, uh, where they're envisioning like needle sticks and parks. Um, but, you know, we can, we can counter that with some data about, uh, and we can share the real world examples of like us, like syringe programs offering to do cleanups for free in the community where, where no other agency is responsible or is willing to, to really, really do that.

Kris Stepp:

Which brings me to Marc went and cleaned up, um, a bunch of needles out of a building for Augusta Road Baptist Church yesterday. They, uh, got in touch with him and said that they had a building that had been left open and people had been staying in. But he went and picked, he sent me a picture, he probably picked up five or 600 rigs there yesterday. And there's probably that many more left in like piles of trash. And then also, a guy was telling me last Friday that there's a bunch up under the bridge right there at 85 on Augusta Road where we set up. And I'm gonna go a little bit early Friday and pick those up. But just saying that to say that I'm gonna try to be more proactive on doing that. I mean, we might even start doing days where we get challenges, volunteers to meet up and we'll just clean up spots like that just to, and we can like, you know what I mean? We can even like record or keep record of that and take that with us in the stuff like that just to let 'em know that we are, we're doing stuff like

Rollie Martinson:

That. Yeah, absolutely. Because I know in the past I think you've done some stuff like that and we, we don't really advertise it very much, uh, where, you know, if nobody knows we're doing it. Um,

Kris Stepp:

But I don't feel like we need to advertise it as much as, oh,

Rollie Martinson:

But you know, just like at least share after we've done it, kinda

Kris Stepp:

Archive it, you know what I mean? Yeah. Just so we, we, we can show people that we do it, but not to just broadcast it and, you know, grandstand on. 'cause that looks bad too. Like, look, we're in 18 different spots, picking up 50,000 needles. That's, that doesn't look good either. So we can do it low key and just know that we done it and let them know that we did it. And it'll show when we do it. 'cause it won't be there anymore.

Amber Frazier:

We have, um, one of our fire departments is working towards, um, you know, decreasing, um, use syringe litter and she's, she has sharps containers and we've kind of put 'em around, um, different spots here on that. Do you think maybe, uh, a fire or EMS might be a good ally?

Kris Stepp:

To go before they call it? So the fire department is who actually contacted Mark for the church that he went to. Like, nobody would pick that stuff up. They contacted DH, the police department, the fire department, all kind of places. And nobody wanted to touch it. So like, it is kind of left up to us 'cause nobody else is gonna do it.

Rollie Martinson:

Yeah. And the, the cleaning companies, I, I know, uh, Greenville law enforcement had talked to me about having us do something that 'cause the cleaning companies, the rates they quote these property owners is just, it's just insane. You know, they're going out there basically full hazmat suits to do this.

Pieter Baker:

Sorry, a little off topic. I just wanted to share one more resource. 'cause this was also something that came up in the room that I think will probably be another source of pushback is the question, does this bill like publicly acknowledge that, you know, substance use happening or there's some con you know, that we condone it. And I think, like, to me personally, I don't think it's that important answering that question. I think it's more important to recognize the harms of substance use and, you know, strategies we have to combat them. But I think it's also important to note that not only the NIH but South Carolina Department of Health, the DEC has, has language on their website supporting interventions to prevent HIV infections using proven prevention interventions, including syringe services programs. So it's not like this bill would be the first time syringe service programs are mentioned, you know, by a South Carolina somebody of authority as a key strategy. This is just simply removing the barrier. So I I, I remember that, that whole the philosophical thing coming up. And I think it might, one strategy to disarm that might be to provide some language, not necessarily from us, but from from others, uh, in the community with some authority that openly acknowledge it. I don't know what y'all thought of that. I just thought I'd share

Rollie Martinson:

That's good. That, that that's a, that's a great idea. Um, I know, uh, like South Carolina Institute of Medicine and Public Health, they're, they're not a, a governmental entity, but they, they put out a nice

big report in 2019 and, uh, I think Senator Davis is on their board. So you, you put a link in there for Yep. Okay. I see it.

Pieter Baker:

Yeah, the link is just the, uh, South Carolina DHEC page talking about the end ending the HIV epidemic effort. And they, you list, uh, I quoted there what they have there, but they do explicitly mention syringe service program. So, um, so theoretically it's already in the body of tools that South Carolina DEC recognizes as key to ending the HIV epidemic.

Kris Stepp:

CDC recommended that South Carolina implement syringe exchange in 2019 because of our HIV epidemic

Rollie Martinson:

And our opioid settlement, uh, list of approved uses, you know, the legislature a a adapted that where some other states have have modified it, but we adapted it verbatim. Hey, uh, Blair, I, I, I don't know if I've, if we've met before, do you wanna introduce yourself?

Blair Bolen:

I'm Blair. I work with Kris over here. I do, uh, PREP navigation, but, um, wanna help out here any way I can. Um, I find all the government stuff fairly interesting. I have a little bit of a background in it, so

Kris Stepp:

He's from Washington, DC so

Blair Bolen:

Not really, but I'm from Northern Virginia. Uh, same difference. I didn't, didn't grow up on Capitol Hill or anything. Um, oh,

Rollie Martinson:

Well we're, we're glad to have you here.

Blair Bolen:

Yeah, man, thank you.

Rollie Martinson:

Um, and the, I think the last thing, oh, I do think it was huge to have, uh, Bedingfield testify there too. Mm-Hmm.

Kris Stepp:

<affirmative>. Yeah, what he said really blew my mind, man. I mean, I didn't expect that coming from him now, but that was,

Rollie Martinson:

It was great. And, and he's, he's appointed by McMaster to the scoreboard, so there's a, another connection there for us.

Greg Huckins:

This, this may be a little bit off topic, but maybe not so much.

Rollie Martinson:

Oh, that's okay. Uh, you know, I think we're, we're kind of done with this bill. So, on the floor now, uh,

Greg Huckins:

Dr. Phillip Michelle reached out to me recently about heart, uh, Narcan distribution from all ED sites with Prisma Health, uh, in the upstate. And he, and I guess this question may be directed towards the pharmacists in the room. Um, there was some legislature that was passed, I think maybe a year or two ago, protecting hospital systems from liability for that Narcan being and distributed, um, from the emergency departments he has, you know, and he is tried to implement those strategies from Greer Hillcrest. So now there are peers at almost all, um, Prisma upstate hospitals. And what they would like to do is distribute Narcan from all of those hospitals and they get varying degrees of feedback from the pharmacists within in those hospitals. And I just wanted to know, you know, can I, can I just revert him back to that legislature that I'm not sure. Yeah. Um, and, and as far as protections for that dispensing not, um, and this dispensing would be done from the community provider that being, um, uh, certified peer support specialist from a local RCO, not directly under the order from that said pharmacist.

Eric Ridings:

I don't know that I know about the legislation piece, but I do know that, uh, I actually found this out today 'cause I had a question from somebody at Prima, uh, about that very thing. Um, but it sounds like there is a grant that DHC has to supply Narcan to the emergency departments. And, um, our head pharmacist here at DHC is trying to get some more details on that and reply to that person. I don't have the name right off the bat on who was asking us, but they did say they were from Prisma and basically asking that same question. Oh, okay. But I don't know the protection. I, I would think that that would be the case based on what it is a it's gonna be a state or federal grant that's supporting this. So, um, I just, I'm, I'm awaiting some details myself on that, but there are some people working on that from the DHEC side.

Brian Musgrove:

Thank you Eric. Al. Also, I think, uh, our Good Samaritan laws, uh, would cover that, um, as far as Narcan distribution and as pharmacists, they're able to dispense that Narcan without a prescription. So that's even in the, you know, the, the pharmacy, uh, practice Act. So there, there shouldn't be any question is that, you know, whether the pharmacist is going to be liable.

Rollie Martinson:

Now, I, I'm curious if anyone knows, does the, the over the counter designation, um, does that impact any of these, like the previous laws on, on Naloxone in pharmacists? Does that change anything?

Rollie Martinson:

Uh, with, I was just curious if with Naloxone being over the counter now, or specifically like certain Naloxone products being over the counter Narcan, if, if that has any impact on the, uh, our, our community distributor or how pharmacists can distribute.

Brian Musgrove:

I'm not sure about that, honestly. Um, 'cause yeah, um, you know, to be a distributor for Narcan, you've gotta register with Day Otis. Um, but as far as the OTC version, I'm not sure

Kris Stepp:

Because it is just, it's just Narcan. Like, it's not any Im doses or anything, but it's just the Narcan, the same Narcan that we get from DAODAS is what's in CVS. Um, and it being available without a prescription, I would, I would think that that would remove all liability from anybody's because a person buying, it's not a community distributor.

Pieter Baker:

Well, technically, and, and I might have this wrong here, but I understood it as it is available like at CVS with a prescription, but there's a blanket prescription that's written, so you don't like at, when you, if you go to CVS to buy it, you're technically getting it through a prescription, right. That's been written and sort of as a blanket. So there might be other considerations in terms of like distributing in the community. Um, I, in other words, I don't know if this, you brought up, uh, I don't know how relevant that is for like community distribution. I don't know,

Kris Stepp:

But also like they have it in displays, like out on the floor.

Brian Musgrove:

Yeah, I'm, uh, Peter, I, yeah, I mean, previous to it actually going OTC, uh, it was through the, uh, practice Act that we, we were able to dispense it technically without a prescription as long as someone requested it, family member or whomever. Um, we technically had a standing order that allowed us to dispense it, but now it's actually over the counter without a prescription, so. Oh, okay. Yeah. I would've to reach out to someone with de OTAs to get clarification on how that's, how that affects that whole community distributor portion of it.

Pieter Baker:

Yeah. Sorry, I was just thinking to my experience when I recently moved here to go to the local CVS and just see what it was like, and it was that, so I don't know if that was more recent or, uh, or maybe some places still doing it a different way, but thanks for, thanks for updating that.

Kris Stepp:

It's been in the last year.

Brian Musgrove:

Yeah. I'd say within just about six months, uh, or right around there that it went over the counter.

Brian Musgrove:

Federal law requiring a prescription.

Pieter Baker:

Yeah. So I don't even know why I still have this. I mean, I have the, the Narcan with me, but it's got, and I have the prescription info too, so Yeah.

Brian Musgrove:

Now when was that? So may, I don't,

Pieter Baker:

October of, yeah, this last fall, October 9th, 2023.

Brian Musgrove:

And that was through, uh, Walgreens or

Pieter Baker:

Yeah, CVS. CVS.

Eric Ridings:

The protocol's still active. So you could do it Yeah, that way too. Either way.

Pieter Baker:

Oh, okay. Yeah. And then I, I thought that was interesting and, and, and obviously relevant as well. Uh, so I kind of looked up and I, I found that that statement that I took to believe was still active, but over, you know, an over the counter provision would be, yeah. Much better in terms of access

Eric Ridings:

One problem is it's \$50 something bucks, basically on over the counter.

Kris Stepp:

Yep. So encourage folks for their local community distributor if they need it, they can get it free. Holler at me. I got it. All day.

Kris Stepp:

You know, anybody that uses drugs is at risk.

Brian Musgrove:

Yeah. And we dispense, or, well, it's available at all the health departments also, and as a package, it's got the Narcan plus it also has some fentanyl test strips in it, and that's free. Uh, I think they have a limit of, I don't know, one or two per person per day kind of deal.

Kris Stepp:

But it's available, props to DHEC.

Brian Musgrove:

Yes. Any of the health departments.

Greg Huckins:

And I think we can all agree that's, that's probably been one of the greatest strategies implemented as far as reducing overdose deaths in South Carolina is kind of getting Narcan to people directly. If any progress has made, been made, it's a direct result of the availability of Narcan. Not le- not legislation that has been passed.

Kris Stepp:

We got close to a thousand reversals now, bro.

Brian Musgrove:

Yeah, I, I agree with you Greg. Um, and unfortunately, DHEC, we, since we are a government agency, we kinda have to sit there on the fence. Uh, so we don't really do a whole lot of advertising that we have those products available, but they are so, you know,

Rollie Martinson:

I, I know some folks are more comfortable going to the, uh, local health department versus going to a treatment or a recovery community org than

Brian Musgrove:

Yeah. That's why I try and, you know, any group on me and I, I try and let 'em know, Hey, you know, it's free at the health department. Just gotta walk in and, and ask somebody,

Rollie Martinson:

You know, and this, this might actually be an area for some future advocacy, uh, moving our state more towards, uh, evidence-based Naloxone distribution. Um, you hear Dedis talk a lot about our saturation plans, but we have very few organizations in the state actually doing evidence-based distribution.

Amber Frazier:

I wouldn't, would like, uh, more, more, um, uh, good Samaritan law. I'd like that to be a little more defined because it's really vague. And

Rollie Martinson:

Yeah, that's another big area too. And I think, you know, we might be able to tie that together. Uh, especially with these, uh, one of these like drug-induced homicide type bills, will, will, will probably pass. Um, in North Carolina, I'm on a coalition, Good Samaritan Coalition, with them, and they've been dealing with the consequences of their drug-induced homicide bill, um, trying to reform their, their Good Sam(aritan) laws right now.

Kris Stepp:

I dunno if everybody here knows that we've taken an interest in a person who's been charged in a murder, in a drug induced homicide thing. Uh, Marc's been going to visit with him and talking with him and is working on getting an attorney to, uh, to work with a guy who he sold a bag of dope to an ex-girlfriend of a buddy of his that he used to sell dope to, and she died and they charged him with murder and two other people with conspiracy for murder. So we're, uh, we're about to learn a lot more about the drug-induced homicide laws too, I feel like.

Rollie Martinson:

Yeah. Which kinda makes me question why it's, it's necessary if folks can, you know, the grand jury's are already shown that they're willing to, uh, try to prosecute people for a murder charge. Uh, we've had, uh, manslaughter convictions related to post overdose investigations.

Kris Stepp:

This is with a forethought in malice too. Like this is a real deal murder charge. And the language in his indictment is crazy, man. Like he willingly killed her, is what it says he did kill her. Is the language in the indictment is crazy. And the state indicted him. I'm saying Greg.

Rollie Martinson:

But yeah, so right now we'll focus on this, uh, the senate bill. Um, and these are some good topics. Also keep thinking about, um, other issues we might want to be able to make some, uh, realistic, like impact on. Um, I definitely think there might be some room there for Good Sam(aritan), uh, also pushing back on some of like the day Otis regulations, you know, so we're looking more at like regulatory change there, um, because they are not supporting evidence-based Naloxone distribution. So that should be, um, number one is how much can you distribute? So that should be, as much as people ask for, um, who should it be distributed to? It should be distributed to people who use drugs, um, who should be doing the distributing syringe service programs or programs with harm reduction programs within them. And then, um, also should have quantities, uh, sufficient to try to upsell, to give, to encourage people to take more than they're even asking for.

Rollie Martinson:

You know, I mean, it, it took a legislative audit. It took, I mean, our state legislator to get them to start advertising Narcan and Fentanyl test strips.

Kris Stepp:

Right. But they're distributing it to places that don't even hand it out. They just stack it up in a closet. You know what I'm saying? And that's Narcan that we could give to people instead of telling 'em, no, we're out of nasal Narcan.

Amber Frazier:

What about, uh, does anybody get anything from Remedy Alliance?

Rollie Martinson:

Yeah, that's where ours comes from. Our intramuscular.

Amber Frazier:

Yeah. And DAODAS funds that .

Kris Stepp:

Yeah, they fund the nasal. That's it. They just give us nasal. We buy the, I think the

Rollie Martinson:

Muscular is about \$360 a kit. Um, sometimes they'll negotiate lower rates, uh, depending on the program.

Amber Frazier:

Yeah. Um, what's the other nasal one that they have?

Rollie Martinson:

Uh, REVIVE. So that's a new three milligram nasal formulation. So the good thing about REVIVE is they're, they're a not-for-profit company. Um, so all funds go to trying to reduce the cost of their distribution or even give, is

Kris Stepp:

That the Vivitrol one?

Rollie Martinson:

No, it, it's Naloxone nasal, uh, called REVIVE. It's, uh, three milligrams instead of four.

Kris Stepp:

Okay. There's a new like Vivitrol spray that they're trying to do. You seen it?

Rollie Martinson:

No, I haven't

Kris Stepp:

Uhuh to reverse ODs. Yeah. And like, there's really

Rollie Martinson:

Yeah. I think there's a lot of, uh, profiteering going on around the, the overpowered, uh, overdose reversal medications. Yeah. They, they're, they're aggressively marketing. I, I was at a, a conference with the table next to Kloxxado and, and, uh,

Kris Stepp:

They trying to hurt people with that, bro.

Kris Stepp:

Intentionally trying to put people into pursuit with that. That's all it does,

Rollie Martinson:

You know, and if you look at the research, they cite, you know, everybody came to the table. They said, oh, well this is John Hopkins research. Well, the research only says that people are willing to administer it. Doesn't say it's, it's needed. But, um, all stuff to think about. All right. Y'all we're at, we're at one o'clock. Um, thank you for showing up today. And again, just super proud of everybody really coming together in the last week, uh, to show up to the, at the SC capital, to send in letters, uh, to drum up support. Um, I know a lot of stuff also happens in the background, so I appreciate it.