OPIOID USE DISORDER TREATMENT

GREENWOOD AND ADJACENT COUNTIES

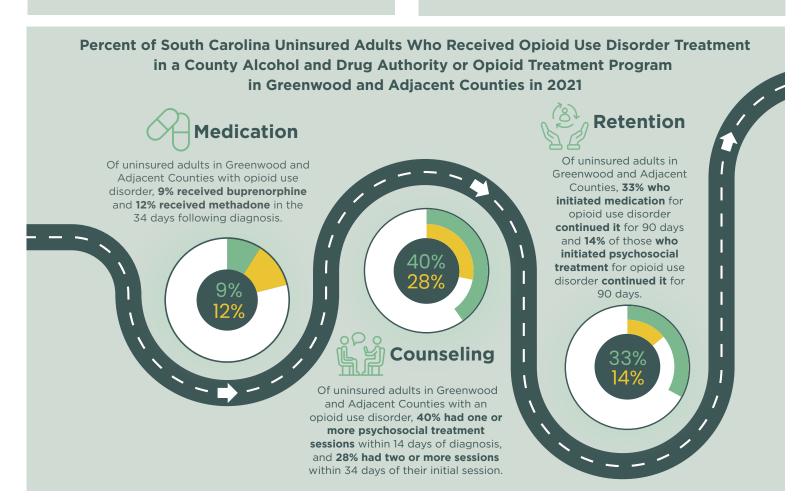
Cascade of Care

237

People Have Died from Opioid Drug Overdose in Greenwood and Adjacent Counties from 2015-2023*

Treatment for Opioid Use Disorder Works but is Underutilized.

The evidence is clear that treatment for opioid use disorder can facilitate recovery, improve individual and family well being, and dramatically reduce the chance of overdose and death. However, most people in South Carolina who have an opioid use disorder are not receiving any treatment for their condition.



The Data

The estimates presented in this county profile reflect uninsured adults aged 18-64 who received opioid use disorder treatment in a County Alcohol and Drug Authority or Opioid Treatment Program in South Carolina in 2021.

Detailed information regarding the study population and the methods used to create these estimates can be found on our website.

Support & Resources

South Carolina Center of Excellence in Addiction provides:

- <u>Technical Assistance</u>
- Training and Education
- Data Analysis

South Carolina's Guide to Approved Uses for Investing Opioid Settlement Funds provides information of how you can implement approved strategies for spending opioid settlement funds in your county.





OPIOID USE DISORDER TREATMENT

SOUTH CAROLINA

Cascade of Care

1 OUT OF 4

or 22% of uninsured adults in South Carolina with opioid use disorder received treatment in a timely manner in 2021.

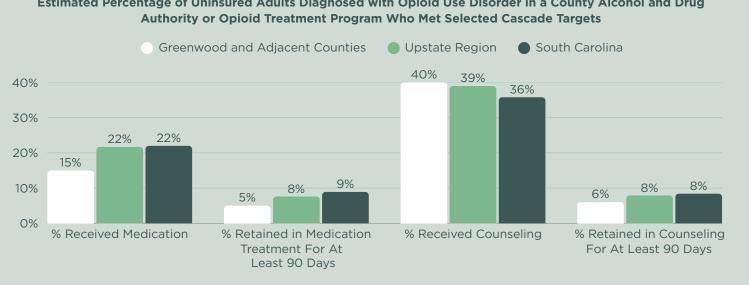


Cascade of Care Framework

Promoted by the National Institute on Drug Abuse and the Centers for Disease Control and Prevention, the Cascade of Care framework can help structure local and state efforts to combat the opioid epidemic by identifying key targets, interventions, and quality indicators across populations and settings to reduce deaths.*

Greenwood and Adjacent Counties Compared to South Carolina

Estimated Percentage of Uninsured Adults Diagnosed with Opioid Use Disorder in a County Alcohol and Drug



Strategies to Strengthen the Cascade in Greenwood and Adjacent Counties

Diagnosis

- Implement screenings in health care settings and use evidencebased standardized approaches to • identify opioid use disorder
- Implement evidence-based early intervention programs in schools
- Encourage interventions by first responders to connect at-risk individuals to behavioral health services and supports (e.g. prearrest diversion programs, postoverdose response teams)

Medication

- · Increase access to free and lowcost treatment
- Expand treatment capacity by increasing the number of health care providers willing to prescribe buprenorphine
- Build and strengthen collaborative referral relationships between opioid treatment programs and other treatment providers
- Develop programs in jails to provide opioid use disorder treatment medications for individuals who need it

Counseling

- Build effective referral systems and Provide services to address warm handoff programs guided by the principle that there is "no wrong door" to initiate treatment
- increasing telehealth options and mobile methadone programs
- Implement harm reduction programs to reduce health and safety issues associated with drug • use (syringe services and naloxone distribution programs)

Treatment Retention

- barriers to remaining in treatment, such as transportation, childcare, and housing
- Decrease barriers to treatment by Ensure care is patient centered and continue shared decisionmaking practices with patients around treatment initiation and
 - Implement treatment programs that include the use of health IT (e.g. tele health, online programs)

Data displayed represent South Carolina's uninsured adults aged 18-64 from 2021 who received opioid use disorder treatment in a County Alcohol and Drug Authority or Opioid Treatment Program. Percentages are estimates based on the data and do not reflect exact counts. State regions are based on the South Carolina Department of Public Health Regions. These data reflect trends in opioid use disorder diagnosis and treatment receipt during the COVID-19 pandemic, which may differ significantly from such trends during the non-pandemic period.



