



Statement in Support of SB 161

January 15, 2024

Voices for Non-Opioid Choices (“Voices”) applauds Senators Daniel Verdin (R-09) and Billy Garrett (R-10) for introducing legislation designed to prevent opioid addiction in South Carolina. Voices would like to extend our full support for South Carolina Senate Bill 161.

For too long, our response to the opioid addiction crisis focused solely on opioid overdose death prevention. Such a focus misses the opportunity to prevent addiction where we can, including by reducing and minimizing unnecessary exposure to opioids. One opportunity to do this is to increase the availability of non-opioid pain management approaches. In doing so, SB 161 will prevent opioid addiction for many South Carolinians and save lives.

Voices for Non-Opioid Choices (www.nonopioidchoices.org) is a national, non-partisan, and nonprofit organization based in Washington, DC dedicated to preventing opioid addiction. Our coalition boasts over 20,000 advocates and 200 member organizations from across the country representing the leading patient, provider, and public health advocacy organizations. All told, Voices’ members represent millions of Americans affected by the U.S. opioid epidemic.

Despite years of attention to combatting the opioid epidemic, the crisis persists. Last year, we lost 81,000 Americans to an opioid-related drug overdose.ⁱ This means that, on average, **we lose more than 200 Americans every day to an opioid-related drug overdose.**

South Carolina is not immune from this national epidemic. In 2022, there were **1,864 opioid-related overdose deaths**, accounting for **81.2% of all drug overdose fatalities** in the state.ⁱⁱ For many, the path towards addiction begins after being prescribed opioids to manage an acute pain incident, such as for postsurgical pain, an accident, or sports injury. In South Carolina, there were **48.4 opioid prescriptions written for every 100 persons** in 2023.ⁱⁱⁱ

Fortunately, this is a path to addiction that can be prevented by ensuring access to non-opioid approaches.

Prescription opioids are frequently used to treat acute pain. In fact, as many as **90 percent of all surgical patients** in the United States receive a prescription for opioids to manage postsurgical pain.^{iv} It is easy to understand why prescription opioids are frequently used – medical professionals are trained to treat pain with opioids, they are seen as effective ways to treat pain, and, perhaps most importantly, generic prescription opioids are incredibly cheap. As such,

health insurers frequently make generic opioids available to patients at little – or no – charge to the patient.

This inadvertently incentivizes patients – and their healthcare providers – to treat pain with prescription opioids. We must change this care paradigm.

SB 161 would do just this. This legislation establishes a state Preferred Drug List that prohibits favoring opioid treatments over FDA-approved non-opioid alternatives for pain management. It also mandates the Department of Public Health to create an educational pamphlet on non-opioid options and provides guidelines for practitioners offering these treatments.

SB 161 would not put prescription opioids out-of-reach for those patients who want – or require – those treatments. Rather, the legislation would ensure that South Carolinians would have full access to the full suite of safe, effective, and FDA-approved pain management approaches, including both opioid and non-opioid options.

There are currently some FDA-approved, safe, and effective non-opioid pain management products on the market with more in the pipeline. These include nerve blocks which provide regionally-specific pain relief and are commonly used during oral and soft tissue surgeries. There are also brand name non-steroidal anti-inflammatory drugs (NSAIDs) that are used in a variety of other acute pain incidents, such as sports injuries, migraines and other short-term pain incidents. Finally, there are other physician-administered products that are used instead of fentanyl for cataract surgeries. All of these products greatly diminish reliance on prescription opioids, provide effective analgesic support for patients, and reduce quantities of opioids prescribed and consumed in the United States. These are products that would be made more accessible through SB 161.

On top of these currently available products, SB 161 sends a strong market signal to innovators developing novel therapies. There has been a good deal of innovation in the non-opioid market that is starting to bear promise, and several non-addictive approaches may be approaching the market over the next year or so. This signal is clear: if you are successful in bringing new, innovative products to market that can treat pain without relying on opioids, patients will be able to access them.

There are several of such products that may soon come to market from several manufacturers.^v

There are solutions on the market and there are more on the way. However, all of this work, innovation, and advocacy will be for naught if we do not ensure that patients and providers can easily access these products. SB 161 is an important patient safeguard and a commonsense solution to an opioid addiction crisis that gets worse every year.

In short, SB 161 would go a long way towards preventing opioid addiction by ensuring robust access to non-opioid pain management approaches. The legislation accomplishes this by making

sure that health insurers are not putting up barriers that inhibit patient access to these products.

The legislation being considered today mirrors a federal bill, the Alternatives to Prevent Addiction in the Nation (Alternatives to PAIN) Act, which was introduced last year in the U.S. House of Representatives and Senate and will soon be reintroduced in the 119th Congress.

Simply put, we must ensure that all patients can easily access non-opioid pain approaches across all care settings.

Voices for Non-Opioid Choices urges the federal and state government to continue to work hand-in-hand to solve the opioid crisis currently taking place in South Carolina, and throughout the country. For too long, prescription opioids have been the default method for managing pain – and insurance company practices have reinforced this reality. This puts patients at unnecessary risk for misuse and addiction.

The Centers for Disease Control and Prevention calls on health professionals to utilize non-opioid pain management approaches as “first-line therapy” for acute pain patients. This legislation would enable more patients to have access to non-addictive products and would improve care for the tens of thousands of South Carolinians who experience an acute pain incident every year.

Voices applauds the advancements proposed in SB 161 and would like to see these efforts come to fruition.

Once again, thank you for making the time today to recognize and examine the importance of expanding access to non-addictive opioid alternatives throughout South Carolina.

With appreciation,



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ⁱ South Carolina Department of Health and Environmental Control (2024). Drug Overdose Deaths South Carolina. <https://justplainkillers.com/wp-content/uploads/2024/04/Drug-Overdose-Report-2022.pdf>

ⁱⁱ Centers for Disease Control and Prevention (2024). SUDORS Dashboard: Fatal Drug Overdose Data. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>

ⁱⁱⁱ Center for Disease Control and Prevention (2024). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

^{iv} Singh, K., Murali, A., Stevens, H., Vydiswaran, V. G. V., Bohnert, A., Brummett, C. M., & Fernandez, A. C. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. *Surgery*, 172(1), 241–248. <https://doi.org/10.1016/j.surg.2022.01.008>

^v Kingwell, K. (2022, October 14). *New non-opioid pain drug pushes through to pivotal trials*. *Nature*. <https://www.nature.com/articles/d41573-022-00175-2>