

## Planning Steps

### Step 2: Identify the unmet service needs and critical gaps within the current system.

#### Narrative Question:

This step should identify the unmet service needs and critical gaps in the state's current M/SUD system as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's M/SUD system. Especially for those required populations described in this document and other populations identified by the state as a priority. This step should also address how the state plans to meet the unmet service needs and gaps.

A data-driven process must support the state's priorities and goals. This could include data and information that are available through the state's unique data system (including community-level data), as well as SAMHSA's data sets including, but not limited to, the [National Survey on Drug Use and Health](#) (NSDUH), the [Treatment Episode Data Set](#) (TEDS), the [National Facilities Surveys on Drug Abuse and Mental Health Services](#), and the [Uniform Reporting System](#) (URS). Those states that have a State Epidemiological and Outcomes Workgroup (SEOW) should describe its composition and contribution to the process for primary prevention and treatment planning. States should also continue to use the prevalence formulas for adults with SMI and children with SED, as well as the prevalence estimates, epidemiological analyses, and profiles to establish mental health treatment, substance use disorder prevention, and SUD treatment goals at the state level. In addition, states should obtain and include in their data sources information from other state agencies that provide or purchase M/SUD services. This will allow states to have a more comprehensive approach to identifying the number of individuals that are receiving services and the types of services they are receiving.

In addition to in-state data, SAMHSA has identified several [other data sets](#) that are available to states through various federal agencies: CMS, the Agency for Healthcare Research and Quality (AHRQ), and others.

Through the [Healthy People Initiative](#)<sup>16</sup> HHS has identified a broad set of indicators and goals to track and improve the nation's health. By using the indicators included in Healthy People, states can focus their efforts on priority issues, support consistency in measurement, and use indicators that are being tracked at a national level, enabling better comparability. States should consider this resource in their planning.

<sup>16</sup> <http://www.healthypeople.gov/2020/default.aspx>

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

#### Footnotes:

# **Substance Abuse Prevention and Treatment Block Grant Application 2020-2021 – Behavioral Health Assessment and Plan**

## **Step 2: Identify the Unmet Service Needs and Critical Gaps within the Current System.**

### **Overview:**

Data contained in the following section will provide a brief overview of the needs and critical gaps impacting the state’s public substance use disorder (SUD) prevention, intervention, treatment, and recovery system.

In this section, the gap between treatment need and service utilization will be described by substance. A discussion of youth risk perception regarding substance use will be offered to illustrate the need for primary prevention services focused on reducing initiation of youth substance use.

The needs assessment takes into account the work of the South Carolina State Epidemiological Outcomes Workgroup (SEOW). The South Carolina SEOW, established in May 2006 through a grant from the Center for Substance Abuse Prevention (CSAP), is responsible for reviewing existing data on alcohol, tobacco, and other drugs to identify related problems or issues. The workgroup is also responsible for monitoring data to identify trends in substance use or misuse. The current composition of the SEOW is shown in Table 1 (*next page*).

The mission of the SEOW is to create a highly effective substance misuse prevention data system that will support and enhance efforts to reduce alcohol, tobacco, and other drug (ATOD) use across the lifespan of people in South Carolina communities through the development and implementation of a comprehensive statewide prevention strategy. The goal of the SEOW is to develop a data-driven planning and resource-allocation model – a deliberate strategy for interpreting, comparing, and synthesizing multiple health-related indicators in order to translate information into good planning around the identified needs of the state.

The SEOW’s tasks include producing a Statewide Epidemiological Profile as a document that organizes, summarizes, and presents archival data for use in prevention planning and decision making for the state. These data include measures – or “indicators” – of ATOD consumption and consequences, primarily from periodic national surveys, which allow the state to report trends over multiple years and to compare South Carolina to national rates. The indicators included in the profile were carefully selected (most are from the State Epidemiological Data System [SEDS] developed by SAMHSA/CSAP) and met criteria for availability. In addition, national sources were supplemented with state data sources, always keeping in mind these selective criteria. The report includes graphs and tables that depict the use of alcohol, tobacco, and other drugs in South Carolina during recent years, along with the associated consequences of that use. Updates of the state profile have been completed in subsequent years by the SEOW.

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**Table 1. South Carolina SEOW Composition, September 2019**

Sazid Khan (Manager)	S.C. Department of Alcohol and Other Drug Abuse Services
Michelle Nienhius	S.C. Department of Alcohol and Other Drug Abuse Services
Daniela Nitcheva	S.C. Department of Health and Environmental Control
Harley Davis	S.C. Department of Health and Environmental Control
Dan Walker	S.C. Department of Mental Health
Chelsea Richard	South Carolina First Steps
Reston Hartsell	South Carolina Tobacco Free Collaborative
Aunyika Moonan	South Carolina Hospital Association
Sarah Crawford	S.C. Revenue and Fiscal Affairs Office
Sarah Osborne	S.C. Department of Public Safety
Demetria Mitchell	S.C. Department of Health Human Services
Jennifer Poznik	South Carolina Fact Forward
Steven Burritt	Mothers Against Drunk Driving – South Carolina
Michael George	Pacific Institute for Research and Evaluation
Katrina Cole	S.C. Department of Corrections
Melissa Strompolis	Children’s Trust of South Carolina
Anthony Sellers	S.C. Department of Social Services
Craig Wheatley	S.C. Department of Juvenile Justice

### South Carolina:

South Carolina is a small, rural state. The Census Bureau estimates the 2018 population of South Carolina to be 5,084,127. According to data available through the S.C. Revenue and Fiscal Affairs Office, approximately 1/3 of the state’s inhabitants reside in a rural area.

Ensuring access to quality substance use disorder (SUD) treatment and prevention services in each of the state’s 46 counties represents a great challenge for the Single State Authority (the Department of Alcohol and Other Drug Abuse Services [DAODAS]), the designated state agency responsible for administering federal block grant SUD treatment and prevention funds.

The agency has identified a critical need associated with allocating limited block grant funds in a manner that adequately addresses the requirements of a sustainable provider network. Efforts to address this need will be discussed further in the section identifying state and local provider needs.

In 2017, the SAMHSA National Survey on Drug Use and Health (NSDUH) estimated that 7.6% of individuals age 18 and older had an SUD involving either alcohol or an illicit drug in the past year. Examining further, an estimated 14.8% of 18- to 25-year-olds had an SUD in the past year in 2017.

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The statistics in South Carolina mirror the national averages, as an estimated 7.86% of individuals 18 and older and 16.69% of those 18-25 years old had an SUD in the past year for 2017 as per the NSDUH state-specific estimates.

DAODAS is also working toward reducing financial barriers associated with access to high-quality SUD treatment services. In FY 2019, 5,100 uninsured individuals received state-funded assessments, and those numbers project to increase as DAODAS continues to focus federal and state block grant dollars on service delivery for uninsured populations.

### **Adolescents with Substance Use Disorders:**

In South Carolina, according to the NSDUH, about 115,000 individuals age 12 or older per year – based on 2016 and 2017 annual averages – were dependent on or abused illicit drugs within the year prior to being surveyed. An estimated 12,000 of those treated for an illicit drug use-related disorder were within the 12- to 17-year-old age group. Overall, an estimated 15,000 South Carolinians between the ages of 12 and 17 were treated for an SUD in the past year, and an additional 15,000 were estimated to need but did not receive treatment for their substance use.

The state's public SUD treatment system provides services to a fraction of those likely in need of treatment. Approximately 3,700 youth ages 12 to 17 entered treatment services during the past fiscal year. This represents about 11% of all treatment admissions occurring during FY 2019.

South Carolina will ensure that high-quality SUD treatment services targeting vulnerable adolescent populations – including individuals involved in the criminal or juvenile justice systems – are available within each community. DAODAS will implement strategies that include service location expansion, outreach to community partners, and continued workforce development efforts designed to enhance competencies for professionals working with adolescent populations.

This section will next transition to information that addresses needs and system gaps relevant to identified priority populations at the state and local levels broken out by substance type.

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### **Alcohol:**

Figure 1 (*next page*) provides state estimates on the prevalence of alcohol use disorders. Estimates indicate that the state's alcohol dependence prevalence rate mirrors national trends, decreasing slightly from 6.5% in 2010 to 5.4% in 2017, with an estimated decrease every year during that time period.

These data, collected through the NSDUH, indicate that an estimated 226,000 individuals in South Carolina were dependent on or misused alcohol during the year prior to being surveyed (220,000 of whom were estimated to be 18 and older).

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**Figure 1: Alcohol Use Disorder (AUD) Estimates Among Individuals Age 12 or Older**

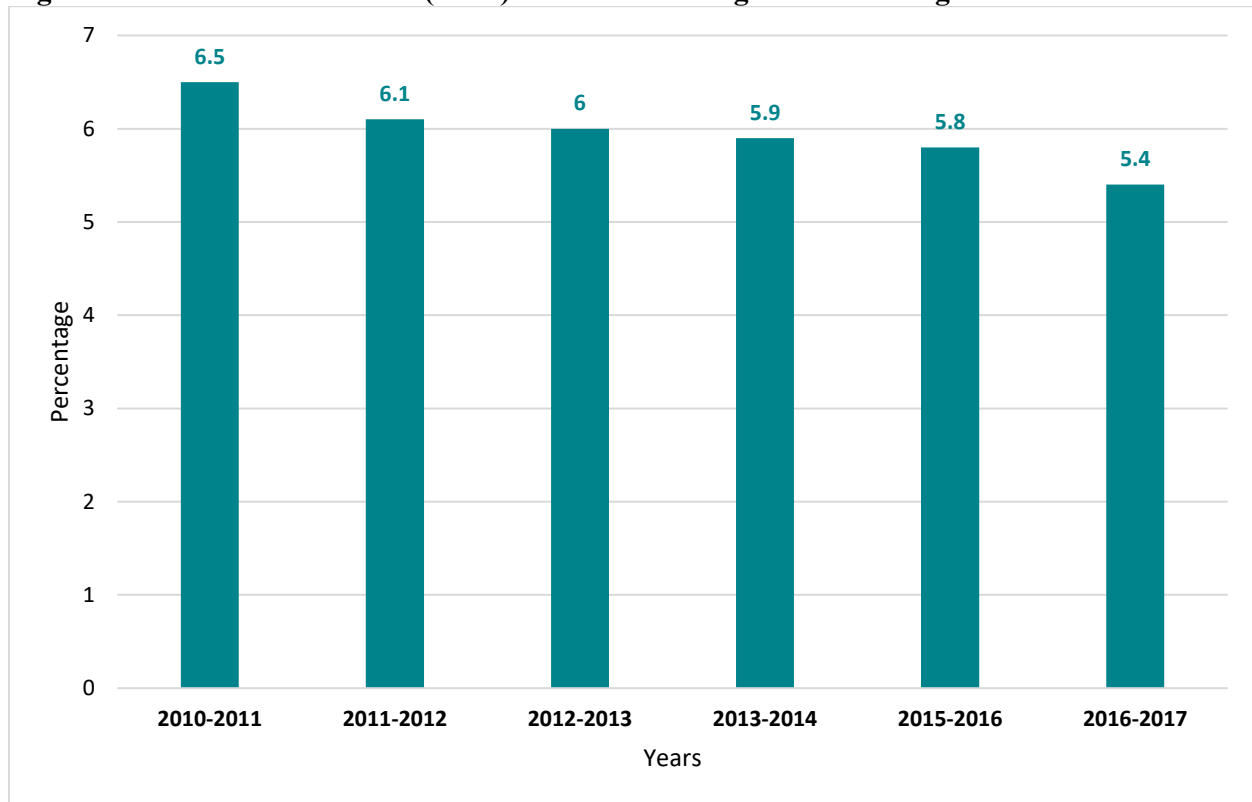
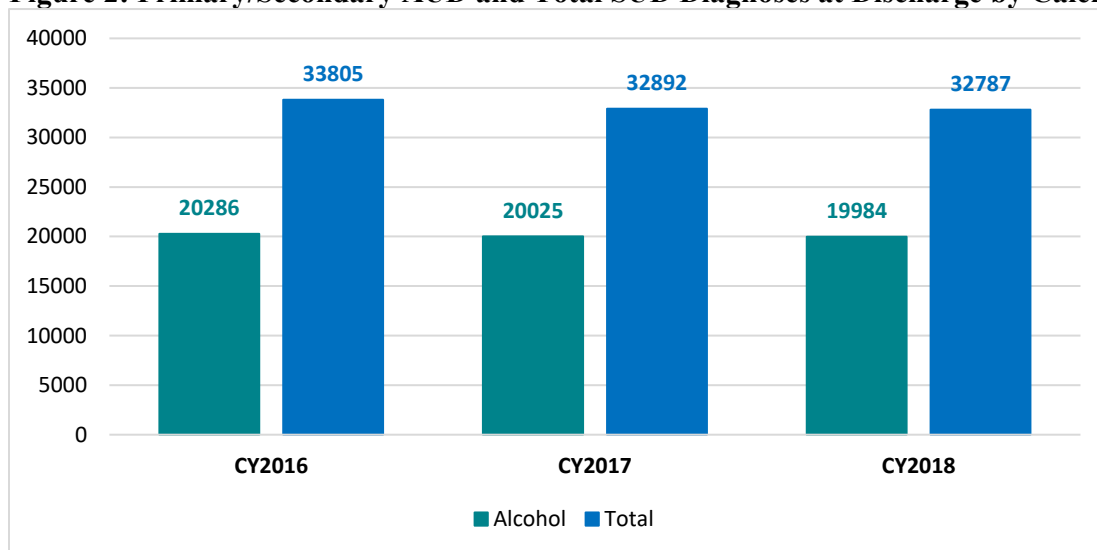


Figure 2 below indicates that the majority of South Carolinians discharged from SUD treatment at one of the DAODAS-funded county alcohol and drug abuse authorities were diagnosed with either a primary or secondary AUD during that calendar year. Looking at CY 2018, 61.0% of discharged episodes were due to a diagnosis of an AUD (primary or secondary diagnosis).

**Figure 2: Primary/Secondary AUD and Total SUD Diagnoses at Discharge by Calendar Year**



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## **Adolescents and Alcohol-Related Prevention:**

Substance use typically begins to emerge during adolescence. South Carolina's prevention efforts acknowledge the age distribution of substance use initiation by prioritizing prevention efforts aimed at reducing substance use during adolescence.

Rates of binge alcohol use for individuals 12 to 20 years old have consistently hovered around the 15% mark during the past five years, according to the NSDUH. This rate has remained below the national average. South Carolina's percentage of binge alcohol use among individuals ages 12 to 20 was similar to the national percentage. In 2016-2017, 18,000 individuals estimated binge alcohol use within the month prior to being surveyed as per the NSDUH state-specific estimates.

Aligning with DAODAS priorities, prevention of underage alcohol use is a high priority. Research has shown that early age of onset for using alcohol leads to an increased risk of developing a substance use disorder later in life (Hingson, 2006). The Centers for Disease Control and Prevention (CDC)'s 2017 Youth Risk Behavior Survey (YRBS) indicates that 14.2% of South Carolina high school students reported using alcohol before age 13, and 58.5% reported they had at least one drink of alcohol during their lifetime.

According to the 2018 Communities That Care (CTC) Survey, 37.1% of South Carolina high school students have used alcohol in their lifetimes. This begs the question of how so many youth manage to acquire alcohol. Also, as per the CTC Survey, about 1/3 of South Carolina high school students reported that someone gave it to them at a party. Therefore, South Carolina plans to continue to utilize environmental strategies, such as high-visibility law enforcement, to decrease accessibility of alcohol for youth, and eventually to decrease the prevalence of underage drinking in South Carolina.

However, it is the State's hope that continued utilization of evidence-based education curricula designed to inform youth about the dangers of early alcohol use will decrease youth use, particularly early in adolescence.

The National Highway Traffic Safety Administration (NHTSA) reports the percentage of traffic fatalities that involved a driver with a blood alcohol concentration of 0.08% or higher. In 2017, South Carolina reported that 313 out of 988 fatalities (32%) met these criteria for an alcohol-involved fatality. This is 3% higher than the nation's average of 29% (10,874 out of 37,133 fatalities).

South Carolina will continue its partnership with Mothers Against Drunk Driving (MADD), the S.C. Highway Patrol, S.C. Law Enforcement Division, S.C. Department of Public Safety and other agencies and organizations to reduce alcohol-related car crashes.

County prevention providers in South Carolina will continue to work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Team (AET) program. The AETs will 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 taps. County prevention providers will also work in collaboration with community coalitions to create and/or

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revise local policies that might positively impact underage drinking while training key stakeholders on evidence-based practices to reduce underage drinking.

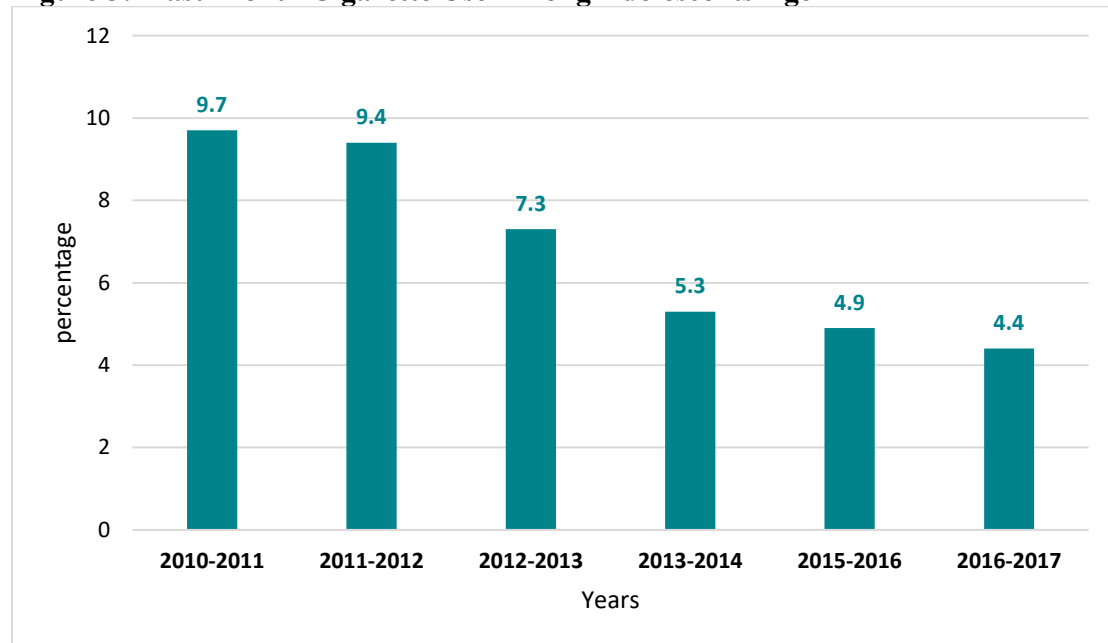
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### Tobacco Use:

Figure 3 below provides state estimates on the prevalence of cigarette use among adolescents. The data from the NSDUH state-specific estimates indicate a consistent decrease among adolescents smoking cigarettes at least once in the past month, with an estimated 16,000 individuals in South Carolina using cigarettes during the past month prior to being surveyed in 2016-2017.

Overall, an estimated 910,000 South Carolinians over the age of 12 engaged in cigarette smoking at least once a month (22%), and over 1 million are estimated to have engaged in tobacco product use of any kind from 2016 to 2017. However, approximately 58% of patients seen by a DAODAS state-funded provider mentioned they were current smokers when entering treatment during FY 2019.

**Figure 3: Past-Month Cigarette Use Among Adolescents Age 12-17**



### Adolescents and Tobacco-Related Prevention:

Youth survey respondents were asked about the risks associated with substance use. South Carolina state-specific estimates from the NSDUH mirror national trends, indicating that 35.8% of adolescents age 12 to 17 in 2016-2017 perceived no great risk from smoking one or more packs of cigarettes a day.

While South Carolina is still working on reducing the prevalence of youth use of traditionally known forms of tobacco, there are other forms of tobacco emerging as threats to public health across the state. These forms of tobacco include roll-your-own cigarettes, flavored cigarettes, clove cigars,

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flavored “little cigarettes,” smoking from a hookah or water pipe, snus, dissolvable products, and e-cigarettes.

According to the 2017 YRBS, 21.6% of respondents currently smoked cigarettes or cigars or used smokeless tobacco or an electronic vapor product at least once in the past 30 days. Specifically, 11.9% reported having used an e-vapor product in the past 30 days. Looking at the 2018 CTC, 52.2% of respondents reported that it was very easy or sort of easy to obtain cigarettes, and a similar percentage (53.8%) reported ease of access to an e-cigarette or vaping pen.

Despite this accessibility issue, the Synar study results in recent years have demonstrated a decrease in the retailer violation rate. Rates have consistently been below 10% since 2014 (4.3% retailer violation rate in FY 2019).

South Carolina will also continue to utilize its prevention staff to coordinate with local law enforcement and implement assorted evidence-based strategies to reduce youth access to tobacco. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

County prevention providers will provide information to youth and adults in South Carolina about the dangers, laws, consequences, and harmfulness of underage tobacco use through the dissemination of information and will deliver the South Carolina Tobacco Education Program (TEP) for youth identified as having violated South Carolina law prohibiting youth under 18 from attempting to possess or purchase tobacco products. Due to the increase in use and popularity of e-cigarettes and vaping among the youth over the past few years, the TEP has incorporated resources (from the Stanford toolkit and state laws) to address these new forms of tobacco use.

There are fewer federal, state, and local policies focused on regulating these emerging tobacco products, and South Carolina will look to dedicate additional resources toward better understanding youth use, access, and perceptions of these products.

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### **Cannabis Use:**

Figure 4 on the next page indicates that South Carolinians in need of treatment for a diagnosed problem related to cannabis use who received care through a DAODAS-funded provider have been on a rise in recent years, increasing each of the past three years.

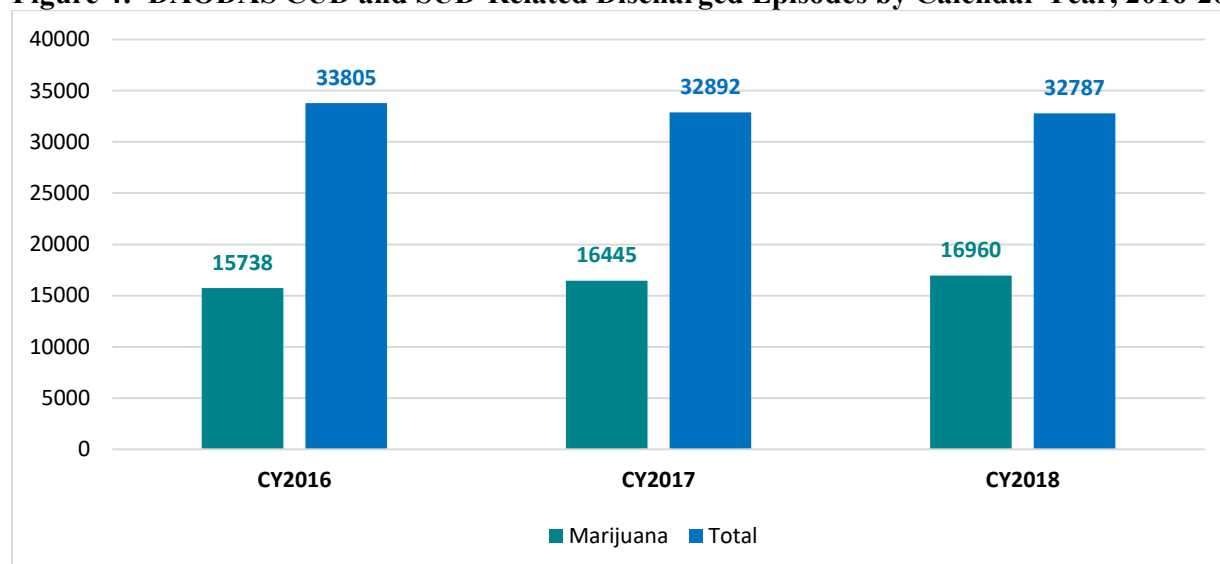
Looking at CY 2018, 51.7% (16,960/32,787) of discharged episodes were due to a cannabis use disorder (CUD) diagnosis, which is up from FY 2017 for both count and percentage of overall discharges related to a CUD with 49.9% (16,445/32,892). There was a 7.8% increase over the three-year period of patients treated at a DAODAS state-funded provider for either a primary or secondary diagnosed CUD.



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**Figure 4: DAODAS CUD and SUD-Related Discharged Episodes by Calendar Year, 2016-2018**



### Adolescents and Cannabis-Related Prevention:

In South Carolina, as per the state-specific NSDUH estimates, over 2/3 of adolescents age 12 to 17 in 2016-2017 perceived no great risk from smoking marijuana once a month. This percentage is slightly lower than the national average (3/4 do not perceive great risk).

According to the YRBS, 35.5% of adolescents have ever used marijuana. Also, 7.3% of adolescents tried marijuana before the age of 13, which is down from 8.4% in 2015. However, 9.4% reported having used synthetic marijuana in 2017, which is up from a reported 6.4% in 2015.

According to the 2018 CTC Survey, 22.4% of South Carolina high school students have used marijuana or hashish in their lifetimes. 52.7% of respondents reported that it was very easy or sort of easy to obtain marijuana, and almost half (44.1%) saw no risk or slight risk in marijuana use once or twice per week, both numbers being slightly lower than reported numbers in the 2016 CTC Survey.

It is South Carolina's hope that, with continued efforts to utilize the Strategic Prevention Framework, community input, CSAP strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing cannabis use among its residents.

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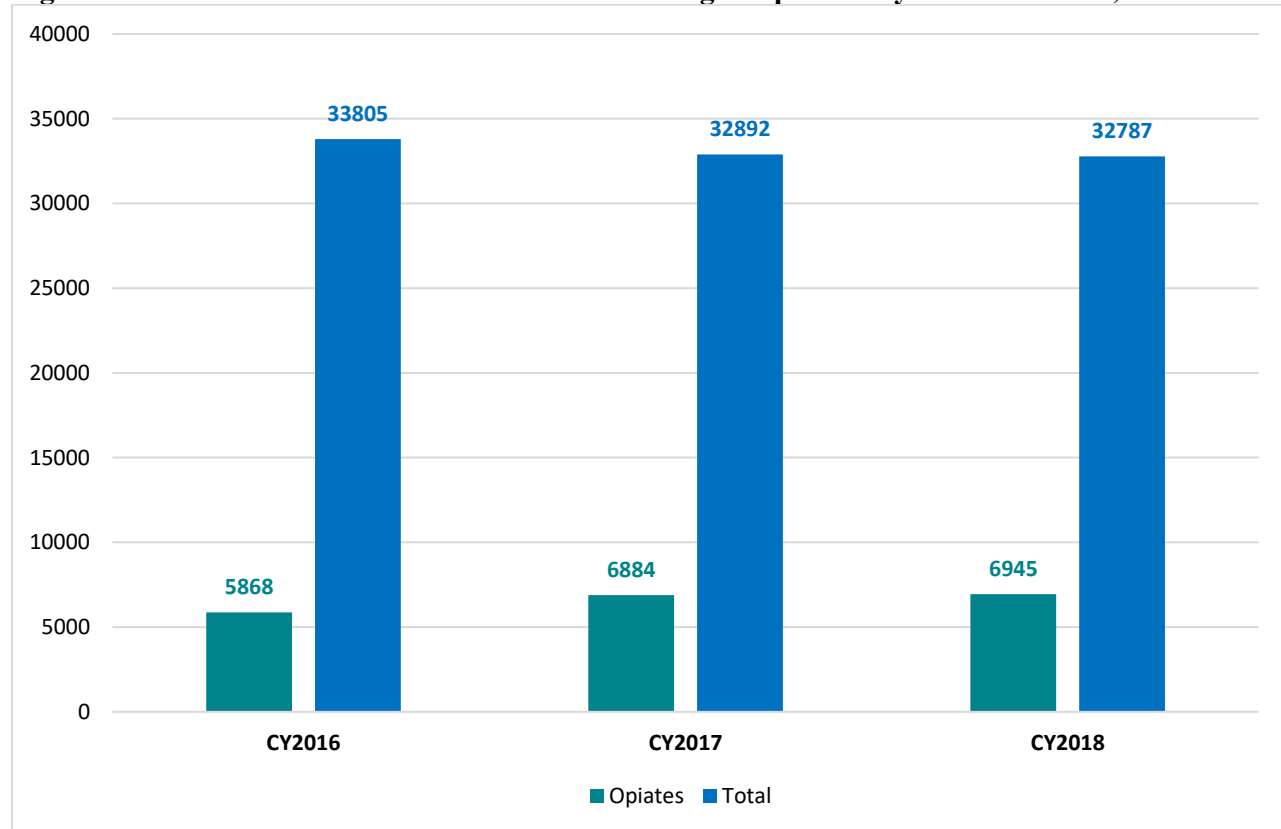
### Opiate Use:

Figure 5 (*next page*) indicates that the State's rate of treatment for problems related to opioid misuse has risen in recent history. Looking at CY 2018, 21% of episode discharges had a diagnosis of an

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opioid use disorder (OUD) (primary or secondary diagnosis), with the majority of patients with an OUD being male and white.

**Figure 5: DAODAS OUD and SUD-Related Discharged Episodes by Calendar Year, 2016-2018**



Figures 6 and 7, along with Tables 2 and 3, look further at the opioid epidemic in South Carolina over the past half-decade. Figure 6 displays the increase in opioid-involved overdose deaths over the past five years (508 in 2014 to 816 in 2018, for a 61% increase).

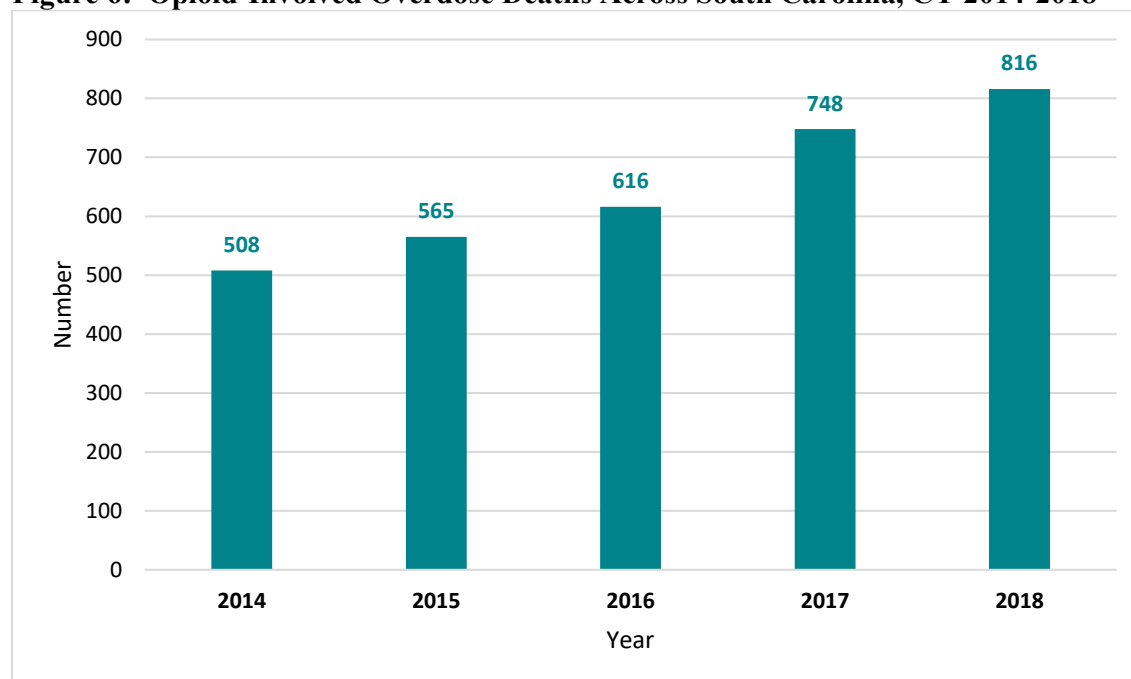
Table 2 identifies the top 10 counties (rate per 100,000 population) in terms of opioid-involved overdose deaths in CY 2018, with Horry and Georgetown counties having the highest rate of death per 100,000.

Figure 7 displays the increase in naloxone administrations across South Carolina over the past five years (4391 in 2014 to 6285 in 2018, for a 43% increase).

Table 3 identifies the top 10 counties (rate per 100,000 population) in terms of naloxone administrations recorded in CY 2018, with Fairfield and Pickens Counties having the highest rates of administration per 100,000.

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**Figure 6: Opioid-Involved Overdose Deaths Across South Carolina, CY 2014-2018**

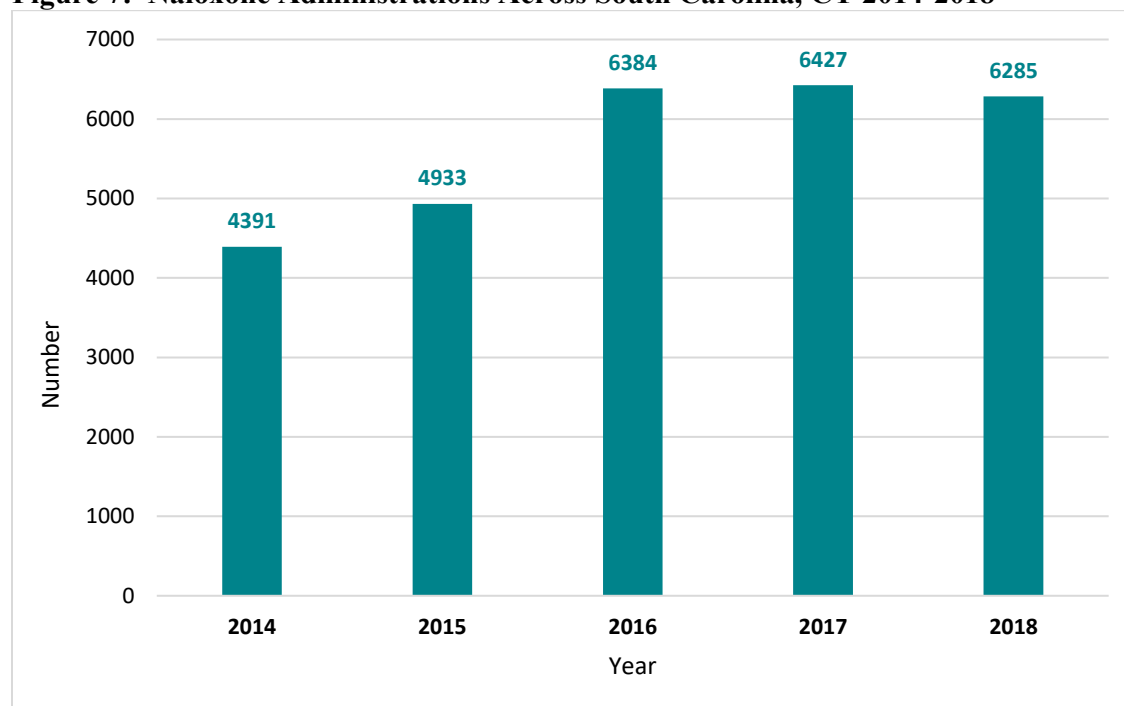


**Table 2: Top 10 Counties, Opioid-Involved Overdose Death Rate Across SC, CY 2018**

<i>County</i>	<i>Opioid-Involved Overdose Death Rate / 100,000 pop</i>	<i>Rank</i>
<i>Horry</i>	29.1	1
<i>Georgetown</i>	28.9	2
<i>Greenwood</i>	28.0	3
<i>Greenville</i>	26.4	4
<i>Jasper</i>	25.4	5
<i>Charleston</i>	24.1	6
<i>McCormick</i>	20.1	7
<i>Oconee</i>	19.7	8
<i>Pickens</i>	19.4	T-9
<i>Kershaw</i>	19.4	T-9

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**Figure 7: Naloxone Administrations Across South Carolina, CY 2014-2018**



**Table 3: Top 10 Counties, Naloxone Administration Rate Across SC, CY 2018**

<i>County</i>	<i>Naloxone Admin Rate / 100,000 pop</i>	<i>Rank</i>
<i>Fairfield</i>	477.64	1
<i>Pickens</i>	313.76	2
<i>Chester</i>	282.16	3
<i>Horry</i>	251.35	4
<i>Georgetown</i>	240.97	5
<i>Spartanburg</i>	228.74	6
<i>Laurens</i>	216.44	7
<i>Lancaster</i>	214.93	8
<i>Abbeville</i>	203.74	9
<i>Greenville</i>	203.61	10

Additional data from the State’s health agency – the Department of Health and Environmental Control (DHEC) – provide some indication of the consequences related to opiates associated with injection drug use. Between 2009 and 2018, unintentional drug poisoning (overdose) deaths increased from 547 to 1,030. DHEC representatives suspect these data underrepresent the true volume of overdose deaths.

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There was a 10.2% increase in drug overdose deaths in South Carolina, up from 1,001 deaths in 2017 to 1,103 deaths in 2018. In 2016, 73.9% of all drug overdose deaths involved opioids. There was a 9.1% increase in deaths involving opioids, up from 748 in 2017 to 816 in 2018. Deaths due to opioid overdose in South Carolina by occurrence have been on a steady rise from 2009 to 2018 (*see Figure 8 below*).

**Figure 8: Overdose Deaths by Occurrence Type across South Carolina, CY 2014-2018**

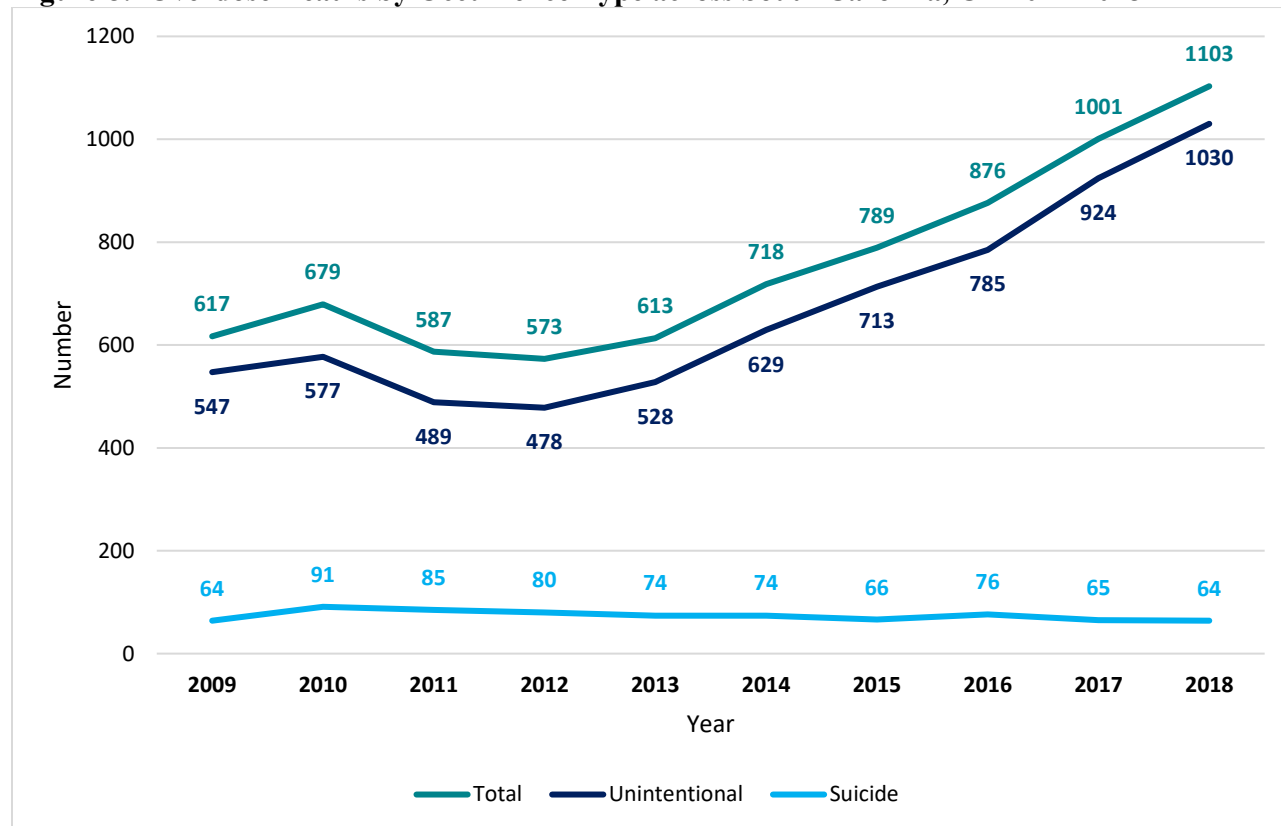
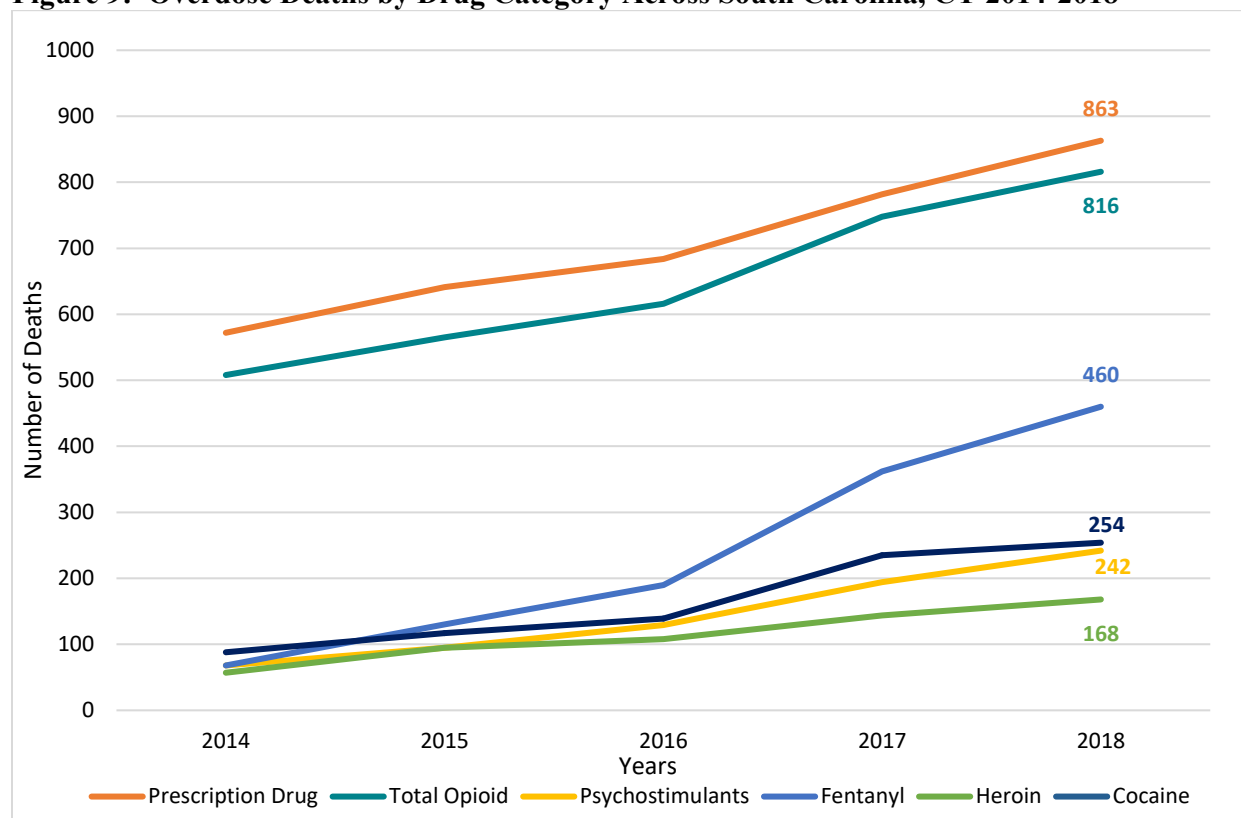


Figure 9 on the next page displays the number of drug overdose deaths by drug category from 2014 to 2018. The largest percent change in the past two years were deaths related to fentanyl, with a 27% increase (362 in 2017 to 460 in 2018). There has been a consistent increase in overdose deaths by all drug categories listed since 2014.

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**Figure 9: Overdose Deaths by Drug Category Across South Carolina, CY 2014-2018**



### Adolescents and Opioid-Related Prevention:

The NSDUH estimated in 2016-2017 that approximately 14,000 adolescents (age 12-17) misused pain relievers in the past year. That percentage of South Carolina adolescents misusing pain relievers is close to the national averages (3.8% vs. 3.1%).

According to the 2017 YRBS, 15.2% of respondents have taken prescription drugs without a doctor's prescription in their lifetime, and 4.4% have used heroin.

Similar to the YRBS, 2.1% of respondents from the 2018 CTC Study reported ever using heroin. However, only 11% of respondents reported taking prescription drugs without a doctor's prescription in their lifetime. 36.4% of students stated that it was "easy" to obtain prescription drugs, and 14.7% stated ease of access to heroin or fentanyl.

DAODAS is focused on the potential risk associated with this population initiating injection-use practices and has created state and local priority areas that focus prevention and treatment services around both patients currently reporting intravenous drug use, as well as those at risk of transitioning to intravenous drug use. Associated strategies include treatment efforts to expand medication-assisted therapies able to reduce the symptoms of opiate dependence, as well as prevention efforts designed to reduce access to unused prescription pain medications. Through a SAMHSA Partnerships for Success 2015 (PFS 2015) award, DAODAS implemented the Empowering

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Communities for Healthy Outcomes (ECHO) project to prevent the onset and reduce the progression of prescription drug misuse. Implementation communities have worked toward reducing past-30-day use of non-prescribed prescription drugs by youth and implementing evidence-based programs and/or promising practices in response to local strategic plans.

DAODAS is dedicated to enhancing and expanding opioid use disorder (OUD) prevention, treatment, and recovery support services for underserved South Carolinians. Through the State Opioid Response (SOR) project, DAODAS is implementing life-saving strategies to expand capacity and access to the three FDA-approved medications available for OUD; improving the skills of the workforce for the delivery of evidence-based practices; increasing access to naloxone for the reversal of overdose through community distribution; seeking to increase knowledge of OUD and to reduce stigma through a coordinated public education campaign designed to inform South Carolinians about the dangers of misusing prescription opioids; and raising awareness of the resources available around the state for those affected by OUD. Tackling the crisis from prevention – implementing evidence-based strategies to reduce access to and the availability of prescriptions – through a full continuum of recovery services by supporting both transitional housing and the development and expansion of recovery community organizations, DAODAS and its partners are working together to serve those individuals with unmet needs.

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### **Federally Identified Priority Populations and Services:**

The Substance Abuse Prevention and Treatment Block Grant requires that states address several priority populations and services. A comprehensive listing of these priority areas is provided below.

- 1) Persons who are intravenous drug users
- 2) Women who are pregnant and have a substance use disorder
- 3) Parents with substance use disorders who have dependent children
- 4) Individuals with tuberculosis
- 5) Individuals in need of primary substance misuse prevention

A discussion of these remaining priorities follows.

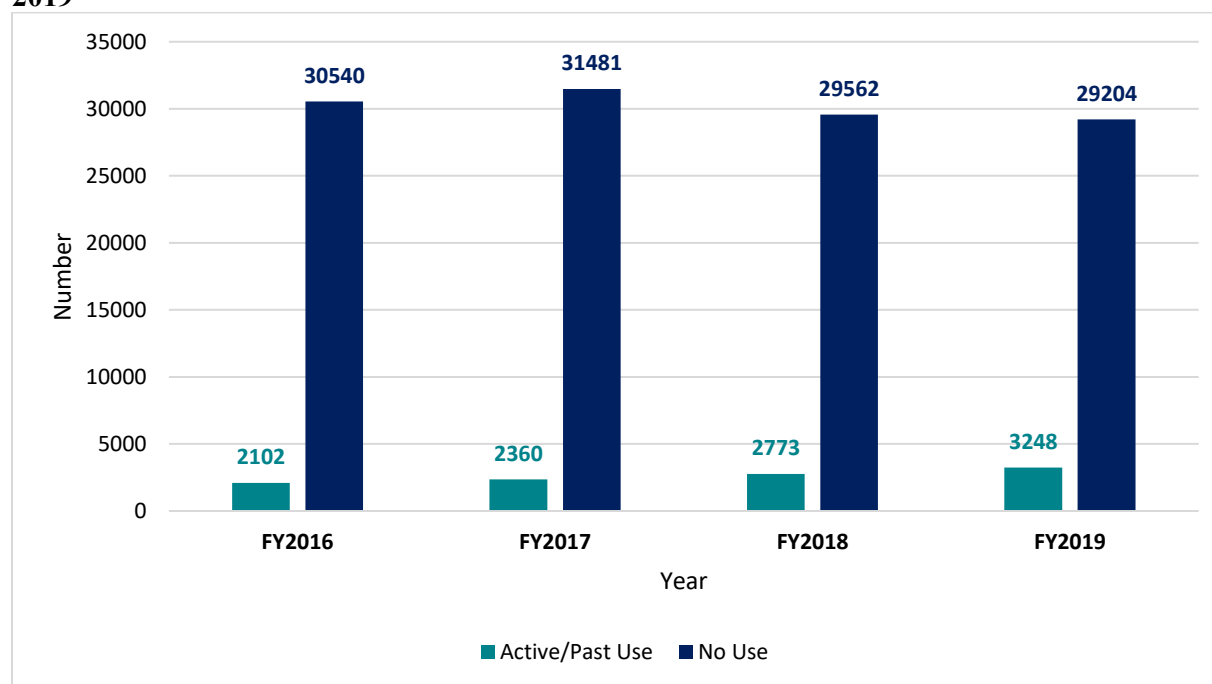
#### **Persons Who Are Intravenous Drug Users:**

Looking at the DAODAS treatment data from FY 2016-2019 (*Figure 10 on next page*), the number and percentage of patients treated for an SUD at a DAODAS state-funded provider who self-reported either active or past intravenous drug use (IDU) has slowly increased over the past three fiscal years (6% or 2,102 patients in FY 2016 to 10% or 3,249 patients in FY 2019).



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**Figure 10: DAODAS Patients Reporting Intravenous Drug Use Status at Admission, FY2016-2019**

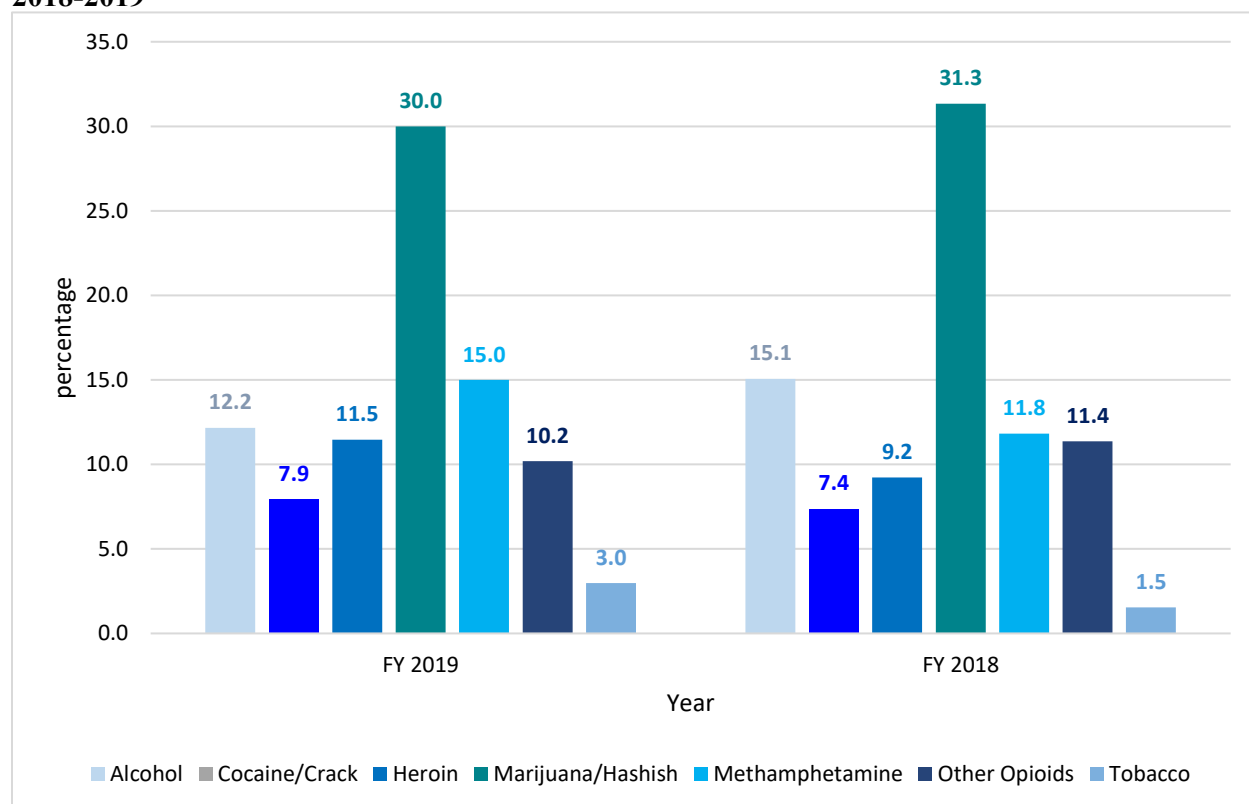


### Women Who Are Pregnant and Have a Substance Use Disorder:

Pregnant women are given priority access to treatment services available through the DAODAS-funded provider network. Residential, day treatment, and intensive outpatient services are available in every region of the state. Figure 11 (*next page*) provides trends for frequently reported primary substance use types for pregnant clients in the previous two fiscal years.

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**Figure 11: DAODAS Pregnant Women Patient Primary Substance Abused at Admission, FY 2018-2019**



However, there were 906 pregnant patients accessing care during FY 2019 (7% increase from 847 seen during FY 2018). 30% were treated for marijuana misuse, while 12% were treated for an AUD in FY 2019. 164 pregnant women in FY 2019 with a diagnosed OUD were referred and placed in medication-assisted treatment (MAT), which is a 13.1% increase from FY 2018 (145).

DAODAS will ensure that high-quality substance use disorder treatment services for pregnant females are available within each community. The department will implement strategies to include expansion of primary and specialty healthcare substance use screenings for pregnant females, increased collaboration with the state's social services agency responsible for child welfare, improved screening/referral service-delivery coordination, and continued collaboration with the state's Medicaid agency to engage OBGYN service providers in screening, intervention, and referral to treatment service models.

### **Parents With Substance Use Disorders (SUDs) Who Have Dependent Children:**

DAODAS and its local provider network ensure that a continuum of quality treatment services for parents with dependent children is accessible throughout the state. Residential and intensive outpatient care focusing on the family unit is available in every region of the state. 32% of DAODAS patients in FY 2019 reported living with one or more dependent children. Figure 12 (*next*

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page) provides an illustration contrasting clients with and without dependent children who are entering care. The annual numbers have remained relatively consistent from FY 2016-2019, with a small spike in numbers in FY 2017 (along with a spike in number of patients reported overall). Service provision and child care targeting young family members are offered in addition to traditional SUD treatment in order to meet the needs of the entire family.

**Figure 12: Reported Number of DAODAS Patients Living with Dependent Children, FY2016-2019**



After the criminal justice system, social services represent the largest referral source for DAODAS and its local provider network. The majority of these patients (approximately 4,500 admissions a year) are involved with the S.C. Department of Social Services (DSS) Child Protective Services Unit. Overall, approximately 58,100 calls were made regarding a suspected situation involving child abuse or neglect during the most recently completed fiscal year. Of those, over 1/6 (11,600) were screened as having no risk. The remaining 46,000 calls indicated some level of risk requiring additional assessment and service delivery. Unknown by DSS is the proportion of calls prompting further service delivery associated with parent or guardian substance use.

DAODAS will ensure that high-quality family-focused substance use disorder (SUD) treatment services are available within each community. Strategies for working with parents with an SUD who have dependent children include increasing collaboration with the state's social services agency responsible for child welfare and improved screening/referral service delivery coordination and expanding opportunities for family participation across the service menu.

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### **Individuals With Tuberculosis Who Are in Need of Substance Misuse Intervention, Treatment, or Prevention Services:**

Assessment processes for all clients entering SUD treatment and intervention services include a screening for behavioral risks and symptoms associated with communicable diseases such as HIV/AIDS, hepatitis, sexually transmitted diseases (STDs), and tuberculosis. Education, prevention, and testing services for tuberculosis are emphasized throughout the continuum of services offered by DAODAS-funded providers. Expanded efforts to include similar services designed to address risks for hepatitis and other STDs represent critical gaps that will continue to be explored with DHEC, the State's public health department, during the planning period.

Healthcare providers in South Carolina are also required to report detected cases of tuberculosis (TB) to DHEC. This data-collection standard has provided the state with a useful measure that can be used to track the incidence of TB. During 2017, there were 101 newly reported cases of TB infection in the state, up from 79 reported in 2014 but relatively the same as 2016 (102 cases). The CDC reported a slight decrease in TB cases from 2016 and 2017 (1.8% decrease) across the country.

All clients receiving SUD treatment and intervention services are screened for symptoms associated with TB and other communicable diseases. Detoxification and residential treatment settings have additional screening and testing protocols due to program structure and shared living arrangements. Data-collection protocols for communicable diseases have improved through the DAODAS provider network's continuing efforts toward implementation of a uniform electronic clinical record.

For individuals with tuberculosis, DAODAS will continue the availability of routine TB services for individuals receiving SUD treatment services. DAODAS will monitor the protocol and support local training efforts and utilize the county alcohol and drug abuse authorities' electronic health record capability to track data associated with the provision of client-focused routine TB screening.

### **Individuals in Need of Primary Substance Misuse Prevention:**

Local providers utilize the Strategic Prevention Framework (SPF) to ensure the greatest impact on their communities. This framework implies that communities should assess their needs, build capacity, plan programs/strategies, implement programs/strategies, and evaluate their programs/strategies to reduce the prevalence of substance use across our state. Through technical assistance and training, South Carolina's Regional Capacity Coaches and DAODAS staff have been able to help local providers navigate the SPF with their communities rather successfully over the past few years.

Service providers are also encouraged to: 1) deliver programs/strategies that touch on one of the six CSAP strategies; and 2) select approved evidence-based programs and strategies to reduce alcohol, tobacco, and other drug use among all South Carolinians. In Fiscal Year 2019, the majority of all participants served in primary prevention education programs were served using evidence-based universal, selected, and indicated programs.

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It is South Carolina's hope that, with continued efforts to utilize the SPF, community input, CSAP strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing substance use among its residents.

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### Conclusion:

The preceding section provides information that supports each of the state's identified priority areas. Where appropriate, plans to explore or implement strategies for eliminating identified information or service gaps were highlighted. The following list provides a brief review of plans to address identified data gaps highlighted in each priority area. More information linking identified service and system gaps to strategies designed to address deficits for each priority area will be offered in Section III.

### Overview of Plans to Address Data and System Gaps

1. Increase the SEOW's contribution to both the prevention and treatment needs-assessment process.
2. Explore opportunities to partner and increase collaboration with key community and state partners through data analysis efforts associated with the S.C. Revenue and Fiscal Affairs Office's Data Warehouse.
3. Explore the availability and quality of data associated with SUD treatment services occurring outside of the state's network of public providers. Assess the potential to use available data for improved collaboration between public and private providers of behavioral health care.
4. Monitor access, utilization, and outcomes associated with SUD treatment and intervention services for highlighted referral sources and demographic groups in order to evaluate outreach efforts designed to foster collaboration with partner agencies.
5. Continue to work with the state's Electronic Health Record Implementation Team to explore potential strategies for addressing data gaps in needs-assessment and service-planning activities.
6. Expand the use of Health Information Exchange (HIE) systems for improved collaboration and integration between behavioral and physical healthcare providers.

# **Substance Abuse Prevention and Treatment Block Grant Application 2020-2021 – Behavioral Health Assessment and Plan**

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# **Substance Abuse Prevention and Treatment Block Grant Application 2020-2021 – Behavioral Health Assessment and Plan**

## **Step 2: Identify the Unmet Service Needs and Critical Gaps within the Current System.**

### **Overview:**

Data contained in the following section will provide a brief overview of the needs and critical gaps impacting the state’s public substance use disorder (SUD) prevention, intervention, treatment, and recovery system.

In this section, the gap between treatment need and service utilization will be described by substance. A discussion of youth risk perception regarding substance use will be offered to illustrate the need for primary prevention services focused on reducing initiation of youth substance use.

The needs assessment takes into account the work of the South Carolina State Epidemiological Outcomes Workgroup (SEOW). The South Carolina SEOW, established in May 2006 through a grant from the Center for Substance Abuse Prevention (CSAP), is responsible for reviewing existing data on alcohol, tobacco, and other drugs to identify related problems or issues. The workgroup is also responsible for monitoring data to identify trends in substance use or misuse. The current composition of the SEOW is shown in Table 1 (*next page*).

The mission of the SEOW is to create a highly effective substance misuse prevention data system that will support and enhance efforts to reduce alcohol, tobacco, and other drug (ATOD) use across the lifespan of people in South Carolina communities through the development and implementation of a comprehensive statewide prevention strategy. The goal of the SEOW is to develop a data-driven planning and resource-allocation model – a deliberate strategy for interpreting, comparing, and synthesizing multiple health-related indicators in order to translate information into good planning around the identified needs of the state.

The SEOW’s tasks include producing a Statewide Epidemiological Profile as a document that organizes, summarizes, and presents archival data for use in prevention planning and decision making for the state. These data include measures – or “indicators” – of ATOD consumption and consequences, primarily from periodic national surveys, which allow the state to report trends over multiple years and to compare South Carolina to national rates. The indicators included in the profile were carefully selected (most are from the State Epidemiological Data System [SEDS] developed by SAMHSA/CSAP) and met criteria for availability. In addition, national sources were supplemented with state data sources, always keeping in mind these selective criteria. The report includes graphs and tables that depict the use of alcohol, tobacco, and other drugs in South Carolina during recent years, along with the associated consequences of that use. Updates of the state profile have been completed in subsequent years by the SEOW.

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**Table 1. South Carolina SEOW Composition, September 2019**

Sazid Khan (Manager)	S.C. Department of Alcohol and Other Drug Abuse Services
Michelle Nienhius	S.C. Department of Alcohol and Other Drug Abuse Services
Daniela Nitcheva	S.C. Department of Health and Environmental Control
Harley Davis	S.C. Department of Health and Environmental Control
Dan Walker	S.C. Department of Mental Health
Chelsea Richard	South Carolina First Steps
Reston Hartsell	South Carolina Tobacco Free Collaborative
Aunyika Moonan	South Carolina Hospital Association
Sarah Crawford	S.C. Revenue and Fiscal Affairs Office
Sarah Osborne	S.C. Department of Public Safety
Demetria Mitchell	S.C. Department of Health Human Services
Jennifer Poznik	South Carolina Fact Forward
Steven Burritt	Mothers Against Drunk Driving – South Carolina
Michael George	Pacific Institute for Research and Evaluation
Katrina Cole	S.C. Department of Corrections
Melissa Strompolis	Children’s Trust of South Carolina
Anthony Sellers	S.C. Department of Social Services
Craig Wheatley	S.C. Department of Juvenile Justice

### South Carolina:

South Carolina is a small, rural state. The Census Bureau estimates the 2018 population of South Carolina to be 5,084,127. According to data available through the S.C. Revenue and Fiscal Affairs Office, approximately 1/3 of the state’s inhabitants reside in a rural area.

Ensuring access to quality substance use disorder (SUD) treatment and prevention services in each of the state’s 46 counties represents a great challenge for the Single State Authority (the Department of Alcohol and Other Drug Abuse Services [DAODAS]), the designated state agency responsible for administering federal block grant SUD treatment and prevention funds.

The agency has identified a critical need associated with allocating limited block grant funds in a manner that adequately addresses the requirements of a sustainable provider network. Efforts to address this need will be discussed further in the section identifying state and local provider needs.

In 2017, the SAMHSA National Survey on Drug Use and Health (NSDUH) estimated that 7.6% of individuals age 18 and older had an SUD involving either alcohol or an illicit drug in the past year. Examining further, an estimated 14.8% of 18- to 25-year-olds had an SUD in the past year in 2017.



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The statistics in South Carolina mirror the national averages, as an estimated 7.86% of individuals 18 and older and 16.69% of those 18-25 years old had an SUD in the past year for 2017 as per the NSDUH state-specific estimates.

DAODAS is also working toward reducing financial barriers associated with access to high-quality SUD treatment services. In FY 2019, 5,100 uninsured individuals received state-funded assessments, and those numbers project to increase as DAODAS continues to focus federal and state block grant dollars on service delivery for uninsured populations.

### **Adolescents with Substance Use Disorders:**

In South Carolina, according to the NSDUH, about 115,000 individuals age 12 or older per year – based on 2016 and 2017 annual averages – were dependent on or abused illicit drugs within the year prior to being surveyed. An estimated 12,000 of those treated for an illicit drug use-related disorder were within the 12- to 17-year-old age group. Overall, an estimated 15,000 South Carolinians between the ages of 12 and 17 were treated for an SUD in the past year, and an additional 15,000 were estimated to need but did not receive treatment for their substance use.

The state's public SUD treatment system provides services to a fraction of those likely in need of treatment. Approximately 3,700 youth ages 12 to 17 entered treatment services during the past fiscal year. This represents about 11% of all treatment admissions occurring during FY 2019.

South Carolina will ensure that high-quality SUD treatment services targeting vulnerable adolescent populations – including individuals involved in the criminal or juvenile justice systems – are available within each community. DAODAS will implement strategies that include service location expansion, outreach to community partners, and continued workforce development efforts designed to enhance competencies for professionals working with adolescent populations.

This section will next transition to information that addresses needs and system gaps relevant to identified priority populations at the state and local levels broken out by substance type.

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### **Alcohol:**

Figure 1 (*next page*) provides state estimates on the prevalence of alcohol use disorders. Estimates indicate that the state's alcohol dependence prevalence rate mirrors national trends, decreasing slightly from 6.5% in 2010 to 5.4% in 2017, with an estimated decrease every year during that time period.

These data, collected through the NSDUH, indicate that an estimated 226,000 individuals in South Carolina were dependent on or misused alcohol during the year prior to being surveyed (220,000 of whom were estimated to be 18 and older).

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**Figure 1: Alcohol Use Disorder (AUD) Estimates Among Individuals Age 12 or Older**

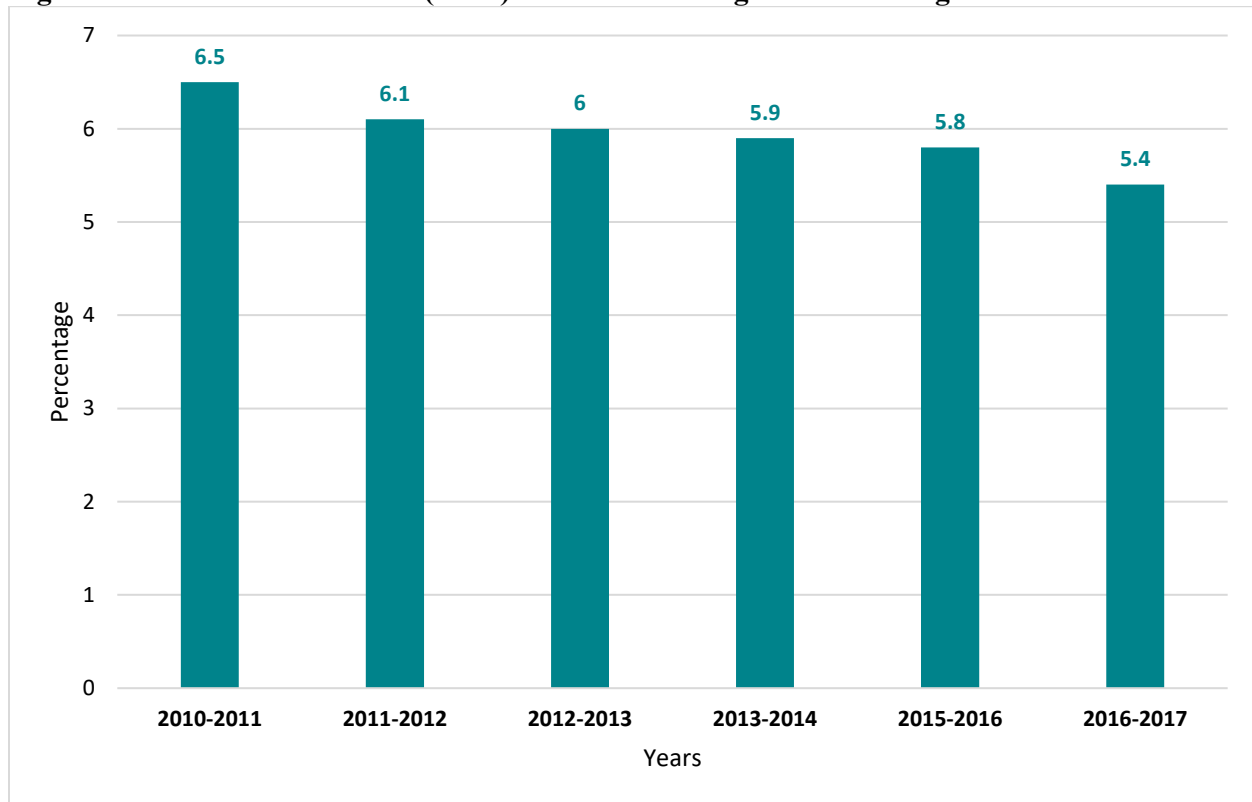
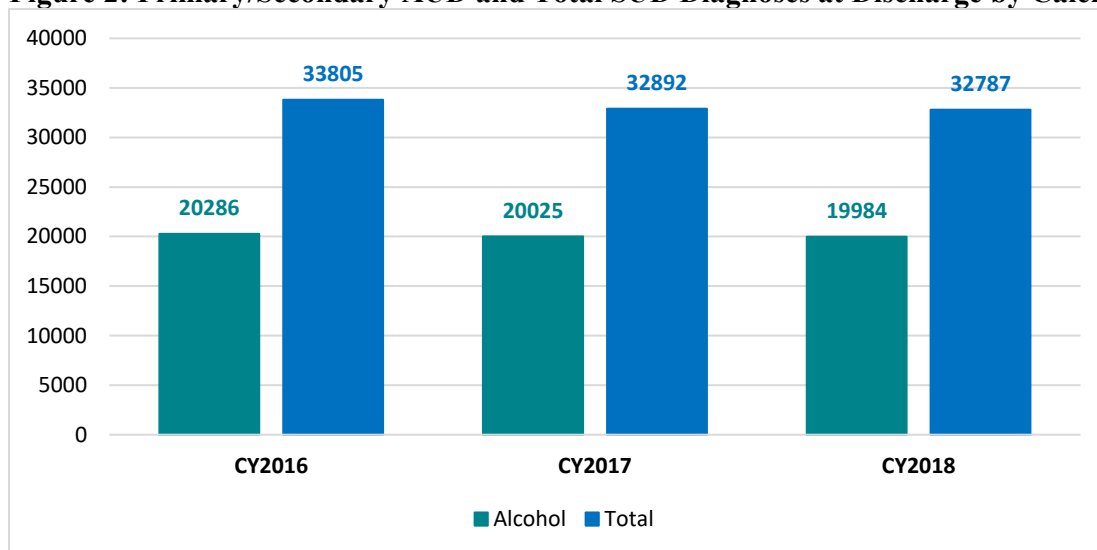


Figure 2 below indicates that the majority of South Carolinians discharged from SUD treatment at one of the DAODAS-funded county alcohol and drug abuse authorities were diagnosed with either a primary or secondary AUD during that calendar year. Looking at CY 2018, 61.0% of discharged episodes were due to a diagnosis of an AUD (primary or secondary diagnosis).

**Figure 2: Primary/Secondary AUD and Total SUD Diagnoses at Discharge by Calendar Year**



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## **Adolescents and Alcohol-Related Prevention:**

Substance use typically begins to emerge during adolescence. South Carolina's prevention efforts acknowledge the age distribution of substance use initiation by prioritizing prevention efforts aimed at reducing substance use during adolescence.

Rates of binge alcohol use for individuals 12 to 20 years old have consistently hovered around the 15% mark during the past five years, according to the NSDUH. This rate has remained below the national average. South Carolina's percentage of binge alcohol use among individuals ages 12 to 20 was similar to the national percentage. In 2016-2017, 18,000 individuals estimated binge alcohol use within the month prior to being surveyed as per the NSDUH state-specific estimates.

Aligning with DAODAS priorities, prevention of underage alcohol use is a high priority. Research has shown that early age of onset for using alcohol leads to an increased risk of developing a substance use disorder later in life (Hingson, 2006). The Centers for Disease Control and Prevention (CDC)'s 2017 Youth Risk Behavior Survey (YRBS) indicates that 14.2% of South Carolina high school students reported using alcohol before age 13, and 58.5% reported they had at least one drink of alcohol during their lifetime.

According to the 2018 Communities That Care (CTC) Survey, 37.1% of South Carolina high school students have used alcohol in their lifetimes. This begs the question of how so many youth manage to acquire alcohol. Also, as per the CTC Survey, about 1/3 of South Carolina high school students reported that someone gave it to them at a party. Therefore, South Carolina plans to continue to utilize environmental strategies, such as high-visibility law enforcement, to decrease accessibility of alcohol for youth, and eventually to decrease the prevalence of underage drinking in South Carolina.

However, it is the State's hope that continued utilization of evidence-based education curricula designed to inform youth about the dangers of early alcohol use will decrease youth use, particularly early in adolescence.

The National Highway Traffic Safety Administration (NHTSA) reports the percentage of traffic fatalities that involved a driver with a blood alcohol concentration of 0.08% or higher. In 2017, South Carolina reported that 313 out of 988 fatalities (32%) met these criteria for an alcohol-involved fatality. This is 3% higher than the nation's average of 29% (10,874 out of 37,133 fatalities).

South Carolina will continue its partnership with Mothers Against Drunk Driving (MADD), the S.C. Highway Patrol, S.C. Law Enforcement Division, S.C. Department of Public Safety and other agencies and organizations to reduce alcohol-related car crashes.

County prevention providers in South Carolina will continue to work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Team (AET) program. The AETs will 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 taps. County prevention providers will also work in collaboration with community coalitions to create and/or

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revise local policies that might positively impact underage drinking while training key stakeholders on evidence-based practices to reduce underage drinking.

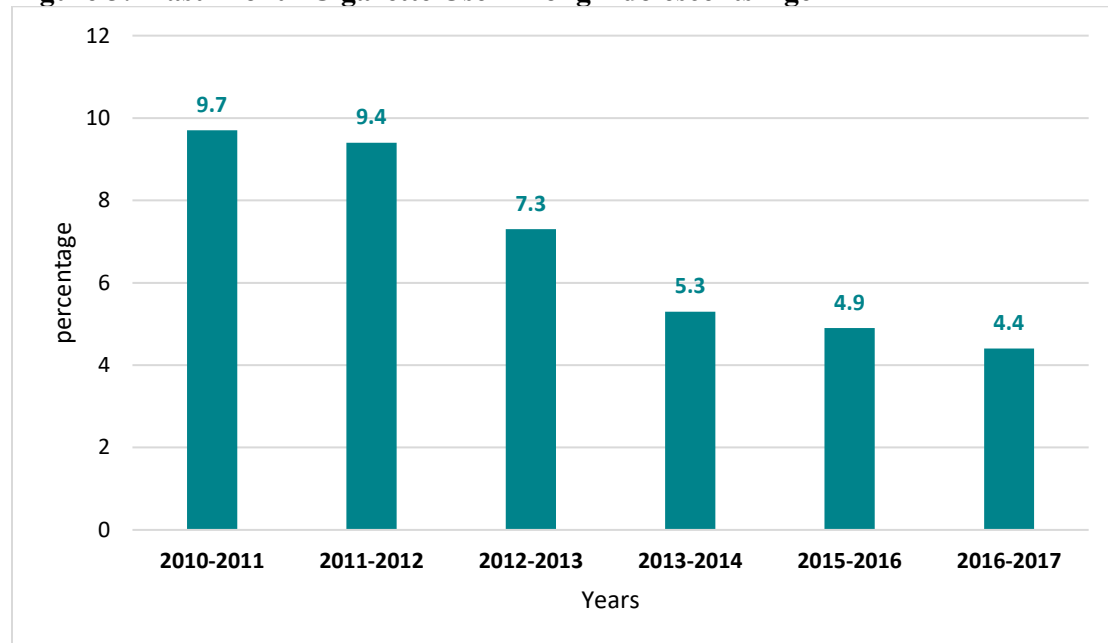
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### Tobacco Use:

Figure 3 below provides state estimates on the prevalence of cigarette use among adolescents. The data from the NSDUH state-specific estimates indicate a consistent decrease among adolescents smoking cigarettes at least once in the past month, with an estimated 16,000 individuals in South Carolina using cigarettes during the past month prior to being surveyed in 2016-2017.

Overall, an estimated 910,000 South Carolinians over the age of 12 engaged in cigarette smoking at least once a month (22%), and over 1 million are estimated to have engaged in tobacco product use of any kind from 2016 to 2017. However, approximately 58% of patients seen by a DAODAS state-funded provider mentioned they were current smokers when entering treatment during FY 2019.

**Figure 3: Past-Month Cigarette Use Among Adolescents Age 12-17**



### Adolescents and Tobacco-Related Prevention:

Youth survey respondents were asked about the risks associated with substance use. South Carolina state-specific estimates from the NSDUH mirror national trends, indicating that 35.8% of adolescents age 12 to 17 in 2016-2017 perceived no great risk from smoking one or more packs of cigarettes a day.

While South Carolina is still working on reducing the prevalence of youth use of traditionally known forms of tobacco, there are other forms of tobacco emerging as threats to public health across the state. These forms of tobacco include roll-your-own cigarettes, flavored cigarettes, clove cigars,

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flavored “little cigarettes,” smoking from a hookah or water pipe, snus, dissolvable products, and e-cigarettes.

According to the 2017 YRBS, 21.6% of respondents currently smoked cigarettes or cigars or used smokeless tobacco or an electronic vapor product at least once in the past 30 days. Specifically, 11.9% reported having used an e-vapor product in the past 30 days. Looking at the 2018 CTC, 52.2% of respondents reported that it was very easy or sort of easy to obtain cigarettes, and a similar percentage (53.8%) reported ease of access to an e-cigarette or vaping pen.

Despite this accessibility issue, the Synar study results in recent years have demonstrated a decrease in the retailer violation rate. Rates have consistently been below 10% since 2014 (4.3% retailer violation rate in FY 2019).

South Carolina will also continue to utilize its prevention staff to coordinate with local law enforcement and implement assorted evidence-based strategies to reduce youth access to tobacco. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

County prevention providers will provide information to youth and adults in South Carolina about the dangers, laws, consequences, and harmfulness of underage tobacco use through the dissemination of information and will deliver the South Carolina Tobacco Education Program (TEP) for youth identified as having violated South Carolina law prohibiting youth under 18 from attempting to possess or purchase tobacco products. Due to the increase in use and popularity of e-cigarettes and vaping among the youth over the past few years, the TEP has incorporated resources (from the Stanford toolkit and state laws) to address these new forms of tobacco use.

There are fewer federal, state, and local policies focused on regulating these emerging tobacco products, and South Carolina will look to dedicate additional resources toward better understanding youth use, access, and perceptions of these products.

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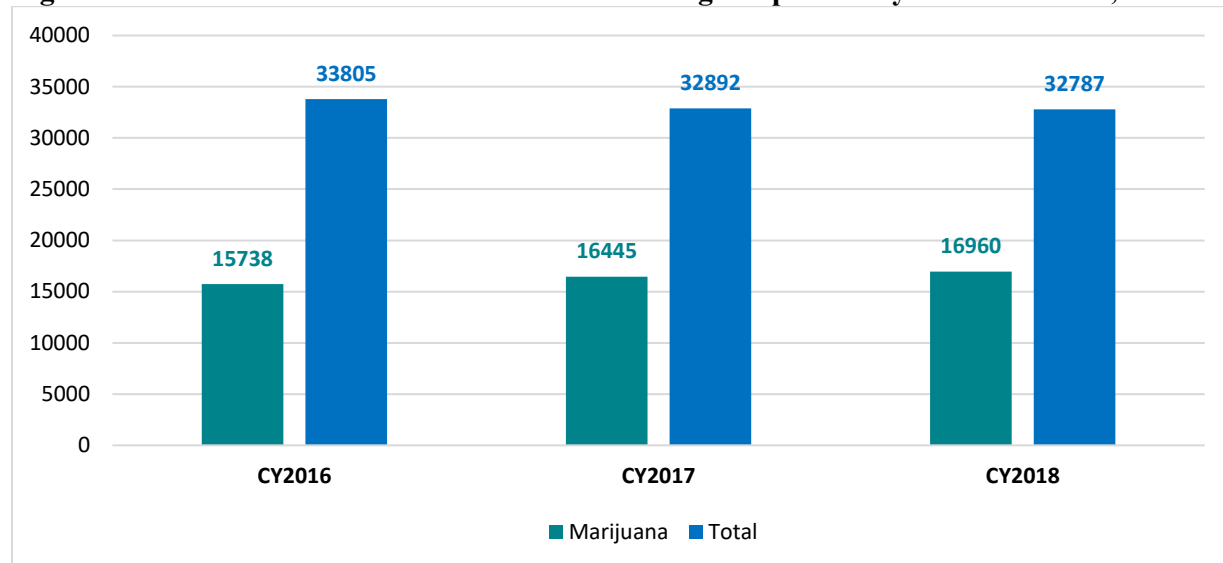
### **Cannabis Use:**

Figure 4 on the next page indicates that South Carolinians in need of treatment for a diagnosed problem related to cannabis use who received care through a DAODAS-funded provider have been on a rise in recent years, increasing each of the past three years.

Looking at CY 2018, 51.7% (16,960/32,787) of discharged episodes were due to a cannabis use disorder (CUD) diagnosis, which is up from FY 2017 for both count and percentage of overall discharges related to a CUD with 49.9% (16,445/32,892). There was a 7.8% increase over the three-year period of patients treated at a DAODAS state-funded provider for either a primary or secondary diagnosed CUD.

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**Figure 4: DAODAS CUD and SUD-Related Discharged Episodes by Calendar Year, 2016-2018**



### Adolescents and Cannabis-Related Prevention:

In South Carolina, as per the state-specific NSDUH estimates, over 2/3 of adolescents age 12 to 17 in 2016-2017 perceived no great risk from smoking marijuana once a month. This percentage is slightly lower than the national average (3/4 do not perceive great risk).

According to the YRBS, 35.5% of adolescents have ever used marijuana. Also, 7.3% of adolescents tried marijuana before the age of 13, which is down from 8.4% in 2015. However, 9.4% reported having used synthetic marijuana in 2017, which is up from a reported 6.4% in 2015.

According to the 2018 CTC Survey, 22.4% of South Carolina high school students have used marijuana or hashish in their lifetimes. 52.7% of respondents reported that it was very easy or sort of easy to obtain marijuana, and almost half (44.1%) saw no risk or slight risk in marijuana use once or twice per week, both numbers being slightly lower than reported numbers in the 2016 CTC Survey.

It is South Carolina's hope that, with continued efforts to utilize the Strategic Prevention Framework, community input, CSAP strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing cannabis use among its residents.

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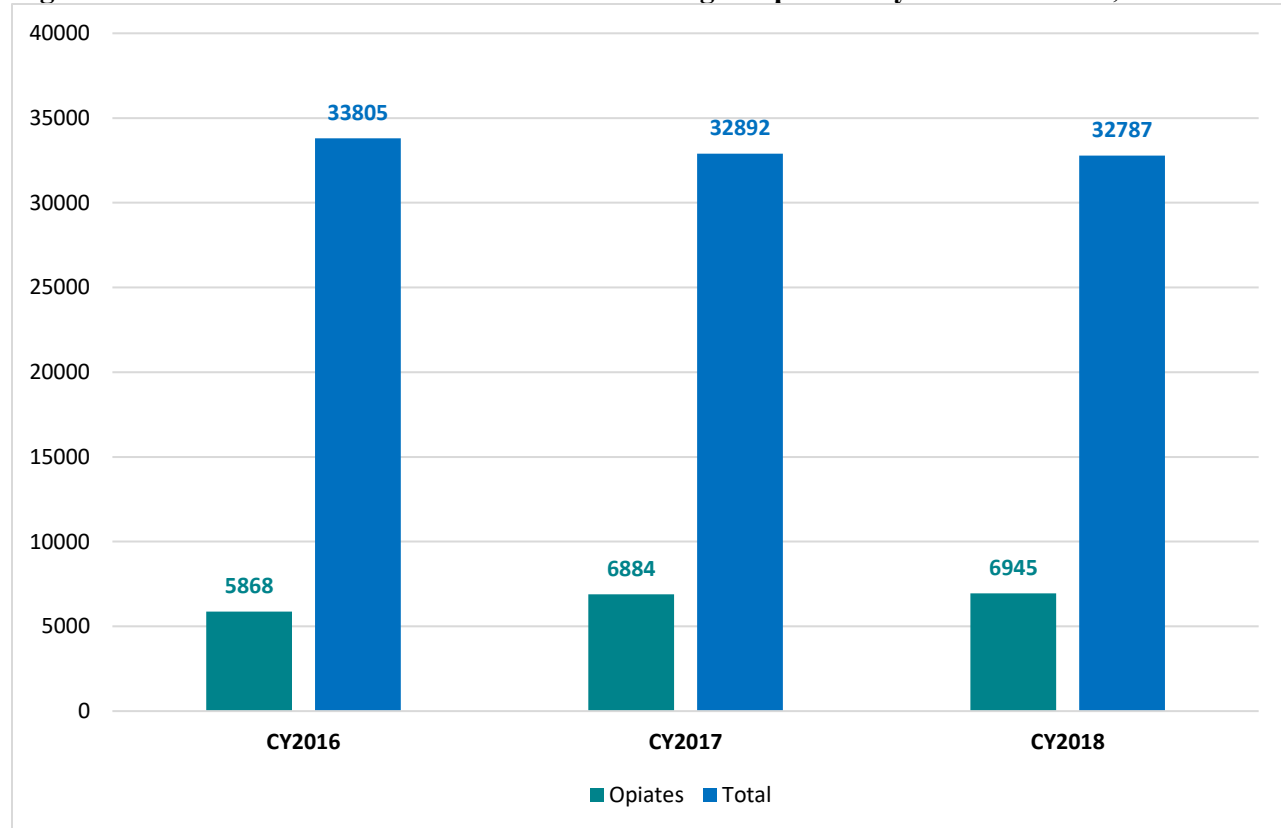
### Opiate Use:

Figure 5 (*next page*) indicates that the State's rate of treatment for problems related to opioid misuse has risen in recent history. Looking at CY 2018, 21% of episode discharges had a diagnosis of an

## Substance Abuse Prevention and Treatment Block Grant Application 2020-2021 – Behavioral Health Assessment and Plan

opioid use disorder (OUD) (primary or secondary diagnosis), with the majority of patients with an OUD being male and white.

**Figure 5: DAODAS OUD and SUD-Related Discharged Episodes by Calendar Year, 2016-2018**



Figures 6 and 7, along with Tables 2 and 3, look further at the opioid epidemic in South Carolina over the past half-decade. Figure 6 displays the increase in opioid-involved overdose deaths over the past five years (508 in 2014 to 816 in 2018, for a 61% increase).

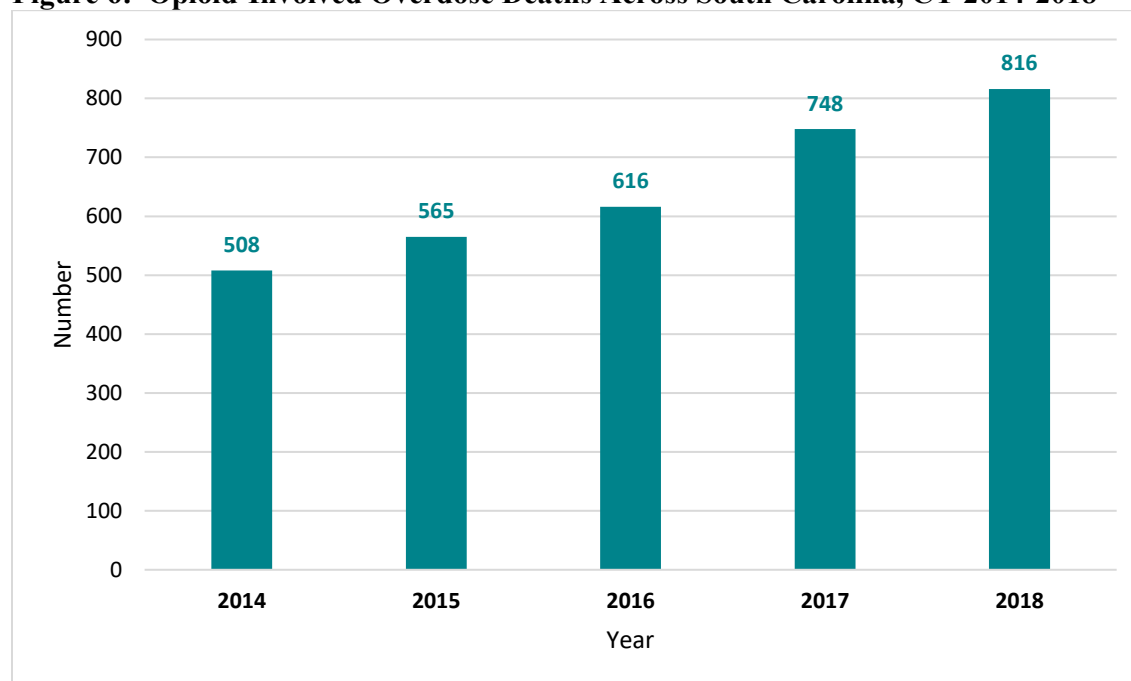
Table 2 identifies the top 10 counties (rate per 100,000 population) in terms of opioid-involved overdose deaths in CY 2018, with Horry and Georgetown counties having the highest rate of death per 100,000.

Figure 7 displays the increase in naloxone administrations across South Carolina over the past five years (4391 in 2014 to 6285 in 2018, for a 43% increase).

Table 3 identifies the top 10 counties (rate per 100,000 population) in terms of naloxone administrations recorded in CY 2018, with Fairfield and Pickens Counties having the highest rates of administration per 100,000.

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**Figure 6: Opioid-Involved Overdose Deaths Across South Carolina, CY 2014-2018**



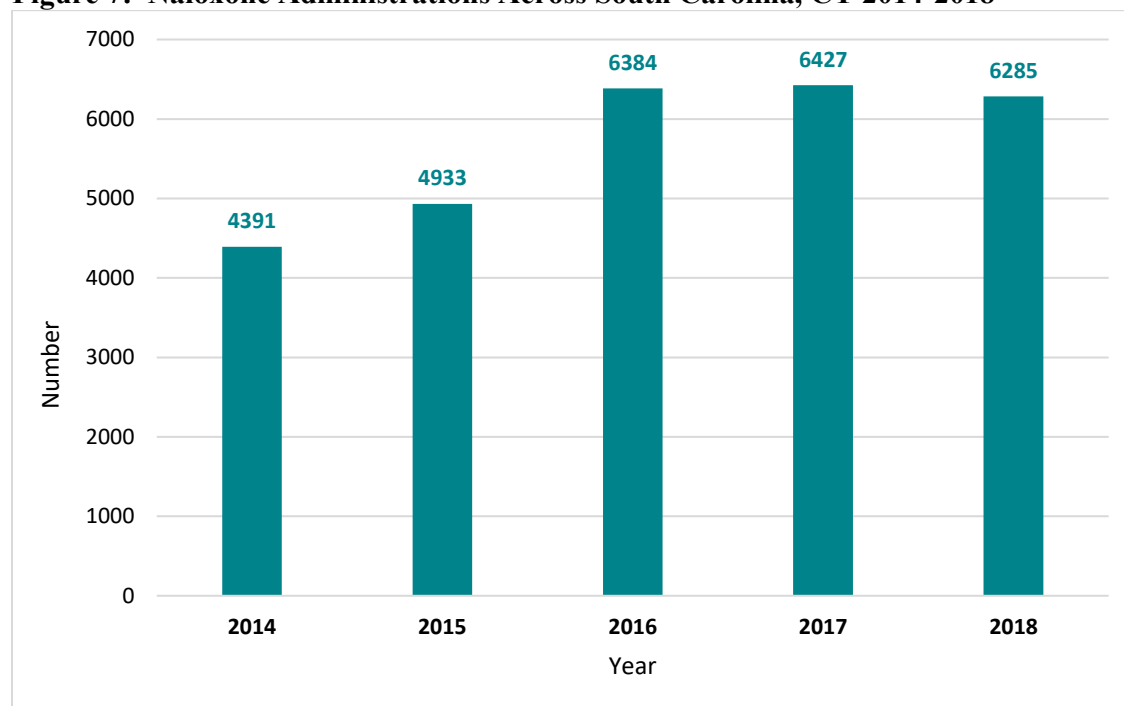
**Table 2: Top 10 Counties, Opioid-Involved Overdose Death Rate Across SC, CY 2018**

<i>County</i>	<i>Opioid-Involved Overdose Death Rate / 100,000 pop</i>	<i>Rank</i>
<i>Horry</i>	29.1	1
<i>Georgetown</i>	28.9	2
<i>Greenwood</i>	28.0	3
<i>Greenville</i>	26.4	4
<i>Jasper</i>	25.4	5
<i>Charleston</i>	24.1	6
<i>McCormick</i>	20.1	7
<i>Oconee</i>	19.7	8
<i>Pickens</i>	19.4	T-9
<i>Kershaw</i>	19.4	T-9



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**Figure 7: Naloxone Administrations Across South Carolina, CY 2014-2018**



**Table 3: Top 10 Counties, Naloxone Administration Rate Across SC, CY 2018**

<i>County</i>	<i>Naloxone Admin Rate / 100,000 pop</i>	<i>Rank</i>
<i>Fairfield</i>	477.64	1
<i>Pickens</i>	313.76	2
<i>Chester</i>	282.16	3
<i>Horry</i>	251.35	4
<i>Georgetown</i>	240.97	5
<i>Spartanburg</i>	228.74	6
<i>Laurens</i>	216.44	7
<i>Lancaster</i>	214.93	8
<i>Abbeville</i>	203.74	9
<i>Greenville</i>	203.61	10

Additional data from the State’s health agency – the Department of Health and Environmental Control (DHEC) – provide some indication of the consequences related to opiates associated with injection drug use. Between 2009 and 2018, unintentional drug poisoning (overdose) deaths increased from 547 to 1,030. DHEC representatives suspect these data underrepresent the true volume of overdose deaths.

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There was a 10.2% increase in drug overdose deaths in South Carolina, up from 1,001 deaths in 2017 to 1,103 deaths in 2018. In 2016, 73.9% of all drug overdose deaths involved opioids. There was a 9.1% increase in deaths involving opioids, up from 748 in 2017 to 816 in 2018. Deaths due to opioid overdose in South Carolina by occurrence have been on a steady rise from 2009 to 2018 (*see Figure 8 below*).

**Figure 8: Overdose Deaths by Occurrence Type across South Carolina, CY 2014-2018**

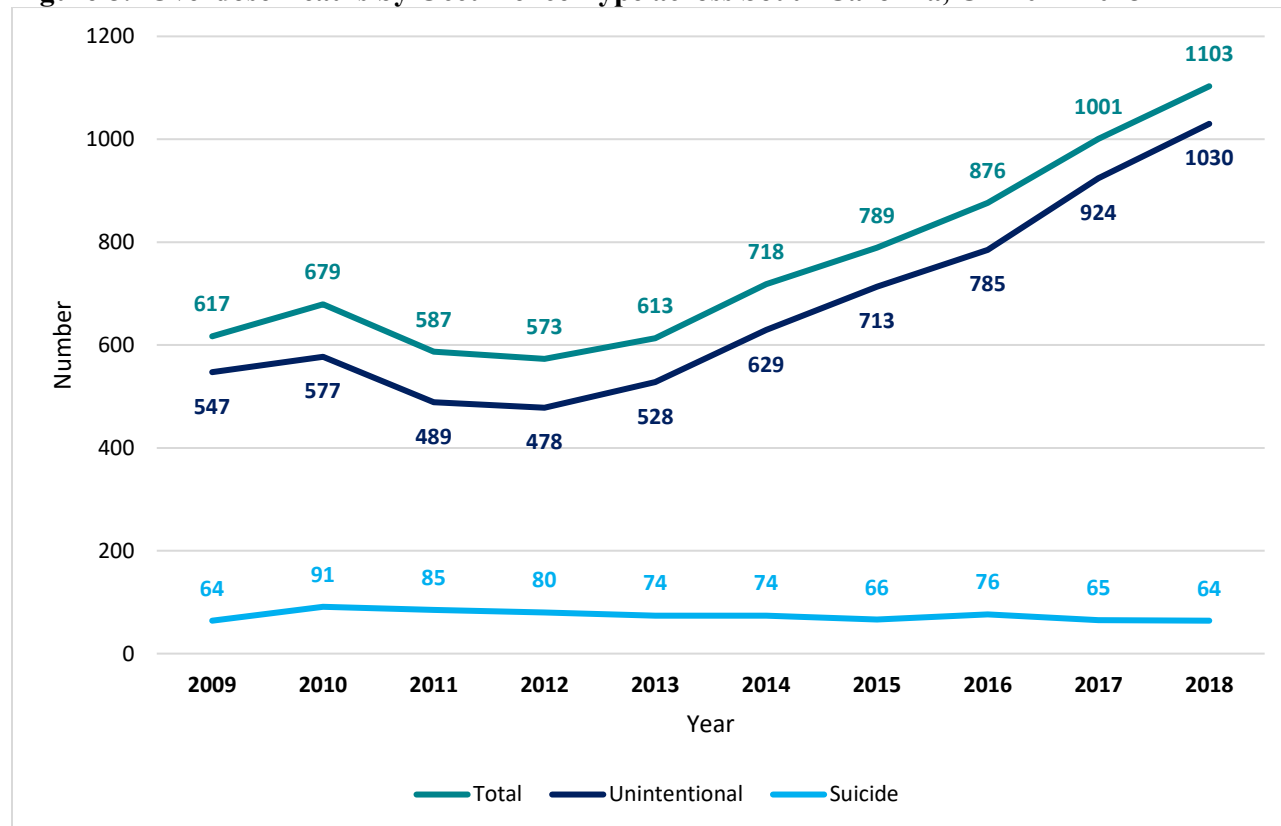
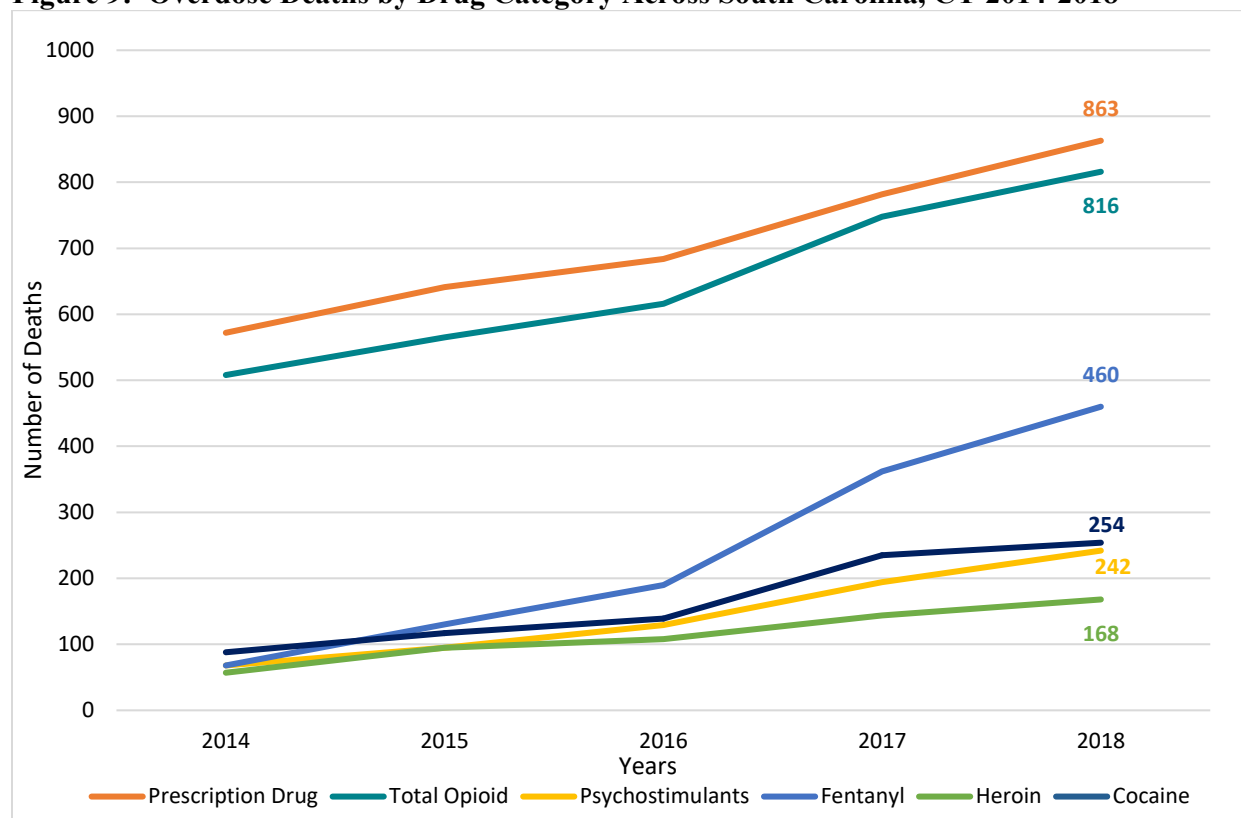


Figure 9 on the next page displays the number of drug overdose deaths by drug category from 2014 to 2018. The largest percent change in the past two years were deaths related to fentanyl, with a 27% increase (362 in 2017 to 460 in 2018). There has been a consistent increase in overdose deaths by all drug categories listed since 2014.

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**Figure 9: Overdose Deaths by Drug Category Across South Carolina, CY 2014-2018**



### Adolescents and Opioid-Related Prevention:

The NSDUH estimated in 2016-2017 that approximately 14,000 adolescents (age 12-17) misused pain relievers in the past year. That percentage of South Carolina adolescents misusing pain relievers is close to the national averages (3.8% vs. 3.1%).

According to the 2017 YRBS, 15.2% of respondents have taken prescription drugs without a doctor's prescription in their lifetime, and 4.4% have used heroin.

Similar to the YRBS, 2.1% of respondents from the 2018 CTC Study reported ever using heroin. However, only 11% of respondents reported taking prescription drugs without a doctor's prescription in their lifetime. 36.4% of students stated that it was "easy" to obtain prescription drugs, and 14.7% stated ease of access to heroin or fentanyl.

DAODAS is focused on the potential risk associated with this population initiating injection-use practices and has created state and local priority areas that focus prevention and treatment services around both patients currently reporting intravenous drug use, as well as those at risk of transitioning to intravenous drug use. Associated strategies include treatment efforts to expand medication-assisted therapies able to reduce the symptoms of opiate dependence, as well as prevention efforts designed to reduce access to unused prescription pain medications. Through a SAMHSA Partnerships for Success 2015 (PFS 2015) award, DAODAS implemented the Empowering

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Communities for Healthy Outcomes (ECHO) project to prevent the onset and reduce the progression of prescription drug misuse. Implementation communities have worked toward reducing past-30-day use of non-prescribed prescription drugs by youth and implementing evidence-based programs and/or promising practices in response to local strategic plans.

DAODAS is dedicated to enhancing and expanding opioid use disorder (OUD) prevention, treatment, and recovery support services for underserved South Carolinians. Through the State Opioid Response (SOR) project, DAODAS is implementing life-saving strategies to expand capacity and access to the three FDA-approved medications available for OUD; improving the skills of the workforce for the delivery of evidence-based practices; increasing access to naloxone for the reversal of overdose through community distribution; seeking to increase knowledge of OUD and to reduce stigma through a coordinated public education campaign designed to inform South Carolinians about the dangers of misusing prescription opioids; and raising awareness of the resources available around the state for those affected by OUD. Tackling the crisis from prevention – implementing evidence-based strategies to reduce access to and the availability of prescriptions – through a full continuum of recovery services by supporting both transitional housing and the development and expansion of recovery community organizations, DAODAS and its partners are working together to serve those individuals with unmet needs.

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### **Federally Identified Priority Populations and Services:**

The Substance Abuse Prevention and Treatment Block Grant requires that states address several priority populations and services. A comprehensive listing of these priority areas is provided below.

- 1) Persons who are intravenous drug users
- 2) Women who are pregnant and have a substance use disorder
- 3) Parents with substance use disorders who have dependent children
- 4) Individuals with tuberculosis
- 5) Individuals in need of primary substance misuse prevention

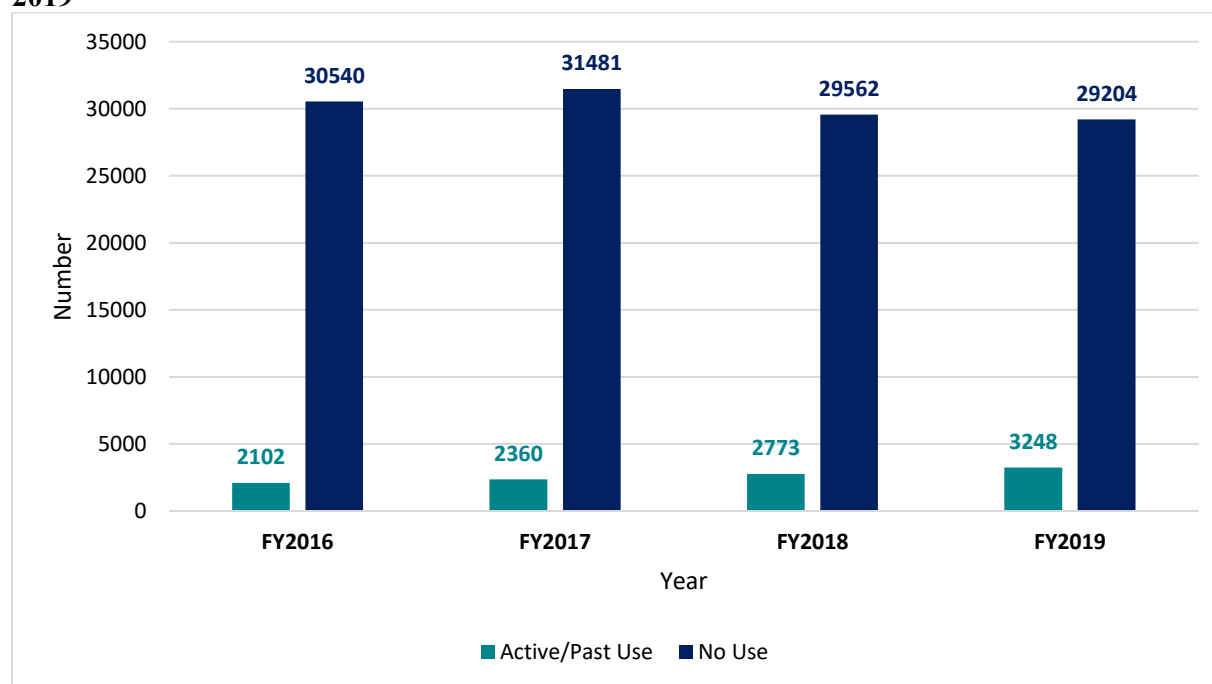
A discussion of these remaining priorities follows.

#### **Persons Who Are Intravenous Drug Users:**

Looking at the DAODAS treatment data from FY 2016-2019 (*Figure 10 on next page*), the number and percentage of patients treated for an SUD at a DAODAS state-funded provider who self-reported either active or past intravenous drug use (IDU) has slowly increased over the past three fiscal years (6% or 2,102 patients in FY 2016 to 10% or 3,249 patients in FY 2019).

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**Figure 10: DAODAS Patients Reporting Intravenous Drug Use Status at Admission, FY2016-2019**

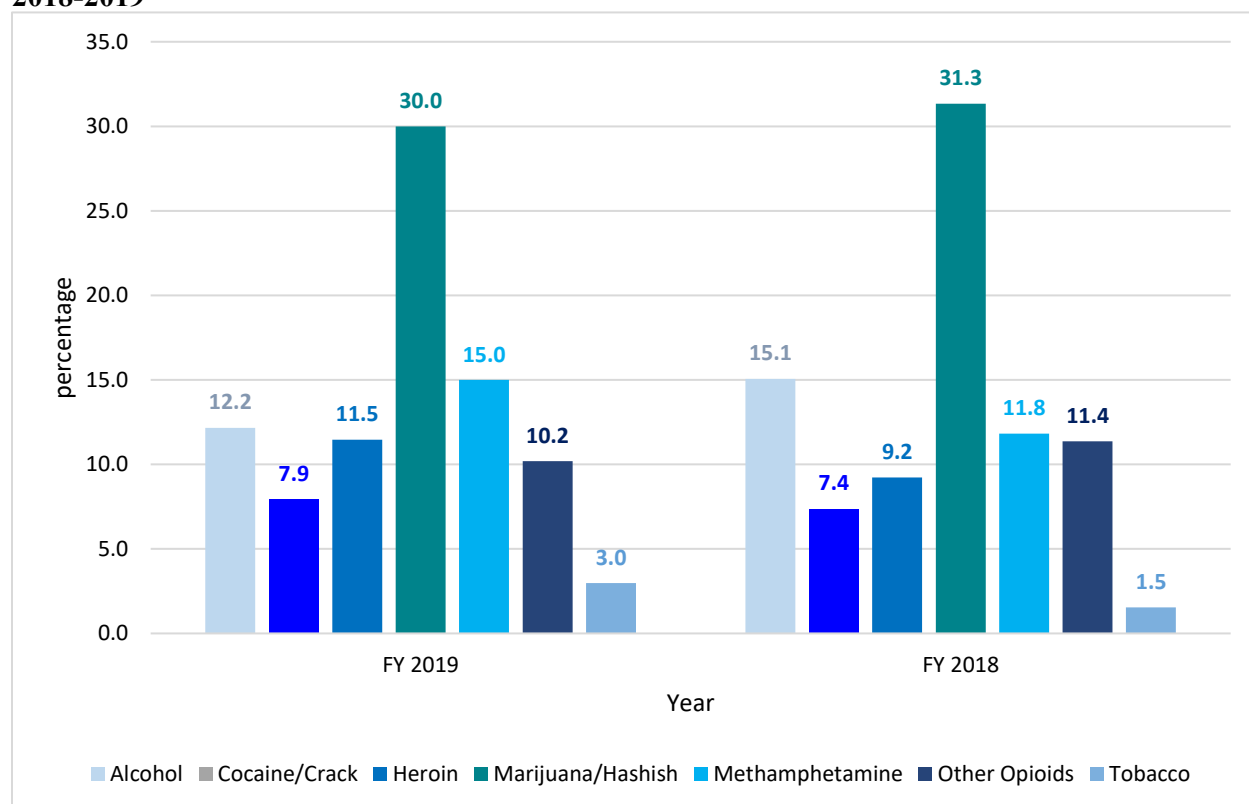


### Women Who Are Pregnant and Have a Substance Use Disorder:

Pregnant women are given priority access to treatment services available through the DAODAS-funded provider network. Residential, day treatment, and intensive outpatient services are available in every region of the state. Figure 11 (*next page*) provides trends for frequently reported primary substance use types for pregnant clients in the previous two fiscal years.

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**Figure 11: DAODAS Pregnant Women Patient Primary Substance Abused at Admission, FY 2018-2019**



However, there were 906 pregnant patients accessing care during FY 2019 (7% increase from 847 seen during FY 2018). 30% were treated for marijuana misuse, while 12% were treated for an AUD in FY 2019. 164 pregnant women in FY 2019 with a diagnosed OUD were referred and placed in medication-assisted treatment (MAT), which is a 13.1% increase from FY 2018 (145).

DAODAS will ensure that high-quality substance use disorder treatment services for pregnant females are available within each community. The department will implement strategies to include expansion of primary and specialty healthcare substance use screenings for pregnant females, increased collaboration with the state's social services agency responsible for child welfare, improved screening/referral service-delivery coordination, and continued collaboration with the state's Medicaid agency to engage OBGYN service providers in screening, intervention, and referral to treatment service models.

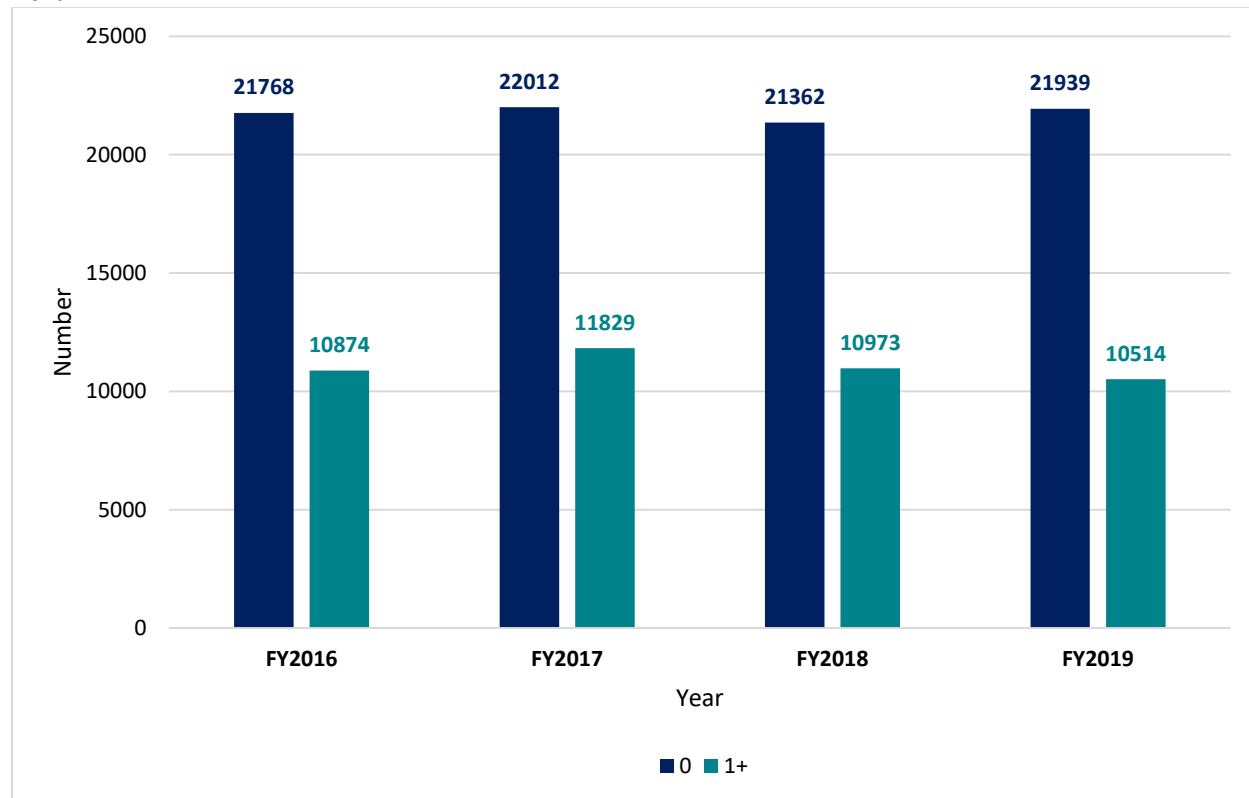
### **Parents With Substance Use Disorders (SUDs) Who Have Dependent Children:**

DAODAS and its local provider network ensure that a continuum of quality treatment services for parents with dependent children is accessible throughout the state. Residential and intensive outpatient care focusing on the family unit is available in every region of the state. 32% of DAODAS patients in FY 2019 reported living with one or more dependent children. Figure 12 (*next*

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page) provides an illustration contrasting clients with and without dependent children who are entering care. The annual numbers have remained relatively consistent from FY 2016-2019, with a small spike in numbers in FY 2017 (along with a spike in number of patients reported overall). Service provision and child care targeting young family members are offered in addition to traditional SUD treatment in order to meet the needs of the entire family.

**Figure 12: Reported Number of DAODAS Patients Living with Dependent Children, FY2016-2019**



After the criminal justice system, social services represent the largest referral source for DAODAS and its local provider network. The majority of these patients (approximately 4,500 admissions a year) are involved with the S.C. Department of Social Services (DSS) Child Protective Services Unit. Overall, approximately 58,100 calls were made regarding a suspected situation involving child abuse or neglect during the most recently completed fiscal year. Of those, over 1/6 (11,600) were screened as having no risk. The remaining 46,000 calls indicated some level of risk requiring additional assessment and service delivery. Unknown by DSS is the proportion of calls prompting further service delivery associated with parent or guardian substance use.

DAODAS will ensure that high-quality family-focused substance use disorder (SUD) treatment services are available within each community. Strategies for working with parents with an SUD who have dependent children include increasing collaboration with the state's social services agency responsible for child welfare and improved screening/referral service delivery coordination and expanding opportunities for family participation across the service menu.

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### Individuals at High Risk for HIV or Living with HIV/AIDS Who Are in Need of Substance Misuse Intervention, Treatment, or Prevention Services:

Assessment processes for all clients entering SUD treatment and intervention services include a screening for behavioral risks and symptoms associated with communicable diseases such as HIV/AIDS, hepatitis, sexually transmitted diseases (STDs), and tuberculosis. Education, prevention, and testing services for HIV/AIDS and tuberculosis are emphasized throughout the continuum of services offered by DAODAS-funded providers. Expanded efforts to include similar services designed to address risks for hepatitis and other STDs represent critical gaps that will continue to be explored with the S.C. Department of Health and Environmental Control (DHEC) (the state's public health agency) during the planning period.

Healthcare providers in South Carolina are required to report detected cases of HIV/AIDS to DHEC. This data-collection standard has provided the state with a useful trend measure that can be used to track the incidence of HIV/AIDS. There were 796 newly reported cases of HIV infection in the state in 2017. The same report indicates that there were 19,749 individuals living in South Carolina who were HIV/AIDS positive as of December 2017, up from 18,898 in 2016. Nationally, South Carolina ranks 11<sup>th</sup> among all states and territories for both HIV/AIDS incidence and prevalence rates (DHEC, 2017).

Of the 796 newly reported cases in 2017, 46 (4%) were linked to HIV/AIDS exposure due to injection drug use. Over half (64%) of newly reported cases were under the age of 39. New cases were predominately black (65%) and male (78%). Approximately 33% of newly reported cases originated from the Midlands region of the state, the highest percentage for any of the four regions. Similar to 2017, the number of new HIV cases in 2018 in the three metropolitan counties – Charleston, Richland, and Greenville – made up slightly more than one-third of the cases (although the number of reported cases overall was slightly down, with 780 in 2018). Table 3 identifies the top 10 counties for new HIV cases in calendar year 2018. The highest number of new cases of HIV were in Richland County (111 cases), Charleston County (85 cases), and Horry County (71 cases).

**Table 3: Top 10 Counties, New HIV Cases Across South Carolina, CY2018**

<i>County</i>	<i>Reported Number of New Cases</i>
<i>Richland</i>	111
<i>Charleston</i>	85
<i>Horry</i>	71
<i>Greenville</i>	71
<i>Lexington</i>	35
<i>Berkeley</i>	34
<i>Orangeburg</i>	32
<i>Spartanburg</i>	30
<i>Florence</i>	28
<i>Sumter</i>	27



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In the past, DAODAS funded 18 county authorities across the state to provide HIV early intervention services. Ten of the funded sites were classified as rural. Within these sites, 1,200 HIV tests were administered to patients receiving SUD treatment and intervention services during the most recent reporting time frame.

Healthcare providers in South Carolina are also required to report detected cases of tuberculosis (TB) to DHEC. This data-collection standard has provided the state with a useful measure that can be used to track the incidence of TB. During 2017, there were 101 newly reported cases of TB infection in the state, up from 79 reported in 2014 but relatively the same as 2016 (102 cases). The Centers for Disease Control and Prevention reported a slight decrease in TB cases from 2016 and 2017 (1.8% decrease) across the country.

All patients receiving SUD treatment and intervention services are screened for symptoms associated with tuberculosis and other communicable diseases. Detoxification and residential treatment settings have additional screening and testing protocols due to program structure and shared living arrangements. Data-collection protocols for communicable diseases have improved through the DAODAS provider network's continuing efforts toward implementation of a uniform electronic clinical record.

For HIV, DAODAS will fund/support HIV testing services for providers in the 10 counties with the highest numbers of incident cases of HIV (*see Table 3 on the preceding page*). DAODAS will provide direct funding to the county alcohol and drug abuse authorities that already have the infrastructure/capacity to test internally. DAODAS will require those directly funded authorities to provide HIV testing reports to the DHEC, which will then be shared with DAODAS. For those authorities that lack the current infrastructure/capacity, DAODAS will fund the DHEC's STD/HIV division to contract sub-grantees to conduct the testing at the county authority's site. DAODAS will require that either a full- or part-time employee is hired to go into the selected county authorities to conduct the testing. The contracted subgrantee staff will provide HIV testing reports to DHEC, which will also be shared with DAODAS. In terms of testing at the county authorities as part of their intake/initial assessment for a substance-related diagnosis, all patients will be administered an HIV risk assessment, and patients who score above the risk threshold will be tested for HIV.

### **Individuals With Tuberculosis Who Are in Need of Substance Misuse Intervention, Treatment, or Prevention Services:**

Assessment processes for all clients entering SUD treatment and intervention services include a screening for behavioral risks and symptoms associated with communicable diseases such as HIV/AIDS, hepatitis, sexually transmitted diseases (STDs), and tuberculosis. Education, prevention, and testing services for tuberculosis are emphasized throughout the continuum of services offered by DAODAS-funded providers. Expanded efforts to include similar services designed to address risks for hepatitis and other STDs represent critical gaps that will continue to be explored with DHEC, the State's public health department, during the planning period.

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For individuals with tuberculosis, DAODAS will continue the availability of routine TB services for individuals receiving SUD treatment services. DAODAS will monitor the protocol and support local training efforts and utilize the county alcohol and drug abuse authorities' electronic health record capability to track data associated with the provision of client-focused routine TB screening.

### **Individuals in Need of Primary Substance Misuse Prevention:**

Local providers utilize the Strategic Prevention Framework (SPF) to ensure the greatest impact on their communities. This framework implies that communities should assess their needs, build capacity, plan programs/strategies, implement programs/strategies, and evaluate their programs/strategies to reduce the prevalence of substance use across our state. Through technical assistance and training, South Carolina's Regional Capacity Coaches and DAODAS staff have been able to help local providers navigate the SPF with their communities rather successfully over the past few years.

Service providers are also encouraged to: 1) deliver programs/strategies that touch on one of the six CSAP strategies; and 2) select approved evidence-based programs and strategies to reduce alcohol, tobacco, and other drug use among all South Carolinians. In Fiscal Year 2019, the majority of all participants served in primary prevention education programs were served using evidence-based universal, selected, and indicated programs.

It is South Carolina's hope that, with continued efforts to utilize the SPF, community input, CSAP strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing substance use among its residents.

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### **Conclusion:**

The preceding section provides information that supports each of the state's identified priority areas. Where appropriate, plans to explore or implement strategies for eliminating identified information or service gaps were highlighted. The following list provides a brief review of plans to address identified data gaps highlighted in each priority area. More information linking identified service and system gaps to strategies designed to address deficits for each priority area will be offered in Section III.

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### Overview of Plans to Address Data and System Gaps

1. Increase the SEOW's contribution to both the prevention and treatment needs-assessment process.
2. Explore opportunities to partner and increase collaboration with key community and state partners through data analysis efforts associated with the S.C. Revenue and Fiscal Affairs Office's Data Warehouse.
3. Explore the availability and quality of data associated with SUD treatment services occurring outside of the state's network of public providers. Assess the potential to use available data for improved collaboration between public and private providers of behavioral health care.
4. Monitor access, utilization, and outcomes associated with SUD treatment and intervention services for highlighted referral sources and demographic groups in order to evaluate outreach efforts designed to foster collaboration with partner agencies.
5. Continue to work with the state's Electronic Health Record Implementation Team to explore potential strategies for addressing data gaps in needs-assessment and service-planning activities.
6. Expand the use of Health Information Exchange (HIE) systems for improved collaboration and integration between behavioral and physical healthcare providers.

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