

Rollie Martinson (00:00):

We do introduction. We've got some new folks on the call. Oh, here we go. We're getting more in too.

Michael Steelman (00:08):

Hello. Sorry I'm a little late joining up with you on the phone.

Rollie Martinson (00:16):

Alright. Who, who is that?

Michael Steelman (00:18):

It's Michael Steelman.

Rollie Martinson (00:19):

Okay. Good to see you again, Dr. Steelman. Thanks.

Marc Burrows (00:23):

Yeah, glad you're here. Here. Alright, uh, do some introductions on this, um, kick us off Rollie.

Rollie Martinson (00:37):

Yep. So, uh, my name's Rollie Martinson. I'm, uh, I live in Greenville and I'm on the board for the South Carolina Harm Reduction Coalition. And my, my full-time job is, uh, I'm a policy associate with the community education group.

Marc Burrows (00:52):

Cool. Uh, I'm Marc Burrows. I'm also with the Coalition and, uh, also in the upstate outta Greenville. Um, how about you Scott?

Scott Weldon (01:07):

Scott Weldon live in Charleston. Uh, have lived in Charleston about seven and a half years or so. Moved from Pennsylvania, uh, full-time job or part-time job, daytime <laugh>, actually nighttime job, uh, is a ranger at, uh, James Island County Park, uh, with a campground of about a hundred and twenty five hundred fifty camp sites and stuff like that. Uh, and also the former director of, uh, South Carolina Normal, normal being the national organization for the Reform of Marijuana Laws. Uh, and just recently we have sort of ceased operations of the organization here in South Carolina, uh, due to, um, getting our Secretary of State filings straightened out and back in order, and don't know if we'll bring the organization back, but, uh, my motto is nobody should be arrested for simple cannabis possession. Uh, and so that's why I'm here.

Marc Burrows (02:07):

Awesome. Yeah. I'm so glad you can make it, Scott, and hopefully we will have time to, we wanted to talk about, uh, some of the Farm Bill stuff that's going on in the upstate and would love to get your, your input on that, you later on in the meeting. Um, Lacey, you wanna introduce yourself?

Lacey (02:26):

Yeah. Hi, I'm Lacey. Um, I live in Somerville. I am, um, here just to kind of learn more about what I can do. Um, I've lived in Somerville for five years. I'm from Denver, so, um, I just am really passionate about it and would like to learn more about what I can do.

Marc Burrows ([02:49](#)):

Awesome. Glad you're here. Um, yeah. I'm glad you could make it too. Uh, sorry, I switched screens. Uh, uh, ae

Azhane Powell ([03:02](#)):

Hi everybody. Um, my name is Azhane I am also part of the coalition and I'm in Horry County. Um, my full-time is the director for Fyrebird Recovery, and I also just started doing clinical services, um, at another facility, so.

Marc Burrows ([03:22](#)):

Awesome. How about Carmen? All right, Carmen, we can come back to Carmen. How about Margie?

Margie Stevens ([03:43](#)):

Good afternoon, everybody. I'm Margie Stevens. I am a, uh, professor at USC School of Medicine here in Greenville, and the education Inventory director at the Prisma Health Addiction Medicine Center. And I do a lot of things with, uh, challenges Inc.

Marc Burrows ([04:02](#)):

Awesome. Glad you could make it. Thank you. And then Dr. Steelman, I think your last, oh, Carmen says she can't speak. Cut. Glad you're here. Dr. Steelman,

Michael Steelman ([04:23](#)):

Can you hear me?

Marc Burrows ([04:24](#)):

Yes.

Michael Steelman ([04:26](#)):

I'm Michael Steelman, I'm addiction medicine physician, and I'm semi-retired. I work occasionally at the Phoenix Center and also for Regenesys Healthcare in Spartanburg.

Marc Burrows ([04:41](#)):

Awesome. Glad you can make it. And then Rachel, I don't know if, if you wanna introduce yourself, Rachel?

Rachel Kaplan ([04:47](#)):

Yeah, I can. Hi, everyone. My name is Rachel Kaplan. I am also a member of the Coalition, um, and I live in the upstate in Greenville County.

Marc Burrows ([04:59](#)):

Cool. Um, okay. So Rollie, did you have any, did -

Rollie Martinson (05:06):

Yeah, I can get us started with, yeah, the, uh, just an update on the, the Safer syringe bill, or, let's see, we've got, uh, Evelyn and Amber just now join us. If, if, if y'all wanna introduce yourselves. We're just getting to the end of, uh, the round of introductions. Uh, Evelyn and Amber,

Amber Frazier (05:25):

Um, hey y'all. I'm Amber. I am peer support at the Courage Center, um, for support outreach, and I volunteer my time with challenges. Um, yeah, that's me.

Evelyn (05:44):

Hi, my name's Evelyn. I'm a social worker with the Greenville Memorial Addiction Medicine Program. Um, and we, I also work on our mobile clinic from time to time. I

Rollie Martinson (06:03):

All right. Um, is everyone that's here familiar with the SAPR syringe bill that, that came out? So, I'll, I'll do a, a brief update it and maybe if somebody could post the, uh, the actual, uh, bill in the, in the chat. So this was introduced back, uh, last November. Um, it came from Senator Tom Young and

Marc Burrows (06:33):

Tom Davis.

Rollie Martinson (06:34):

You got it. There we go. Thank you.

Marc Burrows (06:38):

It's Senator Tom Davis.

Rollie Martinson (06:40):

Tom Davis, I'm sorry. We, we, we had a guy in Aiken where I grew up, Tom Young, who was a politician. Always. I revert back to that. Um, so overall, I think the feelings from the coalition, it, it was, uh, a really good bill. Um, it's got some pretty good protections in there. It authorizes, uh, mail distribution. Uh, the main point of concern we've had is, is the community distributor language and what that would mean for like, any type of oversight from maybe day Otis or just the state in general. So, uh, mark and I, we've both met with, um, R Street, who, they're a policy organization who, who had, uh, reached out to Senator Davis to introduce this bill and, and R Street just, uh, for, for the group. They've asked, they think it's more strategic for, uh, US and for Senator Davis not to really publicize their, their involvement very heavily. So this is more for, for the group's information. Um, but talking to R Street that they, they weren't aware of the community. They, they took that language from another state, so they weren't aware of its significance in South Carolina. And, and they've encouraged us to, to contact with, uh, with Senator Davis to look about, uh, having a, a change to that. So right now it's just sitting in the medical affairs committee. So we'll walk through the steps of that and maybe where some of the opportunities for advocacy are.

Rollie Martinson (08:17):

So right now it's sitting there, so right now it's open, um, to us, like, or any experts, stakeholders to, uh, to submit information to the committee. Um, I think we're, we're, we're doing that, uh, through, through Ed in a bit. Are we, mark

Marc Burrows (08:35):

Through what, through

Rollie Martinson (08:36):

Through Ed? Did we send over a fact sheet for, right. Facts? Yep.

Marc Burrows (08:41):

Yeah, so like, we sent over a fact sheet, uh, to Senator Davis to kind of, uh, you know, to prep his subcommittee. Um, and right now it just seems like it stalled, so it's like, it's just hanging out and basically we need the subcommittee or Senator Davis, who's the chair of the subcommittee to, uh, put it on the agenda for the full committee. Um, and that just hasn't happened yet. And so, you know, this is, this is just the waiting game of legislation. Um,

Rollie Martinson (09:25):

And yeah, so I guess the, the term for that process is it, we need it to be brought up for a committee review. Um, after that, uh, the committee can choose or choose not to hold a public hearing. Uh, we, we think if they do, we've, we've got some really good, uh, testimony from, from our group, uh, that we could get prepared pretty quickly. Um, so we're, we're hoping that I, I, you know, my opinion, I think it'd be, it'd be great if they had the, the public hearing. Um, and we, we could really contribute to that. Um, if they do or if they don't have the public hearing, um, the next step would be a markup session. That's where they discuss like the specifics of the bill and consider any amendments that they'd make to it. And, and that would be our, our opportunity to have that, that, uh, community distributor language, uh, adjusted or change to, to something else, um, after the markup session, and then they vote on it. Um, if, if, if the committee votes in favor, it's reported out to the full Senate, the full Senate will consider it. Um, and then it will be, if that passes the full Senate, it, then it will the bill, um, they'll be prepared its final form with all the amendments that they've done, and then it, it is transmitted to the House of Representatives to repeat a, a similar process.

Marc Burrows (10:44):

Yeah. And I think like, you know, Ed's ed's feeling on this is like, something needs to happen by the end of this month. Um, he initially, he thought something would happen like in the first half of January, um, and now we're, you know, through the first half of February. So, um, so I don't know. I don't know. It's, uh, I, you know, that, but that's just his feeling in like, seeing bills like this get passed is like something needs to move in the next week or two. And if it doesn't, then I don't know. I don't know what happens. It just waits till next year or something. I don't know.

Rollie Martinson (11:25):

Yeah. And, and I can't add that, that another bill that was introduced by, uh, Senator Davis that same day, uh, healthcare market study bill, that one has already had a, uh, sorry, the dogs are going nuts. Uh, that one's already had a committee review and, uh, some public hearings. Um, but it's still pending, um, the markup session and the committee vote.

Marc Burrows (11:50):

Yeah. And so those are my, go ahead. Go ahead.

Michael Steelman (11:55):

Sorry Marc. Just that the Senate gives us some hope when things get, have to go to the house, they get lost in committee and don't turn up the last harm reduction bill in 2019 never came to out of committee. So that's the, the significance here with Senator Davis and really trying to get this one to go forward.

Kris Stepp ([12:14](#)):

Right.

Rollie Martinson ([12:16](#)):

Yeah. And I think, um, you know, Mark's, uh, previous discussion with Senator Kimson, he, he, he didn't, he wasn't very strongly invested in that, that previous Harm Reduction act. And, and my understanding of with, uh, Senator Davis, our street, when they reached out to the him, they were, they were just looking for an organization or someone to support it. And he, he, uh, he volunteered himself to champion at Ford. So, so we're hoping, uh, you know, that's all accurate and that'll follow through with that. Alright. Unless anyone has any, uh, questions or thoughts on the Safer Syringe bill? Um, we'll, we'll move on to give you an update. Uh, this is getting a little bit out of the, the Political Affairs committee, more into some direct services we're looking to provide. Um, do you want me to talk about that one, mark? Or you got that one?

Marc Burrows ([13:18](#)):

Oh, yeah, go for it. Go for it. Sorry, man. Okay.

Rollie Martinson ([13:21](#)):

Yep. So we we're, we're putting in an application this week for SCORF that would, uh, enable us, uh, to do mail distribution of, of safer supplies throughout the entire state. Um, I think we've got a pretty strong application in there. Um, basing it off of some of the success Mark had with a, a similar program at, AT Challenges. Um,

Marc Burrows ([13:49](#)):

Yeah, so that's exciting. Rachel and Azhane put in some awesome work. Um, we've still got some things to figure out, figure out, but, um, it's, the deadline is this week, so we'll just submit and then wait and see. But it would be really cool. It would allow, it would create a system to cover the whole state with mail-based syringe distribution. So that's what we need, uh, the most, I think right now too, is the mail based service because we're missing a lot of people that we can't get to.

Michael Steelman ([14:52](#)):

Marc, can you fill in from what happened when you did it before and when that ended, if that was about funding or so forth and, uh, what you're proposing here?

Marc Burrows ([15:04](#)):

Yeah, sure. So, um, yeah, it just basically bankrupted challenges 'cause it cost a lot of money, <laugh> a lot of money. It was really successful. And we didn't have specific funding for it, like right, like with anything with challenges. We just like used like general operating funds. And, um, you know, ob you know, obviously it's a, it's, it costs money to ship each package, the supplies and the packaging, everything, you know, has a monetary amount. So, um, Rachel was a big part of that project. And, um, we, I mean, so like, something to, you know, we've always, since we've been doing Challenges Inc, harm reduction stuff, we've always mailed supplies around the state. This was just a more like, uh, intentional effort, uh, to have more of like a full-time or, uh, like a monthly like mailing program. So, so what happened was it just increased our distribution numbers greatly, and so we did it, um, I always say like six months, kind of on a full-time basis.

Marc Burrows ([16:27](#)):

Um, it was more than that, but, um, the last month, the last of those six months, we did over 300 packages. And when each package is roughly around \$10, you can see how much money, um, that costs. So, so that's why we decided to stop it. And, um, we still, we still mail packages all the time. We just don't really promote it and we don't have the, the system on the website for it. But, um, um, so, um, yeah, it just, it just, we just couldn't afford to keep doing it. And it was really, it was a really sad thing when we shut it down. Um, we had to put all these announcements on the website and give people notice and all this stuff, and, um, it was a really like traumatic thing when we shut it down because people looked forward to those packages every month.

Marc Burrows ([17:27](#)):

Um, it was almost like a subscription plan, right? So they would get a package once every 30 days. And, um, and it really devastated people. I mean, obviously there's no other, there wasn't any other syringe access in these parts of the state and, um, super, like rural pockets of the state, like no resources for drug user health. And so people were really desperate for these supplies and, and also extremely grateful and thankful for these supplies. And, um, it was a really exp like, you know, powerful project to experience. And so it would be really cool if we could get it going again and that, and do it better this time, right? With the coalition with Fyrebird Recovery. Um, and that's, so that's kind of the, the setup that we've envisioned is the coalition kind of outsourcing some of the, um, some of the process to Fyrebird Recovery and Challenges Inc. Um, so that's kind of what we're work that, that's how we've been working on it, Michael.

Michael Steelman ([18:36](#)):

Okay. Thanks.

Marc Burrows ([18:38](#)):

Yeah. Yeah. I don't know if anyone else wants to explain that, that anymore. Uh,

Azhane Powell ([18:53](#)):

Yeah, just to like piggyback off of that, it's just to provide, like Marc said, a better overall network, um, because with this grant, we're also gonna do case management, um, and some wraparound services, so challenges and Fyrebird coming together to kind of touch on the areas that don't have that type of support, especially from a harm reduction network. Um, so hopefully that's something that Square can identify for the gaps of care. Um, but it's a pretty strong application. Um, so it would be exciting to see kind of the implementation of that, um, the collaboration between wrap-around services and mail-based syringe services,

Rollie Martinson ([19:42](#)):

You know, and then the, I think the only other thing I would add is that, um, I think another thing we really have going for us with that application is that we know this is something the board's open to, given that they, they awarded, uh, Firebird Recovery funds, uh, to buy, to buy supplies. All right. So we'll move on to the next item. And this one, Scott, I'm really curious to hear if you have any insight into this. I'll post the, the link here, uh, in the site. Um, but I've, I've seen this happening also, like, um, in the Columbia area and a few other places in our state where we're seeing, uh, law enforcement trying to go after these cannabinoids that are legal under the hemp farm bill.

Kris Stepp ([20:49](#)):

You have the one where Walt Wilkins sit on TV the other day if it gets high. If it gets you high, it's illegal.

Rollie Martinson (20:57):

Yeah. And if you see, you know, if that's an accurate quote in the article, they essentially say that they, they don't care what, what the lawmakers or the law says that they're gonna this, um,

Kris Stepp (21:06):

Their interpretation and they're just doing what they want to do, and somebody needs to sue the out of 'em.

Rollie Martinson (21:15):

Yeah. 'cause these, these pro uh, you know, these OIDs, like THCA Delta eight, uh, th they're gonna come back positive as THC given the field testing equipment they do. Um, so, you know, and then it's gonna be like day Otis, they got a, or not day, I'm sorry, sled had a, a civil lawsuit for similar, slightly different issue, but they, they're going really aggressively after some hemp farming in, in the state. Um, so I, I don't know, we haven't really brainstormed on how maybe we can push back on on this or, or, or what. It's just kind of strange to see some emphasis on, uh, on cannabis enforcement. Uh,

Scott Weldon (21:54):

The only insight that I have, and I have to agree with you, somebody has to take this to the courts, that is the, is going to be the resolution to this. Um, and my understanding is the owner of Crown Town Cannabis, um, is trying to rally the troops and raise the funds to hire a law for firm that has fought this fight in other states and won. Um, where they are with that, I don't know. Um, last I talked to them was a probably a month or two ago. Um, and they were just sort of starting the funding drive for this. Um, and after this most recent announcement, I'm not sure if it was them or a different, uh, organization that said they were closing up their Columbia shop and, and concentrating on their North Carolina stores, I think, um, and that to me sounds like downtown cannabis, because they do have, this is their only shop, their Columbia shop is the only one in South Carolina, and they've been rated, they have an, an employee that's being charged, uh, with selling and distribution of marijuana.

Scott Weldon (23:05):

Uh, it, it's a situation where my understanding is law enforcement actually decarboxylated the, uh, the product before testing. Uh, so anything that was A-T-H-C-A product popped as THC, um, you know, finding them, finding it then to be marijuana. So that's all I know at this point. The other side of it would be, here, I'll share a link if I still have it here. Um, Cody Coman, who is with, uh, carolina dream.com, uh, the CBD shop, uh, uh, organization. Anyway, he's also, it's veteran owned, and he's very, um, outspoken about the need for medical cannabis for veterans. Uh, so I'm gonna share a link of his comments on the DH bill, um, which I believe is a video over on, on, uh, on Facebook. Um, you know, the only other thing I can kind of say is, is, is as what you're doing with the, uh, billing committee now, uh, write to your legislators. So that's the best thing we can do, right. To your legislators and say, Hey, you know, DEC doesn't have this authority to do this, but the other side is, it, it's going to take a court battle, it's gonna take somebody to, to fund that fight and, and get an actual, uh, ruling in our district courts or in our courts, um, saying that, yes, this has been legalized by the farm bill

Kris Stepp (24:58):

And like said the other day, them interpreting these laws the way they want to, could only like mean worst case scenario. They could do the same type to syringe exchange and just decide what they want us



to do and what they, what we can and can't do, and what's illegal and not illegal, even though it's perfectly legal.

Scott Weldon (25:24):

Oh, I could absolutely see sled getting involved in saying, Hey, this, this syringe program is, uh, promoting drug use, um, and, and, you know, coming after you or, or coming after that legislation for that reason, oh, promoting drug use, it's gonna make things worse.

Marc Burrows (25:43):

Yep.

Scott Weldon (25:43):

That I could hear SLED saying that,

Kris Stepp (25:47):

And I feel like that's coming because that's what happens in other states when it starts gaining any kind of momentum. So, I mean, I, I guess what I'm saying is we just need to be real careful of what we do agree to in a law and the, the language and how it can be interpreted. Not that it matters what we agree to anyway, we're just people sitting here talking about it. But, well,

Rollie Martinson (26:18):

I mean, that's a good point, Kris, that that was, uh, you know, having, uh, the sled oversight in, in that harm reduction act, you know, that, that was really concerning to me. I thought that could have put us in a, in a worse place than we're at currently.

Kris Stepp (26:31):

Yeah.

Scott Weldon (26:35):

And one thing I will point out about, uh, you know, the bill that's in committee now, um, February 13th, we are basically two months away from crossover date. Um, if that does not get out of committee and voted on by April 10th, uh, it won't make crossover to the house. Uh, just kind of wanted to make at that point. Then we're gonna be at the end of our two year session. Uh, it would have to be reintroduced as a new bill then next January.

Marc Burrows (27:07):

That was which bill? The medical, the medical bill.

Scott Weldon (27:12):

Um, well, the medical bill too, if it doesn't, and, and they're debating that I believe today, um, uh, in the Senate, if that doesn't make the, the crossover by April 10th, um, you know, it's not gonna go anywhere this year either, and we'll have to start as a new bill again next year. Um, but the, um, you know, the safe syringes program, same thing. If it doesn't get outta committee and then to the floor and then vote it outta the Senate within two months, you're gonna have to wait till it gets reintroduced next year.

Marc Burrows (27:46):



Right.

Rollie Martinson (27:50):

Hey, Scott, I'm curious, what, what are your general thoughts on, on the medical bill? We have up, I, I don't really know much about it except that I've heard it's the, the most restrictive in the country. Is that accurate? Uh,

Scott Weldon (28:00):

Some say most restrictive. I like to call it the worst, but <laugh> good example, uh, <laugh> good example is I, uh, last I heard, I believe there are 12 qualifying conditions where I believe even Mississippi passed theirs with like twice that 24 qualifying conditions. And, and, and it's almost like you have to be in hospice end of life care, uh, in, in much of that bill. Um, I, I, I, yeah, it's, and then try to kind of create their own, uh, uh, you know, requiring pharmacists to be involved or pharmacists don't really want to because it's not a pharmaceutical, um, it, it's a mess. And, and the one thing I like to point out with that bill, too, um, a lot of the advocates, they want s smokeable products. They want to buy, buy he flour. Uh, they want to be able to, you know, put it in their pipe or their b or the roll of joint or whatever the case may be, because they find relief quicker that way. Even Tom Davis says that he understands that like, vets with PTSD gets much better efficacy from the product by smoking it. SLED doesn't like that because they can't tell the difference between the smell of medical marijuana and the smell of street drug marijuana. Um, so he won't put Smokeable into his bill. Uh, you know, it, it's stuff like that where they're just going to bend over back word for sled, um, and they're still not gonna get sled support on

Marc Burrows (29:45):

Reefer Madness.

Scott Weldon (29:48):

Reefer Madness. Yeah, I was surprised. I,

Rollie Martinson (29:49):

I, I did some digging and I, I was surprised to see how heavy, uh, sled was actually lobbying against this, where they, they were even, uh, sending letters to Day Otis, uh, you know, just expressing disappointment DAODAS for not coming out publicly and just, uh, kinda shows you all the politics behind the scenes.

Scott Weldon (30:09):

Yes. Yeah. And, and you know, some of it goes back to, uh, um, even the seventies and the pot smuggling into South Carolina. There's a book guy read called, uh, uh, oh geez, what was it now? Um, potluck or something along those lines. And it was, it was about drug smuggling in the, in the late seventies, early eighties into South Carolina. Basically, after the Reagan administration had started focusing more law enforcement efforts into Florida, the smugglers went, well just move north. There's a lot of waterways, there's a lot of these little tidal creeks and rivers, and, you know, things like that. Uh, and if I recall correctly, I believe at the time, uh, Henry McMaster was like a, a young US attorney, uh, and he kinda went after them, like they went after Capone, they went after the financial aspect. But, uh, McMaster, uh, you know, was going after these, uh, hot smugglers back in the day.

Scott Weldon (31:11):

And so he built a lot of his kind of career on that. He's one of the first in the nation, if I understand correctly, to, um, to prosecute the smugglers under this Reagan administration, um, act or whatever it was at the time, uh, under the Reagan's war on drugs. Um, so that's sort of how he got a lot of his, uh, street

creds in the early days. So he has no, no desire. And of course, uh, you know, Chief Keel is appointed by the, the governor. Um, and yeah, they, they wanna do what the, what the governor wants, my understanding now, this is kind of weird, but the Crown Town cannabis shop that got raided and busted and closed down, and eventually they, I think did reopen, um, had the name, their name on the window, crown Town Cannabis, and they were told they have to remove the word cannabis from the window before they'd be allowed to open, because apparently McMaster's wife saw the word on the street while going by, and she just can't take it. They, they have to take that off there. They, you know, so it was sort of her push <laugh> that made them force them to take the name of their company off the window. Uh, at least that one word of it,

Kris Stepp ([32:35](#)):

You know? Yeah, that's a legitimate argument too, huh? I mean, cannabis, cannabis could, isn't necessarily even marijuana. She doesn't know that. I mean, cannabis, hemp, and marijuana, they're two different plants. A lot of people don't even get that poor life. People in South Carolina are ignorant.

Scott Weldon ([32:55](#)):

They are definitely still, uh, reefer madness, um, you know, believing that, uh, you know, it's gonna cause people come and steal your woman and make 'em jump out windows and all that crazy stuff. Um, you know, the, the most danger is to a pizza.

Rollie Martinson ([33:18](#)):

You know, South Carolina loves the war on drugs. I think in some ways it originated here with back with slave patrols.

Scott Weldon ([33:26](#)):

Yes. Yes, it did. Um, and, and that's why, like I say, I, I believe that more harm comes from the enforcement of the simple possession of marijuana laws, uh, than any amount of marijuana consumption could do to a person. And, and, and that's where, you know, mark kind of got me involved here a little bit is 'cause I believe decriminalization, the simple possession is, is great for harm reduction. Um, it takes away some of those barriers that, that people then the, the, the yolks that they get saddled with, with a simple p possession arrest, now all of a sudden you have a simple marijuana possession arrest. It, you know, it makes it harder for you to get a job. Um, you know, you're not gonna get security clearances and government jobs. You're gonna get booted if you're in the military. Uh, you won't be able to get public housing. You'll have, you won't be able to get, uh, educational funding, um, you know, all because you got caught with the joint. Um, you know, this to me is like, I, I don't get it. Um, and, and I think a, a lot more organizations have to go, yeah, they're kind of like, you know, causing more harm than good. Um, we need to, to, to change these simple possession laws at least. So, Ooh, what do we got shared here?

Rollie Martinson ([34:54](#)):

Yeah, so that, that article I just shared, it's actually a, a really great, uh, investigation. They did like, just look at the court documents, also some foyer requests, so you can see, um, I mean, just the influence of the governor and sled, um, in terms of our drug policy in, in the state.

Scott Weldon ([35:13](#)):

Yeah. This one's been interesting too, because this is the one where, uh, and I still don't know if they've released the information yet, but a lot of this involves an opinion letter or two opinion letters by the attorney general, um, having to do with this whole issue of hemp and, and the compounds and the legalities of them. And that's all it is. It's an opinion letter. It's not law. Um, and then this sort of like

underhanded, uh, unlawful attempt to get the search warrants going to one judge, and that judge says, no, you can, you can bring 'em in front of my court and we'll discuss it, but, and then they like, go to another judge, don't tell the second judge that they went to the first judge. Um, and the piece of information that SLED Chief Peele are not releasing or haven't that I'm aware of, uh, was their request letter to the Attorney General for his opinion letters.

Scott Weldon (36:11):

Uh, and that was supposed to be turned over as part of discovery. Uh, and it got to the point where the courts fined Chief Peele, he tried to appeal it going, Hey, it's not me, it's, you know, sleds take my name off of it. And they went, no, no, no, no, you're the head of sled. We're gonna keep your name on it and you're gonna be fine. This 11,000 something or other dollars. And he fought it, uh, appealed it twice, lost it. So last I heard was he was obligated to pay the fine to the, uh, attorney for not turning over this. Uh,

Rollie Martinson (36:46):

I, I think what the article, um, states is that, uh, it was ended up paying out of, uh, paid out of sleds, uh, like defense or their liability fund. So the taxpayers ended up paying for his civil suit.

Scott Weldon (36:58):

Yeah, yeah, absolutely. Um, it's always the taxpayer that they <laugh>.

Kris Stepp (37:03):

That's how it's supposed to be, right? The way it's set up.

Scott Weldon (37:11):

Yeah. Well, I mean, when, I'm not saying that nobody should be arrested for simple cannabis possession. My other one is unqualified immunity. Um, you know, they're supposed to be held to a higher standard than, than the average citizen, uh, and qualified immunity, but that's a whole nother issue there.

Rollie Martinson (37:31):

Yeah. I, I can't, I'm not speaking for the whole coalition, but personally, I, I, I definitely agree with you. I think, uh, the harms that, that, uh, criminalization and prohibition cause are, are most often, uh, more harm than, than the substances themselves. Cause

Kris Stepp (37:45):

They are, I'm proof of that. I mean, I have four simple possessions and they screw me all the time. Well, they did when I, you know, when in job hunts or anything like that. Um, it is ridiculous, just like felonies or anything else. Once you're convicted of a felony, dude, you're blacklisted. Yeah.

Rollie Martinson (38:04):

Yeah. I think a lot of us with lived or living experience have experience had something like that happen. Uh, I know, uh, I, I was using MDMA recreationally in high school, and I ended up losing my scholarships, losing my jobs, just really derailed my life. Um, even though the MDMA was probably, uh, therapeutic, if anything at that time in my life,

Scott Weldon (38:23):

<laugh> Yeah. And, and that's another thing I, I mean, I've got, over the years I've been doing this here in South Carolina, I've had, I was gonna say at least three, uh, people come up to me and tell me that they

were, you know, multi-year heroin addicts, 10, 12 years, and they use cannabis to get off of that, off of their addiction by themselves without a program, you know, that kind of thing. Um, and then the other one that I get, and this one always breaks my heart, is I get these young mothers who are mothers to be, who are using legal hemp products, purchased at the nearby CBD shop down the street from them, testing positive for cannabinoids, uh, and then having Child Protective Services, taking their baby, you know, filing, coming after 'em, filing charges, uh, taking their children, uh, for something therapeutic.

Kris Stepp (39:20):

Yeah, maybe one day, Scott, maybe one day we can dream, right?

Scott Weldon (39:25):

<laugh>

Kris Stepp (39:25):

Or move or move.

Scott Weldon (39:28):

I'm going to Colorado,

Krist Stepp (39:30):

I'm going to Colorado at the end of the month. I'm super excited about that. I may just move and

Rollie Martinson (39:34):

You have to come back, Kris. We need, we need folks like you here. <laugh>

Scott Weldon (39:38):

<laugh>. I think that's part of the problem is a lot of people that supported the cause have said it's a futile fight in South Carolina. I'm, I'm gonna move. Uh, and sometimes I feel like a guy who's like just shaking his fist at the sky when it's raining. Come on, stop raining, you know, come on, stop arresting people for cannabis, uh, <laugh>. It'll, it'll stop when it stops. Uh,

Rollie Martinson (40:05):

All right. We'll move on. Um, keep us in mind if there's any way we could support, like, even if it's like a letter of organizational support or, or something like that, um, with anything in the cannabis space.

Scott Weldon (40:19):

Okay. Yeah. I'm still sort of sorting things out with Secretary of State, but I do plan on getting my head back in the game and

Rollie Martinson (40:26):

<crosstalk>, you know, or even if you guys are looking to collect some testimony, something like that. I'm sure we, we've got some stories.

Kris Stepp (40:31):

Yeah. I'll work in excellent every day. And I'm a com I'm, I'm a huge adversary and cannabis user, so I'd be definitely willing to testify any of that.

Scott Weldon (40:42):

I, I will let you know, because one of the projects I have sort of back-burnered right now is a, uh, a podcast, um, called, uh, vilified, uh, the stories of People Arrested for Simple Cannabis Possession. Um, I will expand that into some stories of people that are, you know, these young mothers that I'm talking about and businesses that are being persecuted. But my main start is people that have been arrested for nothing more than simple cannabis possession and the detriment that it's done to their life, the, the harms that have come from it, um, you know, the obstacles it's thrown in their way. So I'll keep you posted as we move forward with that kind of stuff for sure.

Rollie Martinson (41:23):

All right. Uh, next we'll move to Open Forum, um, if anybody has any, like harm reduction, uh, related updates about the organizations, anything, any good news going on? Margie, I know you're presenting at the Governor's Opioid Summit. Do you have anything to share about that?

Kris Stepp (41:44):

She's asleep,

Rollie Martinson (41:45):

<laugh>, I know. Well, uh, I know, uh, most of us on here, <crosstalk>, I don't, I think she posted earlier, she can't talk today. Most of us are trying to, uh, work and, and, uh, be on this meeting at the same time. I know

Amber Frazier (41:59):

I'm something exciting to share. Yeah,

Rollie Martinson (42:01):

You're up.

Amber Frazier (42:03):

So next Saturday we will be doing a, uh, wound care popup event and the amount of, um, interested people interested in volunteering their time has been freaking amazing. Um, USC med students and the psychology department, um, we have a physician, um, we have a nurse, which is one of our, uh, he's a participant of ours who's in the, um, ed and he does a lot with wound care. Um, Amber are,

Rollie Martinson (42:38):

Are you seeing any of the xylazine in your area? Are you think you might be the xylazine? Yes.

Amber Frazier (42:42):

Mm-Hmm. <affirmative>, yeah. I feel like, I don't know for sure,

Rollie Martinson (42:46):

But challenges I heard heard more about Xylazine than I have any other day out there.

Amber Frazier (42:50):

Say that again.

Rollie Martinson (42:52):

I said last Friday when I was volunteering Challenges, I think I heard more, more things that sounded like xylazine possibly, um, just overdoses and wounds. Uh, no, we didn't know for sure, but, but, uh, definitely more than I had heard about, uh, at any other,

Kris Stepp (43:04):

Where are you, Amber? Are you in Columbia?

Amber Frazier (43:07):

Yes.

Kris Stepp (43:08):

Okay. So yeah, I mean, I think it, like Rollie was just saying, I think it comes through in batches though. Like you'll see that like for a couple weeks and then you won't hear anything about it, and then everybody will be ate up with holes or have od stories where Narcan didn't work. So I think it's coming through, but not like consistent, just like batches. Is that the way it looks there or?

Amber Frazier (43:32):

Yeah. Um, I'm getting more, uh, info on it though, through volunteering with challenges. Like people are more open to discuss, um, their wound cares or wound concerns just from that program other than just courage center, so,

Kris Stepp (43:51):

Right. Okay. Um,

Amber Frazier (43:53):

But yeah, uh, we we're here

Kris Stepp (43:55):

Possible there. Got that going on. Yeah,

Amber Frazier (43:58):

We

Kris Stepp (43:58):

Do something like that because we got a lot of wounds that need some care.

Amber Frazier (44:04):

Got it.

Rollie Martinson (44:05):

I, I was watching, uh, a video of, uh, I think <inaudible> sisters in Kensington, and, and, and they were showing footage of how this year, I mean, there a huge percentage of their population now this year is showing up in wheelchairs, um, for wounds and amputations. So

Kris Stepp (44:21):

About a hundred percent of their dope is tracked though, man. Yeah. Ton. Yeah.

Amber Frazier (44:27):

Oh, another exciting thing. Um, it's not confirmed, but there's discussion about Buke induction, um, with the paramedics and stuff. Um, cool. So, um, at least here, so maybe that's hopefully something that we can have at one of our popups.

Rollie Martinson (44:51):

Yeah, that, that's awesome. Amber,

Amber Frazier (44:53):

Have y'all heard, have y'all heard anything on the new induction?

Rollie Martinson (45:02):

So, I mean, we,

Michael Steelman (45:03):

Dr., I can,

Rollie Martinson (45:04):

Oh, go ahead, doctor. This is your area.

Michael Steelman (45:06):

I, I can jump in here. What the real push would be is if you totally reverse someone, why aren't you starting them on buprenorphine immediately? And that's really where the real push is. It's to get Dr and everyone else. I mean, if you just reverse somebody and release them, we all know what they're going to do, right? You just go out and, and you, you, and then they, they ridicule them about the revolving door and keep coming back. The real question is when you do that, why don't you give them bup immediately? You, you empty the receptors up, why don't you fill them right away? So that's where they're trying to move medically and what to do. So it's interesting if you start to see some of the facilities doing that.

Rollie Martinson (45:48):

Dr. Steelman I, I don't know anybody's personally at gone through that process. How, how, like what are you hearing? How smooth is that, that transition?

Michael Steelman (45:56):

Uh, a couple of the centers that are doing it, it's, um, you know, the, the, those ERs, it's been very helpful because again, and then you do a quick handoff so that they can continue to get, uh, their BUP and get plugged in with a program. But typically, I mean, think about it gives them more Narcan. We're a Narcan, we're a Narcan, so we're, um, we're totally, um, uh, depleting all of the receptors and then you're letting them walk out. The other issue is they're trying to decrease the amount of Narcan given. You just need to keep somebody breathing. You don't need to totally reverse them and give them a little bit of time, and that's how you help them through the situation. Just giving them more and more and more Narcan only puts them, uh, in a, a complete withdrawal situation, and no one's gonna take care of them after they do that. So that's where this is trying to fill fit in there.

Rollie Martinson (46:54):



Yeah. Uh, that's an excellent point and something I see missing in, I'd say most overdose trainings. Chris, I think you're on mute.

Kris Stepp (47:06):

I get all of that and that's all great, except for what about the people that, like, is there a gonna be a optout option for people getting BUP induction just because they OD'ed because everybody that ods doesn't want, but

Amber Frazier (47:26):

Abso

Michael Steelman (47:26):

I don't, well, I, I wouldn't give an optout out option initially. You can put them on it if they don't bother to get it filled or don't bother to do your warm handoff medical legally, you are gonna run into a situation that you started to treat someone. If they just get reversed and they come out of the services, what, what do you do? How do you stop the revolving door?

Kris Stepp (47:49):

Right? But I mean, I just, I, I get all of that and I, and I, I like the idea, and that would be great in theory, but, uh, I mean, like a lot of people don't want buprenorphine. A lot of people that I know want to use fentanyl and not buprenorphine. And so if they weren't given that opt-out option and just were put on, but would that not be some kind of ethical dilemma?

Michael Steelman (48:20):

Well, you don't present to medical facilities and say that you want fentanyl to treat your opioid addiction.

Kris Stepp (48:26):

No, no, no, no, no. I'm saying, you're saying with an OD and when you reverse 'em, initiate buprenorphine, right?

Michael Steelman (48:34):

Correct.

Kris Stepp (48:36):

Okay. I mean, I'm just in theory. That's great. I just, I, I just think in real life scenarios and about how that may just be totally against what somebody wants to do. I mean, and being in harm reduction, I'm trying to meet the person where they're at and help 'em with whatever it is they're going through. Like if they want to continue using, then okay, I'll give you as much Narcan as you need and give you education on over administering Narcan. We, we do take time to do that at challenges, but, but just saying you OD'ed, so now you're gonna be on buprenorphine. I just, I, I, I can't, I I don't my mind can't wrap that around being <inaudible>

Michael Steelman (49:24):

From my understanding that's what they're saying. I think what I, I, I don't think that's what they're saying, that you're just now gonna be on buprenorphine. I think it's using it in an emergency or an acute situation to prevent that person to go into active withdrawal and just being discharged from the

emergency room, but go back and just, and you're providing, you're providing a warm handoff. If that person doesn't want the warm handoff, I mean, you, you can't force anyone to do anything.

Kris Stepp ([49:51](#)):

Right. Okay. I I'm with you. I'm with you, and I'm not, I'm, I'm not saying that that's a bad idea. I love that idea in theory, but I also know what I know from dealing with people. I

Michael Steelman ([50:03](#)):

Hear you personally. I'd love to give a Suboxone to everyone in the emergency room in that situation or a subplate, but nobody can afford that.

Kris Stepp ([50:11](#)):

Right.

Rollie Martinson ([50:14](#)):

You know, I, we've got, uh, like super low threshold, uh, buprenorphine next to us with a partnership with Prisma challenges. And, and I mean, I think the reality when you look at like drug user surveys or like national surveys on, on drug use and health, uh, most people, I mean, they don't wanna stop and it's not, then you look at the reason it's not access to treatment. It's number one reason is don't wanna stop. Um, number two reason,

Michael Steelman ([50:39](#)):

And that's also under all the mental health Yeah. Isn't getting diagnosed and isn't being treated.

Rollie Martinson ([50:44](#)):

Now, I wonder too, if there's more room for education, I like, often I see now this is all substance use. Um, but what I see, I think in the top two or three reasons is like, uh, beliefs about efficacy of treatment,

Michael Steelman ([51:02](#)):

But the efficacy really enters in a lot of it when it's simply that's the only thing you're doing. And that's not what any of this is about. It, it's has so many adjunctive treatments that help to then get to a successful program. No pill or shot is going to treat the problem, but we are hoping that you can get them to a state where they're not using for this one week, this couple of days or a week and be able to get some of the other services that they can actually participate with or not. That's the problem.

Rollie Martinson ([51:36](#)):

Uh, I hear you and I, I agree. Yep. Um, yeah, I, we're running into, uh, 1:00 PM Does, does anyone else have anything before, before we get off real quick? All right. Uh, thanks everyone, uh, for making it today. I know it, it is tough to kind of cram this in into the middle of the workday, so I appreciate all you being here.

Amber Frazier ([52:06](#)):

Hi y'all.

Marc Burrows ([52:08](#)):

Bye. Y'all have a great day. Good meeting.

Michael Steelman ([52:15](#)):  
Talk to y'all next month.