South Carolina DAODAS

Department of Alcohol and Other Drug Abuse Services

Overview of
Prevention and Intervention Services Division

South Carolina Legislative Oversight

Healthcare and Regulatory Subcommittee

November 12, 2019

Prevention & Intervention Services Division

<u>Purpose</u>

To improve behavioral health through evidence-based prevention approaches by:

- Working with federal, state, public, and private organizations to develop comprehensive state and community-based substance use prevention and intervention services for organizations and communities.

- Promoting and supporting effective substance abuse prevention practices that enable communities and organizations to apply prevention science effectively.

- Providing state leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use.

What Is Prevention?

Substance abuse prevention is a complex process requiring **more than a single strategy or approach**.

Primary prevention includes all services that **reduce the risk** of developing alcohol, tobacco, and other drug problems or **enhance factors that protect** individuals and groups from developing these problems.

Strategies may also focus on **strengthening the host or individual** who may develop these problems, **reducing the availability** of the agent (alcohol, tobacco, and other drugs), or **modifying the environment** in which these problems occur.

The primary focus of prevention strategies is on **individuals, targeted high-risk groups, environmental policies and norms, and influencing behavior of persons within the community** who are not patients with a substance use disorder diagnose.

Substance Use Prevention and Public Health

In 2016, the Surgeon General released, *Facing Addiction in America: The Surgeon General's 2016 Report on Alcohol, Drugs, and Health*, calling for a **comprehensive public health-based approach to addressing substance use disorders.**

Public health is the **science of preventing disease and injury and promoting and protecting the health of populations and communities.**

A public health approach involves **collaboration** with many partners, such as health professionals, families, schools, social services, neighborhoods, law enforcement, etc., to create conditions in the community that will foster health, safety, and overall well-being.

Substance Abuse Prevention Services in South Carolina

County Alcohol and Drug Abuse Authority Locations

Multi-County Service Area

Single County Service Area

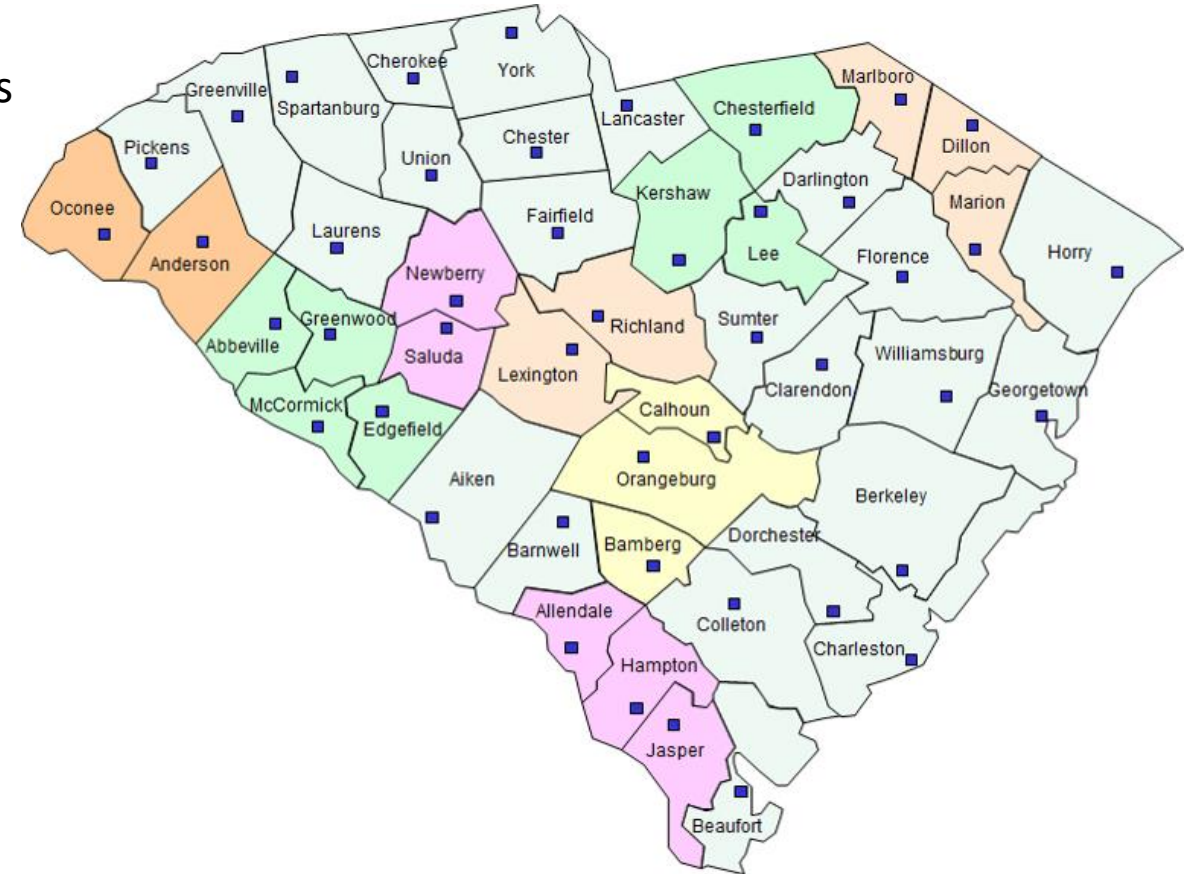# Certification of Prevention Professionals in South Carolina

The South Carolina Association of Prevention Professionals and Advocates (SCAPPA) is a chapter member of the International Certification & Reciprocity Consortium (IC&RC), which offers the **internationally recognized Certified Prevention Professional designation.**

There are two levels of certification recognized in South Carolina: **Certified Prevention Specialist** and **Certified Senior Prevention Specialist**. Both levels in South Carolina are based on the IC&RC competency-based approach to prevention credentialing.

Under DAODAS requirements, all prevention staff funded by the primary prevention portion of the federal Substance Abuse Prevention and Treatment Block Grant must be certified by SCAPPA.

SCAPPA — South Carolina Association of Prevention Professionals and Advocates

Substance Abuse Prevention and Treatment Block Grant (SABG)

The SABG is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services. The "prevention set-aside" is managed by the Center for Substance Abuse Prevention within SAMHSA.

It is the largest federal formula grant to state alcohol and drug authorities, supporting substance use disorder prevention, treatment, and recovery services.

Federal statute requires states to direct **at least 20%** of the SABG toward **primary prevention services.** The prevention set-aside represents the single largest source of funding in each state's prevention system.

Planning for Effective Provision of Prevention Services

SAMHSA's Strategic Prevention Framework (SPF) is a planning process used by the state and local alcohol and drug authorities for preventing substance use and misuse.

The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities.

The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

Priorities to Address With the Primary Prevention Set-Aside

By using the SPF model, South Carolina has identified the following priority areas to address throughout the state utilizing the SABG primary prevention funding:

- Reducing underage alcohol use and the consequences of use;
- Reducing alcohol-related car crashes (including youth crashes);
- Reducing youth tobacco use (including smokeless tobacco use);
- Preventing substance abuse and improving the well-being of youth and families in South Carolina.

South Carolina uses data collected by the State Epidemiological Outcomes Workgroup (SEOW) to inform the selection of prevention strategies to address the state priorities. DAODAS promotes the use of evidence-based programs, policies, and practices by its local providers to address substance use consumption patterns, consequences of use, and risk and protective factors at the local provider level.

The following goals are associated with outcomes that have been established by the state for use of the SABG primary prevention funding.

Reducing Underage Alcohol Use and the Consequences of Use

Goal: To reduce underage alcohol use in South Carolina.

Outcomes:

- Decrease past-month alcohol use (30-day use) among South Carolina high school students to **30% or less**. (Measured by the Youth Risk Behavior Survey [YRBS])

  (Target in 2016: 26% or less   Target in 2017: 28% or less   Target in 2018: 28% or less)

- To reduce the underage alcohol buy rate for the state of South Carolina to **14% or less**. (Measured through local reporting to DAODAS)

  (Target in 2016: 13% or less   Target in 2017: 12% or less   Target in 2018: 12% or less)

OUT OF THEIR HANDS!
KEEPING STUDENTS SAFE DURING PROM AND GRADUATION SEASON

Reduce Use of Alcohol by High School Students

| 1	Reduce (Self-Reported) Past-30-Day Use of Alcohol by SC High School Students				
Goal:	Meet or obtain lower value				
Calendar Year (Jan. - Dec.)	2014	2015	2016	2017	2018	2019
Target	36.0%	26.0%	26.0%	28.0%	28.0%	24.0%
Actual	28.9%	24.6%	24.6%	25.4%	25.4%	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		Decreased from prior year	Same as prior year	Increased from prior year	Same as prior year	Decreased from prior year
Additional Comments	Past-30-day use among high school students; the reporting frequency is bi-annual; some years will have the same actual and target values from previous year depending on reporting cycle. Source: Youth Risk Behavior Survey (conducted bi-annually)				

1 Reduce (Self-Reported) Past-30-Day Use of Alcohol by SC High School Students
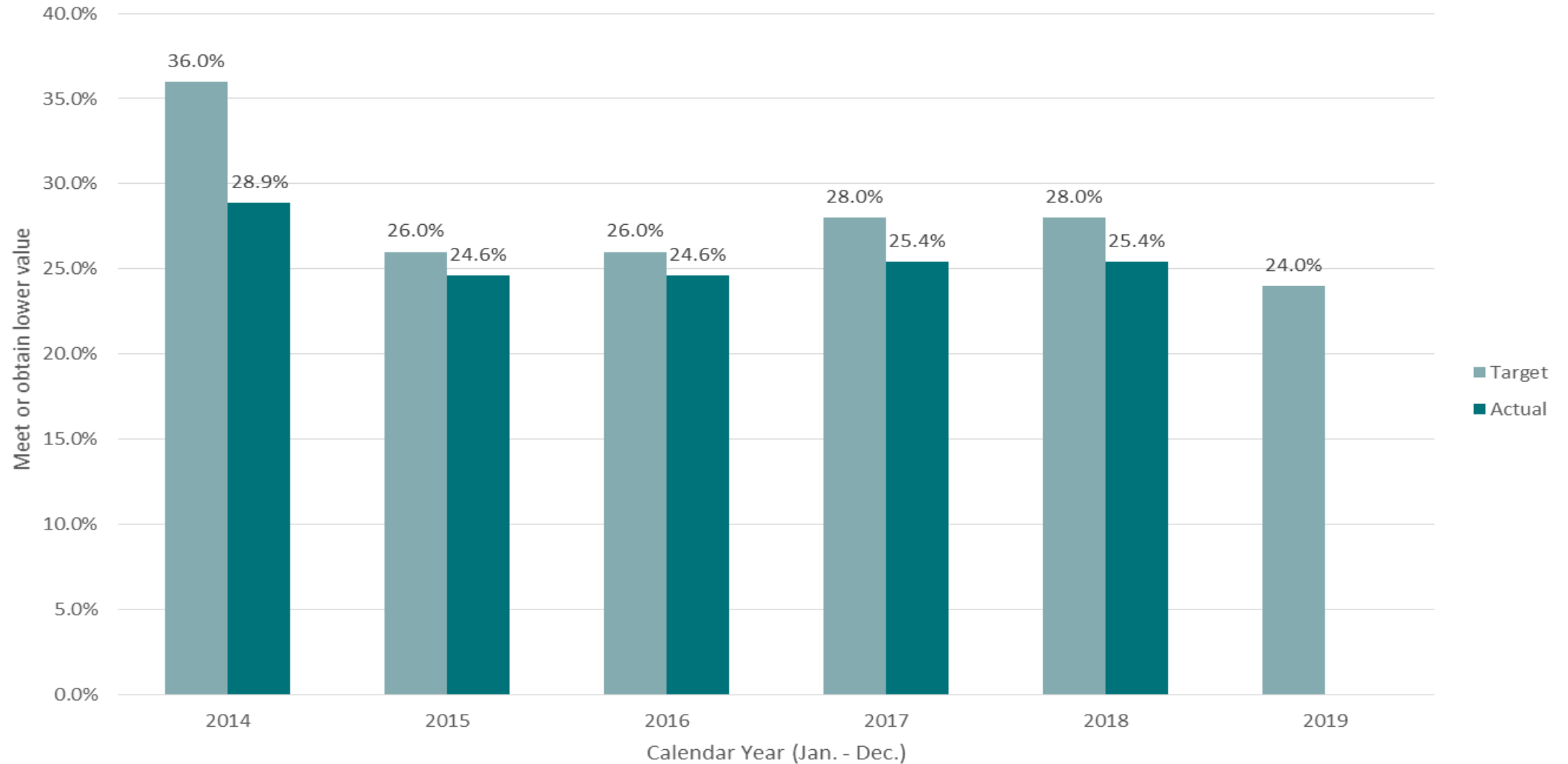
Youth Risk Behavior Survey (YRBS)

Figure 18. Past 30-Day Alcohol Use, High School Students
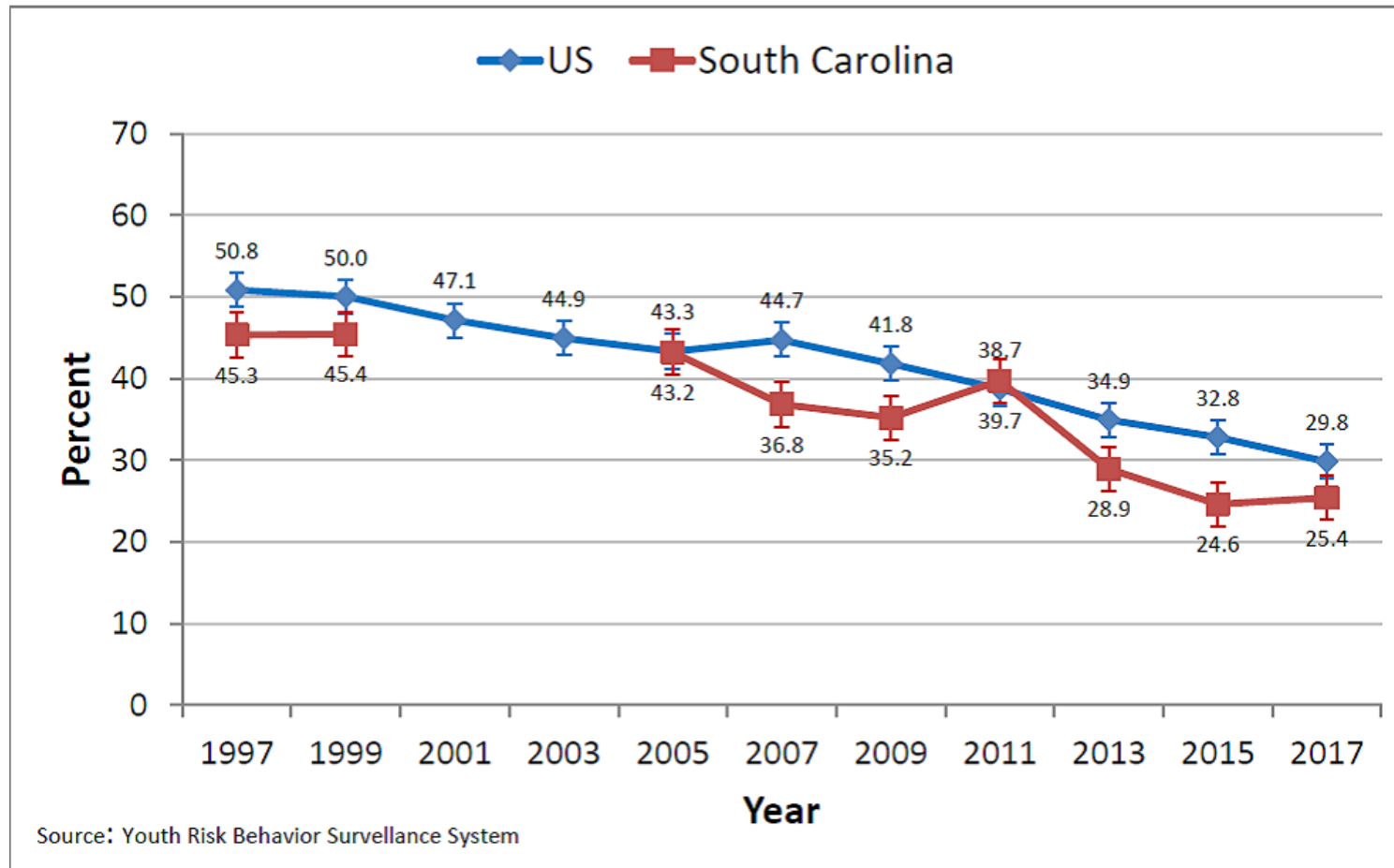
Reduce Underage Alcohol Buy Rate

2	Reduce Underage Alcohol Buy Rate					
Goal:	Meet or obtain lower value					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	14.5%	13.0%	13.0%	12.0%	12.0%	10.0%
Actual	11.4%	11.7%	11.1%	8.6%	6.9%	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		Decreased from prior year	Same as prior year	Decreased from prior year	Same as prior year	Decreased from prior year
Additional Comments						

2 Reduce Underage Alcohol Buy Rate
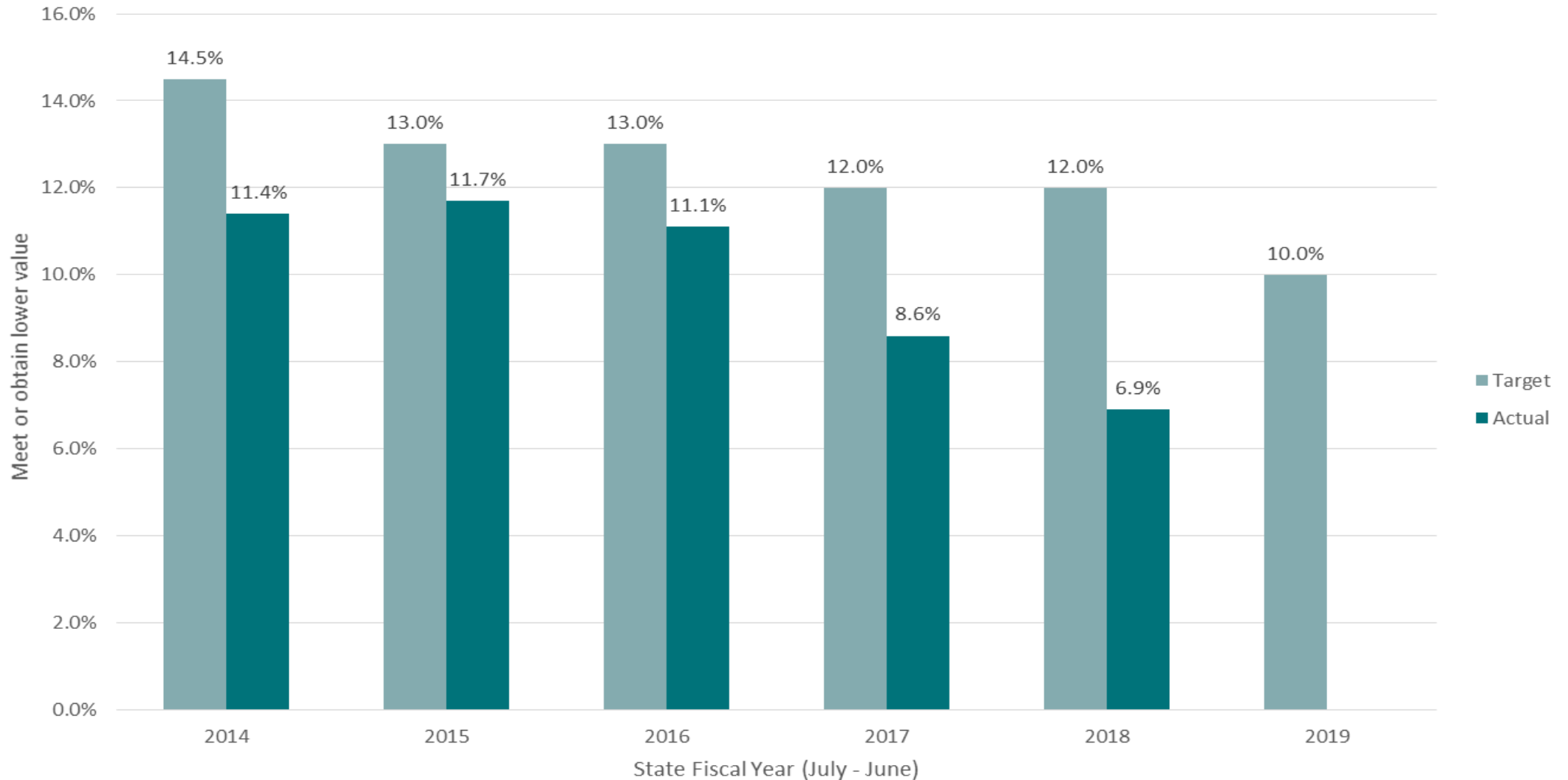
Reducing Alcohol-Related Car Crashes (Including Youth Crashes)

Goal: To reduce alcohol-related car crashes in South Carolina.

Outcome:

- Decrease the percentage of motor vehicle fatalities to **40% or less** in which one or more drivers had a BAC of 0.08% or higher. (Measured by Fatality Analysis Reporting System [FARS])
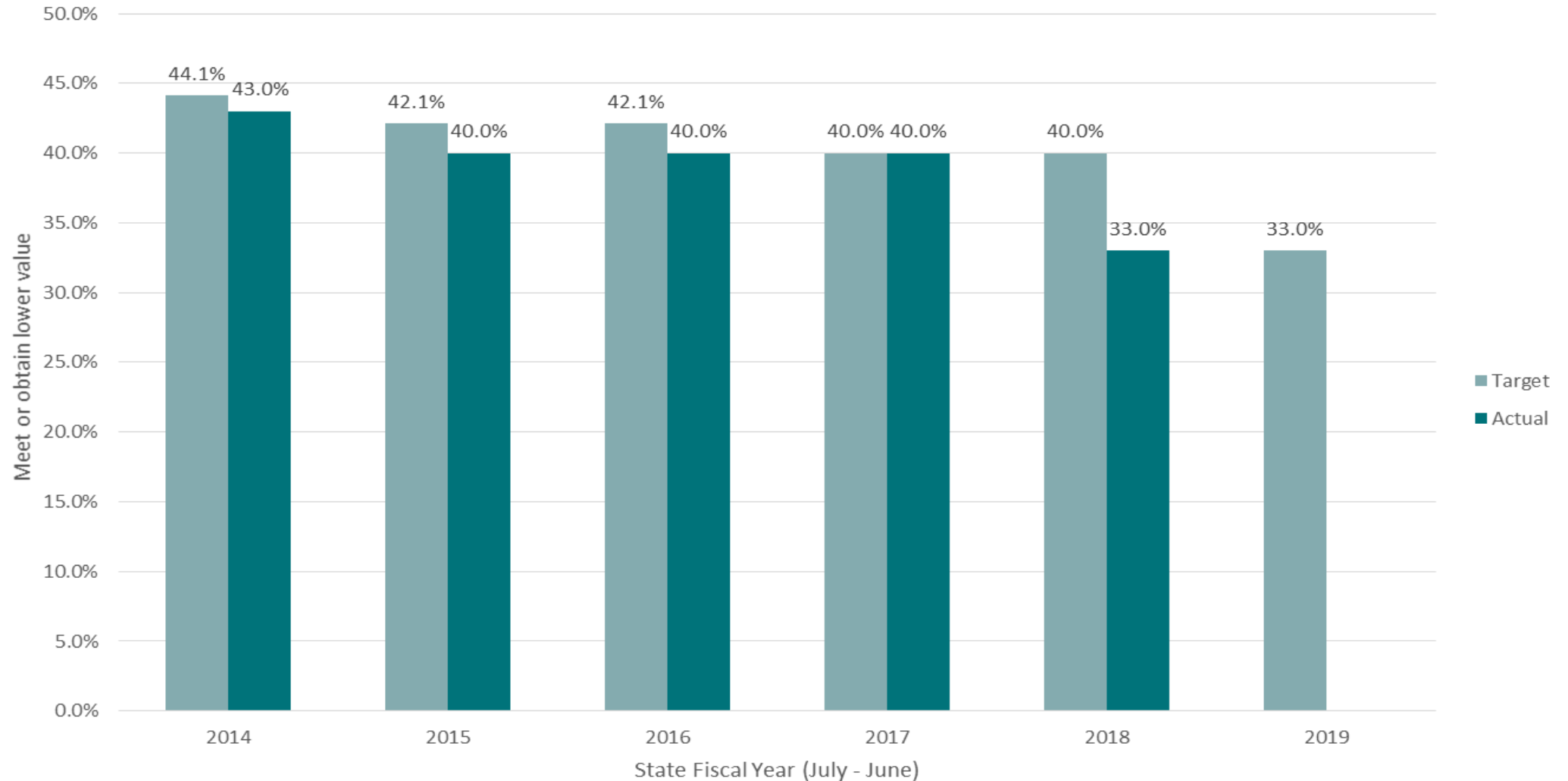
    (Target in 2016: 42% or less   Target in 2017: 40% or less   Target in 2018: 40% or less)

Reduce Alcohol-Related Car Crashes for Young Drivers

| 3	Reduce Rate of Alcohol-Related Car Crashes Where the Driver Is Under the Age of 21					
Goal:	Meet or obtain lower value					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	44.1%	42.1%	42.1%	40.0%	40.0%	33.0%
Actual	43.0%	40.0%	40.0%	40.0%	33.0%	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		Decreased from prior year	Same as prior year	Decreased from prior year	Same as prior year	Decreased from prior year
Additional Comments	Measures deaths in crashes where Blood Alcohol Concentration is .08% or greater; two-year lag in reporting; some years will have the same actual and target values from previous year depending on reporting cycle. Source: Pacific Institute for Research and Evaluation					

3 Reduce Rate of Alcohol-Related Car Crashes Where the Driver Is Under the Age of 21

Increase Alcohol Enforcement

4	Increase Alcohol Enforcement Team Public Safety Checkpoints				
Goal:	Meet or exceed				
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	1011	1000	1000	1250	550	550
Actual	1382	1250	1125	715	434	
Goal Achieved?	Yes	Yes	Yes	Yes	No	
Changes in Target		Decreased from prior year	Same as prior year	Increased from prior year	Decreased from prior year	Same as prior year
Additional Comments	Measures local participation in Alcohol Enforcement Team (AET) safety checkpoints; there has been a decrease in checkpoints due to a change in funding stream and limited number of counties funded for impaired driving prevention. Source: Fatality Analysis Reporting System (FARS)					

4 Increase Alcohol Enforcement Team Public Safety Checkpoints
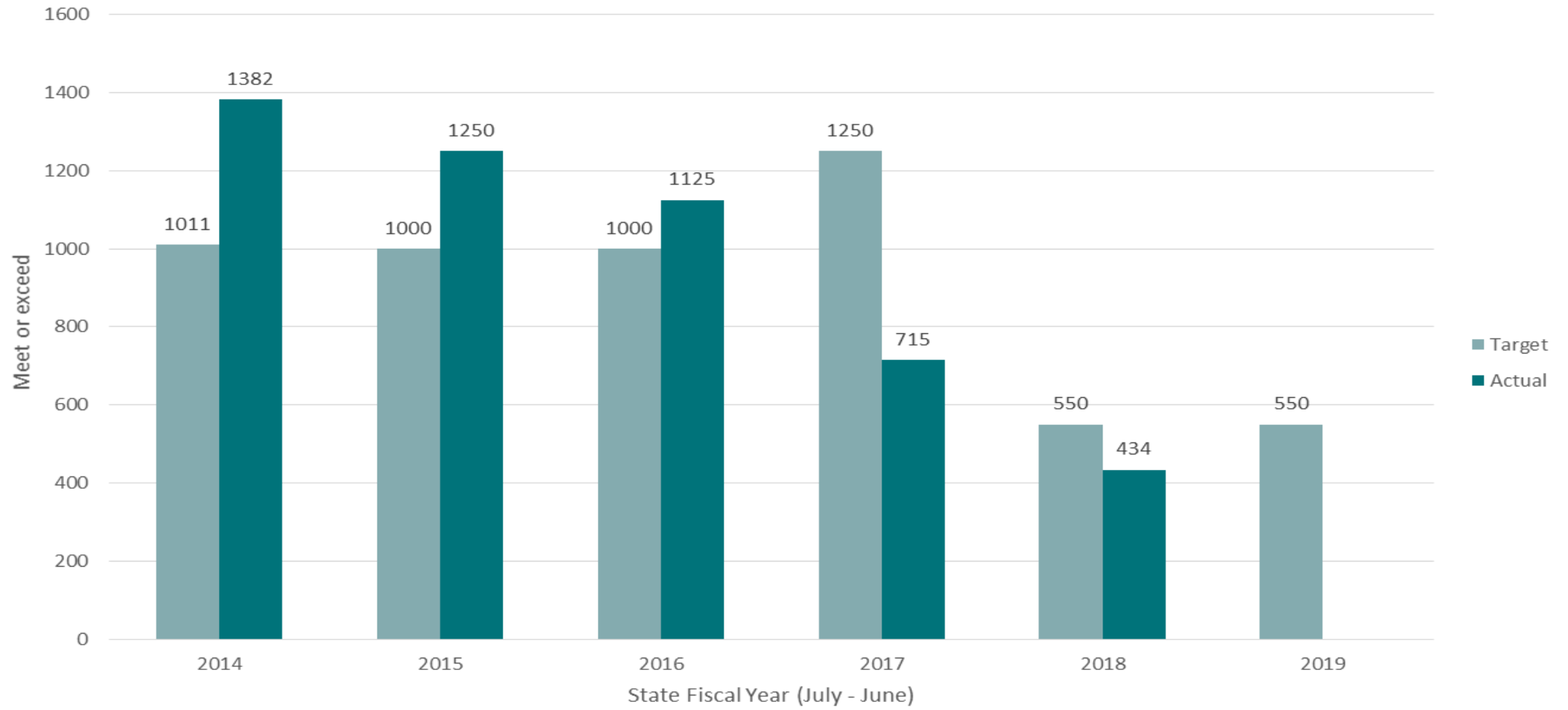
DUI Rates in South Carolina
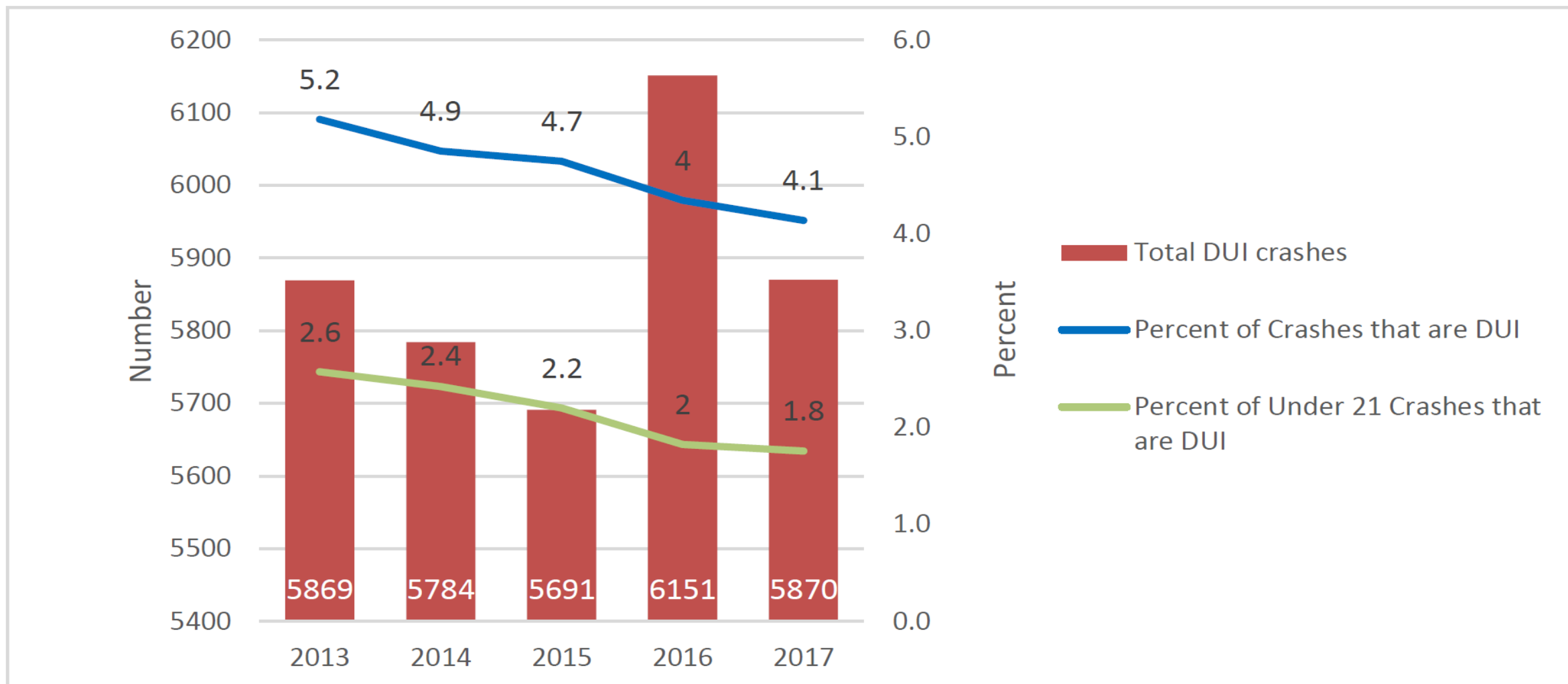
Reducing Underage Tobacco Use and the Consequences of Use

Goal: To reduce tobacco use among youth in South Carolina.

Outcomes:

- Reduce the state Retailer Violation Rate (RVR) to **10% or less**.
  (Target in 2016: 10% or less   Target in 2017: 8% or less   Target in 2018: 8% or less)

- Reduce past-month tobacco use (30-day use) among South Carolina high school students to **10% or less**. (Measured by the Youth Risk Behavior Survey [YRBS])
  (Target in 2016: 10% or less   Target in 2017: 10% or less   Target in 2018: 10% or less)

Federal law requires that states implement tobacco policies that seek to reduce access to tobacco and tobacco products. (Synar Amendment)
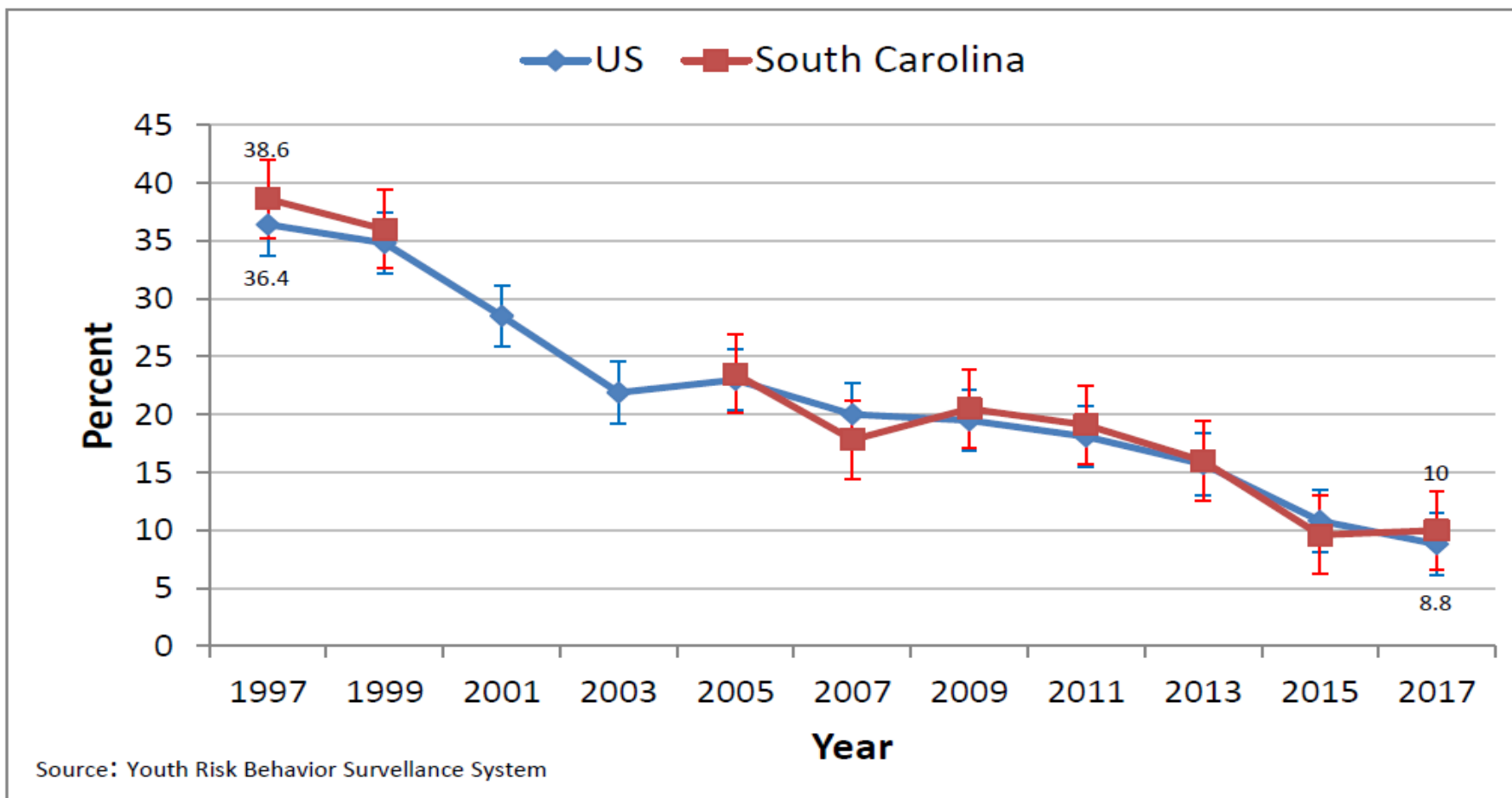
Reduce Tobacco Use by High School Students

5	Reduce (Self-Reported) Past-30-Day Use of Tobacco by SC High School Students				
Goal:	Meet or obtain lower value				
Calendar Year (Jan. - Dec.)	2014	2015	2016	2017	2018	2019
Target	20.0%	10.0%	10.0%	10.0%	10.0%	9.0%
Actual	16.0%	9.6%	9.6%	10.0%	10.0%	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		Decreased from prior year	Same as prior year	Same as prior year	Same as prior year	Decreased from prior year
Additional Comments	Past-30-day use among high school students; the reporting frequency is bi-annual; some years will have the same actual and target values from previous year depending on reporting cycle. Source: Youth Risk Behavior Survey (conducted bi-annually)					

5 Reduce (Self-Reported) Past-30-Day Use of Tobacco by SC High School Students

Youth Risk Behavior Survey (YRBS)

Figure 20. Past 30-Day Cigarette Use, High School Students

Source: Youth Risk Behavior Survellance System

YRBS 2015 and 2017 – Vaping

CDC YRBSS Survey- Percentage of SC High Schoolers Reporting Ever having Vaped and Currently Vaping within past 30 Days, 2015-2017

Ever Vaped: 42.9% (2015), 40.6% (2017)
Current Vaping: 19.7% (2015), 11.9% (2017)
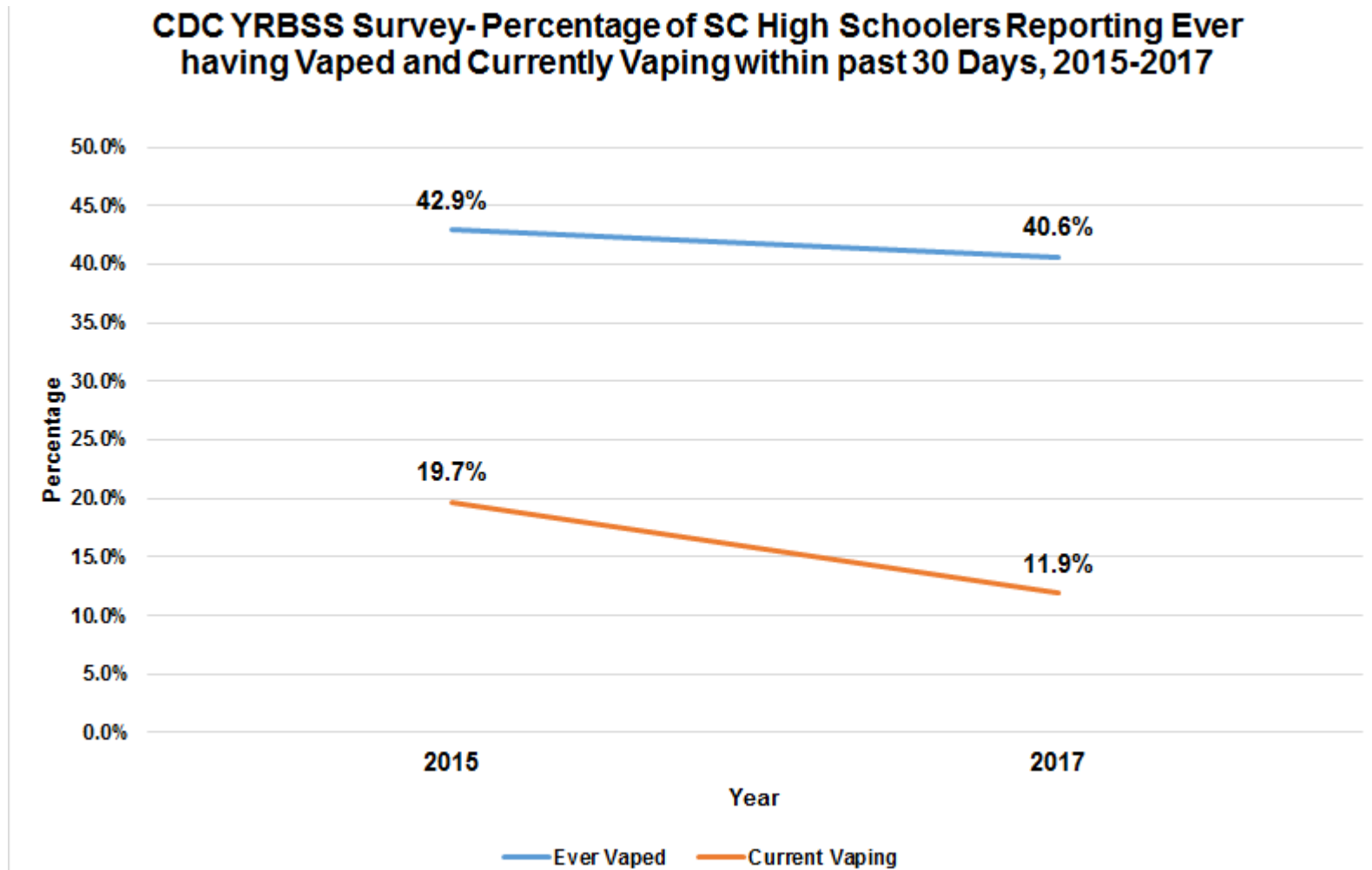
Reduce Cigarette Sales to Those Under Age 18

6	Reduce Retail Availability of Cigarettes to Those Under the Age of 18 as Measured Through the Mandated Synar Study (Federal Requirement)				
Goal:	Meet or obtain lower value				
Federal Fiscal Year (Oct. - Sept.)	2014	2015	2016	2017	2018	2019
Target	12.0%	11.7%	10.0%	7.7%	7.7%	5.0%
Actual	11.7%	10.6%	7.7%	5.3%	3.7%	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		Decreased from prior year	Decreased from prior year	Decreased from prior year	Same as prior year	Decreased from prior year
Additional Comments	Youth Access to Tobacco Study (also known as the Synar Study)				

6 Reduce Retail Availability of Cigarettes to Those Under the Age of 18 as Measured Through the Mandated Synar Study (Federal Requirement)
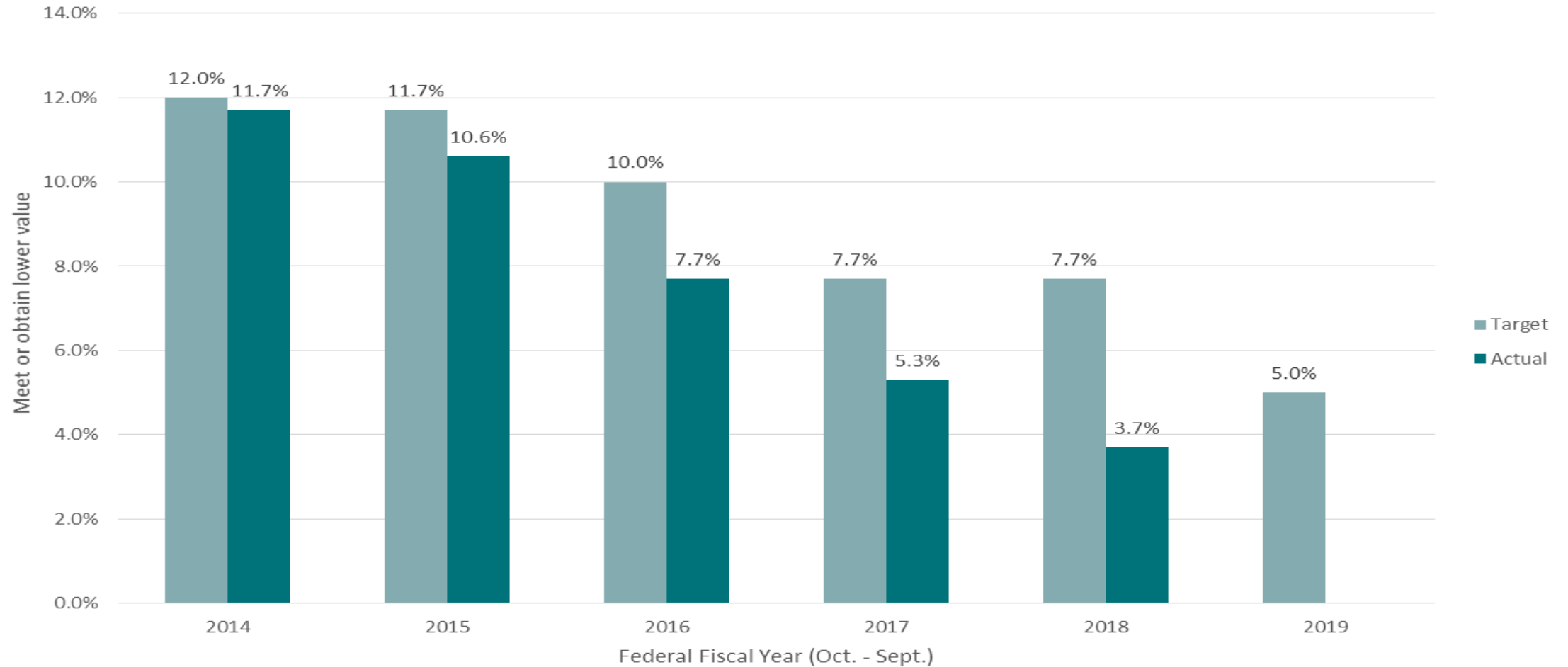
Preventing Substance Abuse and Improving the Well-Being of Youth and Families in South Carolina

Goal: To provide primary prevention programs and practices to prevent substance abuse and improve the well-being of youth and families in South Carolina.

Outcome:

- To maintain that **95% or more** of the participants served in primary prevention educational programs will be served using evidence-based universal, selected, and indicated programs.
    (Target in 2016: 95% or greater   Target in 2017: 95% or greater   Target in 2018: 95% or greater)

SABG: Primary Prevention Set-Aside

- Primary Prevention Strategies

    Grantees must develop a **comprehensive primary prevention program** that includes activities and services provided in a variety of settings. The program must target **both the general population and sub-groups that are at high risk for substance abuse**. The program must include, but is not limited to, the following six strategies defined by the Center for Substance Abuse Prevention:

    - Information Dissemination
    - Education
    - Environmental Approaches
    - Community-Based Processes
    - Problem Identification & Referral
    - Alternative Activities

Information Dissemination

This strategy provides **awareness and knowledge** of the nature and extent of alcohol, tobacco, and other drug use, abuse, and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by **one-way communication** from the source to the audience, with limited contact between the two.

Examples:

- Media
- Printed materials
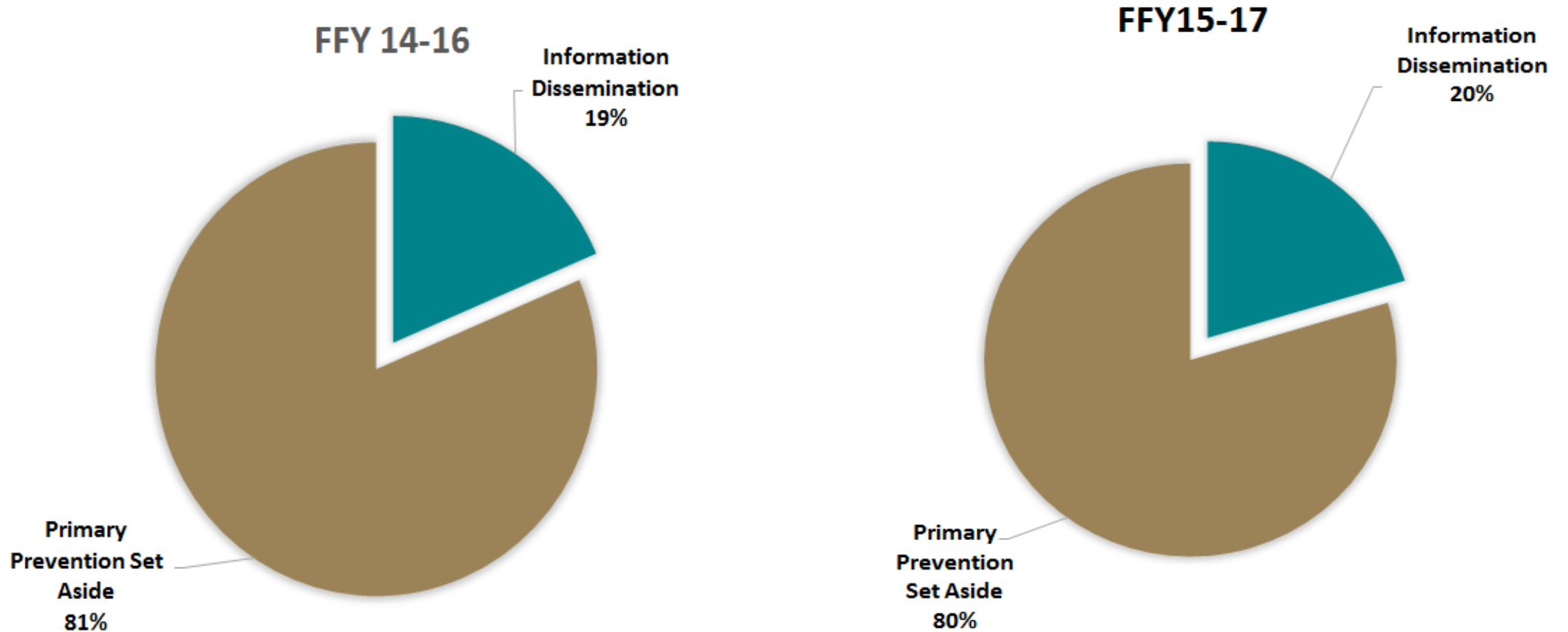- Speaking engagements
- Health fairs

Programs and Strategies – Information Dissemination

County prevention providers in South Carolina disseminate information concerning alcohol, tobacco (to include vaping), prescription drugs, marijuana, and other drugs to South Carolina citizens (youth and adults) through:

- Presentations/Speaking engagements
- Distribution of printed materials (brochures, fact sheets, palm cards, etc.)
- Health fairs
- Media campaigns (traditional and social)
- Newspaper articles, advertisements, editorials, etc.

SABG Funding for Information Dissemination

FFY 14-16

- Information Dissemination 19%
- Primary Prevention Set Aside 81%

FFY15-17

- Information Dissemination 20%
- Primary Prevention Set Aside 80%

Happy Prom Night, Pickens High!

Remember your prom for the right reasons! Be smart, be sober, and HAVE FUN!

#OutoftheirHands
#keepitoutoftheirhandspickens

Out of Their Hands...
KNOW The LAW!
It is *illegal* to purchase or provide alcohol for anyone under 21!

OUR PRINCE OF ORANGE MALL

Tell us what you think

EHC
Edisto Health Coalition

It is **ILLEGAL** to provide **ALCOHOL** to anyone **UNDER 21**

@MidlandsAET

@MidlandsAET

AET
ALCOHOL ENFORCEMENT TEAM

LRADAC
Improving Lives, Improving Communities

2 out of 3 teengage Juul users didn't know that it **always** contains nicotine.

The majority of youth e-cigarette users think they vaped only flavoring, not nicotine.

https://truthinitiative.org/research-resources/emerging-tobacco-products/how-much-nicotine-juul

Education

This strategy involves **two-way communication** and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to **affect critical life and social skills**, including decision-making, refusal skills, critical analysis (of media messages, for example) and systematic judgment abilities.

Examples:

- Classroom and/or small group sessions (all ages)
- Parenting and family management classes
- Peer leader/helper programs
- Education programs for youth groups
- Children of substance abusers groups

Education Strategy in South Carolina

South Carolina's county alcohol and drug abuse authorities work with partner agencies within the counties to provide education services for children, adolescents, and adults. Many of the counties work with their school districts (many counties have more than one) to implement evidence-based prevention curriculum programs in the schools for elementary, middle, and high school students. In addition to working with local schools to reach youth, some of the county authorities also partner with faith-based groups, community groups, and after-school programs to reach young people with these educational prevention services. County authorities may also provide programs to adults through various partners as well.

Evidence-Based Education Programs Implemented in South Carolina

Alcohol-Drug True Stories

All-Stars

Keepin' It Real

Botvin's Life Skills

Project Towards No Drug Use

Why Try

Class Action

Strengthening Families

Operation Rx

Project Northland

Project Alert

Too Good for Drugs and Violence

Prime For Life: Exploring

SABG Funding for Education

FFY14-16

Education
10%

Primary Prevention Set
Aside
90%

FFY15-17

Education
5%

Primary Prevention Set Aside
95%
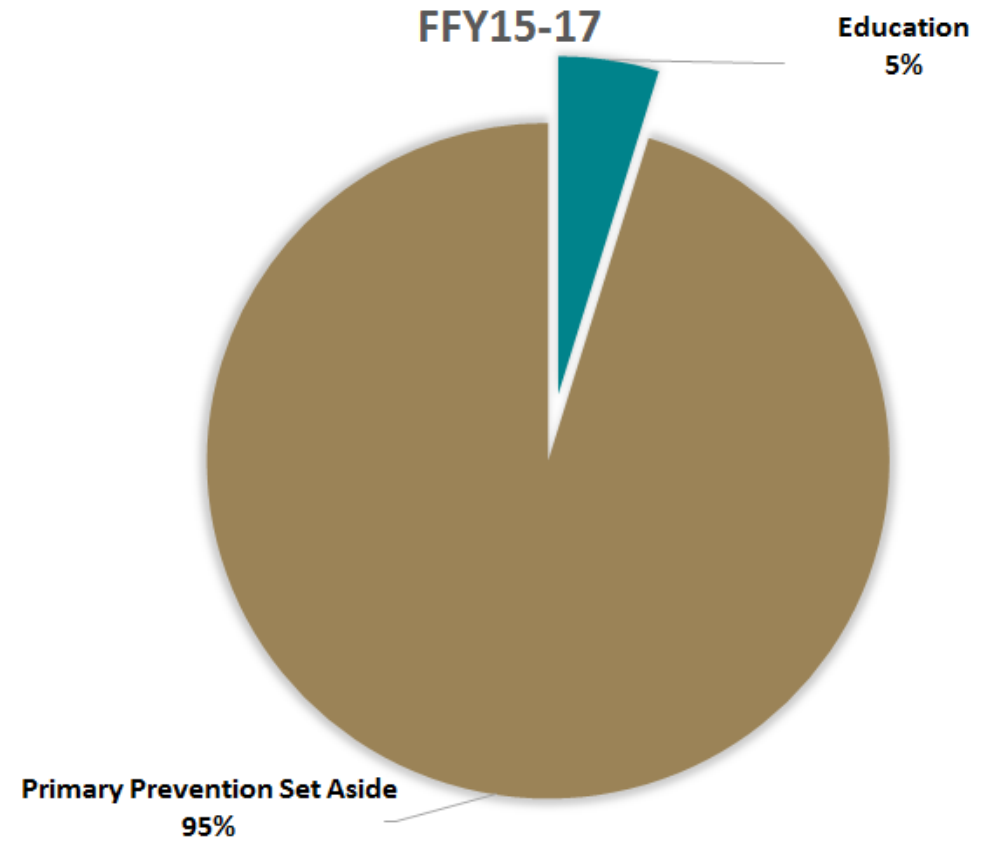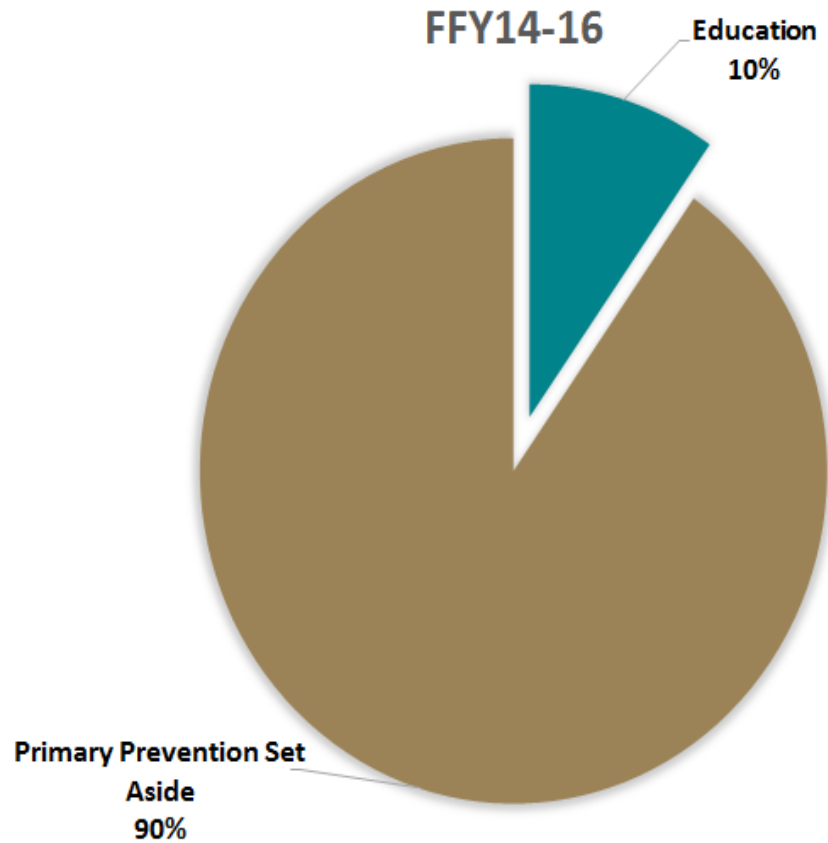
Evaluating Efforts in South Carolina

DAODAS has a contract with the Pacific Institute for Research and Evaluation (PIRE). PIRE assists DAODAS in enhancing the overall quality of prevention evaluation throughout the system of county authorities through the following tasks:

- Prepare outcome reports for local organizations using the DAODAS Standard Survey;

- Prepare an annual statewide outcomes report;

- Provide evaluation-related expertise, training, and technical assistance to local providers, as needed;

- Create and distribute a weekly e-mail digest of useful information for the prevention field (Prevention Highlights); and

- Host and maintain the South Carolina Prevention/Evaluation Resources website (also known as the SC Prevention Documents website) with documents that have been developed specifically for DAODAS. This website, which is open to the public, has documents on a range of topics and that span many years.

Evaluation of Education Programs (Middle and High School-Age Youth)

The DAODAS Standard Survey is required for the local providers to administer to youth who participate in multi-session education programs to measure the following indicators:

- Perceived risk/harm of ATOD use
- Disapproval of use (formerly referred to as favorable attitudes)
- Decision-making
- Perceived peer norms regarding ATOD use
- Perceived parental attitudes regarding ATOD use
- 30-day use of cigarettes
- 30-day use of other tobacco products
- 30-day use of alcohol
- 30-day use of marijuana
- 30-day use of other illegal drugs
- 30-day use of inhalant drugs
- 30-day non-medical use of prescription drugs
- 30-day non-medical use of over-the-counter drugs

DAODAS Standard Survey Measures: Defined

- **Perceived risk/harm** of substance use. This measure lists several substances and different frequencies of use and asks participants to assess how much people risk harming themselves by using.

- **Disapproval** of substance use. This measure assesses how strongly participants think it is wrong for someone their age to use various substances.

- **Perceived parental attitudes** toward substance use. This measure asks for participants' perceptions of how wrong their parents think it would be if they (the child) used various substances.

- **Perceived peer attitudes** toward substance use. This measure asks for participants' perceptions of how wrong their friends think it would be if they (the child) used various substances.

- **Decision-making**. This measure assesses the extent to which participants make good decisions.

DAODAS Standard Survey Measures: Defined

- **Past 30-day substance use.** These items assess whether participants used various substances in the past 30 days. The Middle School Survey asks about chewing tobacco, cigarettes, e-cigarettes, alcohol, marijuana, and prescription drugs without a doctor's prescription. The High School Survey includes these same substances plus prescription pain pills without a doctor's prescription, heroin or fentanyl, cocaine, and other illicit drugs (e.g., LSD, amphetamines, methamphetamines, or Ecstasy).

- **Past 2-week binge drinking.** The survey includes an item about binge drinking (having five or more drinks in a row) during the past two weeks.

- **Parent communication** about the dangers of substance use. This item asks participants whether they have talked with their parents about the dangers of substance use.

Results from FY16 and FY17: Risk Factors

Risk-Factor Measure	Possible Range of Scores	Pre-Test Average	Post-Test Average	FY '17 % Change	FY '16 % Change
Perceived Risk	0-3	1.93	2.10	8.93**	10.92**
Decision-Making	0-3	1.86	1.94	4.20**	4.27**
Disapproval of Use	0-2	1.52	1.54	1.61**	2.09**
Perceived Peer Norms	0-10	8.22	8.27	0.64**	1.63**
Perceived Parental Attitudes	0-3	2.81	2.80	-0.44	-0.35

Positive scores are more favorable.

Note: FY '17 % Change calculations are based on unrounded pre- and post-test figures and, therefore, may not match the percentages that would be obtained using the rounded figures presented in the second and third columns.

* Pre- and post-test averages are marginally significantly different ($p < .10$.)

** Pre- and post-test averages are significantly different ($p < .05$.)

Results from FY16 and FY17: Substance Use Rates

Risk-Factor Measure: 30 Day Use	% Using at Pre-Test	% Using at Post-Test	FY '17 % Change	FY '16 % Change
Cigarettes	3.56	3.42	-3.93	-38.98**
Other Tobacco	2.47	2.48	0.40	-24.71*
Alcohol	10.16	9.22	-9.25	-26.26**
Marijuana	6.29	5.13	-18.44**	-39.91**
Other Illegal Drugs	2.19	1.99	-9.13	-36.61*
Inhalants	2.19	1.99	-9.13	-17.93
Non-Medical Prescription Drugs	2.63	2.77	5.32	-19.23
Non-Medical OTC Drugs	1.95	2.08	6.67	-20.50

Negative changes are desired for these items.

Note: FY '17 % Change calculations are based on unrounded pre- and post-test figures and, therefore, may not match the percentages that would be obtained using the rounded figures presented in the second and third columns.

* Pre- and post-test averages are marginally significantly different (p <. 10.)

** Pre- and post-test averages are statistically significantly different (p<.05)

Matched Pre/Post Test: DAODAS Standard Survey
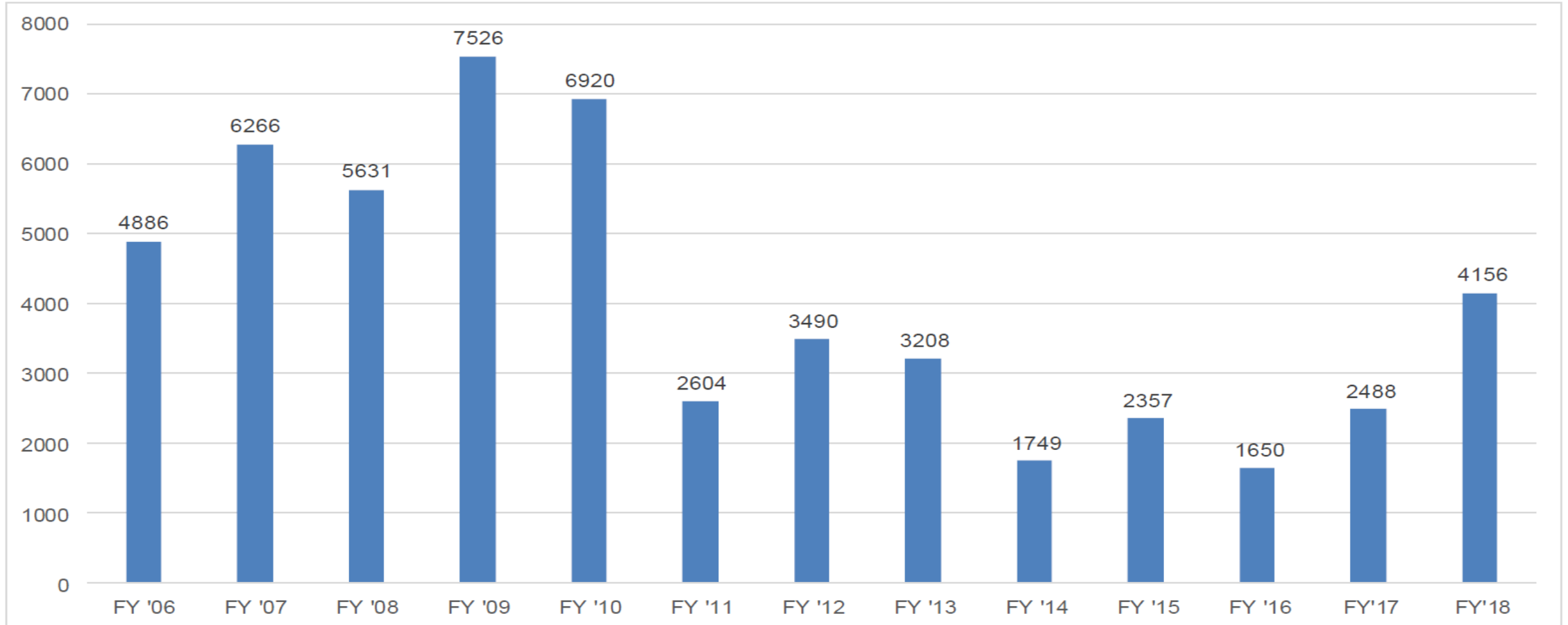
Environmental Approaches

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on **legal and regulatory initiatives** and those that relate to the **service- and action-**oriented initiatives.

Examples:

- Promoting the establishment or review of alcohol, tobacco, and other drug use policies in schools
- Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drug use
- Reducing availability of alcohol, tobacco, and other drugs
- Modifying alcohol and tobacco advertising practices
- Product pricing strategies

Environmental Strategies in South Carolina

County prevention providers in South Carolina work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Team (AET) program. The AETs focus on environmental prevention activities **to reduce youth access to alcohol** through both **social and retail sources**. Specific environmental prevention activities could include alcohol compliance checks, merchant education, controlled party dispersals, and "shoulder tap" operations.

Prevention providers in South Carolina also work in collaboration the AETs to focus on environmental prevention activities **to reduce alcohol-related car crashes** through public safety checkpoints, saturation patrols, and merchant education to prevent over-service and intoxicated driving.

County prevention providers in South Carolina work in collaboration with local law enforcement to implement environmental prevention activities **to reduce youth access to tobacco** through retail sources. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

SABG Funding for Environmental Approaches

FFY14-16: Environmental 26%, Primary Prevention Set Aside 74%

FFY15-17: Environmental 19%, Primary Prevention Set Aside 81%
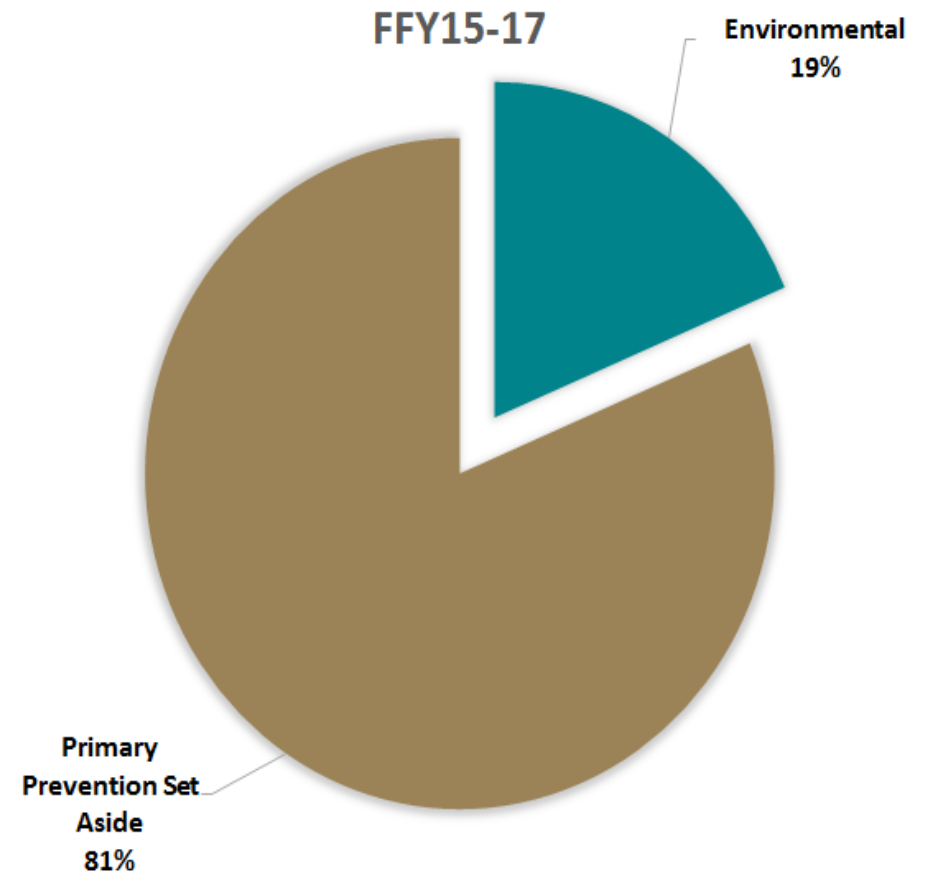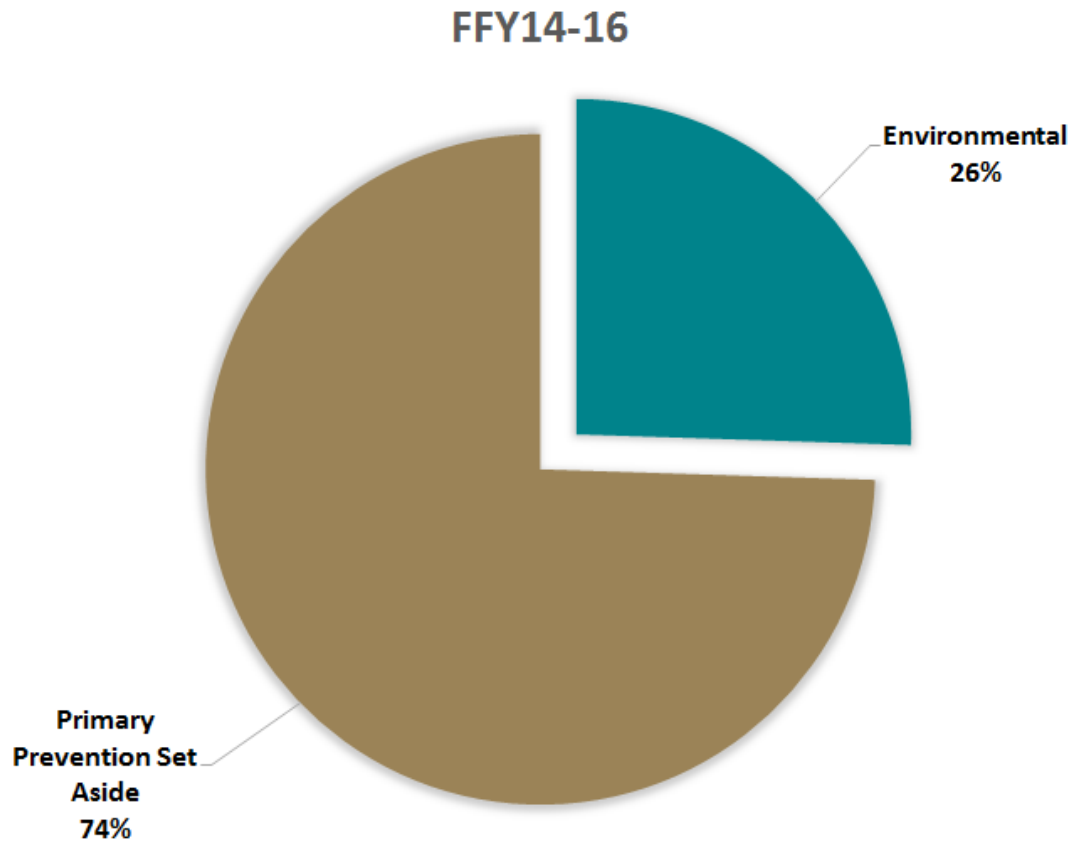
Alcohol Enforcement Teams (AETs)

Coupled with an active public education and prevention strategy, AETs are intended to **implement evidence-based environmental strategies to reduce underage alcohol use and its harmful consequences**.

The AET model, which includes **community coalition maintenance and development, merchant education, and law enforcement partnership,** specifies a multi- or single-jurisdictional alcohol law enforcement approach (depending on the needs and participation of law enforcement within the target area) in a community to:

- Reduce youth access to alcohol utilizing various strategies (social and retail access)

- Measure, track, and improve merchant compliance with alcohol laws

- Provide research-based merchant education

- Build community support for enforcement of underage drinking laws through media advocacy and community coalition maintenance and development

- Develop local law enforcement support for underage drinking prevention and enforcement efforts

Alcohol Enforcement Teams (AETs)
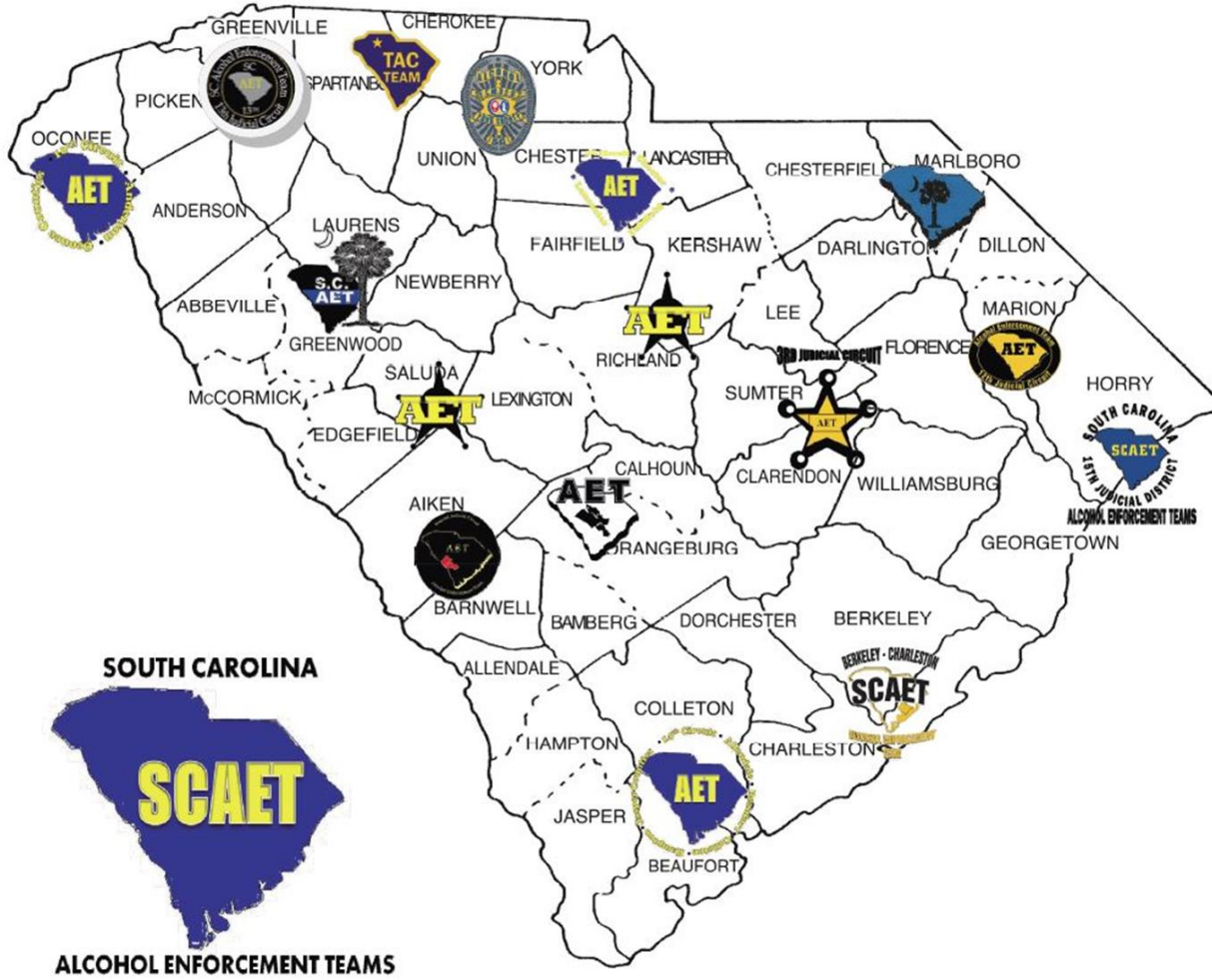
- Compliance checks
- Saturation or directed patrol
- Regular traffic stops
- Loud music complaints
- Casual contacts
- School Resource Officers
- Presentations to community groups, political bodies, parents, students, etc.
- Fake ID checks in alcohol establishments

Capacity Building – AET Training Participation

Training Topic	# of Participants	# of Officers	# of Youth Actors
3-hour AET Class	1,067	614	79
AET Activities	439	375	315
1-Day AET	164	151	72
Fake ID Training	740	659	161
Controlled Party ~~Dispersal~~	157	150	112
PAS Systems	351	328	0
Public Safety Checkpoints	333	303	0
Source Investigation	214	185	0
2-Day AET	840	757	476
Various Topics	527	387	0
Totals	4,832	3,909	1,227

Training held in 44 of 46 SC counties since 2007

FY2008 – FY2018 Enforcement Numbers
* July 1, 2007, through June 30, 2018

Activity	FY2008-2018	Activity	FY2008-2018
Compliance Checks	80,229	Compliance Check Sales	10,214
Public Safety Checkpoints	7,971	Bar checks	3,108
Saturation Patrols	2,774	# of Parties Prevented	1,522
Party Dispersals	1,524	Merchant Education	16,514
Media Contacts	2,995	Shoulder Taps	321

** Enforcement & Education numbers are collected monthly, but FY2018 numbers are not included in this count.

Outcomes for South Carolina in Reducing Underage Drinking – Youth Risk Behavior Survey Data

Survey Item	2005	2017	% decrease
high school students reported ever drinking alcohol	71.1%	57.4%	-19.3%
reported drinking alcohol before age 13	25.6%	15.2%	-40.6%
reported drinking alcohol in past 30 days	43.2%	24.0%	-44.4%
reported binge drinking (5 or more drinks in 2-hour time period) in past 30 days	23.6%	10.4%	-55.9%

Evaluation of Environmental Strategies in South Carolina

DAODAS has online forms developed for the following law enforcement operations: compliance checks, public safety checkpoints, fake ID checks, saturation patrols, controlled party dispersals, and "shoulder taps." PIRE analyzes these data.

Data are handled differently based on the operation. For some, total ticket counts primarily are tracked. For compliance checks, multiple analyses are done with the provided data, primarily calculating changes in retailer violation rates for underage sales over time.

The state also has standardized evaluation tools for the Palmetto Retailers Education Program (PREP) and the Tobacco Education Program (TEP) for youth who violate the laws against underage tobacco possession.

Evaluation of Environmental Strategies in South Carolina

Focus is on environmental strategies involving law enforcement: compliance checks, sobriety checkpoints, bar checks, party dispersals, shoulder taps.

Operations-level data (nearly 10,000 operations per year)

Replaced a paper-pencil reporting system (mailing, scanning, cleaning, and high lag-time)

Completed by law enforcement officers in the field or by AET Coordinators in their offices

Real-time reports available at the state, circuit, and county levels

Launched in July 2016 with a reboot scheduled in spring 2019, with user-friendly filtering and reporting.

Compliance Check Results: Alcohol and Tobacco
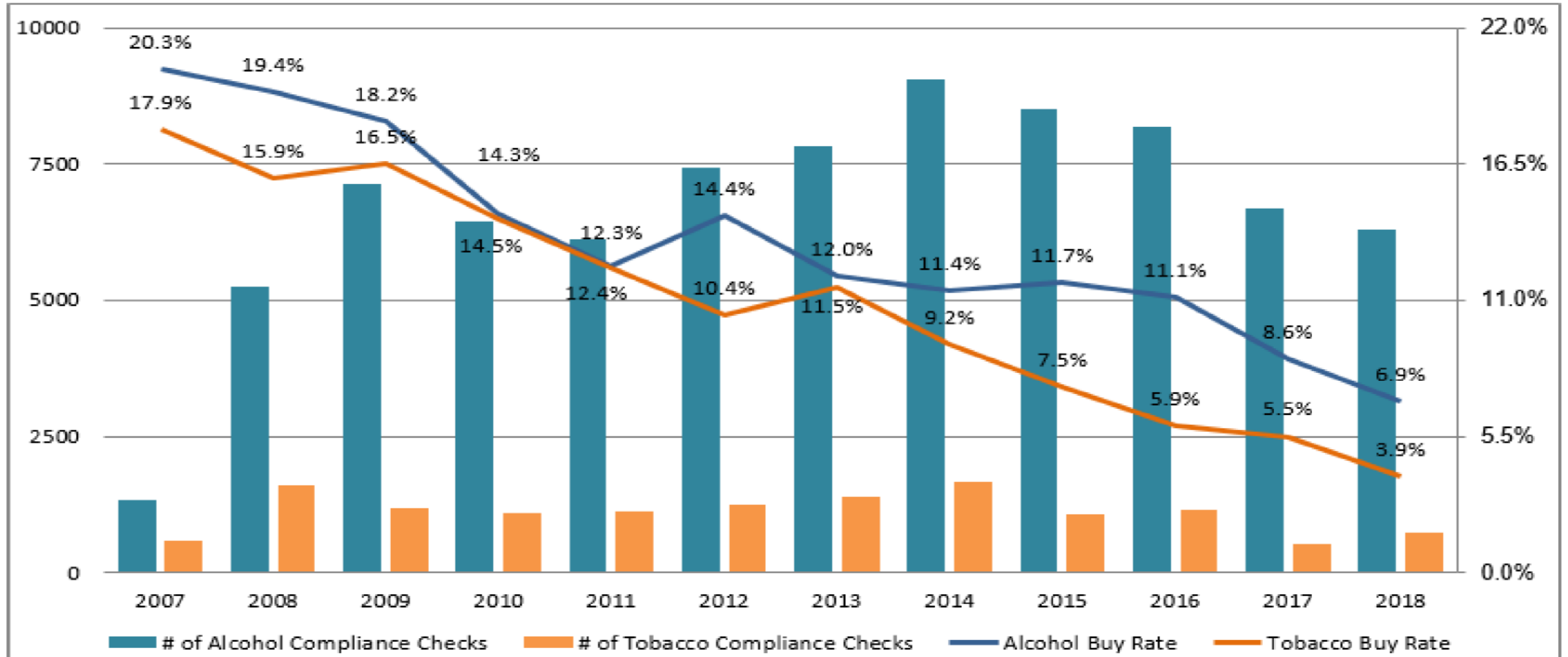
Type of Alcohol Purchased Through Compliance Checks
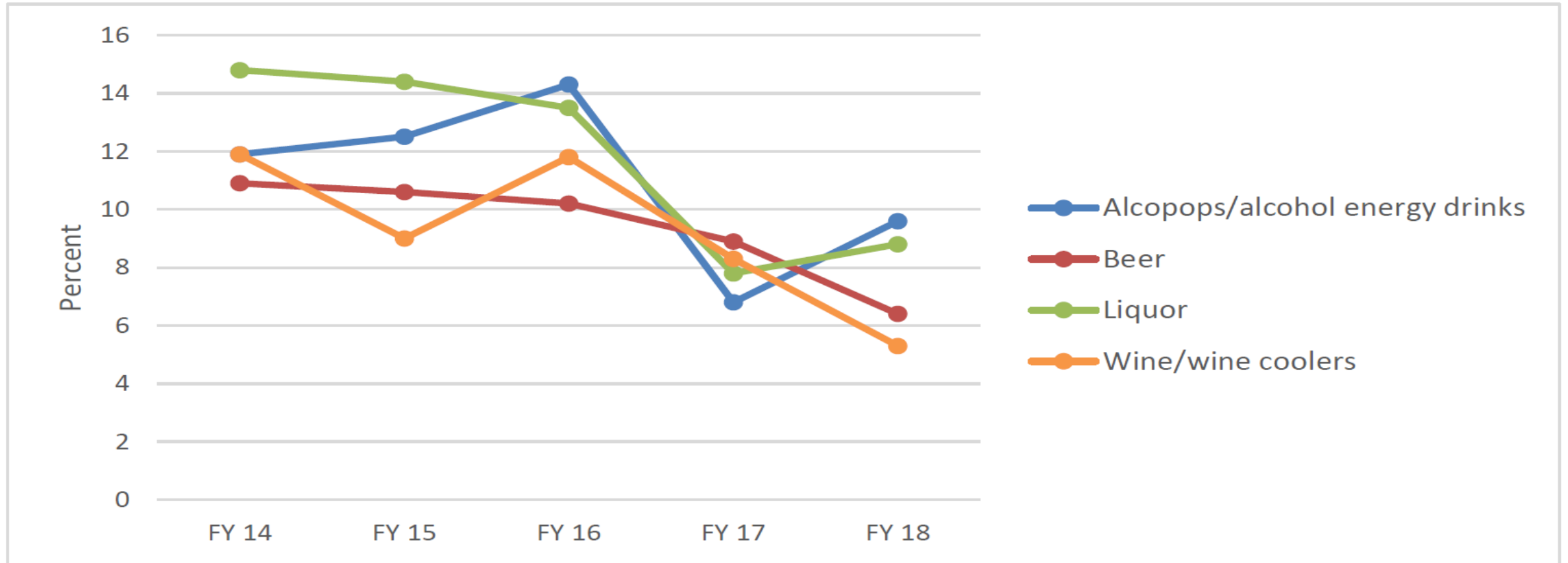
Palmetto Retailers Education Program (PREP)

DAODAS, through the county providers, provides retailer and server education through the Palmetto Retailers Education Program (PREP).

The program is designed to modify the environment in which tobacco products and alcoholic beverages are sold and consumed.

By the end of the training, participants are able to:

- Recognize that they have a legal responsibility not to sell alcohol or tobacco products to underage youth
- Understand key state laws about selling alcohol and tobacco products in South Carolina and the correct procedures for checking and ID
- Understand how to refuse service to underage youth and intoxicated customers

Merchant Data Specific to Alcohol Compliance Checks
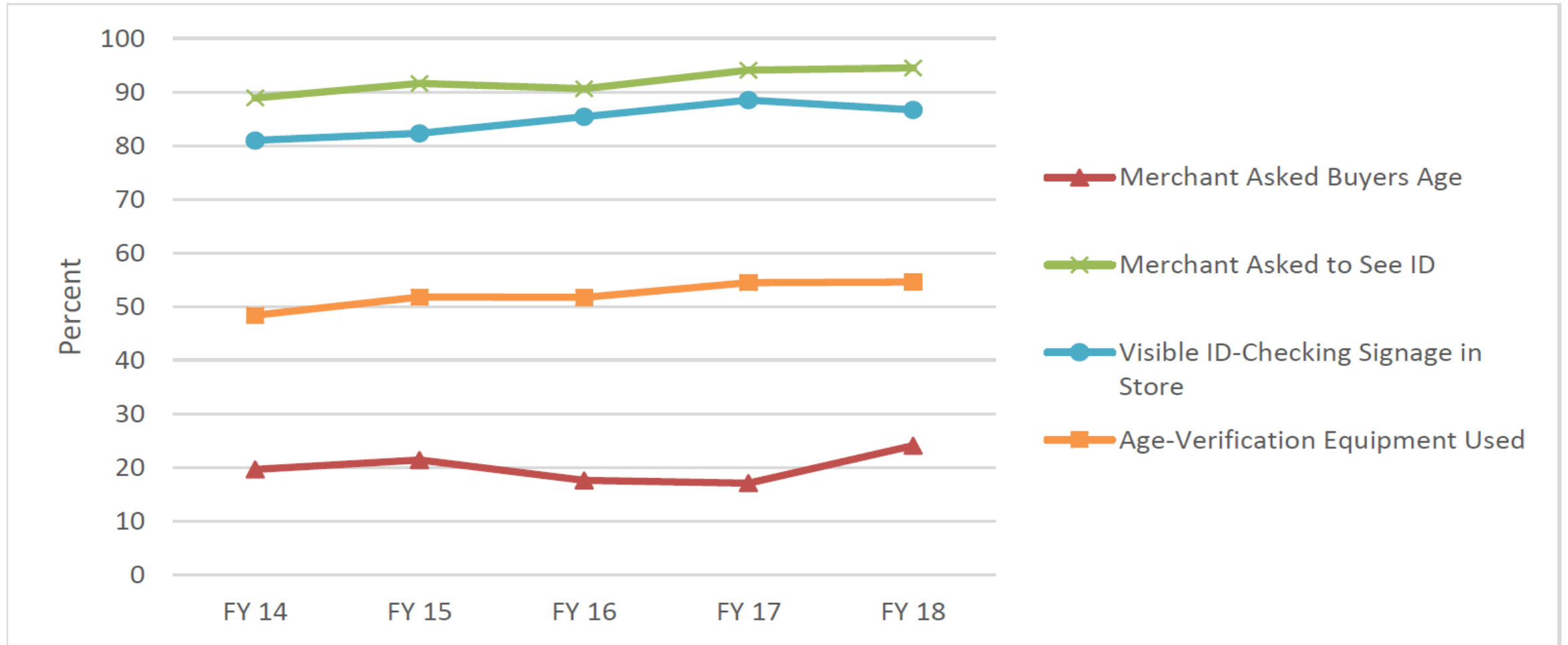
Merchant Data Specific to Tobacco Compliance Checks
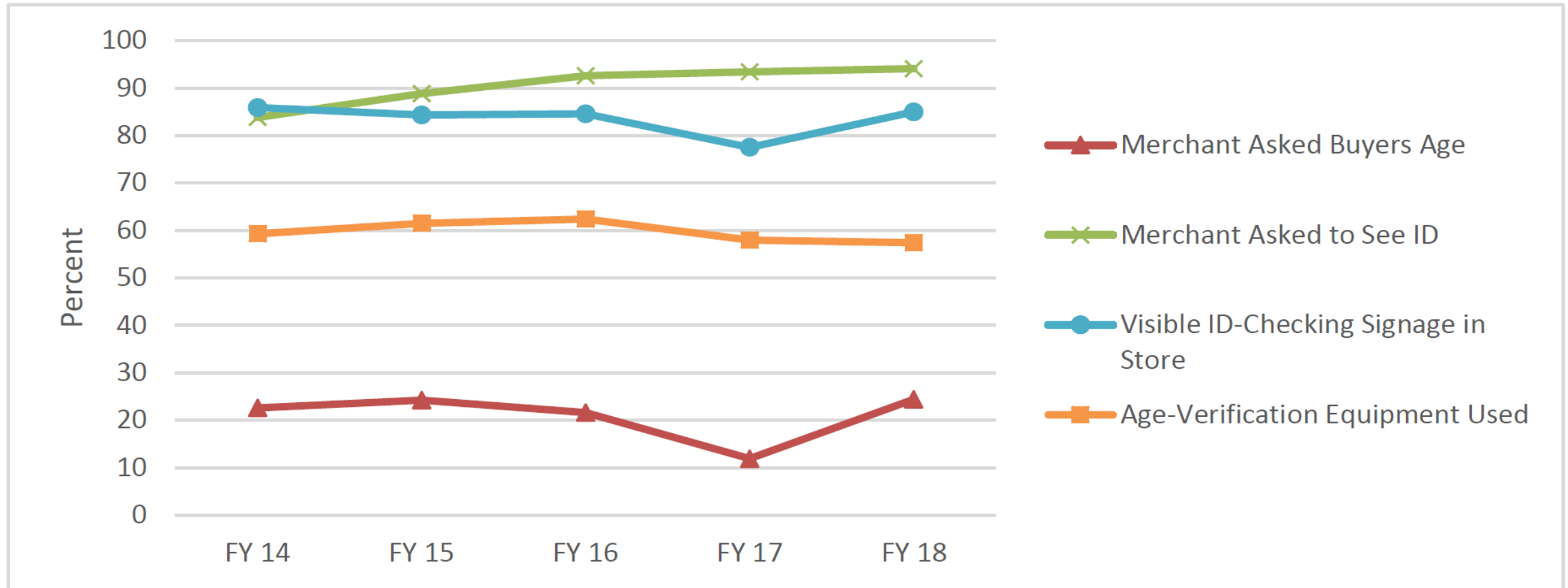
Buy Rate for Alcohol and Tobacco Compliance Checks: Type of Business
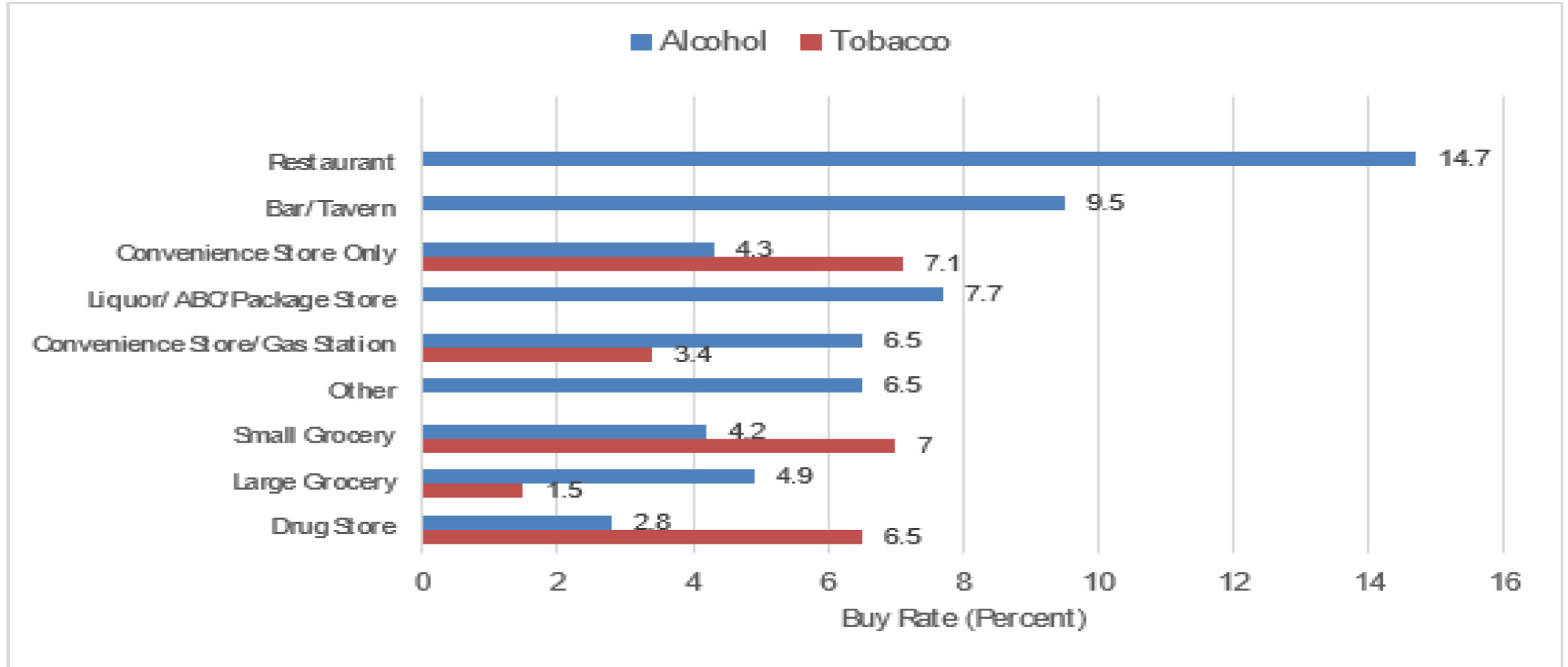
"Out of Their Hands" Campaign

Each year, the AETs hold an "Out of Their Hands" (OOTH) Spring Blitz. During this annual event, **strict enforcement of underage drinking laws is coupled with strong media messages throughout the month**. The AETs and their enforcement and education partners engage community residents, businesses, and others to deny alcohol access to youth who are less than 21 years of age. The simple message of the OOTH campaign is that **the AETs work with the community to keep alcohol "out of their hands."**

"Out of Their Hands" Evaluation Results

Enforcement & Media Reporting

Year	# of Enforcement Operations *	# of resulting cases (tickets or arrests)	% of cases involving compliance checks (off-premises)	Buy Rate
2010	1,382	1,024	55%	12.6%
2011	1,038	900	45%	16.3%
2012	3,085	1,028	26%	9.7%
2013	3,292	889	23%	11.3%
2014	3,551	2,018	23%	5.9%
2015	1,826	835	38%	14.4%
2016	2,533	991	34%	8.4%
2017	1,551	301	43%	5.5%
2018	1,230	920	69%	4.9%
2019	1,974	663	55%	8.8%

* Operations were party patrols, traffic stops, casual contacts, compliance checks, shoulder taps, public safety checkpoints

"Parents Who Host" Campaign

In 2007, DAODAS adopted the national "Parents Who Host, Lose The Most" public awareness campaign to provide parents with accurate information about the health risks of underage drinking and the legal consequences of providing alcohol to youth. The campaign encourages parents and the community to send a unified message that teen alcohol consumption is not acceptable. It is illegal, unsafe, and unhealthy for anyone under age 21 to drink alcohol.

Tobacco Compliance Checks

County Tobacco Compliance Checks

DAODAS has a contractual mandate for each county to conduct tobacco compliance checks in some area of each county they serve. Tobacco compliance checks can be completed year round.

Tobacco Compliance Checks and Synar in South Carolina

South Carolina Retailer Violation Rate (RVR) & Tobacco Compliance Checks

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Buy Attempts	1226	1182	1088	1125	1241	1289	1679	1063	1165	576	657
SC Synar RVR	12.4	11.6	10.8	7.9	9.5	11.7	10.6	7.7	5.3	3.7	

Source: Pacific Institute for Research and Evaluation's SC Tobacco Compliance Checks – 10 Years [raw data]

Alcohol Compliance Checks on Underage Alcohol-Involved Crashes: Evaluation of a Statewide Enforcement Program in South Carolina 2006-2016

PIRE

Impact of Alcohol Compliance Checks on Underage Alcohol-involved Crashes:

Test of a State-wide Enforcement program in South Carolina 2006-2016

Prepared for Pacific Institute for Research and Evaluation, Suite 200, 11720 Beltsville Drive, Calverton, MD 20705 with support from internal funding for research and development, Corporate Investment Project # 9494.18.01

June 18, 2018

Authors

1

Alcohol Compliance Checks on Underage Alcohol-involved Crashes: Evaluation of a State-wide Enforcement Program in South Carolina 2006-2016

Michael George, Rachel Holder, Steve Shamblen, Michelle Nienhius, and Harold D. Holder

Abstract

Objective: This research was to evaluate the impact of the South Carolina Alcohol Enforcement Team (SCAET) program for reducing retail alcohol availability to underage persons to reduce drinking and driving crashes among that population. SCAET is unique as no other state has implemented a similar strategy statewide formed via an ongoing partnership between local law enforcement and community partners with sustained enforcement for over ten years.

Methods: The general research design used a natural experiment with an interrupted time series (ITS) analyses of drinking and driving crashes involving a driver under 21-years-old from 2006-2016, as the outcome measure. Drivers under 21-years-old cannot legally drink or purchase alcohol in South Carolina. The period 2006 to mid-2010 was used as the pre-stable intervention period. Mid-2010 through December 2016 was used as the stable intervention period. Additional data analyzed included monthly total number of retail compliance checks, the average percentage of actual underage alcohol purchases, and a calculated measure of the percent of the population under 21 years old exposed to compliance checks each month. Drinking and driving crashes for drivers over 21 used as a control time series. Proper white noise ARIMA models were developed for both crash series.

Results: An ITS analyses of the pre-stable period compared to post stable period was statistically significant ($T=-3.78$, $p<.001$). Overall the results show a decline of drinking and driving cra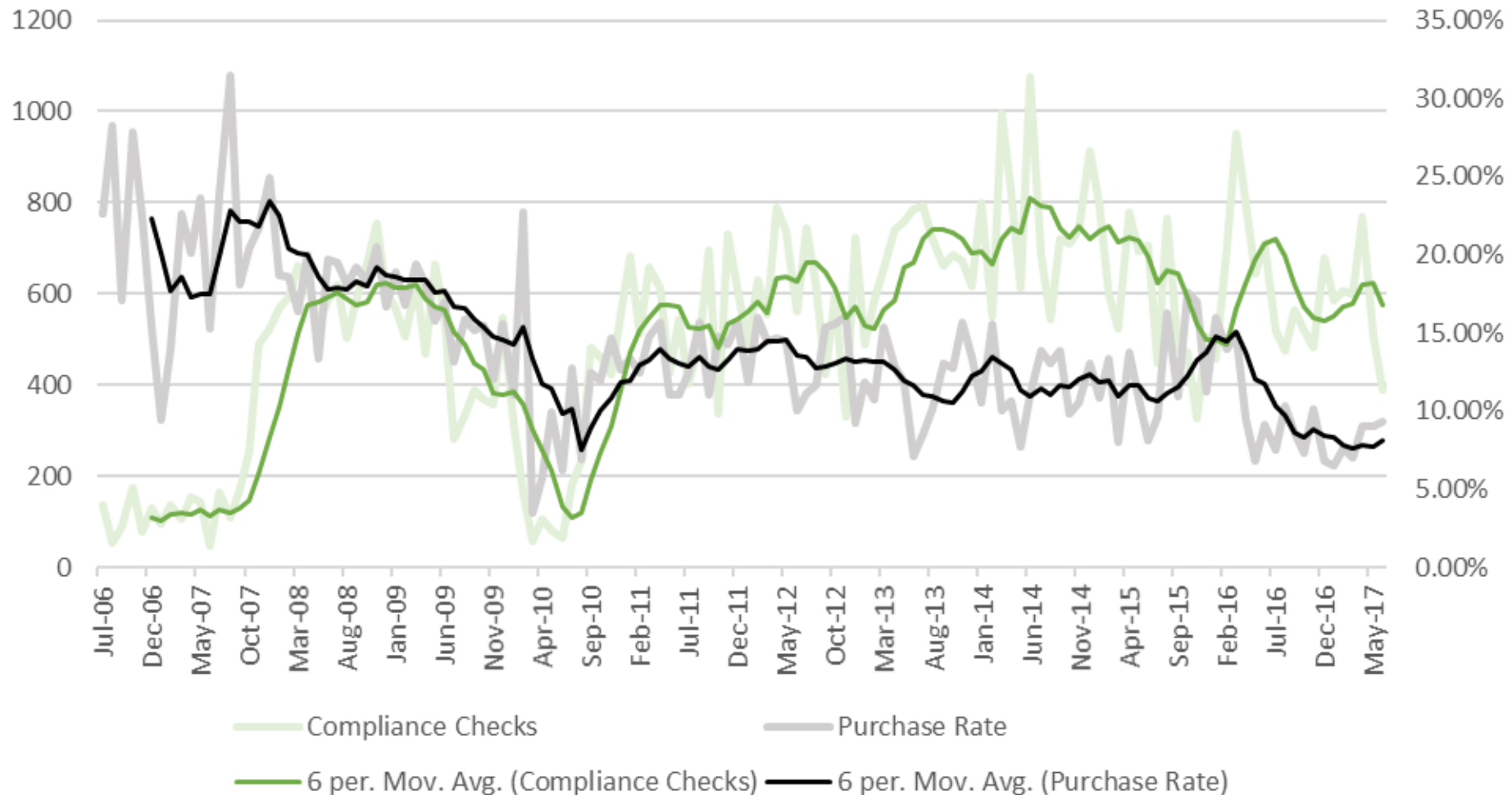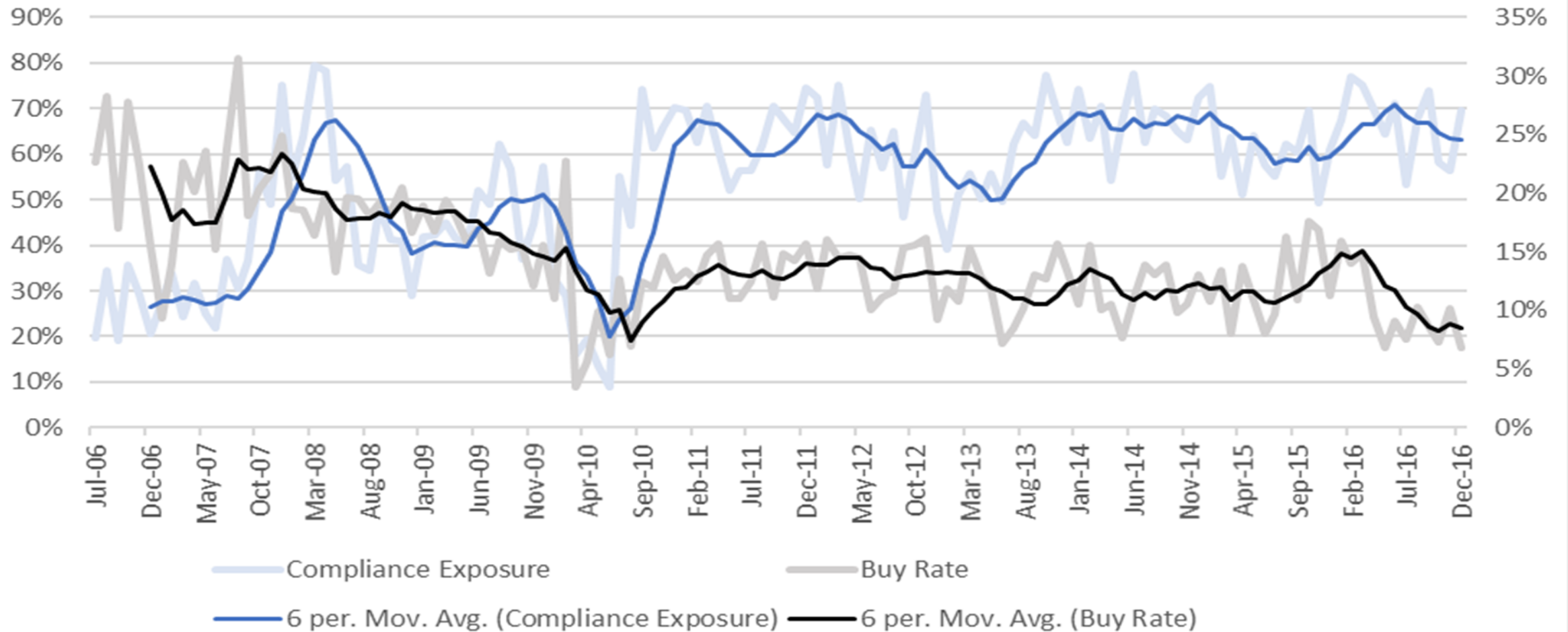shes for drivers under 21 when compliance checks increase and when compliance checks decline crashes increase. Stable AET implementation over 78 months produced an overall 18% decline in such crashes. Also, during the pre-stable intervention period, there was a dramatic increase in compliance check enforcement followed by an equivalent decline in enforcement resulting from significant reductions in enforcement funding. A graphical examination of the dependent crash time series demonstrated that under-21-age-driver crashes declined during the first wave of implementation and increased following a lag when enforcement declined, which provided additional empirical support for a SCAET impact on alcohol retail availability.
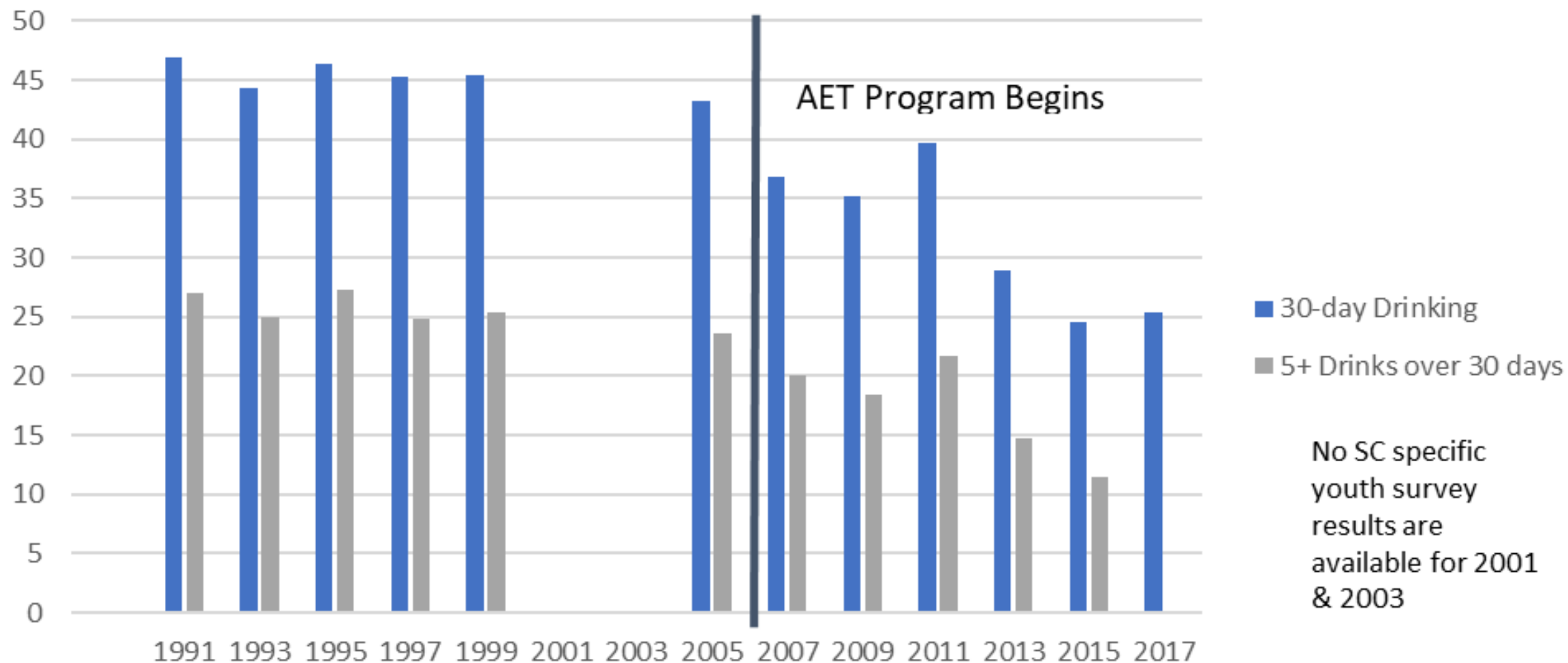
South Carolina Alcohol Retail Compliance Checks and Purchase Rates July 2006-December 2016

Compliance Exposure by the Purchase Rate

Legend: Compliance Exposure | Buy Rate | 6 per. Mov. Avg. (Compliance Exposure) | 6 per. Mov. Avg. (Buy Rate)

South Carolina Youth Drinking Surveys 1991-2017

The Relationship Between Purchase Rate and Drinking and Driving Crashes for Drivers Under 21 Years of Age

Monthly Total Compliance Checks and Under 21 Drinking and Driving Crashes

Legend: Compliance Checks | DUI Crashes Under 21 | 6 per. Mov. Avg. (Compliance Checks) | 6 per. Mov. Avg. (DUI Crashes Under 21)

South Carolina Department of Alcohol and Other Drug Abuse Services
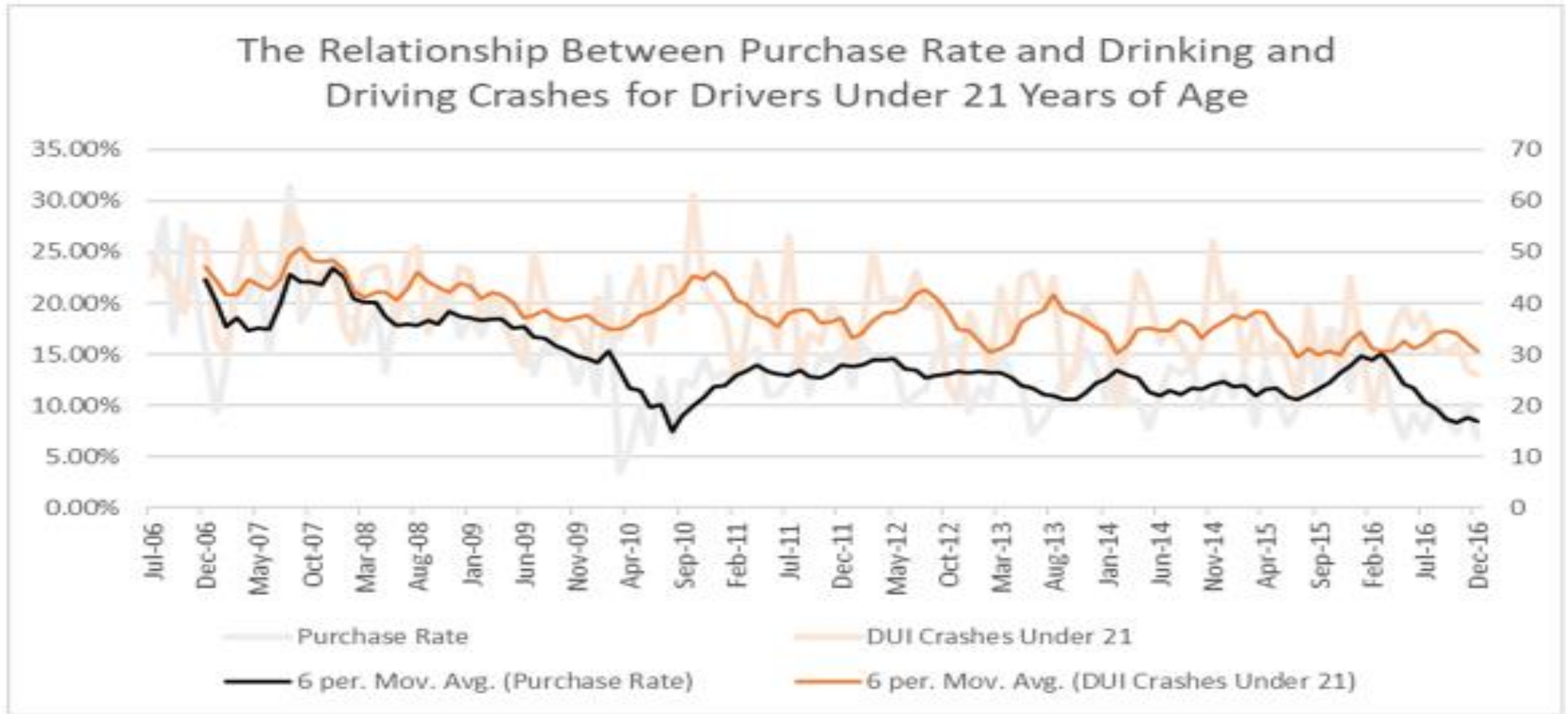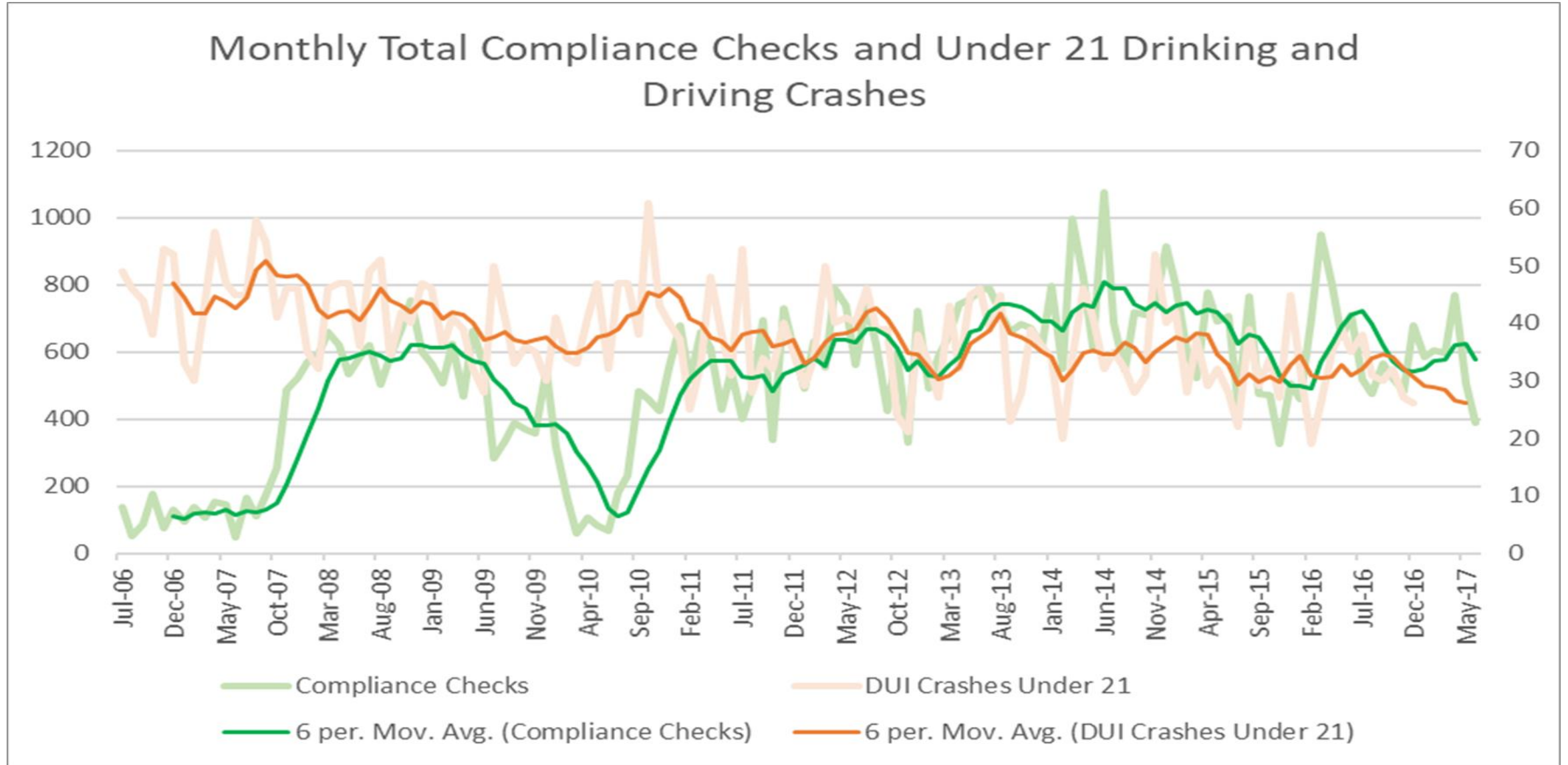
The Relationship Between Under 21 and Over 21 Drinking and Driving Crashes

Legend:
- DUI Crashes Over 21
- DUI Crashes Under 21
- 6 per. Mov. Avg. (DUI Crashes Over 21)
- 6 per. Mov. Avg. (DUI Crashes Under 21)
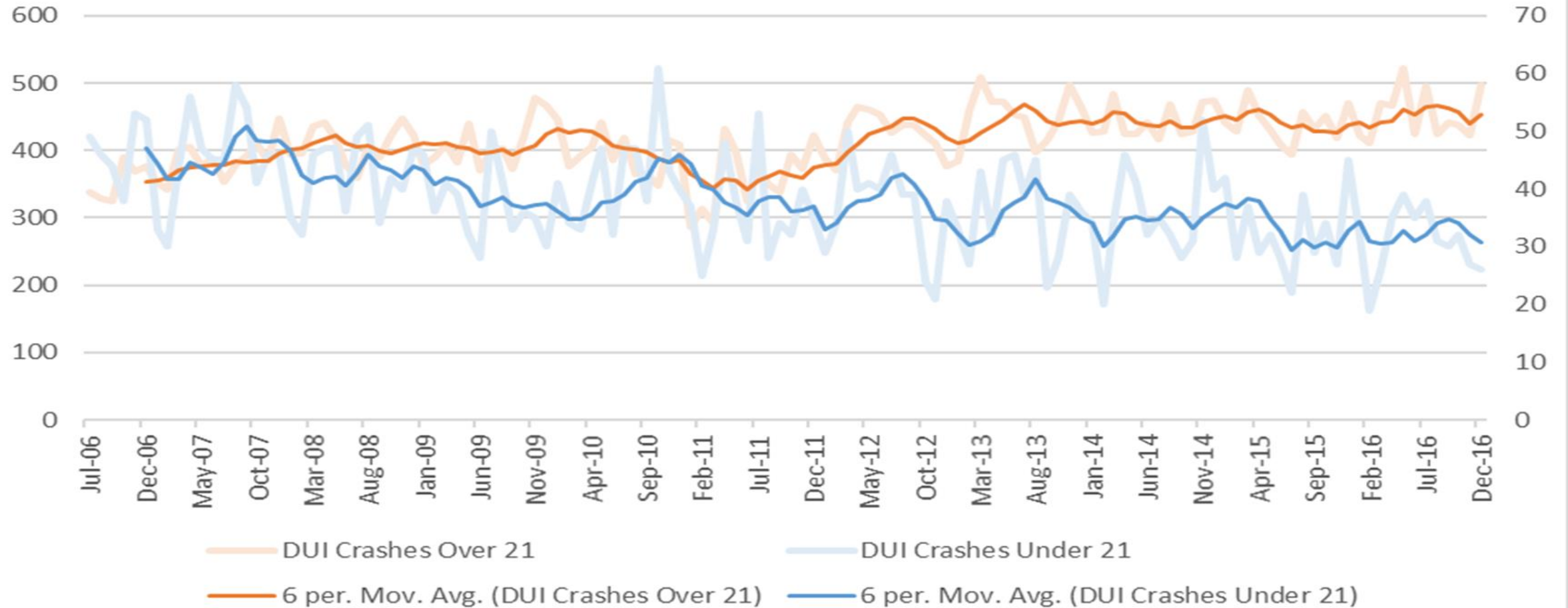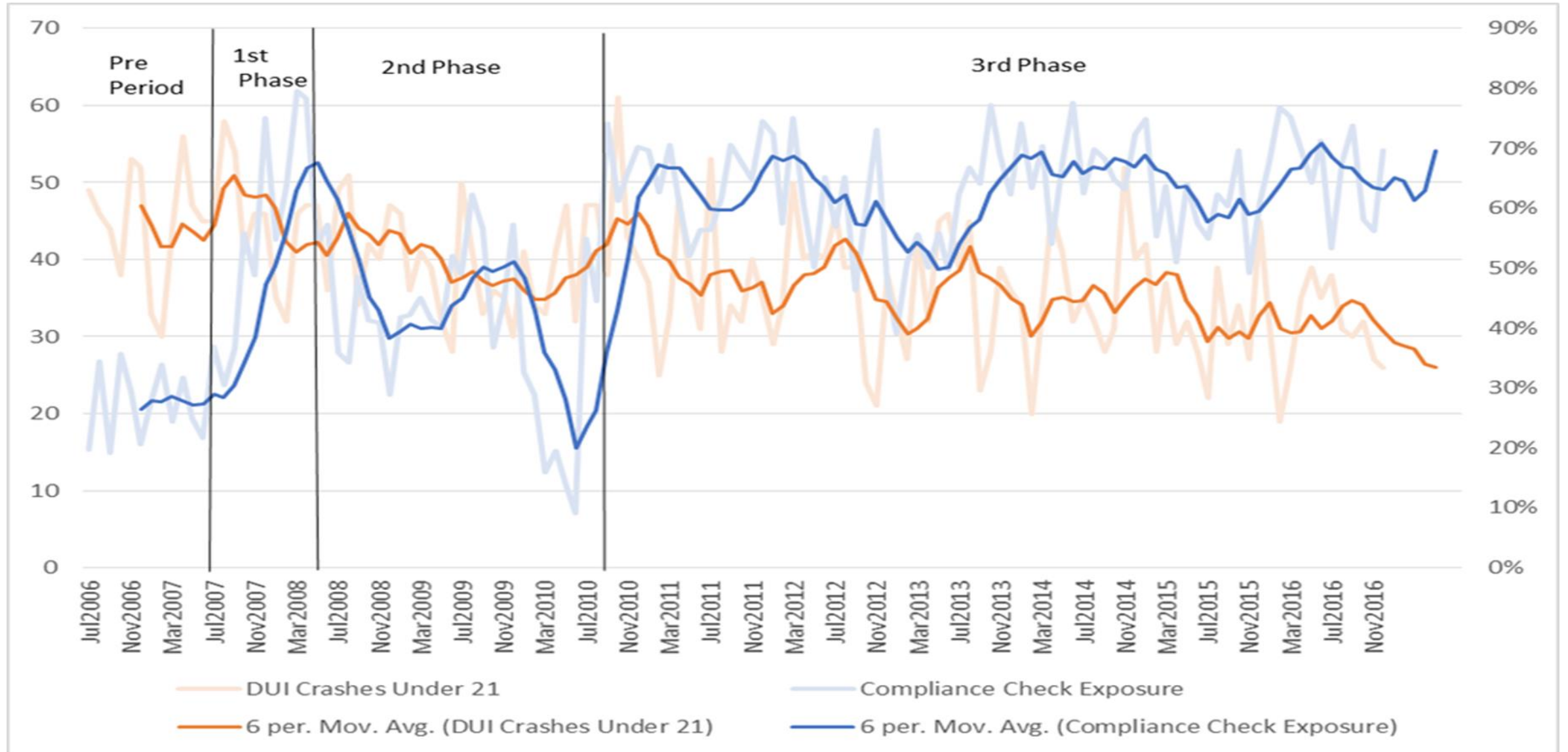
Community-Based Processes

This strategy aims to **enhance the ability of the community** to more effectively provide prevention services for alcohol, tobacco, and other drug use disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples:

- Community and volunteer training (e.g., neighborhood action training, training of key people in the system, staff/officials training)

- Systematic planning

- Multi-agency coordination and collaboration

- Accessing services and funding

- Community team-building

Community-Based Processes in South Carolina

Some of the county prevention providers work in collaboration with community coalitions to create and/or revise local policies that may positively impact underage drinking.

In collaboration with community coalitions, some of the prevention providers work to create and/or revise local policies that may help reduce the number of alcohol-related crashes in communities.
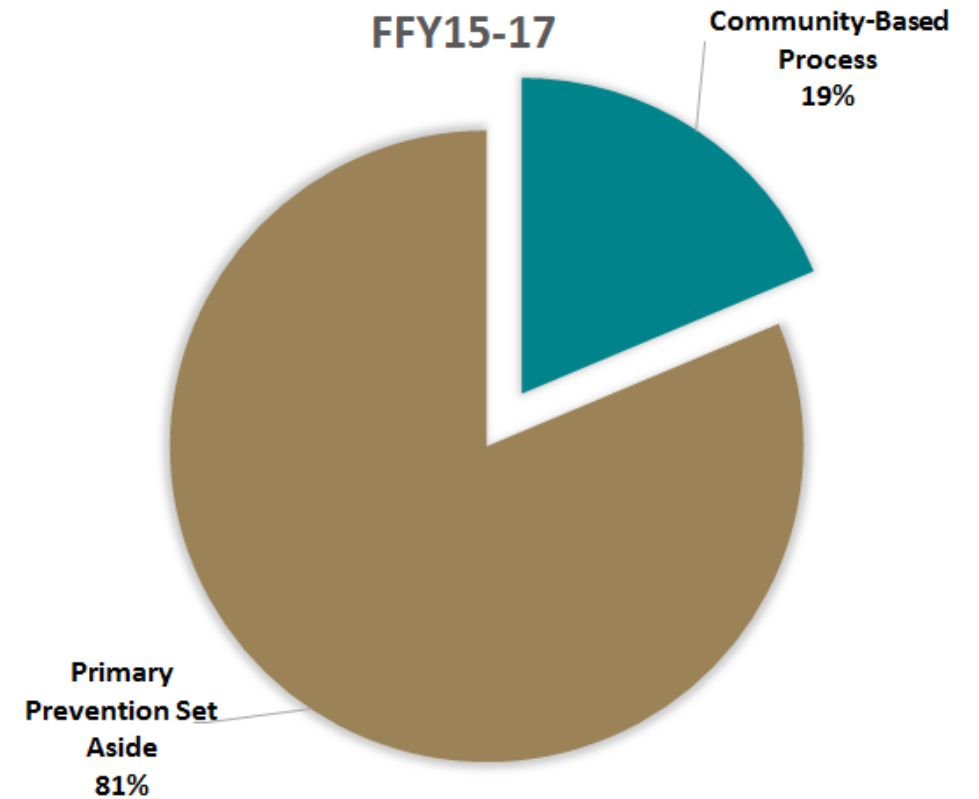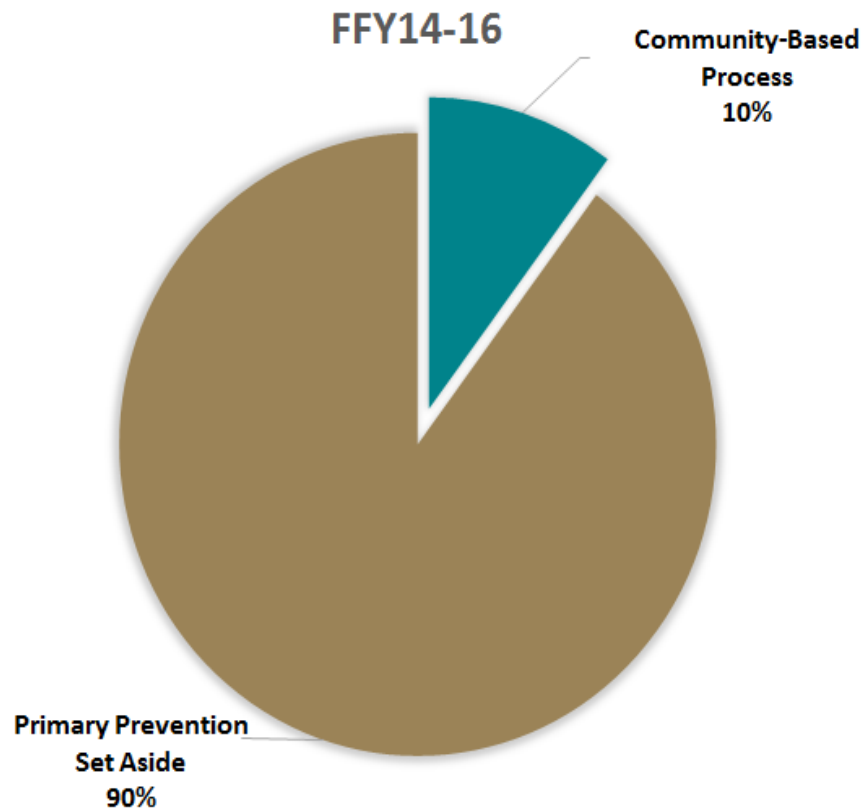
Some of the county prevention providers work in collaboration with community coalitions to create and/or revise local policies that may positively impact youth tobacco use.
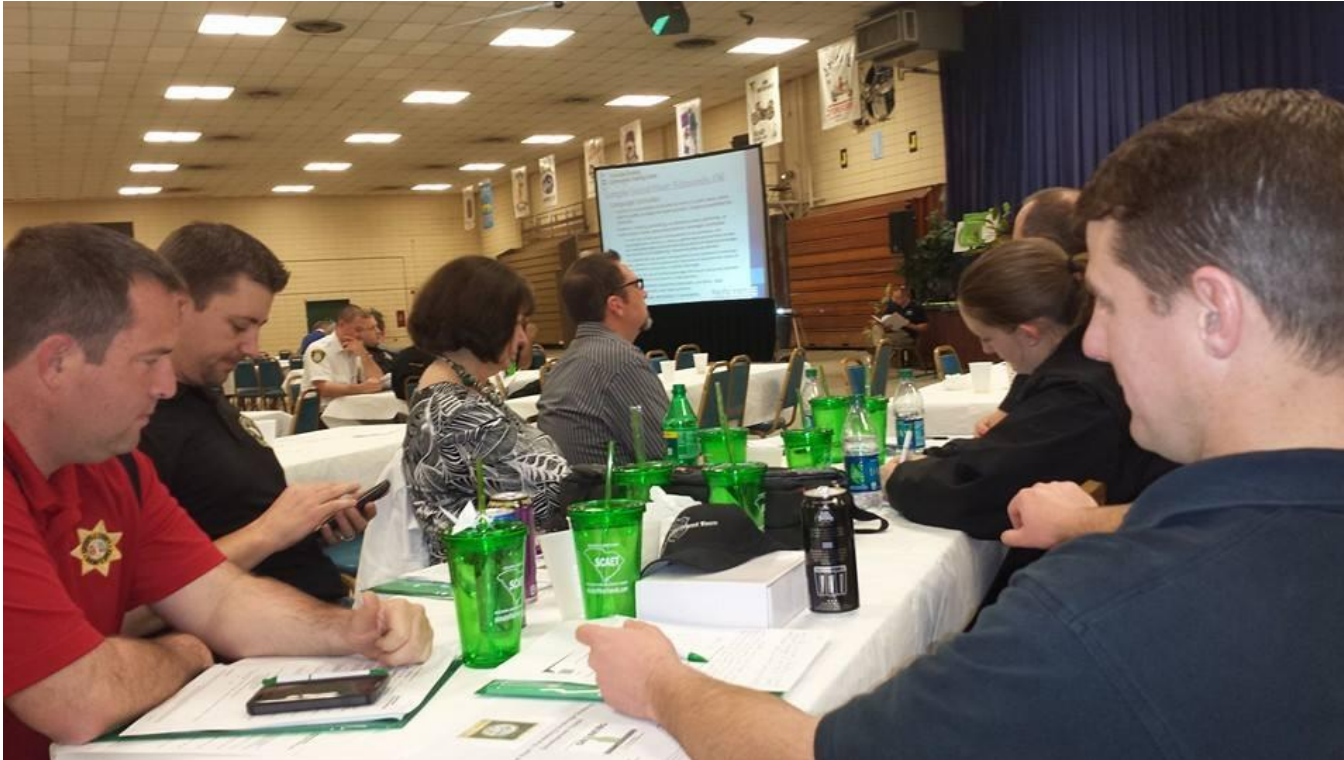
In collaboration with community coalitions, local prevention providers work to create and/or revise local policies that may positively impact communities and reduce substance use in South Carolina's counties.

In collaboration with community coalitions and partner agencies, local prevention providers work to provide substance-free alternative events and services for youth in their communities.

All of the county prevention providers work in collaboration with state and local law enforcement partners to implement environmental strategies to address underage alcohol and tobacco use.

SABG Funding for Community-Based Processes

FFY14-16

Community-Based Process 10%

Primary Prevention Set Aside 90%

FFY15-17

Community-Based Process 19%

Primary Prevention Set Aside 81%

Community Coalitions in South Carolina

Legend

- ● CAST - Impaired Driving
- ■ CAST-Underage Drinking
- ▲ ECHO PFS-Impaired Driving
- ★ ECHO PFS-Prescription Drug
- ✚ ECHO SOR (all prescription drug)
- ▭ DFC
- ▭ PFS 2019
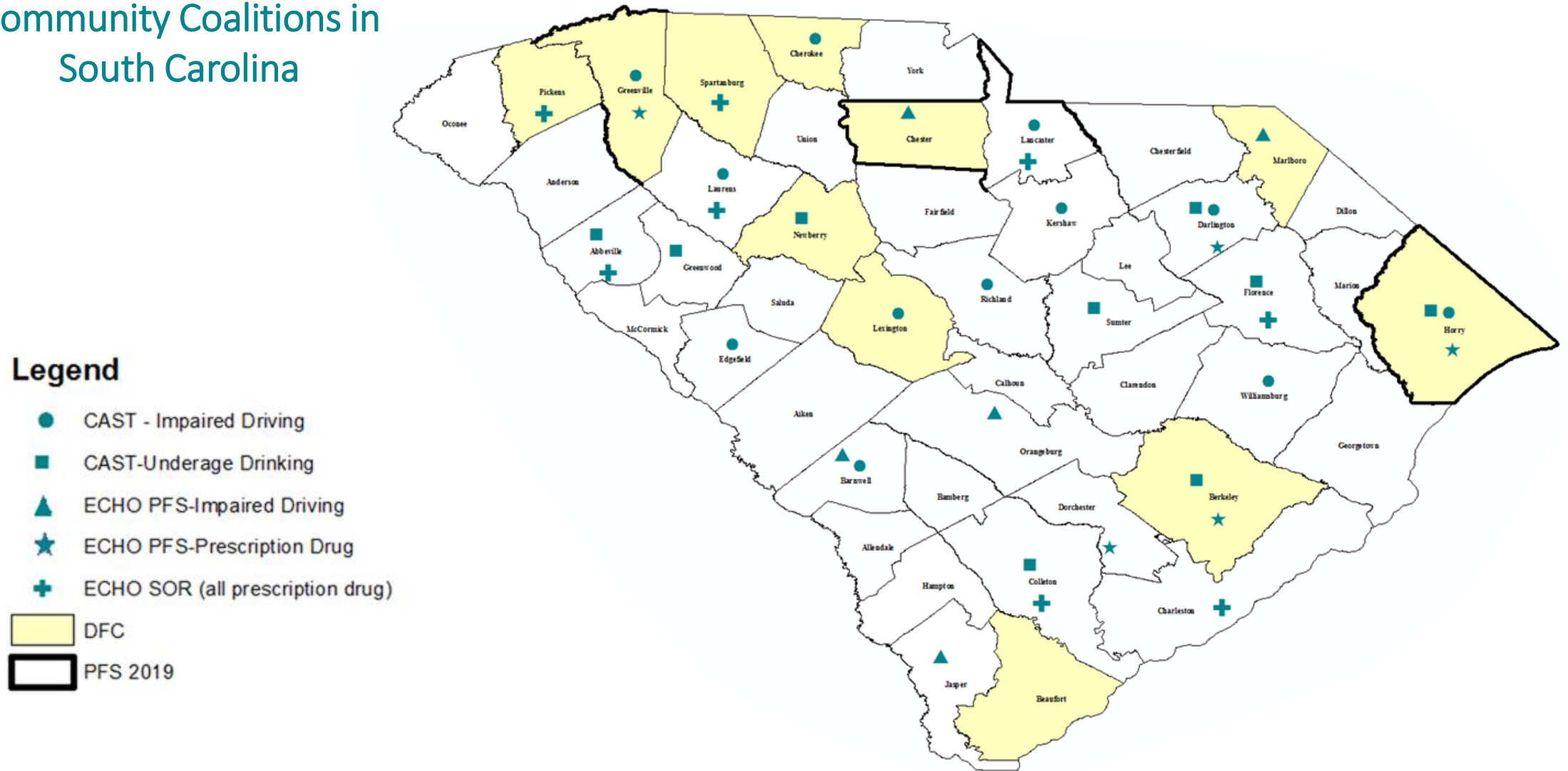
Problem Identification and Referral

This strategy aims at **identification of those who have indulged in illegal/age-inappropriate use** of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy **does not include any activity designed to determine if a person is in need of treatment**.

Examples:

- Employee assistance programs
- Diversion programs
- Student assistance programs

SC Tobacco Education Program
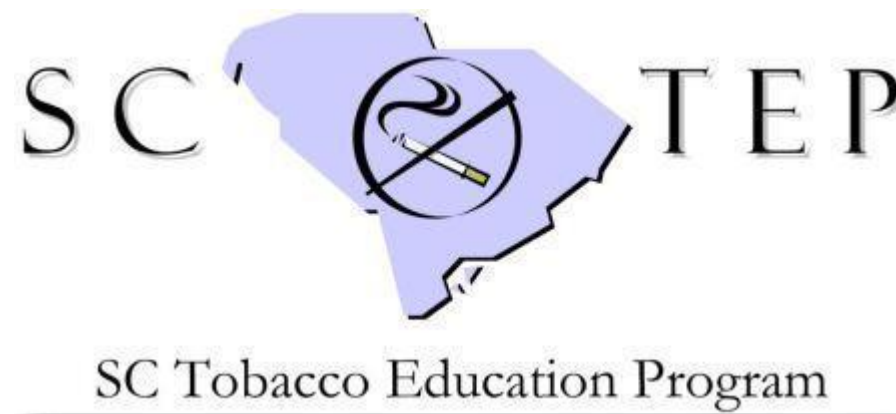
Problem Identification and Referral Programs in South Carolina

Local prevention providers offer approved tobacco and alcohol education (diversionary) programs for youth who are ticketed in South Carolina for breaking either the tobacco or alcohol laws.

A few counties also work with local colleges to provide diversion programs to students who may have an infraction cited by campus law enforcement and/or student life related to substance use.

SABG Funding for Problem Identification and Referral

FFY14-16

Problem Identification and Referral
3%

Primary Prevention Set Aside
97%

FFY15-17

Problem Identification and Referral
4%

Primary Prevention Set Aside
96%
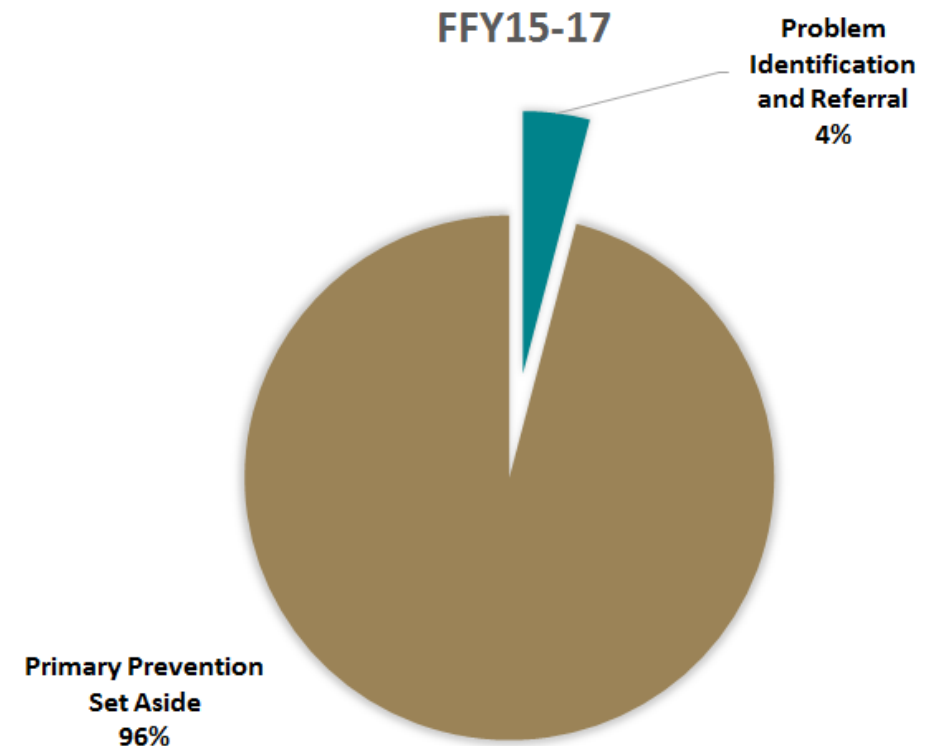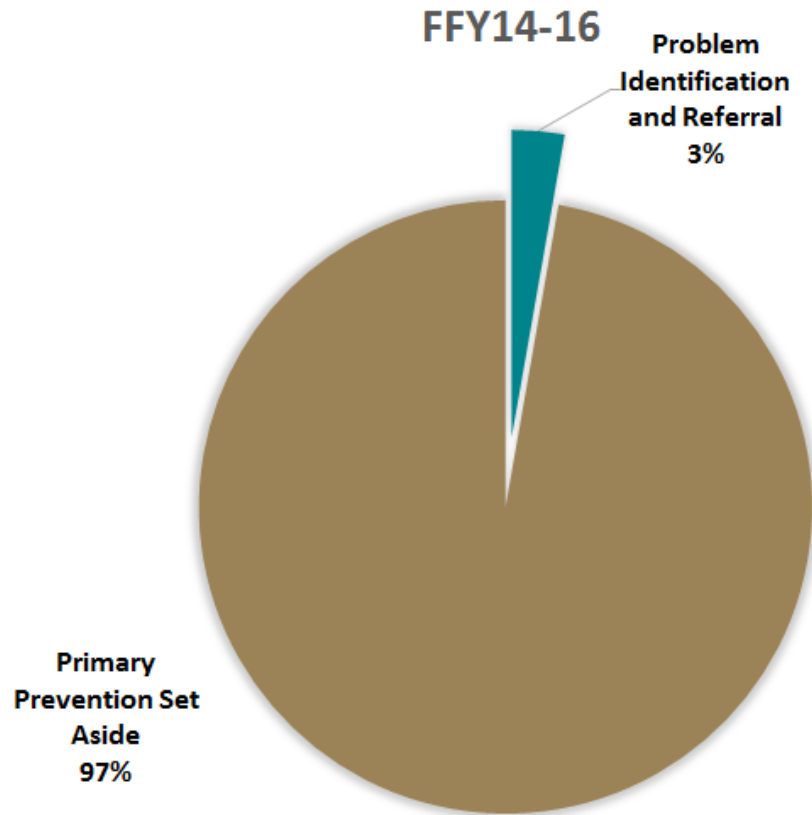
Tobacco Education Program (TEP)

TEP is offered as an alternative for students who face suspension or for youth who violate youth access laws. The TEP curriculum was updated during the summer of 2019, and it aims to educate youth on the dangers of tobacco use, alterative nicotine products, and/or electronic nicotine delivery systems; address possible motivations for considering quitting using any nicotine-containing products; and introduce the participants to cessation resources. The curriculum contains 85% of the Stanford Tobacco Prevention Toolkit material from the following units: Two Truths and a Myth, A Little History to Set the Stage, E-Cigarettes and Vape Pens, What's in E-Cigarettes and Vape Pens, Pod-Based Systems, and Unit 1-Brain 1.

Alcohol Education Program (AEP)

In ordered to be considered for acceptance into an AEP, the offender must meet the following criteria:

- Must be between the ages of 17 and 20
- Must have no significant criminal history
- Must have been charged with:
  - Possession of beer or wine by a person under the age of 21
  - Possession of alcoholic liquor by a person under the age of 21
  - Open container
  - Disorderly conduct
  - Falsification of age to purchase beer or wine
  - Unlawful purchase of beer or wine for a person who cannot legally buy
  - Transfer of beer or wine for underage person's consumption
  - Possession of altered driver's license or other false documentation
  - Any other offense similar in nature and severity to the above described offenses, as determined by the Circuit Solicitor

Evaluation Results for AEP and TEP in South Carolina

In FY18, more than 600 youth were served in diversion programs for youth alcohol and tobacco offenses (334 served in the AEP and 287 served in TEP).

In FY17, almost 700 youth were served in diversion programs for youth alcohol and tobacco offenses (365 served in the AEP and 312 served in TEP).

In FY16, more than 700 youth were served in diversion programs for youth alcohol and tobacco offenses (510 served in the AEP and 228 served in TEP).

In FY15, more than 2,000 youth were served in diversion programs for youth alcohol and tobacco offenses (559 served in the AEP and 1,691 served in TEP).

Alternatives

This strategy provides for the participation of target populations in **activities that exclude** alcohol, tobacco, and other drug use. The assumption is that **constructive and healthy activities** offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or obviate resorting to the latter.
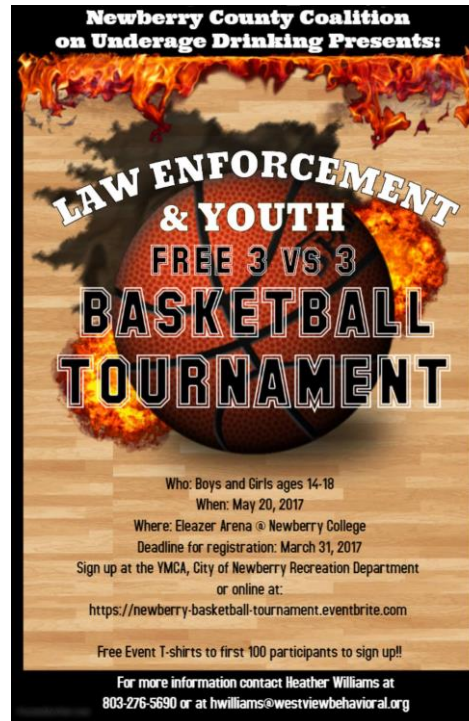
Examples:

- Drug free dances and parties
- Youth/adult leadership activities
- Community drop-in centers
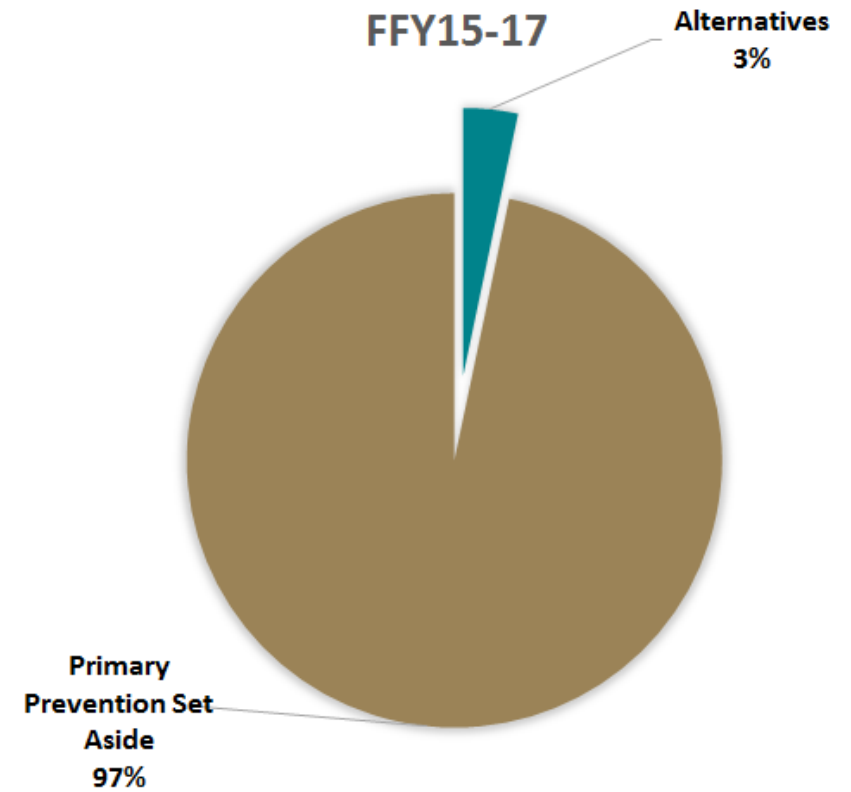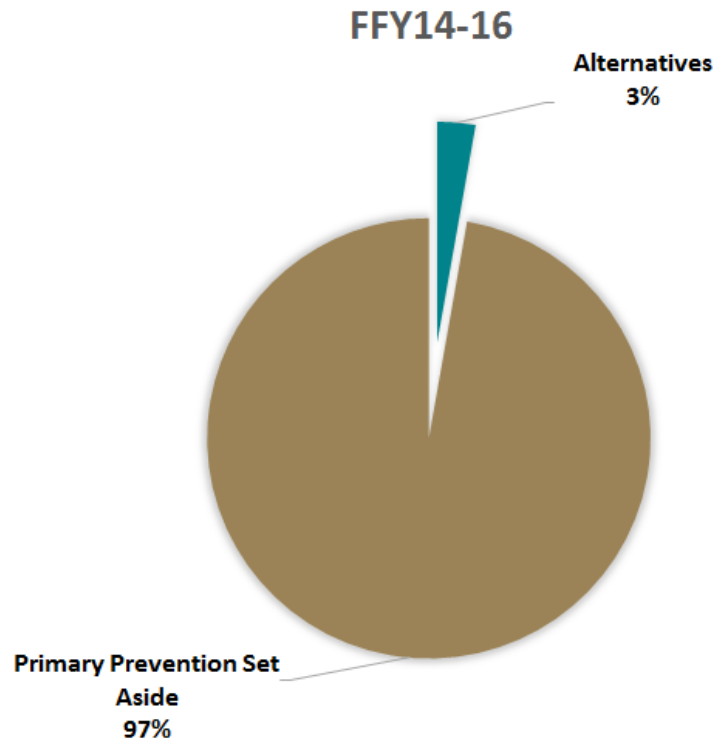- Community service activities

Alternative Programs in South Carolina

Some of the county providers work with organizations in their communities to plan and host events such as awareness runs/walks, after-prom parties, safe Halloween events, and ropes courses.

Newberry County Coalition on Underage Drinking Presents:

LAW ENFORCEMENT & YOUTH FREE 3 VS 3 BASKETBALL TOURNAMENT

Who: Boys and Girls ages 14-18
When: May 20, 2017
Where: Eleazer Arena @ Newberry College
Deadline for registration: March 31, 2017
Sign up at the YMCA, City of Newberry Recreation Department
or online at:
https://newberry-basketball-tournament.eventbrite.com

Free Event T-shirts to first 100 participants to sign up!!

For more information contact Heather Williams at
803-276-5690 or at hwilliams@westviewbehavioral.org

Don't Fall for Drugs Festival

RE-SCHEDULED DATE/TIME
Saturday, November 2
11am-2pm

Dorn Recreational Football Field
Carolina Street, McCormick

Games, Prizes, Music
Costume Contest,
Food, Drinks
FREE!

Sponsored by McCormick Sheriff's Office,
McCormick Recreation Dept., Cornerstone,
McCormick Emergency Services and
McCormick Police Dept.

SABG Funding for Alternatives

FFY14-16

Alternatives
3%

Primary Prevention Set
Aside
97%

FFY15-17

Alternatives
3%

Primary
Prevention Set
Aside
97%

Increase Reach of Prevention Services

9	Increase Number of Individuals Who Receive Prevention Services				
Goal:	Meet or exceed				
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	4824000	4892000	4958000	5177033	5200100	5200100
Actual	4824000	4892000	4958000	5177033	5200100	
Goal Achieved?	No	Yes	Yes	Yes	Yes	
Changes in Target		Increased from prior year	Increased from prior year	Increased from prior year	Increased from prior year	Same as prior year
Additional Comments	Environmental prevention activities are targeted to the state population.				

9 Increase Number of Individuals Who Receive Prevention Services
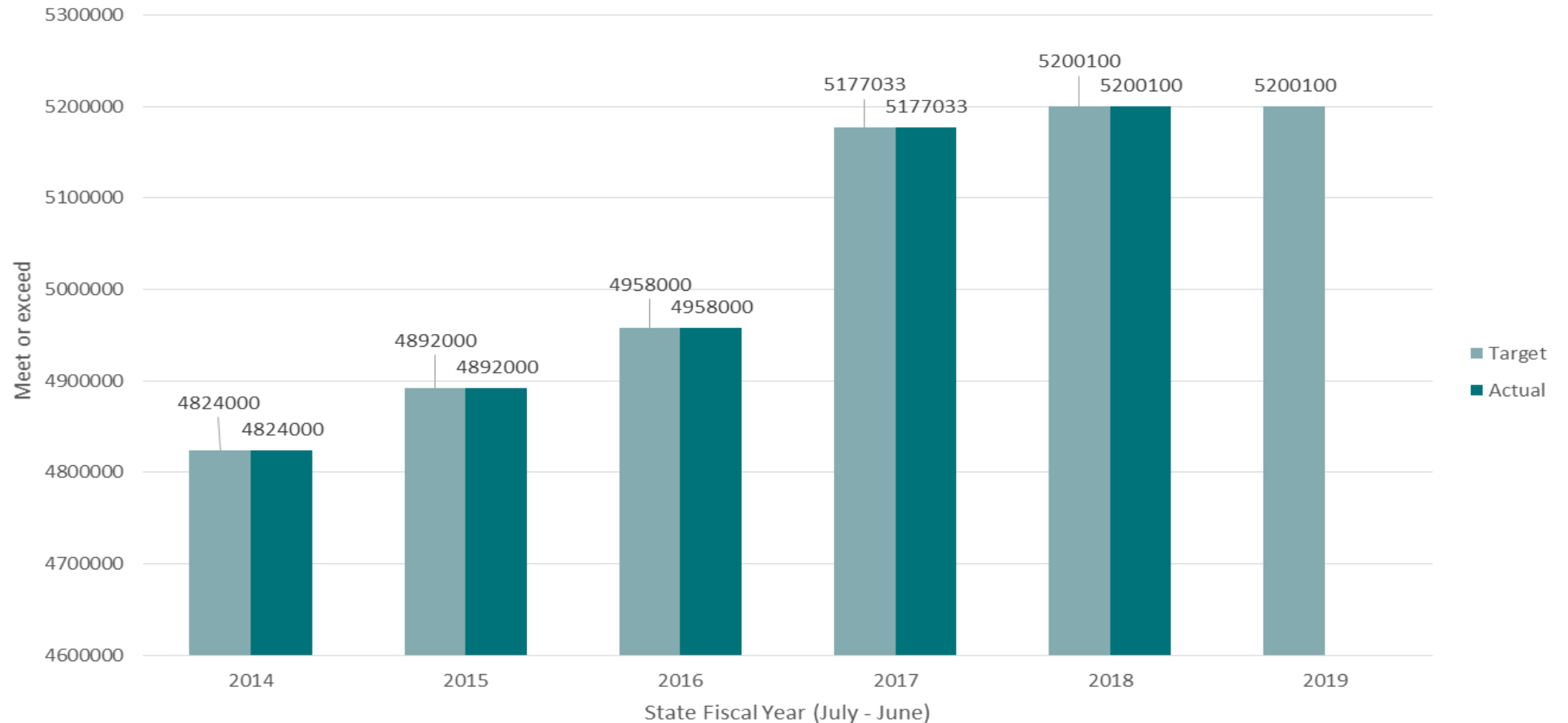
SABG HIV Early Intervention Services Set-Aside

SAMHSA requires states that have a certain prevalence rate associated with HIV infection to utilize at least 5% of the SABG to provide services to persons who are at high risk or living with HIV and are receiving treatment services. The HIV Early Intervention Services (EIS) should target persons who are receiving a treatment service(s) being funded by the SABG.

The purpose of the services is to **reduce the adverse health effects** of such abuse, promote the health of the individual, and reduce the risk of transmission of disease.

Intervention services include making available to high-risk individuals:
- HIV Oraquick Rapid Test (including risk-reduction counseling and risk-reduction education about HIV)
- Education about the risks of needle-sharing, the risks of transmission to sexual partners and infants
- Education about steps that can be taken to reduce HIV transmission
- Referral for HIV treatment services through linkages to care protocols, when necessary

DAODAS provided these services through partnerships with selected local county agencies (identified based on data) and the S.C. Department of Health and Environmental Control.

Program Outcomes and Data Tracking

The selected local providers had to track the following appropriate patient-level data:

- Total number of patients screened
- Total number of patients tested
- Total number of HIV tests conducted
- Total number of tests that were positive for HIV
- Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection
- Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period
- Total number of patients who received risk-reduction education
- Total number of patients who participated in any awareness campaigns

Mid-year and year-end reports were required.

SABG Funding for HIV Set-Aside
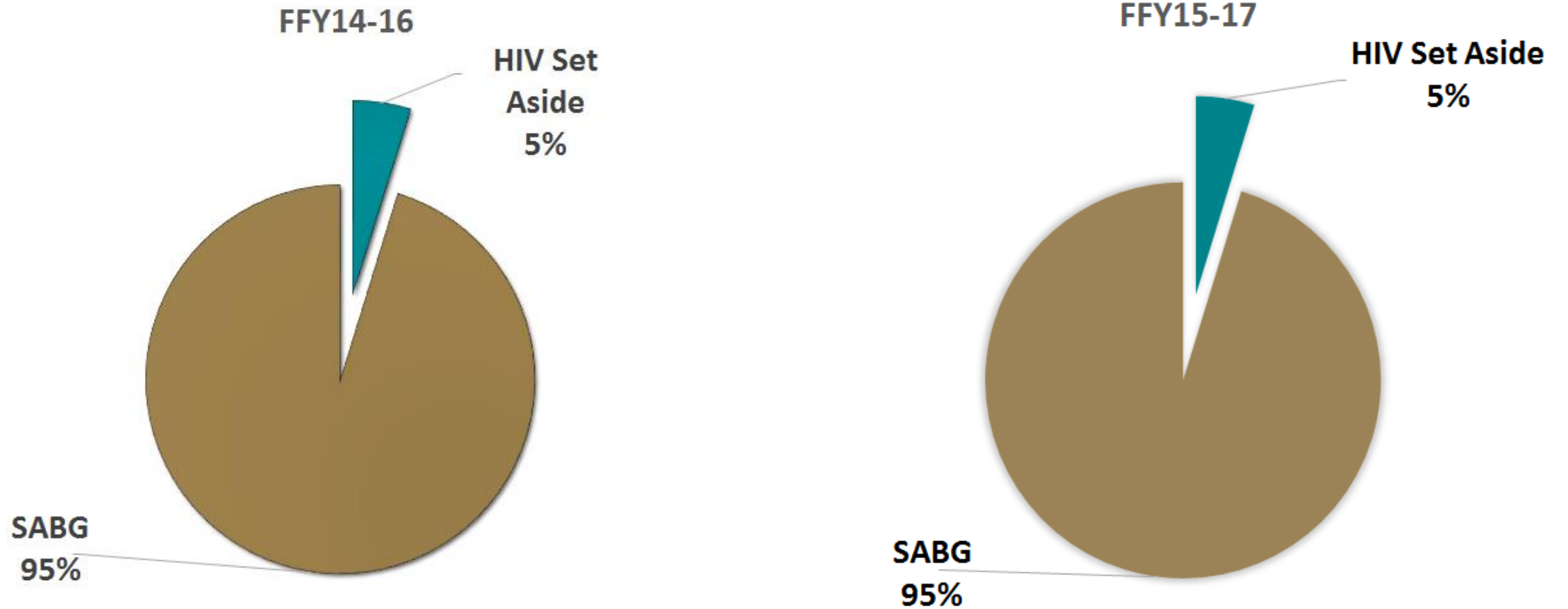
Local Providers Funded to Provide HIV EIS Services Through SABG Set-Aside

County	Funded in 2015-2016	Funded in 2016-2017	Funded in 2017-2018
Aiken	X	X	X
Anderson/ Oconee	X	X	X
Beaufort	No	X	X
Berkeley	No	X	X
Charleston	X	X	X
Clarendon	X	X	X
Florence	X	X	X
Greenville	X	X	X
Greenwood/ Abbeville/ McCormick/ Edgefield	No	X	X

Local Providers Funded to Provide HIV EIS Services Through SABG Set-Aside

County	Funded in 2015-2016	Funded in 2016-2017	Funded in 2017-2018
Allendale/Hampton/Jasper	X	X	No
Horry	X	X	X
Kershaw	X	X	X
Marion/Dillon/Marlboro	X	X	X
Orangeburg	X	X	X
Lexington/Richland	X	X	X
Spartanburg	X	X	X
Sumter	X	X	No
Williamsburg	X	X	X
York	X	X	X

Number of Individuals Tested by Local Provider

County	# Tested 2015-2016	# Tested 2016-2017	# Tested 2017-2018
Aiken	13	10	6
Anderson/Oconee	53	49	61
Beaufort	No	0	0
Berkeley	No	90	216
Charleston	117	112	57
Clarendon	17	13	11
Florence	35	39	21
Greenville	249	363	131
Greenwood/Abbeville/ McCormick/Edgefield	No	14	18

Number of Individuals Tested by Local Provider

County	# Tested in 2015-2016	# Tested in 2016-2017	# Tested in 2017-2018
Allendale/Hampton/Jasper	13	2	No
Horry	24	89	62
Kershaw	19	24	55
Marion/Dillon/Marlboro	5	4	29
Orangeburg	78	47	78
Lexington/Richland	75	157	154
Spartanburg	103	37	42
Sumter	43	48	No
Williamsburg	17	0	8
York	126	194	230

Federal Requirement – Synar Amendment

The Synar Amendment to the 1992 Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) aims to decrease youth access to tobacco. SAMHSA oversees the implementation of the amendment. To receive their full SABG awards, states (that is, all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions) must enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

The Synar legislation requires states to do the following:

- Enact laws prohibiting the sale and distribution of tobacco products to minors.
- Enforce such laws in a manner that can reasonably be expected to reduce the availability of tobacco products to youth under the age of 18.
- Conduct random, unannounced inspections of tobacco outlets.
- Report annual findings to the secretary of the U.S. Department of Health and Human Services by December 31 of each year.

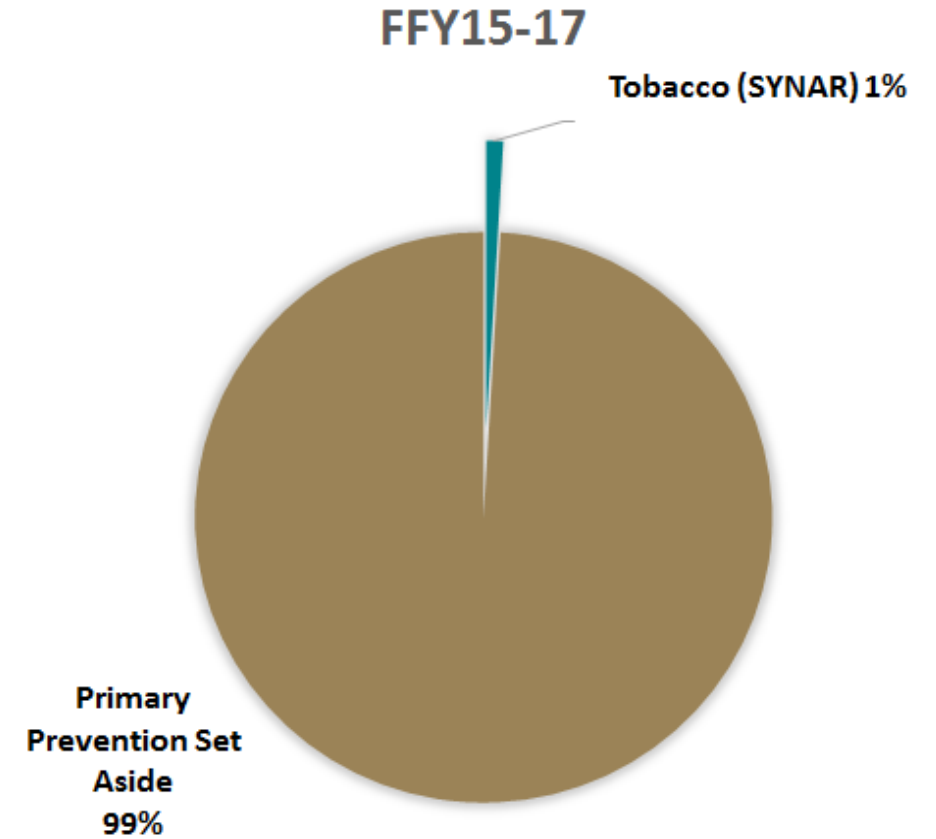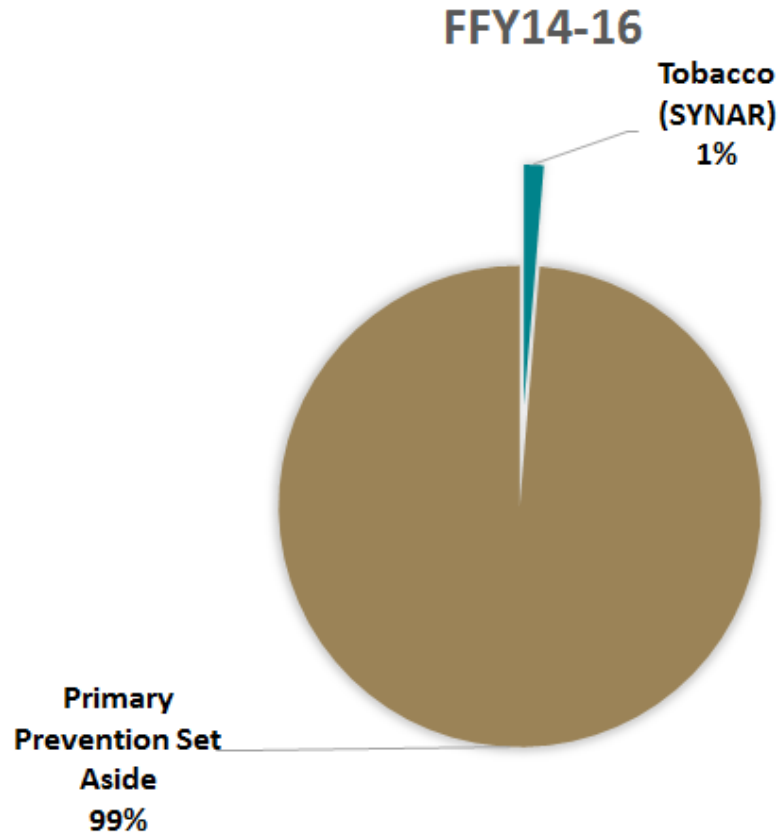# Federal Requirement – Synar Amendment

Through the annual Youth Access to Tobacco Study, DAODAS monitors the state's compliance with the Synar Regulation of the federal Public Health Service Act of 1993.

The Synar Regulation is a federal mandate that requires each state to document a rate of tobacco sales to minors of no more than 20% by the year 2000.
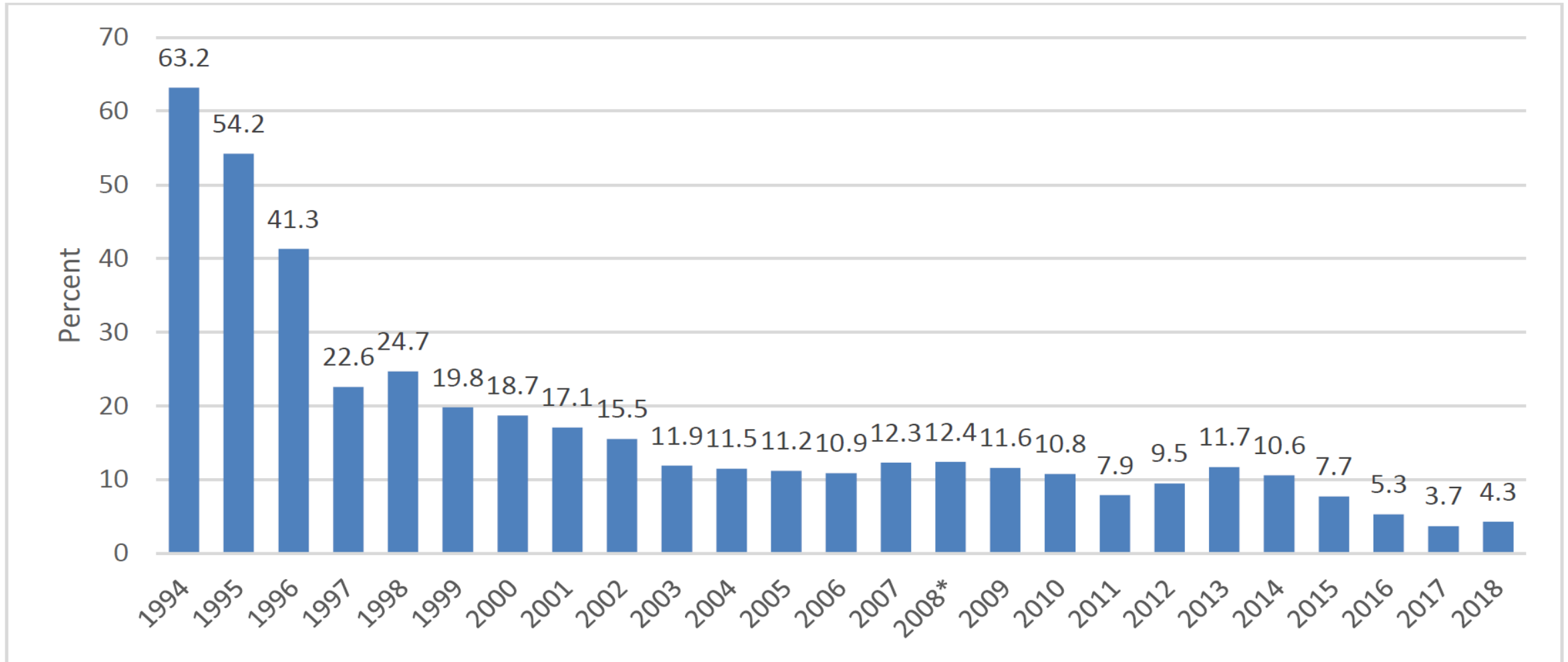
As part of the study, youth ages 15 to 17 visit convenience stores, grocery stores, drug stores, and other retail outlets and attempt to purchase cigarettes.

The number and rate of cigarette sales to underage youth are documented by county, type of sales outlet, and demographics of the youth and sellers.

SABG Funding for Synar

FFY14-16

Tobacco (SYNAR) 1%

Primary Prevention Set Aside 99%

FFY15-17

Tobacco (SYNAR) 1%

Primary Prevention Set Aside 99%

Synar Study Buy Rates (1994-2018)

Food & Drug Administration (FDA) Contract

The FDA closely monitors retailer, manufacturer, importer, and distributor compliance with federal tobacco laws and regulations and takes corrective action when violations occur.

The FDA takes a three-pronged approach to help the tobacco industry comply with the law by:

- Developing and providing compliance training and education
- Monitoring the regulated industry's compliance with the law through surveillance, inspections, and investigations
- Taking action when necessary, including:
  ◦ Warning Letters
  ◦ Civil Money Penalty (CMP) Complaints
  ◦ No-Tobacco-Sale Order (NTSO) Complaints
  ◦ Seizures, Injunctions, and Criminal Prosecution

FDA Contracts

Contract Year	2015-2016	2016-2017	2017-2018
Amount Spent	$840,705.00	$1,141,240.00	$1,384,593.00

FDA Contract 2015-2016

FDA Contract 2015-2016
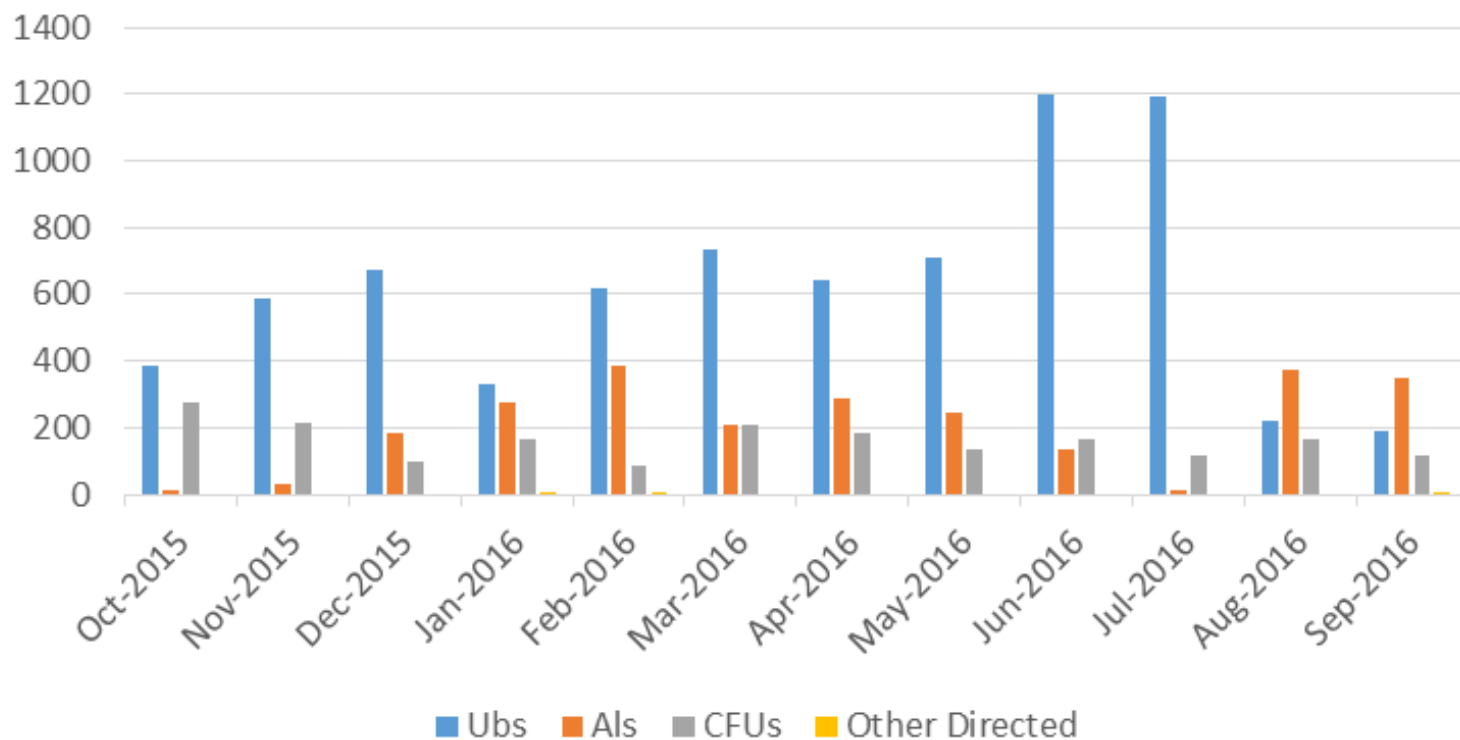
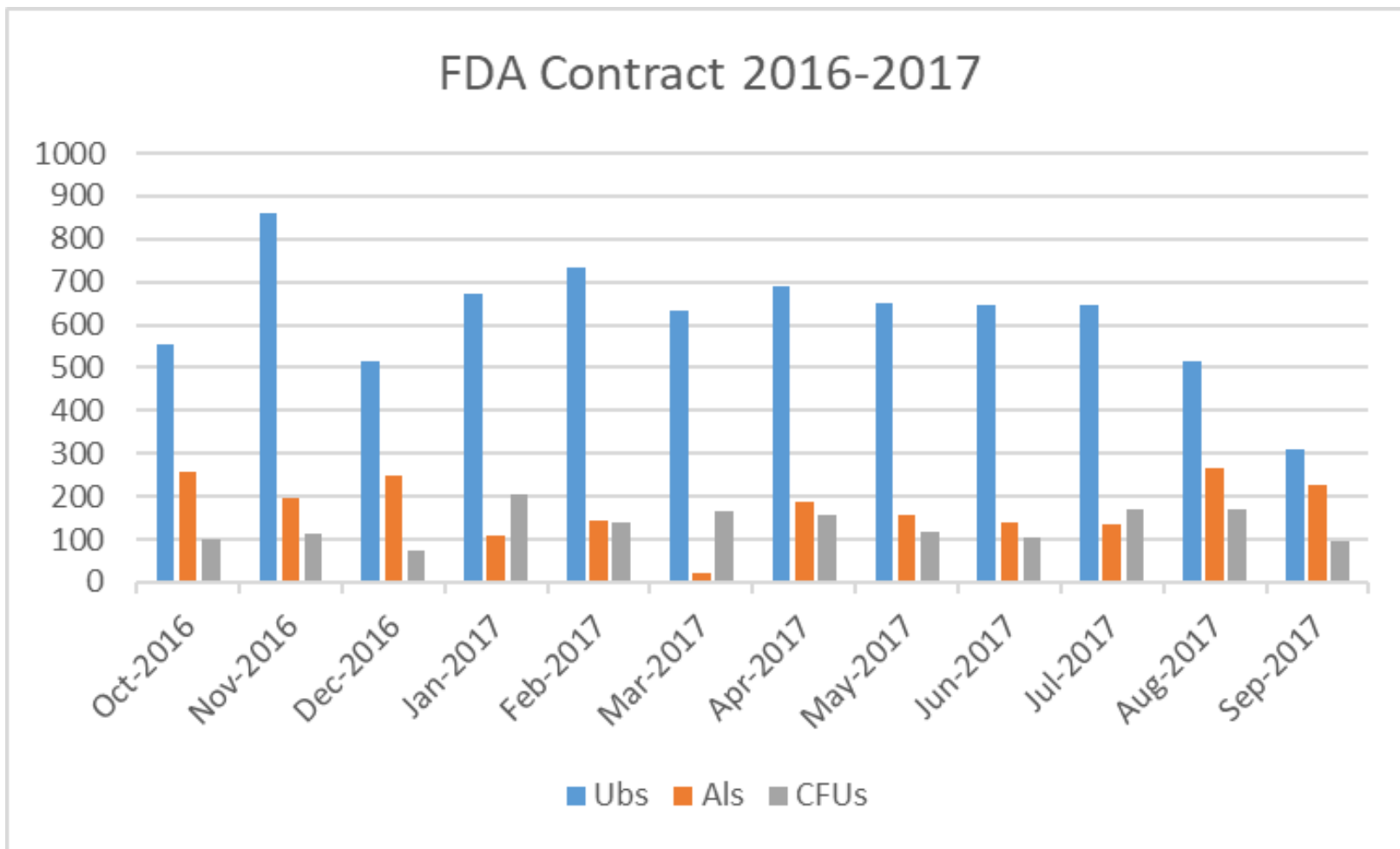| Undercover Buys Totals	Advertising & Labeling Totals	Compliance Follow-Ups Totals
7,474	2,501	1,937

Other Directed by FDA: 3
Grand Total: 11,915

FDA Contract 2016-2017

FDA Contract 2016-2017

Undercover Buys Totals	Advertising & Labeling Totals	Compliance Follow-Ups Totals
7,423	2,086	1,609

Other Directed by FDA: 7
Grand Total: 11,125

FDA Contract 2017-2018

FDA Contract 2017-2018
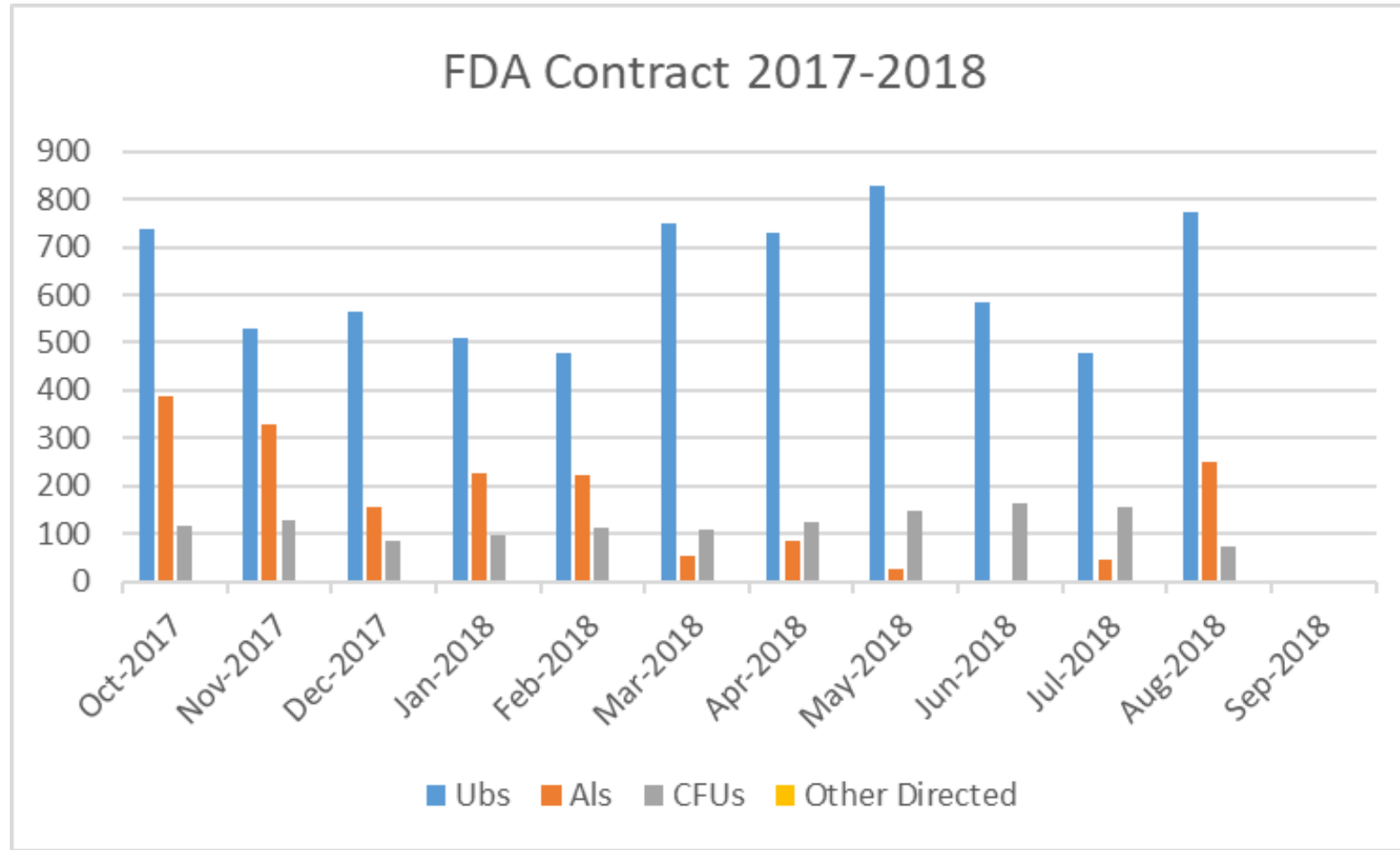
Undercover Buys Totals	Advertising & Labeling Totals	Compliance Follow-Ups Totals
6,968	1,773	1,314

Other Directed by FDA: 7
Grand Total: 10,062

FDA Compliance Check Inspections of Tobacco Product Retailers

|	FY13	FY14	FY15	FY16	FY17	FY18
No Minor Involved	5202	4942	2818	1766	1417	1096
Minor Involved	657	4653	5089	7402	7187	6120

■ Minor Involved   ■ No Minor Involved
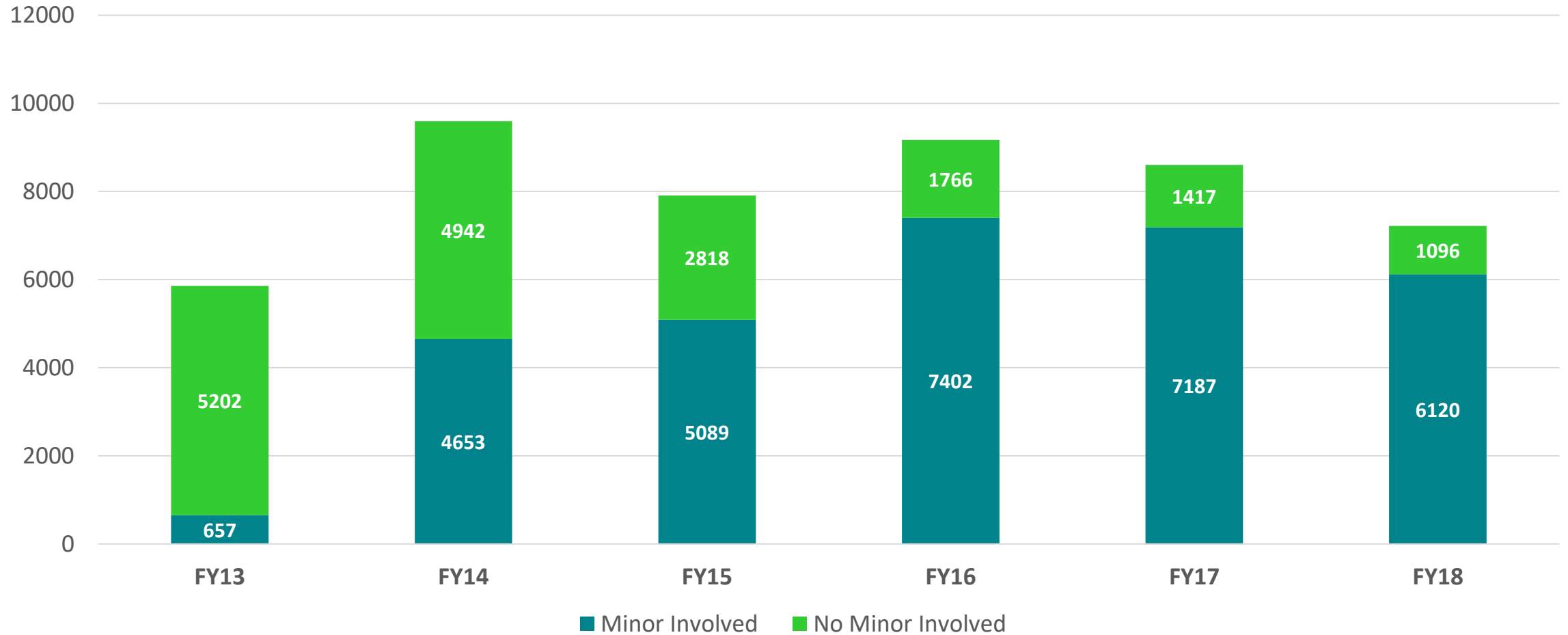
Source: United States Food and Drug Administration. (2018). Compliance Check Inspections of Tobacco Product Retailers (through 8/2/18) [data file]. Retrieved from https://www.accessdata.fda.gov/scripts/oce/inspections/oce_insp_searching.cfm

Reduce Tobacco Product Availability to Individuals Under 18

7	Reduce Retail Availability of Tobacco Products to Those Under the Age of 18 as Measured by the Food & Drug Administration Vendor Violation Rate *Started in 2015					
Goal:	Meet or obtain lower value					
Federal Fiscal Year (Oct. - Sept.)	2014	2015	2016	2017	2018	2019
Target	DNE	DNE	10.0%	10.0%	10.0%	9.0%
Actual	DNE	DNE	6.9%	8.3%	9.8%	
Goal Achieved?	Yes	Yes	Yes	Yes	Yes	
Changes in Target		No prior year target	No prior year target	Same as prior year	Same as prior year	Decreased from prior year
Additional Comments	Federal contract with the Food & Drug Administration (FDA)					

7 Reduce Retail Availability of Tobacco Products to Those Under the Age of 18 as Measured by the Food & Drug Administration Vendor Violation Rate *Started in 2015
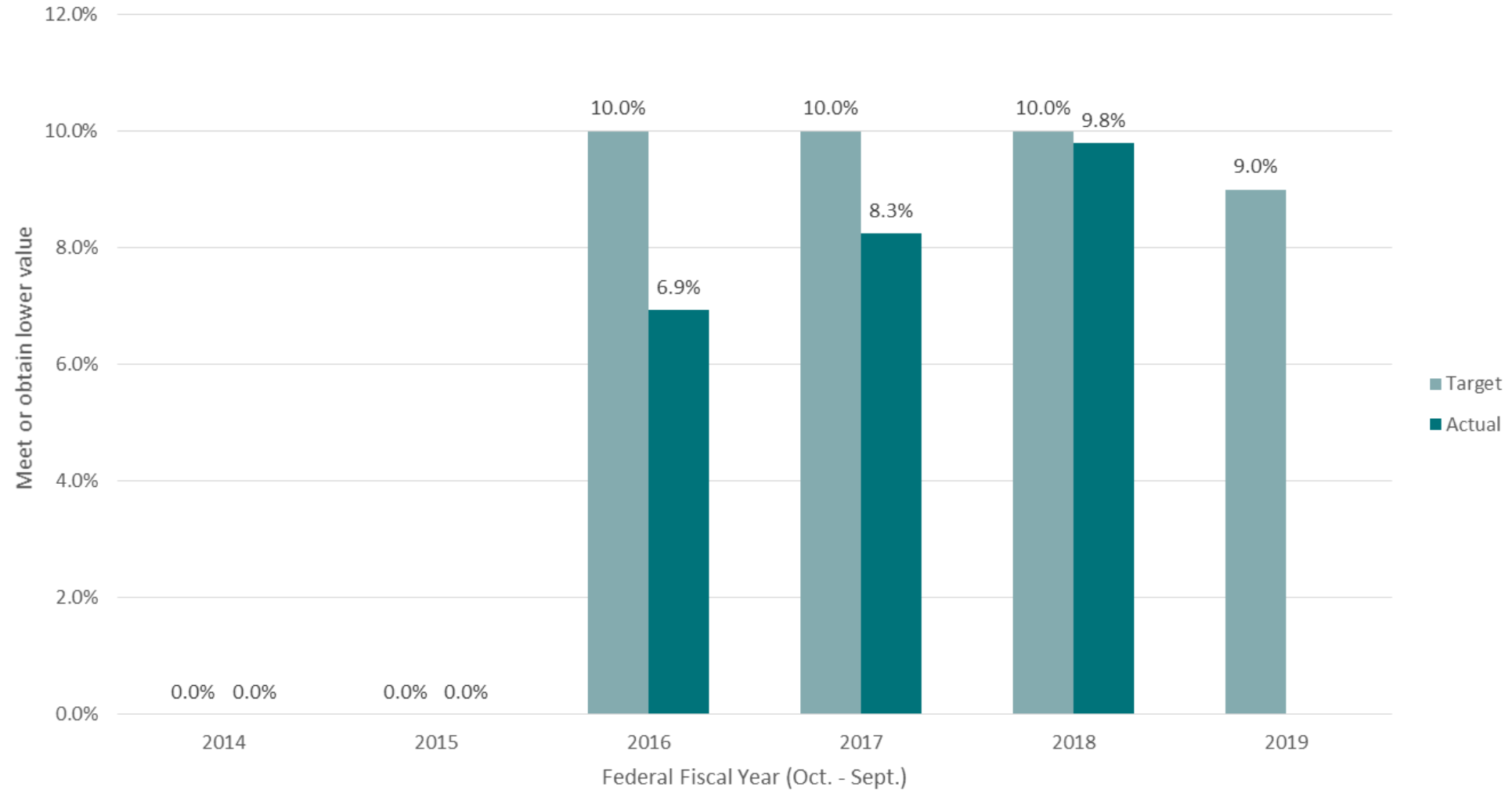
Community Action for a Safer Tomorrow (CAST)

In July 2009, South Carolina received a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) administered the SPF SIG project, known in the state as the Community Action for a Safer Tomorrow (CAST) project. The project value was $10.6M over the five-year period, with SAMHSA requiring that 85% of those funds be directed to communities to meet the following goals: (1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; (2) reduce substance abuse-related problems in communities; and (3) build prevention capacity and infrastructure.

Community Action for a Safer Tomorrow (CAST)

Prior to South Carolina's receipt of the SPF SIG award, the work of the SEOW identified underage drinking and traffic crashes related to driving under the influence of alcohol (DUI crashes) as top priorities in the state. As a result, these were the two priorities for CAST, with 13 counties funded from 2010 to 2014 to address these priorities (Cohort 1 counties). Seven counties addressed underage drinking and eight counties addressed DUI crashes, with two of these counties addressing both priorities. An additional five counties were funded from 2013 to 2014 (Cohort 2 counties), with two addressing underage drinking and three addressing DUI crashes. (See Figure 2 for a map of the CAST counties.) The CAST project also included four regional capacity coaches who provided technical assistance, regional training, and system building to the CAST sites to support them to effectively implement the SPF.

| County	Cohort	Intervention Start Date	Underage Drinking	DUI Crashes
Abbeville	1	Mar 2012	✓	
Berkeley	1	May 2012	✓	
Cherokee	1	June 2012		✓
Colleton	1	Sept 2011	✓	
Darlington	1	Apr 2012	✓	✓
Edgefield	1	June 2012		✓
Greenwood	1	Mar 2012	✓	
Horry	1	Apr 2012	✓	✓
Kershaw	1	Oct 2011		✓
Laurens	1	Mar 2012		✓
Lexington	1	Apr 2012		✓
Newberry	1	Mar 2012	✓	
Williamsburg	1	June 2012		✓
Florence	2	Oct 2013	✓	
Greenville	2	Oct 2013		✓
Lancaster	2	Oct 2013		✓
Richland	2	Oct 2013		✓
Sumter	2	Oct 2013	✓	

Evidence-Based Strategies Implemented by CAST Sites

| Underage Drinking	DUI Crashes
• Community mobilization to establish a social host ordinance utilizing the *Parents Who Host Lose the Most* campaign • Merchant education (Promoting Retailers Education Program, PREP) • Compliance checks • Party patrols • Shoulder taps • Improved screening and referral • Ensuring specified penalties/diversion programs are imposed and carried out	• Merchant education (PREP) • Help retailers improve policies regarding the over-service of alcohol to intoxicated patrons • Compliance checks • Public safety checkpoints • Social event monitoring and enforcement • Over-service operations/Bar checks • DUI prosecution training • Ensure follow-through on sanctioned penalties for convicted DUI offenders

Evaluation Results: Underage Drinking Sites
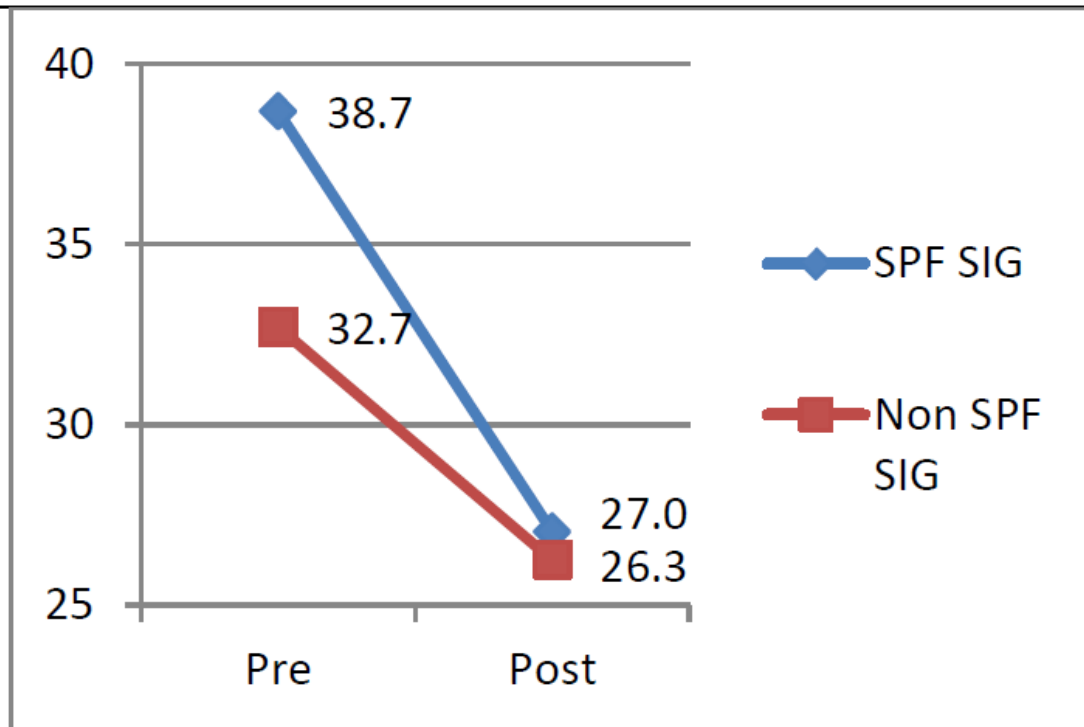
30-day alcohol use
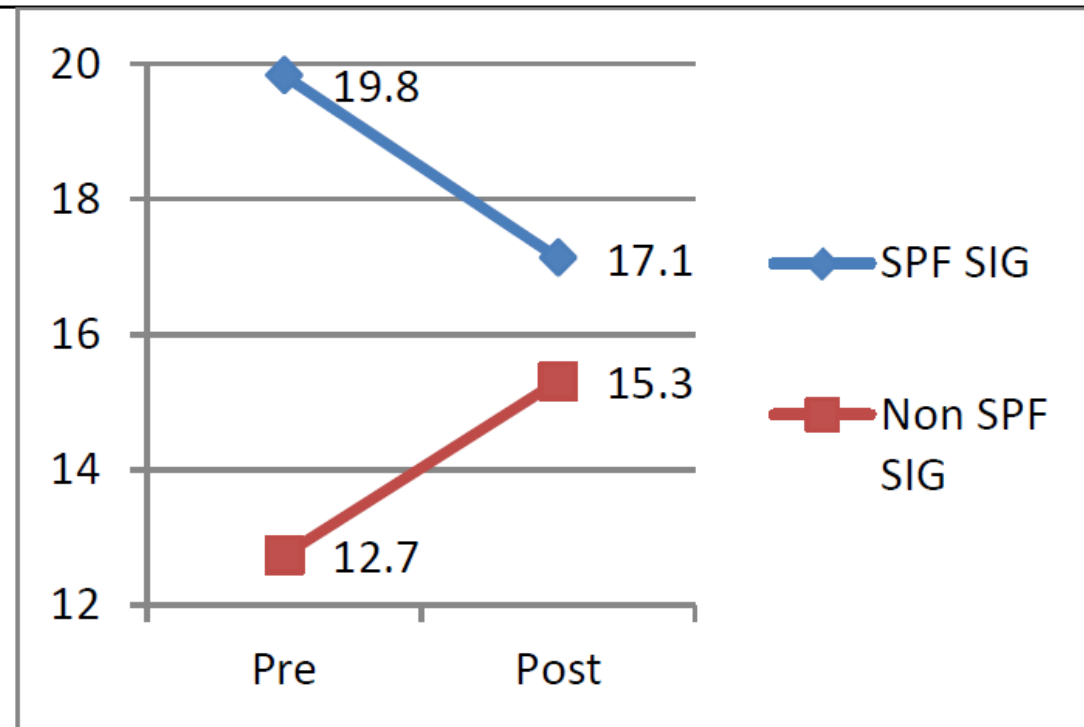
Binge drinking

Evaluation Results: Underage Drinking Sites

Alcohol-related Traffic Crash Deaths
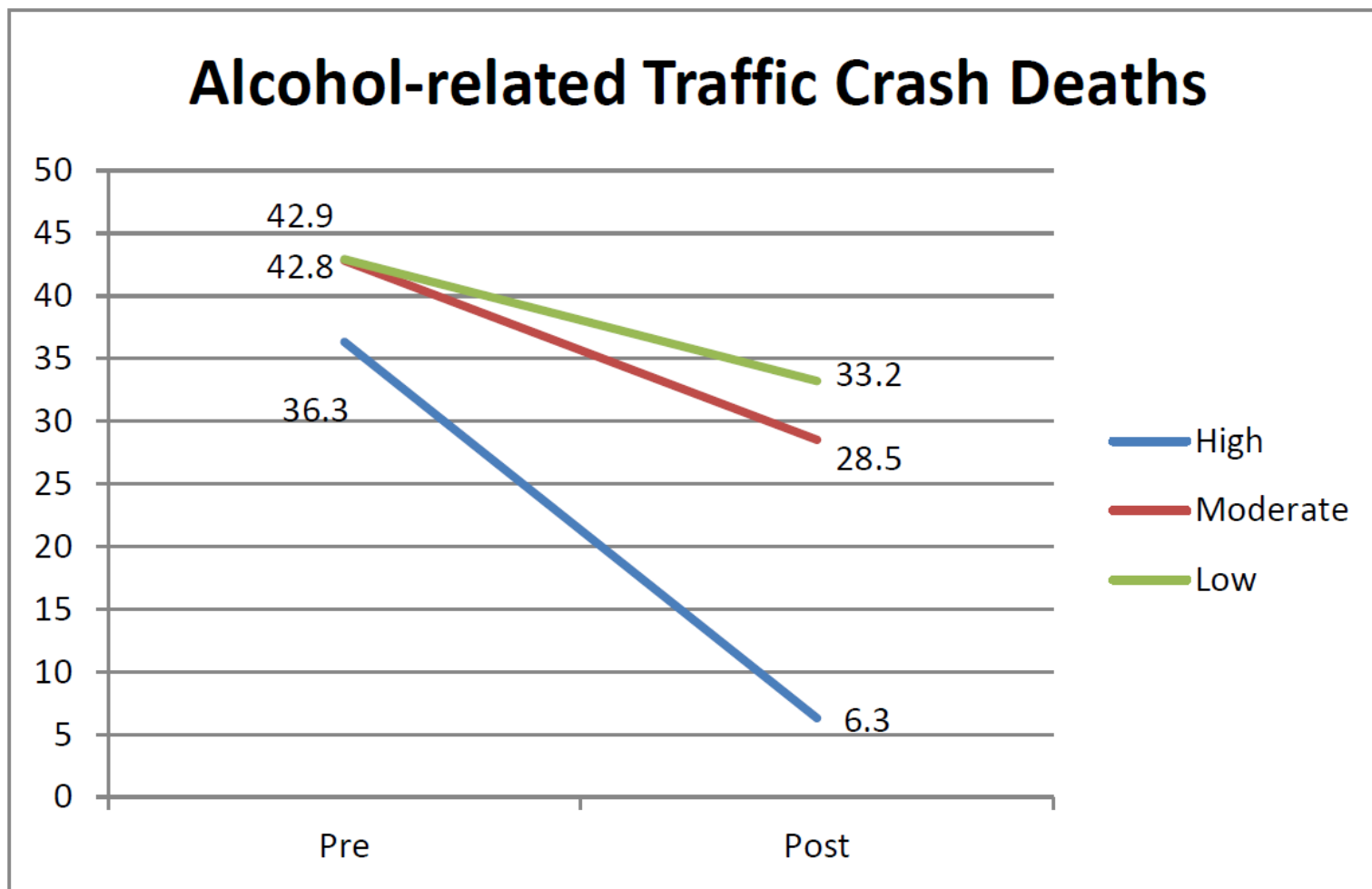
Local Successes – Darlington County

2010, Prior to SPF Implementation
Of the 100 community surveys, 63% of the community agrees that drinking is a part of growing up.
Of the 100 community surveys, 63% also agrees that parents and families allow UAD parties.
Of the 100 community surveys, 62% say it is somewhat easy for people under 21 to get alcohol from their parents with their permission.

2012, After SPF Implementation
Of the 100 community surveys, 32% of the community agrees that drinking is a part of growing up.
Of the 100 community surveys, 30% also agrees that parents and families allow UAD parties.
Of the 100 community surveys, 31% say it is somewhat easy for people under 21 to get alcohol from their parents with their permission.

Partnership for Success (PFS)

DAODAS received the five-year U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Partnership for Success (PFS) grant in 2015.

DAODAS funded 10 county authorities (sub-recipients) to implement impaired driving and prescription drug prevention services.

The PFS grant is centered on the Strategic Prevention Framework (SPF).

South Carolina's name for PFS 2015 was Empowering Communities for Healthy Outcomes (ECHO).

The Pacific Institute for Research and Evaluation (PIRE) provided evaluation services for the ECHO project.

The evaluation team oversaw South Carolina's completion of PFS 2015 national cross-site evaluation deliverables, state-level evaluation deliverables, and provided technical assistance to the local sites for their efforts.
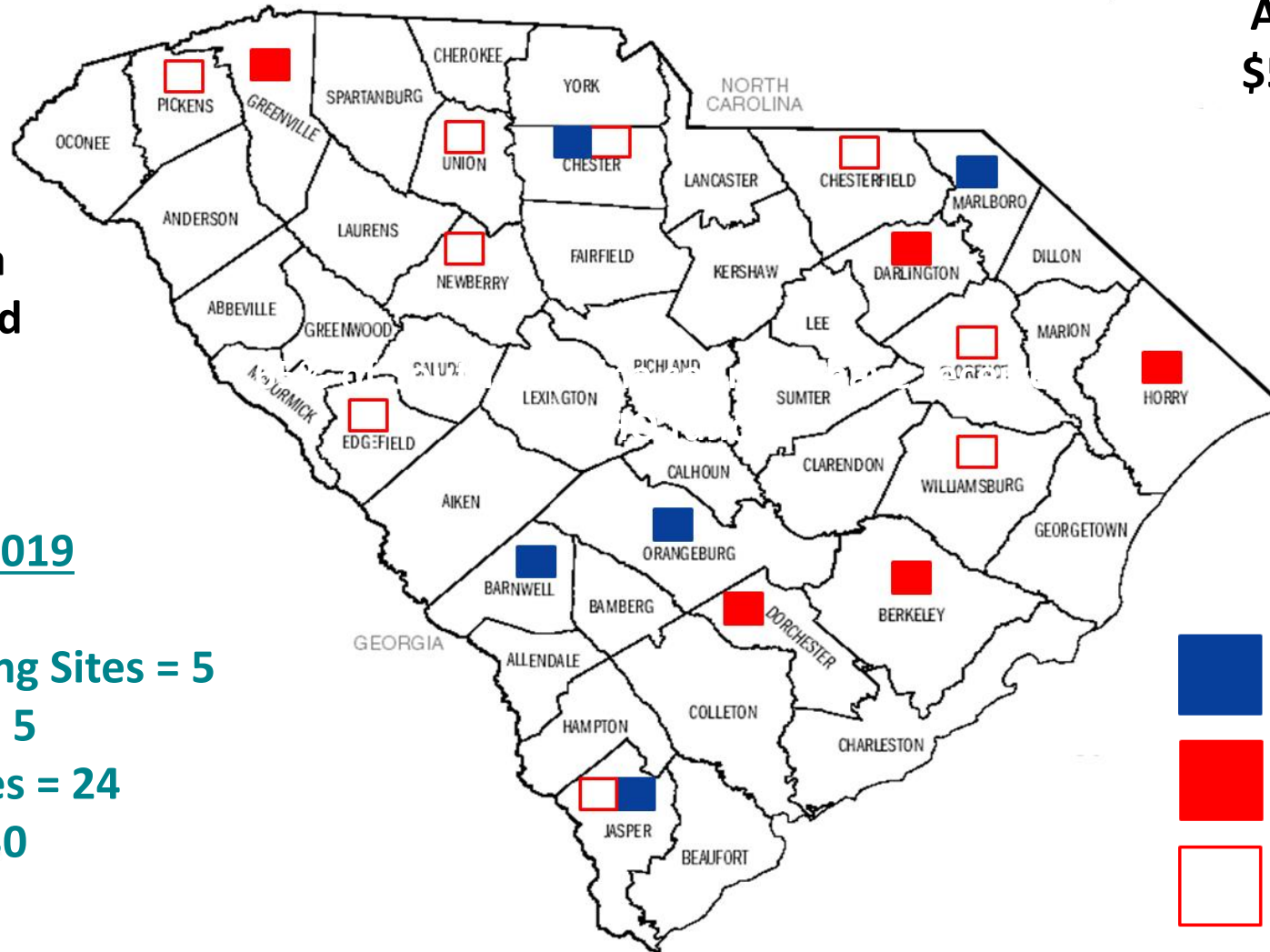
PFS Contracts

Contract Year	2015-2016	2016-2017	2017-2018
Amount Spent	$689,069.00	$1,649,919.00	$1,835,197.00

All ECHO Participant Counties to Date

Award Amounts:
$5,000 - $120,000

65% of South Carolina counties have received ECHO funds

FFY 2016 – FY2019

- **Total Impaired Driving Sites = 5**
- **Total Rx Drug Sites = 5**
- **Total Temporary Sites = 24**
- **Grand Total Sites = 30**

MAP KEY

■ **Impaired Driving**

■ **Rx Drug**

□ **Temporary Rx Drug**

ECHO Goals and Objectives – Impaired Driving Sites

Goal 1: Reduce the Prevalence of Impaired Driving in South Carolina

- Objective 1.1: By the end of the grant period, implementation communities will reduce alcohol-related car crashes by 10%.

- Objective 1.2: By the end of the grant period, implementation communities will reduce drug-related car crashes by 10%.

- Objective 1.3: By the end of the grant period, implementation communities will use at least two evidence-based programs, policies, or practices in response to local strategic plans.

ECHO Goals and Objectives – Prescription Drug Sites

Goal 2: Prevent the Onset and Reduce the Progression of Prescription Drug Abuse and Misuse in South Carolina

- Objective 2.1: By the end of the grant period, implementation communities will reduce past-30-day use of non-prescribed prescription drugs by youth by 10%.

- Objective 2.2: By the end of the grant period, implementation communities will use at least two evidence-based programs and/or promising practices in response to local strategic plans.

- Objective 2.3: By the end of the grant period, implementation communities will adopt at least two practices as recommended in the State Plan to Prevent and Treat Prescription Drug Abuse.

ECHO Goals and Objectives – All Sites

Goal 3: Build Prevention Capacity and Infrastructure at the State and Community Levels

- Objective 3.1: By the end of the grant period, implementation communities will increase the number of persons reached by 10%.

- Objective 3.2: By the end of the grant period, implementation communities will use at least two evidence-based programs, policies, or practices/promising practices in response to the state and local strategic plans.

ECHO Evidence-Based Strategies

Rx Drug Sites

Safe Drug Disposal
◦ Rx Drug Drop Boxes
◦ Drug Take Back Events
◦ Deterra Drug Deactivation System

Community Awareness
(Information Dissemination)

Prescriber/Dispenser Education

Other Professional Education

Youth Educational Curriculum (Evidence-Based)

Impaired Driving Sites

High Visibility Enforcement
Environmental Strategies
◦ Public Safety Checkpoints
◦ Saturation Patrols

Community Awareness
(Information Dissemination)

Youth Educational Curriculum
(Evidence-Based)

Merchant Education

Strategies

Strategies	Berkeley	Darlington	Dorchester	Greenville	Horry	Barnwell	Chester	Jasper	Marlboro	Orangeburg	Total by Strategy
Prescription Drug Abuse/Misuse Prevention											
Number of new permanent safe drop-off locations that were established in your region.	2	1	1	9	10						23
Number of Take Back events that took place.	4	0	3	2	4						13
Number of pharmacies that began to give away Deterra.	0	0	1	0	0						1
Number of people that received Deterra.	1,633	314	200	11	14						2,172
Impaired Driving Prevention											
Sobriety Checkpoints/Saturation Patrols:											
# of checkpoints/patrols						181	335	85	28	215	844
# of cars passing through checkpoints/patrols						3,135	9,650	1,752	1,450	4,079	20,066

Strategies

| Strategies	Berkeley	Darlington	Dorchester	Greenville	Horry	Barnwell	Chester	Jasper	Marlboro	Orangeburg	Total by Strategy
Prescription Drug Abuse/Misuse Prevention											
Education/Training: Providers (doctors, dentists, PAs)	0	0	0	0	0						0
Community Safe Disposal (drop boxes, Take Back events)	X	X	X	X	X						5
Home Storage/Disposal (lock boxes, Deterra)	X	X	X	0	X						4
Social Marketing/Media Campaign	X	X	X	X	X						5
TOTAL	3	3	3	2	3						14
Impaired Driving Prevention											
Sobriety Checkpoints						X	X	X	X	X	5
Saturation Patrols						X	X	X	X	X	5
Social Marketing/Media Campaign						X	X	X	X	X	5
Class Action (High School Curriculum)								X			1
TOTAL						4	3	4	3	3	16
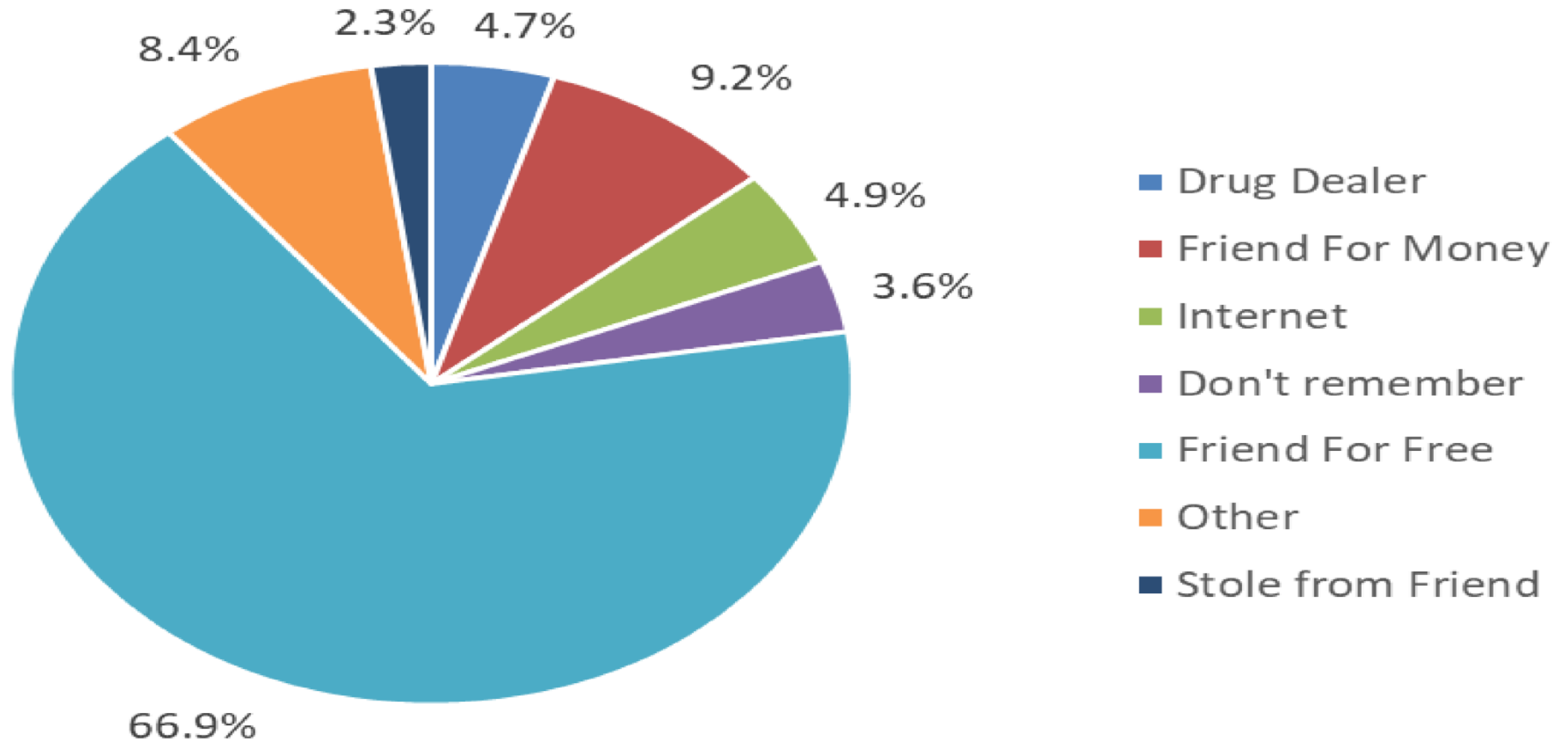
Percent of Traffic Crashes That Are Alcohol-Related
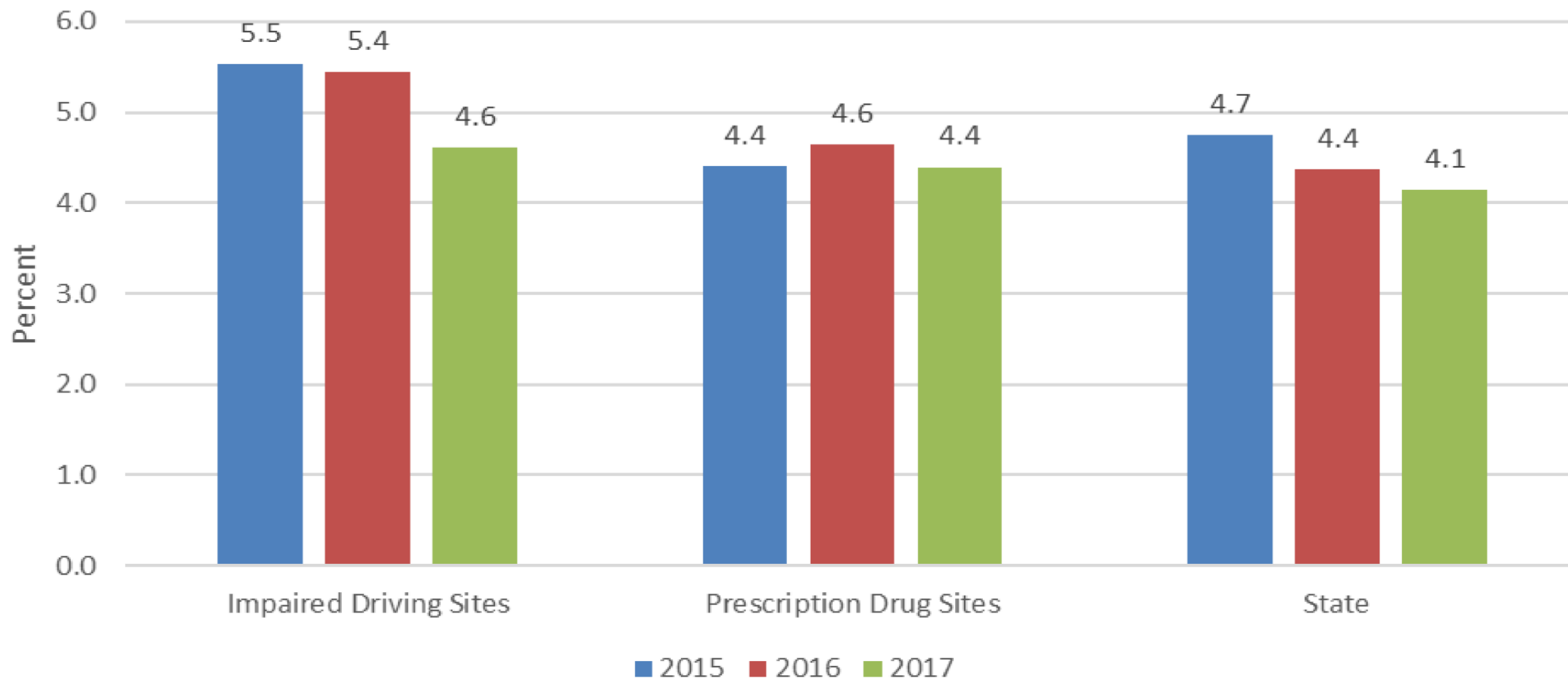
# Opioid-Related Emergency Department Visits, per 1,000 Visits
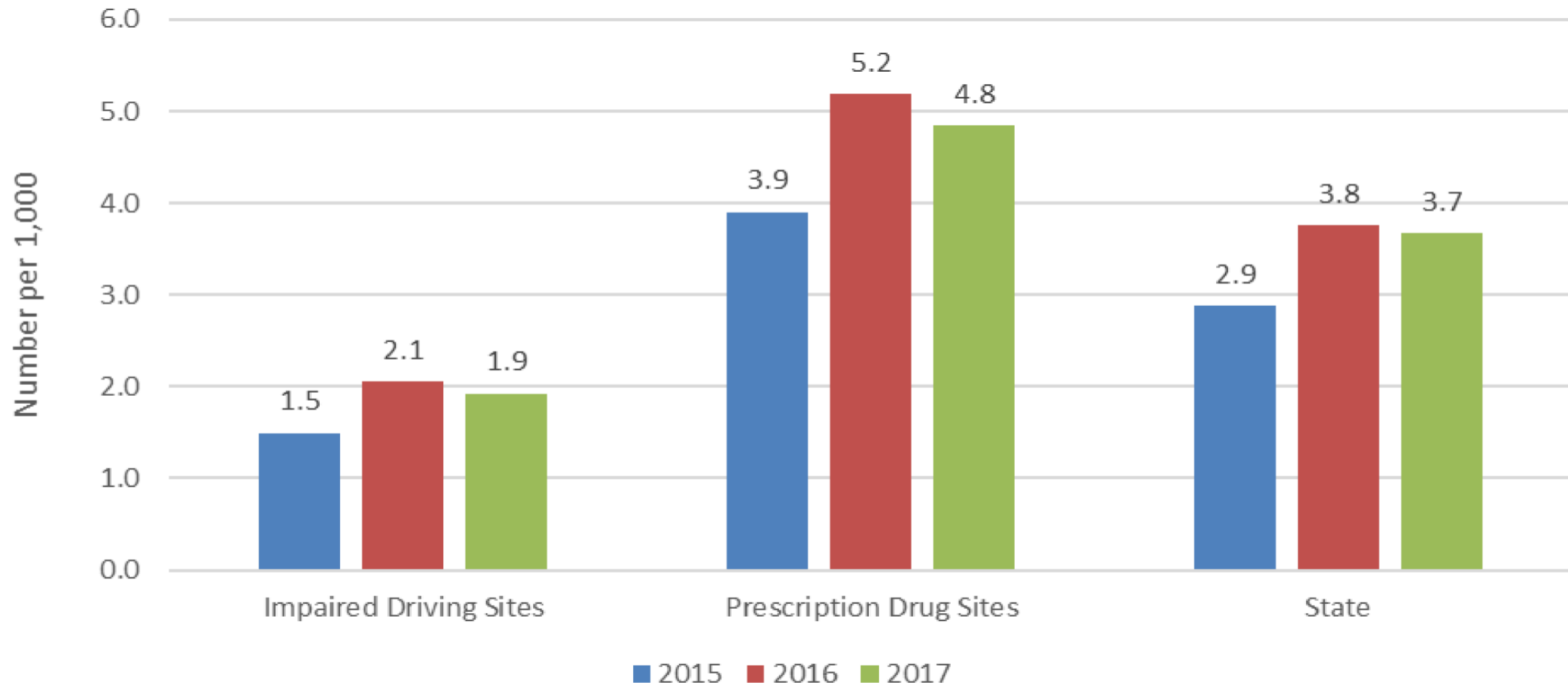
Prescription Drug Opioid Deaths, per 100,00 People
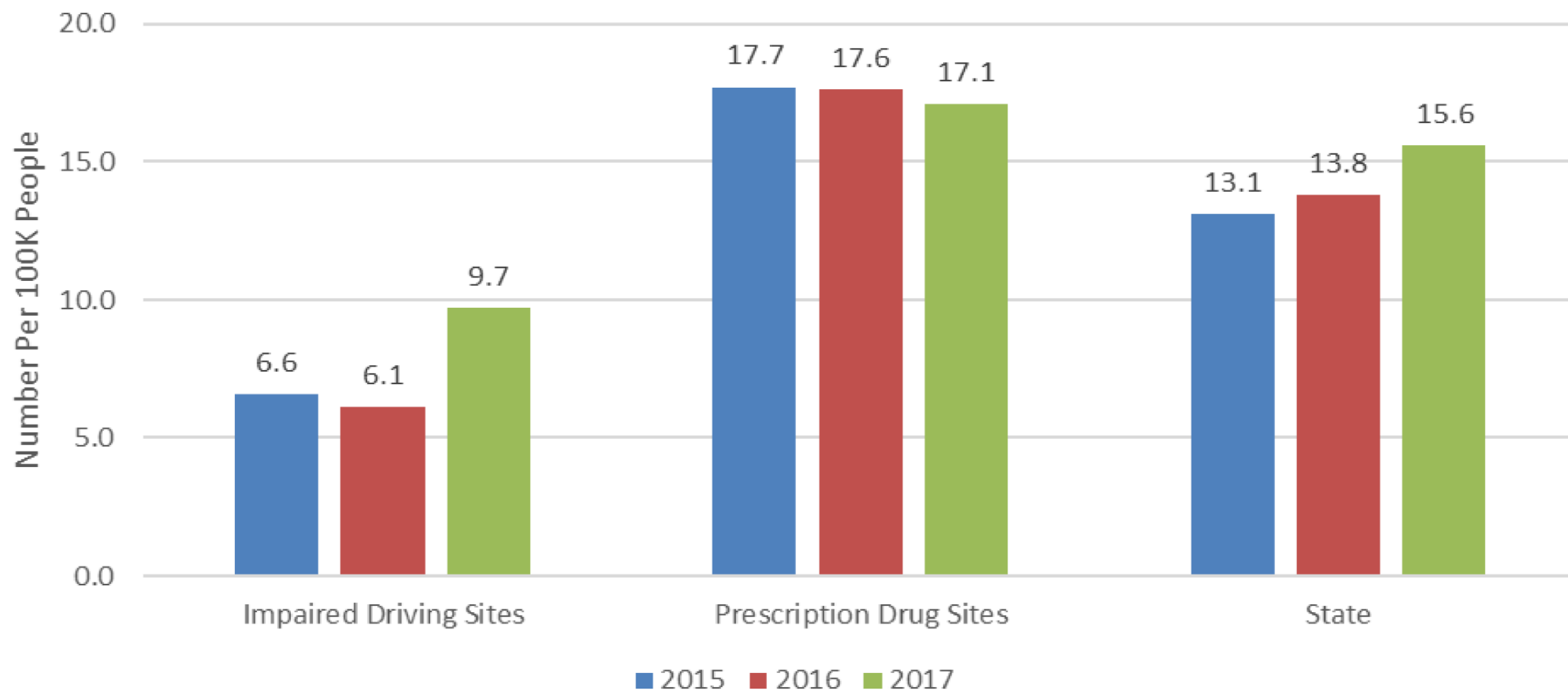
Increase Number of Prescription Drug Drop Boxes

28	Increase the Number of Prescription Drug Drop Boxes *Started in 2017					
Goal:	Meet or exceed					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	DNE	DNE	DNE	83	100	145
Actual	DNE	DNE	DNE	83	136	
Goal Achieved?	No	No	No	Yes	Yes	
Changes in Target		No prior year target	No prior year target	No prior year target	Increased from prior year	Increased from prior year
Additional Comments	In 2016, DAODAS set a goal of having at least one drop box for unused prescription drugs in each county.					

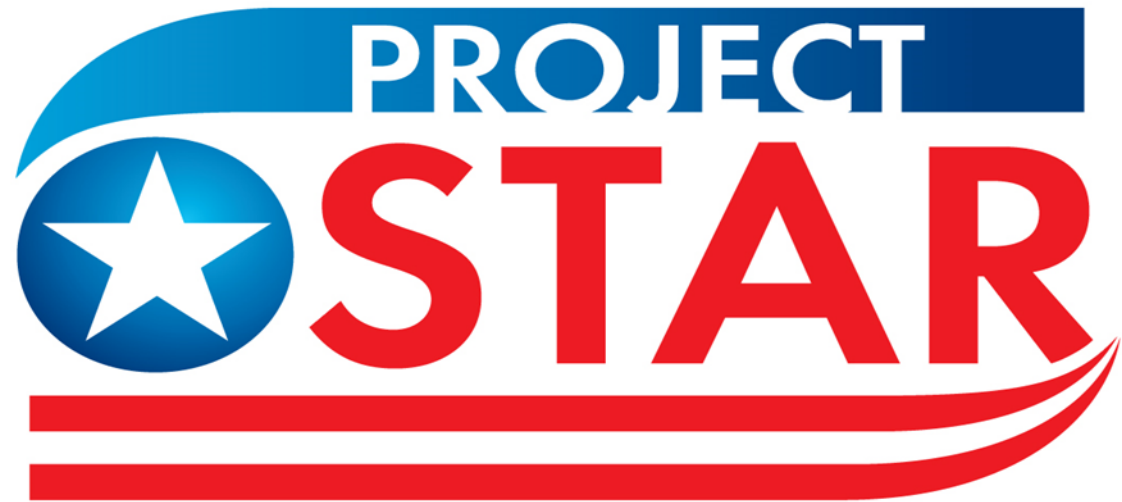28 Increase the Number of Prescription Drug Drop Boxes *Started in 2017
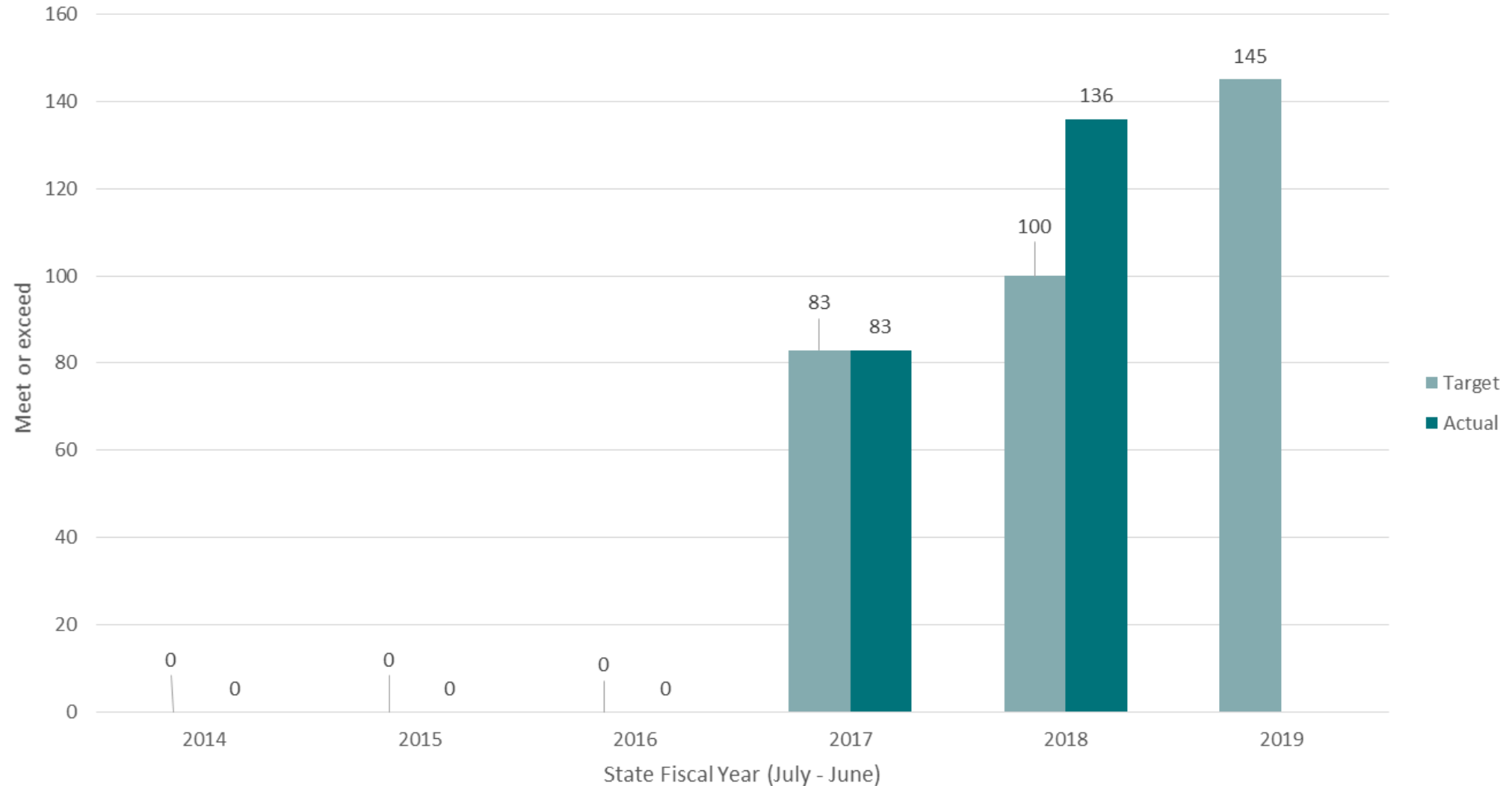
Project Safety Through Alcohol Responsibility (Project STAR)

Funded by the U.S. Department of Justice, Office of Juvenile Justice & Delinquency Prevention (OJJDP)

DAODAS applied in May 2012. Project was awarded to DAODAS in October 2012.

One of two states funded:
South Carolina and Nevada

$624,310 over 3 years

Goals of Project STAR

- Decrease number of first-time alcohol-related incidents among underage military personnel

- Decrease incidence of unintentional injuries related to alcohol

- Reduce alcohol-related traffic injuries and fatalities among underage military personnel

Evaluation Results for Project STAR

There was a 43% reduction in underage DUIs during the grant period.

No underage alcohol-related car crashes were reported in 2014 and 2015.

There was a 45% reduction from 78 DUIs during the baseline period to 42 DUIs during the grant period for Project STAR on Joint Base Charleston.

A total of **183 on- and off-premise compliance checks** were completed during the Project STAR grant period at locations in Charleston and Berkeley counties, as well as Joint Base Charleston.

A total of **125 public safety checkpoints and 43 saturation patrols** were completed during the Project STAR grant period at locations in Charleston and Berkeley counties, as well as Joint Base Charleston.

A total of **721 fake ID / bar sweeps** were completed during the Project STAR grant period at locations in Charleston and Berkeley counties, as well as Joint Base Charleston.

Palmetto Retailers Education Program (PREP) training was conducted with personnel from businesses in the area surrounding Joint Base Charleston.

Results of Project STAR

A new public transit route was established in coordination with Tri-County Link that provides much-needed transportation services and access to shopping, sporting events, concerts, and the local community for NNPTC students. Established an enhanced alcohol and drug policy for NNPTC students with specific requirements for appropriate behavior/non-use of alcohol while using public transportation.

A permanent, alcohol-free STAR Room/Lounge was established at the NEX, Building 771, as the result of a partnership between NEX Charleston, Joint Base Charleston, and Project STAR. The facility serves as a permanent alcohol-free venue for young sailors and airmen to relax, play video games, watch television, and de-stress.

Quarterly alternative activities were conducted with young airmen and sailors to demonstrate that you can have fun without drinking. Each alternative activity included an educational component conducted by ADAPT.

An Armed Forces Disciplinary Control Board (AFDCB) was established with the authority to designate areas as off-limits to military personnel. Retailers were notified of the establishment of the Board and its authority. This is a strong deterrent to alcohol sales to minors and helps protect the health and well-being of military personnel.

Preventing Prescription Drug/Opioid Overdose-Related Deaths (PDO) Grant

Five-year grant awarded to DAODAS by the Center for Substance Abuse Prevention (CSAP)

Total Funding Amount: $3,192,772

Partner Agency:

- DHEC Bureau of Emergency Medical Services

The purpose of the grant is to reduce the number of opioid-related overdose deaths and adverse events among individuals 18 years of age and older through the use of the Opioid Overdose Prevention Toolkit developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Grant award began in September 2016 and will end in August 2021.

PDO Budgets

Contract Year	2015-2016	2016-2017	2017-2018
Amount Spent	$0.00	$198,938.00	$772,151.00

PDO Goals and Objectives

Project Goal:
- To reduce overall mortality related to opioid misuse

Project Objectives:

- Establish statewide infrastructure for naloxone administrations.

- Increase the number of first responders and at-risk citizens trained in the administration of naloxone by 25% each year of the grant.

- Ensure access to naloxone for those individuals seeking treatment who are at risk of opioid overdose, despite their ability to pay.

- Educate prescribers on the association between opioid prescribing and the increased risk for opioid overdose.

Law Enforcement Officer Narcan® Program (LEON)

Program Goal: To provide a comprehensive training to law enforcement agencies across South Carolina that focuses on:

- Identification of an overdose
- Treatment (how to administer)
- Reporting of drug overdoses attributed to opiates/opioids, such as heroin and narcotic pharmaceutical drugs (Schedule II)

The program offers for free the training, the online reporting portal, access to DHEC pharmacies, and statewide standing orders by a physician to carry and administer Narcan®.

Unless a law enforcement agency chooses another Narcan® product instead of the one provided, there is no other cost.

Steps to Join LEON: Memorandum of Agreement, scheduling two hours for training, and an officer list with Criminal Justice Academy numbers

Reducing Opioid Loss of Life (ROLL)

Program Goal: To provide a comprehensive training to fire departments/agencies across South Carolina that focuses on:

- Identification of an overdose

- Treatment (how to administer naloxone)

- Reporting of drug overdoses attributed to opiates/opioids, such as heroin and narcotic pharmaceutical drugs (Schedule II)

ROLL is a partnership between the S.C. Fire Academy, DHEC, and DAODAS.

The program offers for free the training, the online reporting portal, access to DHEC pharmacies, statewide standing orders by a physician to carry and administer Narcan®.

Unless a fire department chooses another Narcan® product instead of the one provided, there is no other cost.

Steps to Join ROLL : Memorandum of Agreement, scheduling two hours for training, and departmental information on equipment.

Data From LEON and ROLL Programs

Since January 2016, LEON has trained **9,110 officers in 195 agencies** in 44 of 46 counties, with **947 deployments** and **834 of 871 lives saved**. There have been 338 deployments in 2019 thus far.
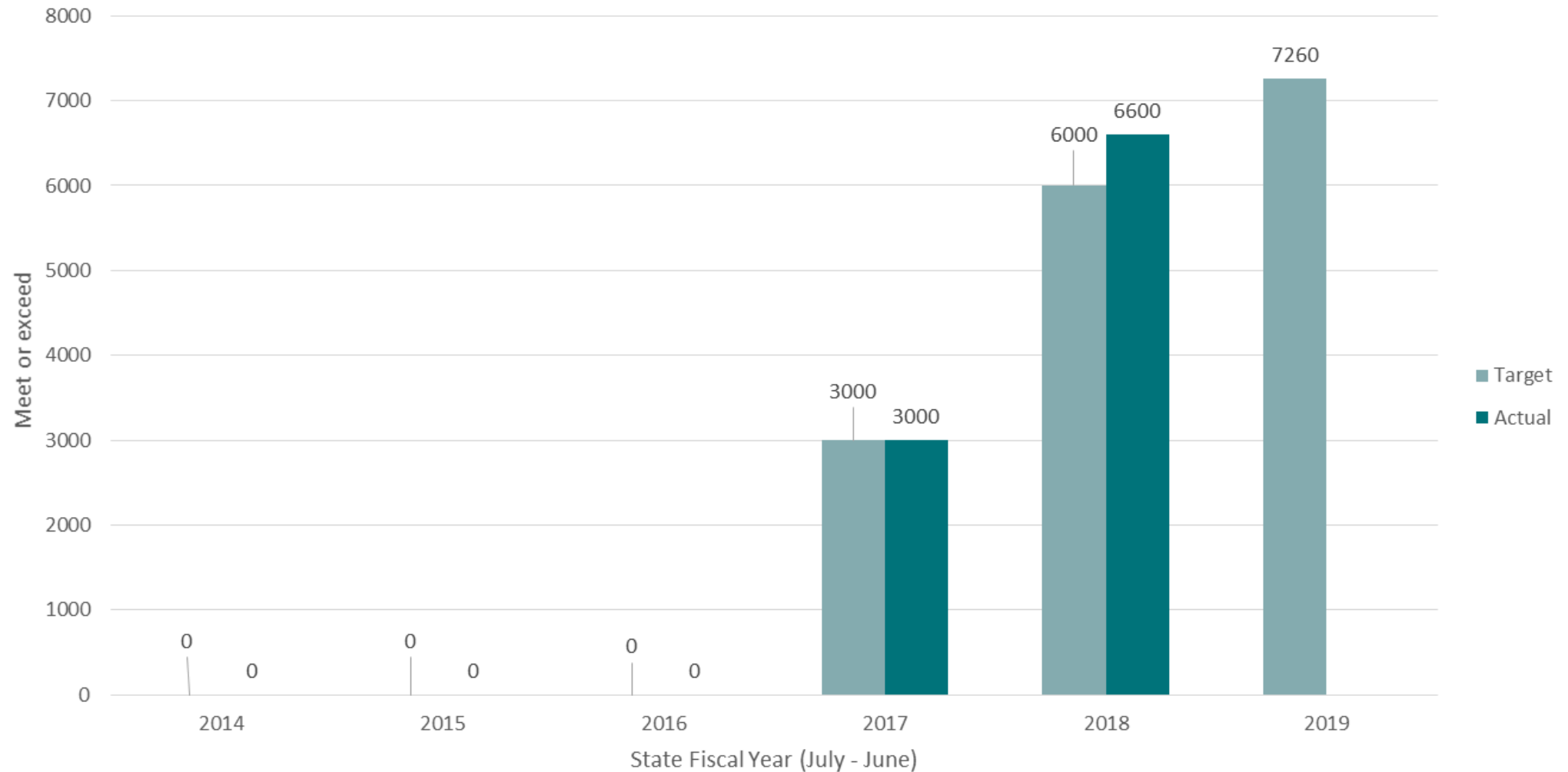
Since September 2018, ROLL has trained **1,509 instructors and fire fighters in 98 departments** across the state. To date, there have been **23 deployments** of Narcan® with **21 lives saved** within the first six months of the program.

Increase First Responders Trained in Narcan® Administration

23	Increase the Number of First Responders Trained in Opioid Reversal Protocols Using Narcan *Started in 2017					
Goal:	Meet or exceed					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	DNE	DNE	DNE	3000	6000	7260
Actual	DNE	DNE	DNE	3000	6600	
Goal Achieved?	No	No	No	Yes	Yes	
Changes in Target		No prior year target	No prior year target	No prior year target	Increased from prior year	Increased from prior year
Additional Comments						

South Carolina DAODAS
South Carolina Department of Alcohol and Other Drug Abuse Services

23 Increase the Number of First Responders Trained in Opioid Reversal Protocols Using Narcan *Started in 2017

Increase Lives Saved by LEON Narcan® Administrations

24	Increase the Number of Narcan Administrations Through the Law Enforcement Officer Naloxone (LEON) Program (Number of Lives Potentially Saved) *Started in 2017				
Goal: Meet or exceed					
State Fiscal Year (July - June)	2014	2015	2016	2017	2018	2019
Target	DNE	DNE	DNE	400	450	500
Actual	DNE	DNE	DNE	451	496	
Goal Achieved?	No	No	No	Yes	Yes	
Changes in Target		No prior year target	No prior year target	No prior year target	Increased from prior year	Increased from prior year
Additional Comments						

24 Increase the Number of Narcan Administrations Through the Law Enforcement Officer Naloxone (LEON) Program (Number of Lives Potentially Saved) *Started in 2017
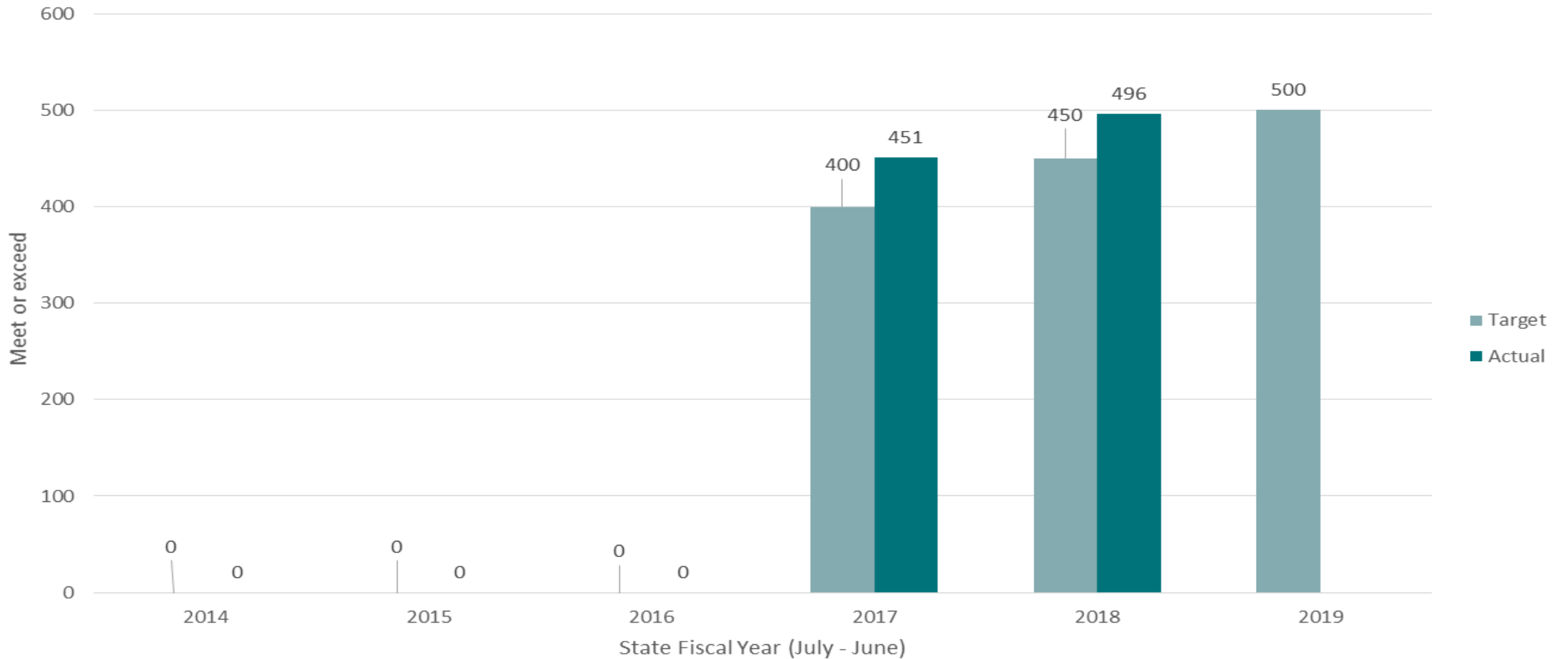
Overview of the State Targeted Response (STR) Grant

The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including prescription opioids as well as illicit drugs such as heroin).

The grant was awarded to South Carolina via a formula established by SAMHSA based on unmet need for opioid use disorder treatment and drug poisoning deaths.

South Carolina funded many projects under STR.

Funding began May 1, 2017, and ended April 30, 2019.

Total Amount Available to South Carolina: $6,575,623.00

Funding Used for Public Education Campaign: $1,047,042.90

Funding Used for Community Outreach by Paramedic Education (COPE) Program: $50,916.85

Public Education Campaign Goals

Program Goals: The statewide education campaign will help address the needs and purpose of misuse/abuse prevention, education, and awareness through the following program goals:

- Development of a statewide media campaign designed to raise community awareness and reduce the stigma surrounding the issue of opiate-related drug misuse/abuse in South Carolina

- Development of universal branding in order to link current multimedia opiate misuse/abuse campaigns that have been developed by partner agencies in South Carolina

- Promotion of resources developed for professionals

- Development of prevention messages for youth, young adults, and parents/guardians warning of the dangers of opiate misuse/abuse

- Provision of information on treatment options available throughout the state for opiate-related drug misuse/abuse

- Provision of information on recovery initiatives in South Carolina

- Provision of information on the prevention of opioid overdose deaths through the availability and use of naloxone

Target Populations: General population (South Carolina citizens); Professionals (medical, behavioral health, first responders); Youth and young adults (ages 12-25); Parents/guardians and Patients/caregivers with an opioid use disorder
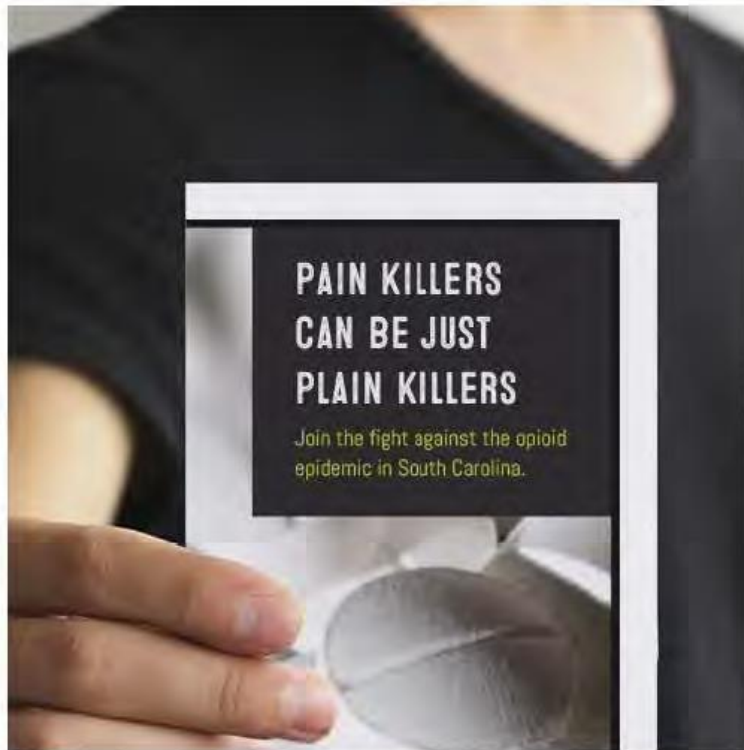
Public Education Campaign – Just Plain Killers

Public Education Campaign – Just Plain Killers

Just Plain Killers

PAIN KILLERS CAN BE JUST PLAIN KILLERS

Join the fight against the opioid epidemic in South Carolina.

Integrated campaign includes digital, social and traditional media tactics to show how the use of opioids can lead to addiction.

JUST PLAIN KILLERS.COM

Goal of Campaign

Just Plain Killers

I PLEDGE TO BECOME MORE EDUCATED ABOUT OPIOIDS, THEIR ADDICTIVE NATURE AND WHERE TO LOOK FOR HELP IN MY COMMUNITY.

JUST PLAIN KILLERS.COM

Objective: Develop and implement a statewide media campaign designed to raise community awareness and reduce the stigma of prescription opiate misuse and abuse in South Carolina.

Strategy: Using the line *Just Plain Killers*, we created a campaign that featured facts associated with the problem here in our state that helped define what opioids are, along with the real dangers associated with them.

JUST PLAIN KILLERS.COM
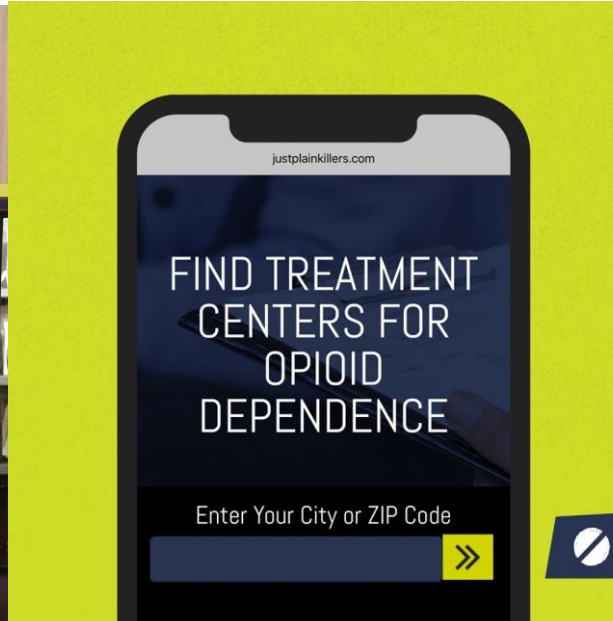
Public Education Campaign – Year One Results

The campaign launched on January 10, 2018, with a press conference featuring Governor McMaster.

During Year One (January 9 - June 30, 2018), a total of **433 messages** were sent from the **JPK social** channels, resulting in a total of **2,894,243 impressions, 13,689 engagements, and 905 link clicks, with 4,087 fans**.

Broadcast and cable television messaging started in February 2018 and ran for a total of six weeks throughout the state in the four major South Carolina Designated Marketing Areas (Charleston, Columbia, Florence-Myrtle Beach, and Greenville-Spartanburg-Asheville-Anderson).

The campaign ads were run at moderate-weight levels – **150 spots per week on broadcast and approximately 100 spots per week on cable**. A total of **1,548 bonus spots** ran on broadcast television stations and **9,120 bonus spots** ran on cable, for a total **added value of $141,012**. The paid digital accounted for **4,464 sessions on the website and 52% of total traffic.**

Public Education Campaign – Year One Results

Throughout Year One, **over 7.85 million video impressions** were served, accounting for over **1.5 million completed video views**. During this period, **9,171 users visited the microsite** (justplainkillers.com), resulting in **20,872 page views and 199 redirects to the DAODAS website**.

DAODAS, along with county authorities throughout the state, provided information to the public on the JPK campaign through presentations, handouts (brochures, factsheets, palm cards, etc.), and billboards/radio PSAs.

"Pre" and "post" surveys were conducted by Chernoff Newman, and the results indicated that **47% of South Carolina residents recalled one or more statements from the campaign** and **52% recalled one or more visual elements from the campaign**.

SOUTH CAROLINA NOTABLE STATE DOCUMENTS AWARD

Facebook: @plainkillerssc
Twitter: @plainkillerssc
Instagram: @plainkillerssc

Community Outreach by Paramedic Education (COPE) Program

The purpose of the COPE program is to create a resource in communities to assist those with chronic illnesses, giving them accessibility to medical treatment when the criteria for the illness does not necessarily meet the criteria for either an emergency hospital visit or a routine doctor's office visit.

The program is especially useful in the rural areas of South Carolina, where EMS is the only link to any type of medical treatment because of location, recent hospital closures, or the lack of special – and in some cases basic – services in a given geographical region.

Partner Agency: DHEC Bureau of Emergency Medical Services (EMS)

Participating agencies: Abbeville County – Abbeville EMS; Horry County – Myrtle Beach Fire and Rescue; Lancaster County – Lancaster County EMS; Pickens County – Bowers EMS

As of April 30, 2019, 71 patients had been visited in the four counties.

Elements of the Program – How It Works

Follow-Up Visit:

- Information received by team after naloxone is administered. Follow up with patient following hospital discharge and/or naloxone administration.

- Team (EMS, Law Enforcement, and Counselor) set date and time to begin trying to contact patient.

- Team goes to visit patient and patient is evaluated.

- Evaluation includes: blood pressure, heart rate, respiratory rate, pupil size, horizontal gaze nystagmus, muscle tone/injection sites, oral exam, nasal exam, drug use questionnaire, focused exam of any medical needs that might arise.

- Patient is provided education on addiction and the dangers of substance use.

- Patient is offered counseling services.

- All efforts are made to find services and facilitate transportation of patient to counseling services (warm hand-off to services).
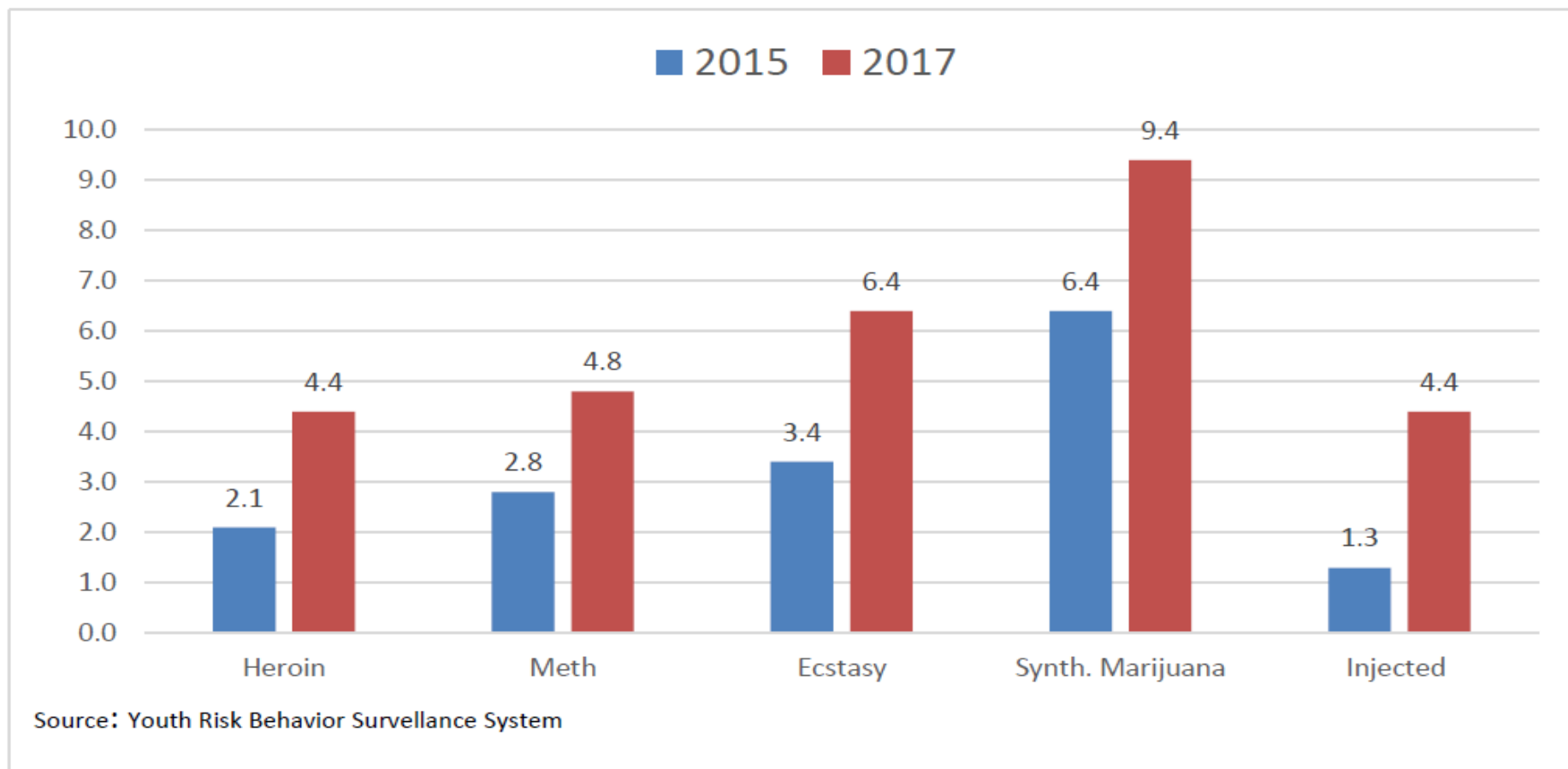
Additional Data to Monitor
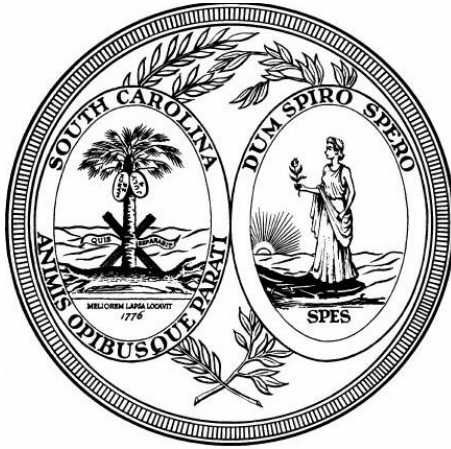

Figure 21. Past 30-Day Marijuana Use, High School Students
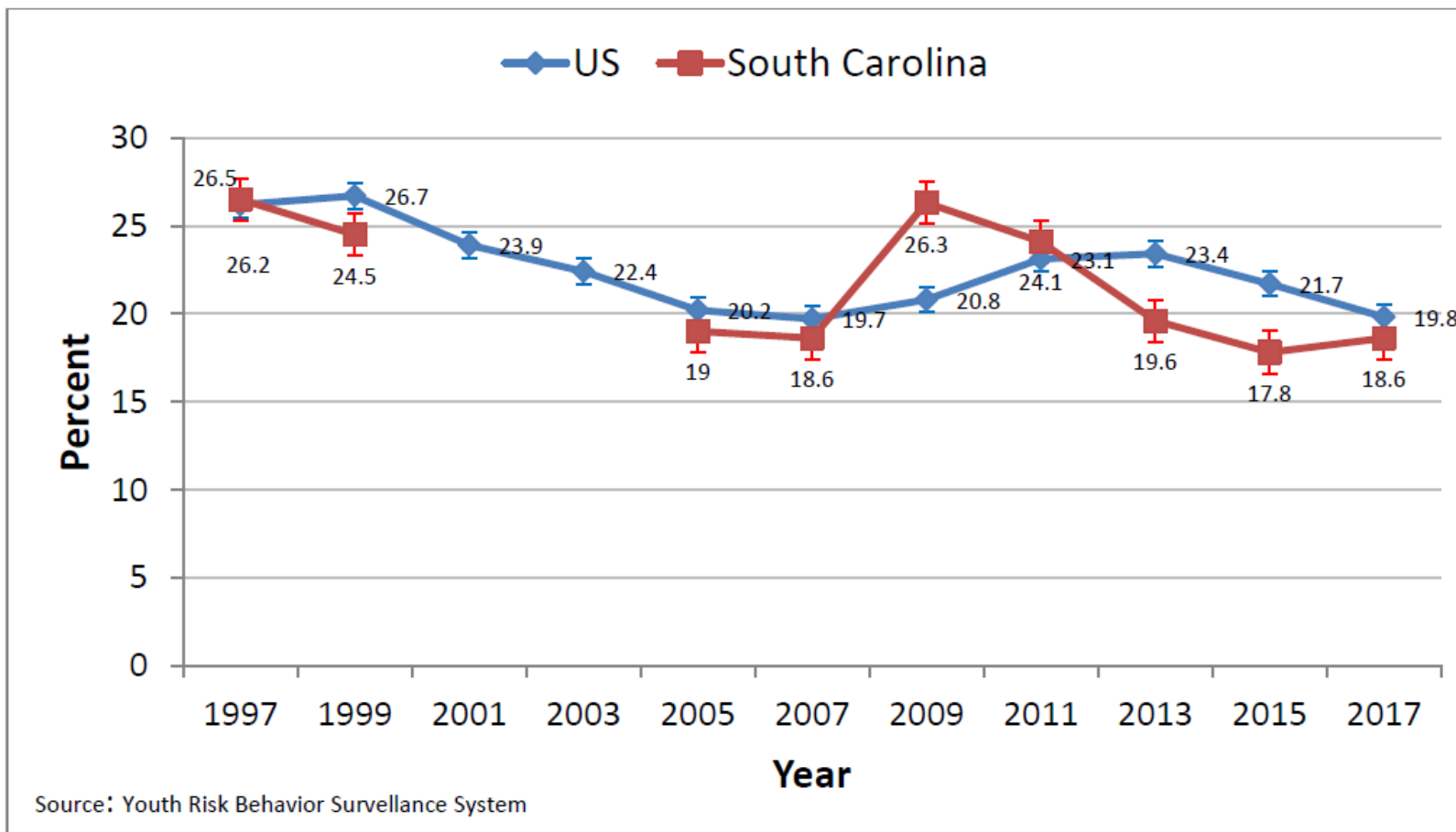
Additional Data to Monitor

Figure 23. Ever Used Various Drugs, High School Students, 2015 and 2017

Source: Youth Risk Behavior Surveillance System

Questions?

1801 Main Street, 4th Floor • Columbia, South Carolina 29201
telephone: 803-896-5555 • fax: 803-896-5557
www.daodas.sc.gov