I. Introduction

This report is designed to inform the people of South Carolina about the dimensions of the problems caused by alcohol, tobacco and other drugs, and about public and private initiatives to reduce these problems in the state. The intent is not to evaluate state efforts, but to highlight positive developments and identify areas to be strengthened. The report focuses on:

- use and abuse of alcohol, tobacco and other drugs;
- impact on health;
- drug- and alcohol-related crime;
- costs of substance abuse;and
- South Carolina's response to these problems.

The *South Carolina Profile* is one in a series of state profiles prepared by Drug Strategies, a non-profit research institute in Washington, D.C., dedicated to promoting more effective approaches to the nation's drug problems. Drug Strategies has produced profiles of California, Massachusetts, Ohio, Arizona, and Rural Indiana. The state profile project is supported by a grant from the Robert Wood Johnson Foundation. A grant from the University of Minnesota Institute on Criminal Justice supported expanded analysis of criminal justice issues in the *South Carolina Profile*.

In preparing this report, Drug Strategies worked with the South Carolina Departments of Alcohol and Other Drug Abuse Services, Corrections, Education, Health and Environmental Control, Juvenile Justice, Mental Health, Public Safety, Social Services, and Revenue. The State Budget and Control Board, State Law Enforcement Division, Sentencing Guidelines Commission, Solicitors' Association, and Office of the Attorney General were also consulted, as were experts in prevention, education, treatment, law enforcement and criminal justice across the state. A distinguished Advisory Panel guided the project. In addition, interviews with federal and state program officials, community leaders, and representatives from treatment and prevention programs helped provide a comprehensive picture of public and private initiatives.

We will distribute this profile broadly in South Carolina to legislators, researchers, business leaders, private organizations, government agencies, community groups and the media. We hope that it will increase public understanding of substance abuse problems in the state and generate political and financial support for more effective policies and programs.

II. South Carolina Profile

This report describes patterns of alcohol, tobacco and other drug use in South Carolina, and their impact on a wide range of economic and social trends. Geography, population, economy and agency structure provide the context for these trends, and are essential to understanding their impact on the people of South Carolina.

Geography. South Carolina, the "Palmetto State," has the smallest land area of all the southern U.S. states. With about 3.8 million residents, its 46 counties comprise four distinct regions: the Midlands, the Pee Dee, Upstate and Lowcountry. The Midlands is home to the state capital, Columbia, and the University of South Carolina.Myrtle Beach, a sixty-mile stretch of coast in the Pee Dee, is the single most popular tourist destination in the state, accounting for about 40 percent of the state's tourism revenue. The Pee Dee also includes most of South Carolina's farmland and several established industries. Many manufacturing plants and textile industries are located in the Upstate region at the foot of the Blue Ridge Mountains, which is also a popular vacation spot and university setting. Charleston and Hilton Head in Lowcountry are world renowned tourist destinations; Charleston's historic district is a beautifully preserved antebellum town, while Hilton Head and the southern coast are known for resorts and golf courses.

Population and Economy. South Carolina has a rich history, influenced by traditional values, and a growing, diversified economy. Through new pro-business legislation and a strategic plan for economic development, capital investments in the state topped $5.7 billion in 1996, $300 million more than in 1995. In 1997, capital investments topped the $5 billion mark for the third year in a row.

The state is made up of small cities and towns, rather than large urban centers; 45 percent of the population lives in rural areas. The small town atmosphere fosters strong community spirit and contributes to a church- and family-oriented social culture. African Americans account for more than 30 percent of the state population, a larger portion than in any state other than Mississippi. Regional development alliances were responsible for 35 percent of all economic activity announced in 1996. Local control remains a powerful theme in state politics; not until 1993 did South Carolina begin to move to a cabinet form of government, increasing the power of the Governor with regard to state agencies.

State Agencies. A member of the Governor's staff serves as liaison to coordinate communication and activities among various health and human service departments, including Alcohol and Other Drug Services (DAODAS), Mental Health, Health and Environmental Control, Health and Human Services (Medicaid Agency), Disabilities and Special Needs, and Social Services.

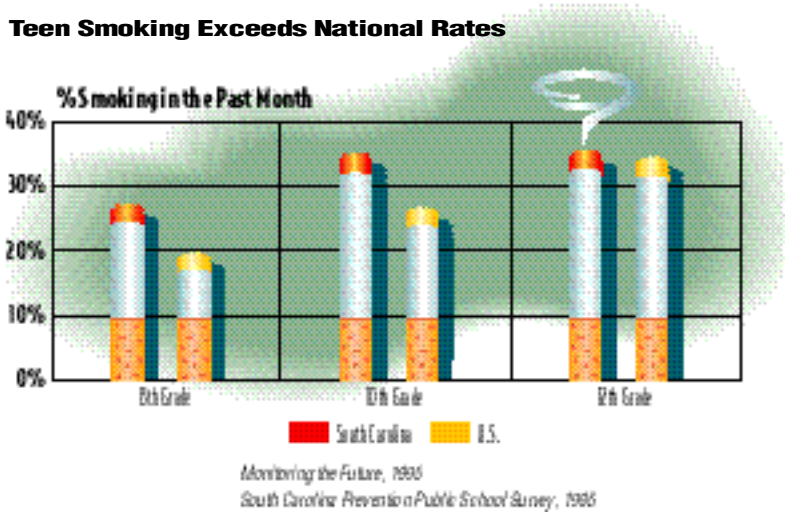
South Carolina is one of only five states in the country in which an agency dealing with alcohol and other drug problems (DAODAS) is part of the Governor's cabinet. This status has allowed DAODAS to be an active player in budget decisions related to substance abuse treatment and prevention, and to collaborate more effectively with the other 12 state agencies in the cabinet. DAODAS contracts with 34 local prevention and treatment providers covering the 46 counties in the state, and supports the efforts of other South Carolina entities to combat alcohol and other drug abuse.

III. Substance Abuse in South Carolina

Patterns of alcohol, tobacco and other drug use in South Carolina are distinct from national trends. Some problems, such as regular smoking by youth, are more common than elsewhere in the nation. Others, such as alcohol and other drug use by adults, are less common. A key finding is that youth in South Carolina are often less likely than their peers in other states to try alcohol and other drugs, but more likely to become regular users once they do start. The data underscore the need to identify groups at increased risk and design prevention strategies to address substance abuse trends at the local and state level.

Tobacco. Cigarette smoking is a critical problem among South Carolina's youth. By 8th grade, half have tried smoking, and nearly a third are smoking regularly (at least once in the last 30 days). Past 30-day smoking is rising among teens of all ages in the state. In 1995, nearly one in three 8th graders smoked within the past 30 days, up 63 percent from 1990. Rates also rose 54 percent among both 10th and 12th graders during this period. Rates of cigarette use among youth are higher than national rates at all grade levels, with the exception of lifetime cigarette use among 12th graders.

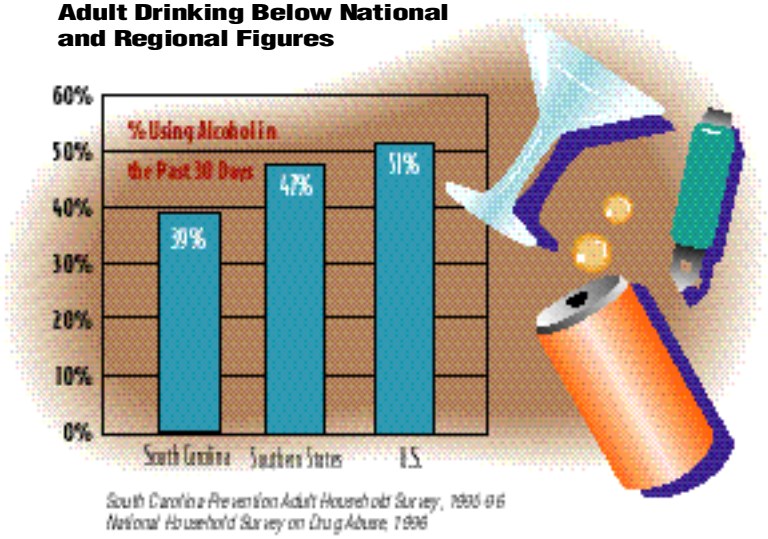
In contrast to their cigarette use, teenagers in South Carolina use smokeless tobacco less often than teens in other parts of the country. In 1995, one in ten 12th graders in the state reported using smokeless tobacco in the preceding 30 days, compared to one in four 12th graders nationwide. Smokeless tobacco is most popular among young white males in South Carolina; in a given 30-day period, use is four times more likely in this group (26 percent) than in young black males (6 percent).



Unlike teenagers, adults in South Carolina are less likely than adults elsewhere to smoke cigarettes. In 1996, about one in four adults (23 percent) in South Carolina were smokers—well below national and Southern region averages (both 29 percent). Those aged 35 to 44 in South Carolina have the highest smoking rate (31 percent), reflecting the difficulty of reversing well-established smoking habits.

South Carolina remains one of the nation's largest tobacco producers; tobacco represents 13 percent of the state's total farm income. The state's cigarette tax rate is 7¢ per pack; only three states (all big tobacco producers) have lower tax rates. Efforts to create financial incentives for farmers to diversify their crops, perhaps through subsidies from a higher tobacco tax, have not developed popular support. South Carolina's current underage tobacco law only relates to sales and distribution. It is currently legal for a person under age 18 to purchase, possess and consume tobacco products.

Adult Drinking Below National and Regional Figures



South Carolina Prevention Adult Household Survey, 1995-96
National Household Survey on Drug Abuse, 1996

Alcohol. Alcohol abuse is widespread in South Carolina; one in three adults has a family member with a severe alcohol problem.Nonetheless, adult drinking rates are lower in South Carolina than in the rest of the nation. In 1996, 39 percent of adults had used alcohol in the preceding 30 days, compared to 51 percent nationally, and 47 percent in Southern states overall. Among those aged 18 to 24, one in five were binge drinkers (five or more drinks in one sitting during the past two weeks), compared to one in three in this age group nationwide.

Just as adult rates of alcohol use are below average, fewer youth in the state try alcohol than in the nation overall. In 1995, 81 percent of 12th graders nationally had tried alcohol, compared to 68 percent in South Carolina.

However, once they start drinking, South Carolina youth are more likely than youth elsewhere to drink regularly. Over a third of teenage boys are heavy drinkers. Almost half of 10th graders (46 percent) report having used alcohol in the past 30 days—well above the national average (39 percent). Thirty-day alcohol use among South Carolina teenagers rose 21 percent from 1993 to 1995.

Distilled spirit consumption in South Carolina has dropped 65 percent since 1973, following national patterns. Consumption of beer and wine has increased 17 percent, averaging 33 gallons per person annually in 1993 (the most recent year on record). These trends many reflect the shift in the national marketplace toward more beer and wine consumption. In 1973, the South Carolina legislature introduced the minibottle tax as a method of funding local programs for alcohol and drug education and prevention, and the rehabilitation of alcoholics, drug abusers and drug addicts. As a method of dispensing distilled spirits, the minibottle, as opposed to large bottles, was seen at that time as a mechanism to deter high volume use. Restaurants and bars are required to regulate portions by using these single serving bottles and to tax each at 25¢.

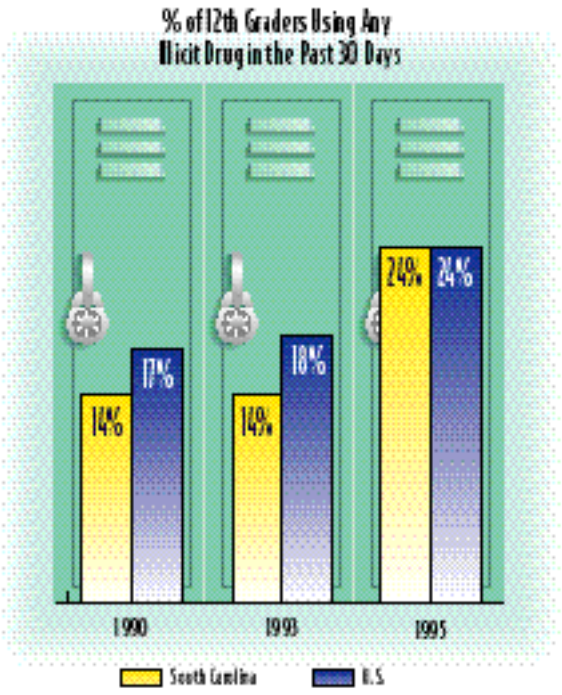
Illicit Drugs. Marijuana is the most popular illicit drug among South Carolina youngsters. Nonetheless, teenagers in South Carolina are less likely than other teens to try marijuana, inhalants and cocaine. For example, in 1995, 17 percent of 8th graders in the state had tried marijuana, compared to 20 percent of 8th graders nationally. Similarly, 14 percent of the state's 8th graders had tried inhalants in 1995, compared to 22 percent nationwide. Among 12th graders in South Carolina, 3 percent had tried cocaine—half the national rate.

However, once teens in South Carolina do try these drugs, they are more likely than teens elsewhere to use them regularly. Thirty-day use of any illicit drug by teens in the state jumped from 12 percent in 1990 to 22 percent in 1995. At each grade level, 30-day use of any illicit drug is higher than national figures.

For example, among South Carolina 8th graders who had tried marijuana in 1995, 58 percent had become regular (past 30-day) users, compared to 46 percent of 8th graders nationwide. The pattern holds true for inhalants, cocaine and heroin among 8th graders. Past 30-day inhalant use by 8th graders nearly tripled between 1990 and 1995.

Hallucinogens, such as LSD and mushrooms, are gaining popularity among South Carolina teens. Between 1990 and 1995, 30-day use of hallucinogens among 10th graders rose 48 percent. Hallucinogen use is also growing nationally, but rates of use are considerably higher in South Carolina. For example, in 1995, 3 percent of 12th graders there had used hallucinogens in the preceding 30 days, compared to about 1 percent of 12th graders nationwide.

Teen Drug Use Climbing



South Carolina Prevention Public School Survey
Monitoring the Future Study

Illicit drug use among adults is lower in South Carolina than elsewhere in the nation. In 1995, just 2 percent of adults in the state used these drugs on a regular basis, compared to 8 percent nationally. The drug use is concentrated among young adults (age 18 to 24), who are four times more likely to use drugs in a 30-day period than adults overall.However, 30-day use among young adults is much lower in South Carolina (8 percent) than among young adults nationally (14 percent) or in Southern states overall (12 percent).

Illicit drug prices are lower in South Carolina than in many parts of the country. Cocaine can be purchased in South Carolina for as little as $50/gram, compared to $90/gram in San Diego and up to $100/gram in Texas. An ounce of marijuana costs about $250 in Florida, but only $150 in South Carolina, although the purity of the product varies widely. South Carolina experiences a high volume of drug traffic, with five major highways running through the state. Ample quantities of drugs, and low rates of adult use, may keep prices low.

However, low prices make illicit drugs more accessible to youth. At about $5 per “joint,” marijuana is inexpensive for most teens; it costs little more than a fast food meal or a student movie ticket, and less than a music CD or a T-shirt. The drug can be easily purchased on a teenager’s allowance or with earnings from a part-time job.

Attitudes and Perceptions. When people perceive less risk in drug use, their rates of use tend to increase. According to the 1995 and 1996 South Carolina Prevention and Treatment Needs Assessment Surveys of adult households, one in seven adults said “getting drunk frequently is okay” and a matter of personal choice. In 1995, one in three South Carolina youth said smoking marijuana occasionally was not risky and one in four said it was not wrong.

Easy access is also linked to increased drinking, smoking and other drug use. Eighty-seven percent of South Carolina teens say it is easy to get cigarettes, and 72 percent say that alcohol is easy to obtain. The ready availability and low prices of alcohol, tobacco and other drugs underscore the need to strengthen teens' resistance skills and reinforce social attitudes against substance use.

Prevention. The fact that South Carolina teens are less likely than teens elsewhere to try alcohol and other drugs may be due in part to the state's prevention strategies. In South Carolina, there are 34 community providers who deliver prevention programs, which are operated by county alcohol and drug abuse agencies serving all 46 counties. Each program is designed to deliver planned and evaluated prevention strategies to local residents, and to encourage community activities that reduce risk of alcohol and other drug use by youth and adults and promote protective factors in the community. The Greenville Family Partnership is one of the oldest prevention coalitions in the state. The partnership aims to unite parents and children against illegal alcohol, tobacco and other drug use, promoting awareness, prevention and community mobilization. Its Prevention Resource Center distributes a quarterly newsletter and national anti-drug coalition news, and maintains a library of current resources for businesses, teachers, parents and other organizations. The group also coordinates Red Ribbon Week for the entire state. There are community coalitions in many other South Carolina counties, including Lexington, Richland, Spartanburg, Union, Cherokee, and Florence.

Despite relatively low rates of lifetime use, youth in South Carolina who try alcohol and drugs are more likely than youth elsewhere to become regular users. Cultural and regional factors can increase the likelihood that youth will use alcohol, tobacco and other drugs, and challenge states to implement targeted prevention and early intervention strategies. Eighty percent of the states' federal "Safe and Drug-Free School and Communities Act" funds are distributed in South Carolina according to the number of students in each district. This distribution leaves some districts with as little as $2,500 for K-12 prevention programs—perhaps enough to pay for teacher training, curriculum and classroom materials for a single school. The vast majority of school districts (92 percent) and all but one county rely on Drug Abuse Resistance Education (D.A.R.E.). Other programs used in South Carolina schools include Second Step and Project Alert.

DAODAS distributes the remaining 20 percent ($1.3 million) of the state's "Safe and Drug-Free School and Communities Act" funds through peer-reviewed grants. Programs are geared toward students who are not served or who are under-served in schools. Past recipients have included local public prevention providers, such as Boys & Girls Clubs, church outreach groups and teen centers.

Making A Difference

Prevention Programs

Richland County. The Power of Positive Role Models. The Richland Youth Mentor Program has served more than 1,400 young people since 1992, and during that time, juvenile crime has decreased 14 percent in Richland County. Drawing on mentors from more than 50 area churches, the program helps kids, ages 8 to 17, develop positive, long-term relationships. Participation is voluntary and lasts 6 to 12 months. To remain in the program, participants must maintain satisfactory school grades and attendance, and abide by public curfews. The youngsters spend two hours each week with a mentoring group of their peers, exploring mutual problems and concerns. In addition,mentors call participants at home 3 nights a week and accompany them to weekly religious services. More than 90 percent of program participants remain crime-free until age 17. The Richland Youth Mentor Program receives no state funding and relies on voluntary support. The program has been featured in the *Los Angeles Times* and *Philadelphia Inquirer*. Due to its success, the South Carolina Governor's office plans to expand it statewide. For more information, call (803) 734-7135.

Columbia. Learning to Dream Again. Since 1990, the Drugs Destroy Dreams project has helped black youth who have strayed into the world of drugs find a path to a positive future. Teens in grades 6 to 12 are referred from family court, the juvenile justice system, and the schools.Each Thursday evening they meet to discuss topics in the program's curriculum, such as alcohol, tobacco and drug abuse prevention. Meetings also help participants strengthen their people skills, identify media influences and resist peer pressure. The program pairs youth with adult mentors and provides opportunities to hear guest speakers, attend sporting events, and visit regional colleges.Monthly parent workshops cover such topics as recognizing substance abuse in children, HIV/AIDS education, and parenting skills. When necessary, the Drugs Destroy Dreams program refers parents to alcohol and other drug treatment, as well as other services. Drugs Destroy Dreams serves about 40 young people in its Columbia location (housed at the National Urban League) as well as 15 young people at a location in nearby Eastover County. The program receives funding from South Carolina's Department of Alcohol and Other Drug Abuse Services, the city of Columbia, and the Department of Public Safety. To contact Drugs Destroy Dreams, call (803) 799-8150.

Pickens. Rallying Around Endangered Youth. Just as adult elephants instinctively form a protective circle around their young in the presence of danger, so does the Elephant Man program work to protect at-risk black youth. The program was founded when Reverend Joe Scipio retired and returned to his hometown of Pickens, where he noted a disturbing rise in juvenile crime. In response, he began to organize informal bowling trips, skating parties and other recreational activities to help kids stay out of trouble. Today the Elephant Man program works with 15 to 20 kids at a time, ranging from elementary to high school age. The youth are referred by the juvenile justice system. Through widespread citizen involvement,community and church groups have funded renovation of a building to house the program, helped build a computer lab, and helped purchase a van to transport participants to activities. Just 3 percent of participants have returned to the juvenile justice system since the program's inception. In 1994, Rev. Scipio received the National Jefferson Award for Public Service—the most distinguished award in the public service field. To learn more about the Elephant Man Program, call (864) 878-2098.

Making A Difference

Prevention Programs

Statewide. Harnessing the Strength of Black Churches. ADAM (The Anti-Drug Abuse Movement) links black churches with state-run services to provide drug and alcohol abuse prevention and education for youth and adults. In 1997 alone, ADAM:

- Hosted a Prevention/Addiction Recovery Conference with the help of state drug abuse specialists so that volunteers from participating churches could learn techniques to educate and motivate people with addictions.
- Teamed with Fighting Back, a national community anti-drug initiative, and other religious organizations to sponsor the First Annual Alcohol and Drug Awareness Sunday. Prayers, litanies and commemorative ribbons were distributed to more than 300 churches across South Carolina to heighten awareness of substance abuse.
- Hosted the First Annual Drug-Free Summer Youth Rally, where more than 200 youth took a pledge to remain drug-free. Youth choirs, performing groups and speakers were showcased for youth from across the state.

Sponsored by the South Carolina Coalition of Black Church Leaders, ADAM receives funding from the South Carolina Department of Alcohol and Other Drug Abuse Services, which also offers technical support to the program. For details, call 1-800-458-8950.

Midlands. Prevention by Committee. Spearheading a broad range of prevention activities in four Midlands counties, the Fighting Back Midlands Prevention Alliance works to involve leaders of all ages in helping their communities. The Alliance is structured around several committees:

- A youth committee of teen leaders initiates prevention and awareness programs for drug, alcohol and tobacco abuse.
- A policy development committee pursues advocacy, such as persuading organizers of local festivals not to serve alcohol.
- A neighborhood involvement committee tackles issues such as community decay, by targeting liquor stores where disruptions occur.
- A women's prevention committee addresses issues such as domestic violence and breast cancer.

In its first five years, the Alliance organized hundreds of forums and presentations. It distributed more than 10,000 pieces of information on alcohol and other drugs each month. It created public awareness campaigns discouraging underage alcohol sales and promoting community involvement against substance abuse. After receiving more than $800,000 per year from The Robert Wood Johnson Foundation from 1992-97, the Alliance began seeking new funds from local foundations and other community resources. To learn more, call (803) 733-1390.

Making A Difference

Prevention Programs

Statewide. Media Campaigns Target Substance Abuse. In November 1997, DAODAS kicked-off SC PREVENTS, a statewide alcohol and drug awareness campaign for parents and youth. The 3-year media campaign includes television spots and an interactive web page where teens and their parents can learn about drugs. SC PREVENTS emphasizes normative behavior, reinforcing that most youth do not use drugs. Its posters and public service announcements emphasize that youth who use and sell drugs will get caught. A brochure offers suggestions about how parents can talk with their children about drugs. By 2001, DAODAS will commit $1.5 million to the program. To learn more about SC PREVENTS, call (803) 734-9553 or visit the program's Web site at www.scprevents.org.

In 1988, South Carolina began its 'Highways or Dieways' media campaign to reduce bad driving habits. Through intensive public service announcements, the program targets speeding and driving under the influence, as well as lesser violations. In addition to dozens of television spots, the campaign communicates its prevention messages through billboard and newspaper ads, bumper stickers and milk carton packaging. Funding comes from the National Highway Traffic Safety Administration. A 1991 survey found that 90 percent of the public recognized the campaign and its main message. Kentucky, Oklahoma, and several other states have now adopted the 'Highways or Dieways'campaign.However, funding cuts since 1992 have limited the program's activities in recent years. To learn more about Highways or Dieways, call 1-800-281-1691.

Statewide. School Programs Beyond the Classroom. Both DAODAS and the Department of Mental Health have developed programs for high risk students in the South Carolina schools. The programs give youth and their families easy access to behavioral health services by putting those services in a familiar place: the school. DAODAS'School Intervention Program (ScIP) is a statewide effort to provide education and intervention to students experiencing personal or behavioral problems,including substance abuse. The ScIP counseling sessions are held after school, often in a room the school sets aside for the program, or at the local alcohol and drug abuse commission. ScIP aims to improve negative behaviors associated with alcohol and other drug use, including high-risk sexual activity, violent behavior and life skills. In addition to counseling, students are assessed for current substance abuse problems, and referred for treatment if necessary. In the 1996-97 school year, 57 percent of participating schools in the state referred students into the ScIP program. Since 1980, ScIP has been funded by the Education Improvement Act and State General Assembly. To contact the ScIP, call (803) 734-9718.

School-based Counselors form another source of support for students. Following success in 6 areas of the state in 1992 and 1993, School-based Counselors are now an integral part of 23 percent of South Carolina schools. The counselors provide basic mental health services (the same services available at community mental health centers) including family counseling, crisis intervention, educational groups,violence prevention, parent workshops,counseling, mentor programs, and referral to community services.Psychiatric consultations are also available. To learn more about School-based Counselors, contact the Department of Mental Health at (803) 734-7927.

IV. Impact on Health

Alcohol, tobacco and other drugs have an effect on the health and well-being of individuals who use them as well as those who do not, while adding to South Carolina's health care costs. Substance abuse plays a significant role in fatal automobile accidents, chronic illness, hospital emergency room visits, newborn health problems, and the spread of infectious diseases. South Carolina has conducted ground breaking studies to understand how treatment resources are used in the state in order to improve the treatment system and reduce adverse health consequences.

Deaths from Substance Abuse. Alcohol, tobacco and other drugs cause thousands of deaths in South Carolina each year. Tobacco-related deaths comprise the largest portion; oral and lung cancer killed more than 2,300 state residents in 1995.

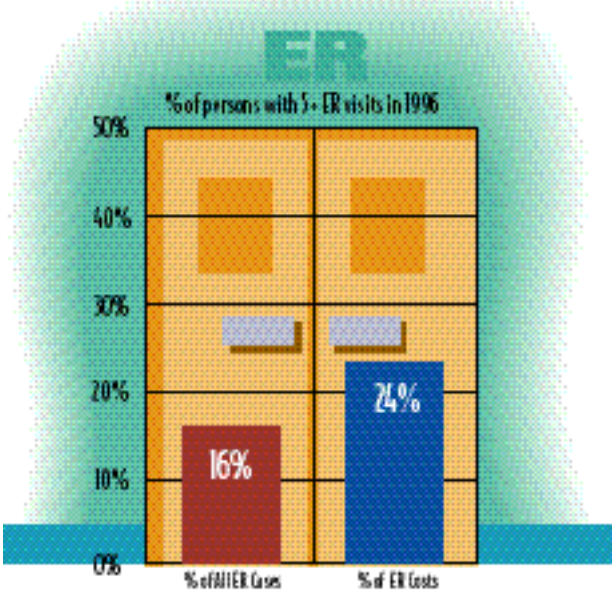
In 1996, alcohol was a factor in 394 highway fatalities in South Carolina. Alcohol abuse is the primary cause of death among South Carolina teens and young adults (aged 15 to 24), primarily due to car crashes (drunk drivers and their victims). Alcohol and drug use account for 54 percent of deaths in this age group. However, the percentage of deaths on South Carolina highways related to alcohol and other drugs declined 20 percent between 1990 and 1996, a larger decrease than the 17 percent drop reported nationally.

Since 1988, the "Highways and Dieways" public awareness campaign has emphasized highway safety, the dangers of drinking and driving, and penalties for violating the law. In 1992, 90 percent of state residents surveyed were aware of the program. It has been adopted by several other states, including Kentucky and Oklahoma.

Alcohol dependency interferes with vital bodily functions and contributes to deaths from a wide range of health conditions, including cirrhosis of the liver, other chronic liver diseases, strokes, heart disease, and suicide. It is not known what proportion of these deaths involve alcohol dependency each year.

Deaths related to illicit drugs and prescription drug abuse are few in number; in 1995, 47 people in South Carolina were reported to have died from opiates and other narcotics. Since coroners do not always require autopsies, some drug-induced deaths may go undetected or unreported.In addition, homicides related to drug trafficking are not always counted as "drug-related" because drug tests are not always performed.

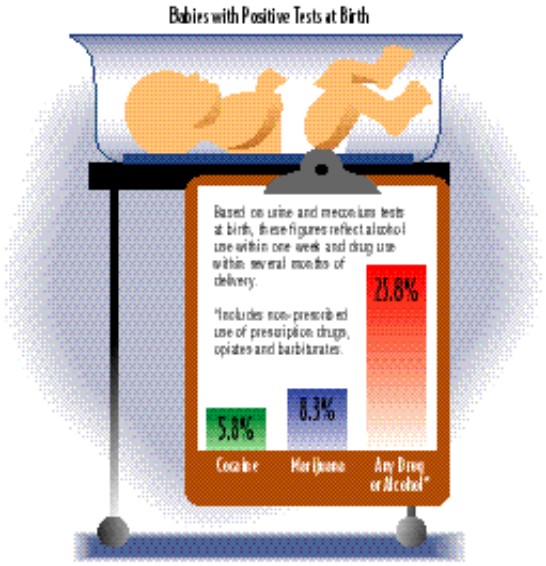
Frequent Emergency Room Utilizers with Alcohol and Other Drug Diagnoses



South Carolina Budget and Control Board, 1997

Hospital Care. In 1996, over 27,600 people discharged from emergency rooms in South Carolina had an alcohol or other drug diagnosis. In one-third of these cases, alcohol or other drug use was listed as the primary reason for the visit. According to the South Carolina Budget and Control Board, alcohol and other drug abusers are the largest users of hospital services. Out of over 1,000 diagnostic categories, just 11 categories (1 percent) cover alcohol and other drug diagnoses. Yet these diagnoses were involved in 10 percent of cases among persons with 3 or more discharges in 1996, and 16 percent of cases among persons with 5 or more emergency room visits. Rates approached 20 percent among those aged 30 to 64. Among these high utilizers of care, cases with alcohol and other drug diagnoses accounted for 24 percent of the hospital and ER charges, and 10 percent of hospital discharge costs.

One in Four Infants Exposed to Drugs or Alcohol



State Council on Maternal, Infant and Child Health, 1991

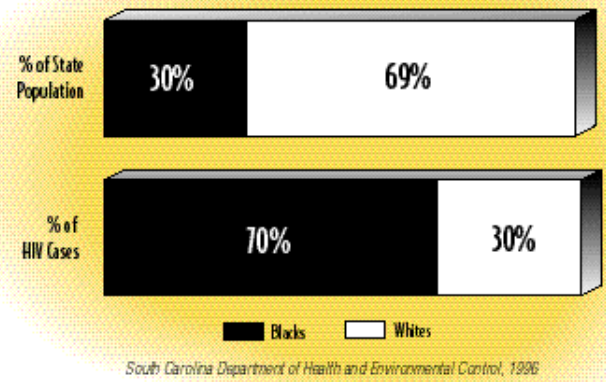
Impact on Newborns. Smoking by pregnant women has long been associated with low birth-weight and respiratory problems in infants. In 1995, 15 percent of pregnant women in South Carolina reported tobacco use during pregnancy, impacting about 7,500 infants; actual smoking rates may be higher. Among all the states, South Carolina ranks 34th in number of live births, but 3rd in number of low birth-weight babies.

South Carolina was one of the first states in the nation to study rates of alcohol and other drug use among pregnant women. A 1991 report by South Carolina's Maternal, Infant and Child Health (MICH) Council found that over 15,000 babies—approximately one-quarter of newborns—were exposed to alcohol, illicit drugs or non-prescribed drugs near the time of birth. The study tested urine samples from mothers, as well as meconium samples from newborns, for both licit and illicit drugs—a method that captures more drug use than studies conducted elsewhere. Drug use in the weeks prior to birth included cocaine (6 percent), opiates (7 percent), marijuana (8 percent) and barbiturates (10 percent, including non-prescribed use of prescription drugs, such as pain medications). Alcohol use in the week prior to delivery was detected in 2 percent of mothers. Because this study did not measure alcohol and other drug use by mothers throughout pregnancy, it may underestimate perinatal substance abuse.

Child Abuse, Neglect and Foster Care. In South Carolina, alcohol or other drug abuse is known to be a factor in 23 percent of cases investigated for child abuse and neglect. There were 21,211 complaints of child abuse and neglect in 1996—19 percent higher than in 1991, while the number of children in foster care has increased 36 percent during the same period. According to the U.S. General Accounting Office, substance abuse is a primary factor in 78 percent of foster cases nationwide. Emphasis has been placed on reducing the number of children in temporary placements like foster care. DSS and DAODAS are working together to address substance abuse among parents.

HIV and AIDS. Since 1981, nearly 7,000 people in South Carolina have contracted AIDS, and half of them have died from the disease. Of the 938 new AIDS cases reported in the state in 1996, one-quarter involved injection drug use. However, drug-related HIV exposure may be underestimated; undetermined exposure to HIV is a growing problem nationwide. The mechanism of exposure to HIV was "undetermined" for 25 percent of new cases in 1996, which no doubt included some additional drug-related cases.

HIV Strikes Blacks Disproportionately in South Carolina



Minorities are disproportionately represented among HIV and AIDS cases in South Carolina, as they are nationally. Although whites make up 69 percent of the state population, blacks comprise 70 percent of the HIV and AIDS cases. The HIV exposure category was "undetermined" for 48 percent of new HIV infections among blacks in 1996, compared to 28 percent among whites. The contrast may point to cultural differences in willingness to report personal drug use and sexual activity; alternatively, differences in reporting practices across testing sites may account for differences in the percent of cases with unknown exposure. Whatever the reason, the lack of information adds to confusion about where to target scarce prevention resources.

Treatment Services. Publicly funded treatment in South Carolina is coordinated by DAODAS and provided through 34 independent county alcohol and drug abuse agencies. This statewide system provides a full range of prevention, intervention and treatment services designed to meet a variety of needs. In addition, the Earle E. Morris, Jr. Alcohol & Drug Addiction Treatment Center in Columbia and the Patrick B. Harris Hospital in Anderson, operated by the Department of Mental Health, provide inpatient care in South Carolina. With 214 beds, both mental health facilities offer specialized inpatient services for men, women, geriatrics and dually-diagnosed patients who have been voluntarily or involuntarily committed.

South Carolina joins many other states in increasing access to specialized treatment for women. Two standing DAODAS committees on maternal substance abuse address intensive prevention and treatment programs to combat alcohol and drug use by pregnant or post-partum women. The state has a dozen intensive outpatient programs geared specifically toward women, 10 of which are publicly-funded. Four residential treatment programs, with a total of 40 beds, provide long-term, 24-hour medically-monitored care. There is also a 24-bed women's community residence, a halfway house for women in the early stages of recovery, operated by the Lexington/Richland Alcohol and Drug Abuse Council. All programs include individual, group and family counseling. Thirty-six beds at the Earle E. Morris, Jr. Alcohol & Drug Addiction Treatment Center are also designated for women's inpatient services. Treatment services for addicted mothers are an integral part of South Carolina's welfare reform efforts. Despite these efforts, women, and pregnant women in particular, remain underserved in South Carolina. DAODAS is currently researching various alternatives for increasing treatment capacity for this population.

The Center for Drug and Alcohol Programs (CDAP) at the Medical University of South Carolina maintains a limited number of publicly-funded inpatient beds and detoxification services plus demonstration-based outpatient day and evening programs, which include individual and family therapy and adolescent treatment. CDAP is also a primary research and educational resource in the state; its National Alcohol Research Center (ARC) studies the underlying mechanisms of alcohol and other drug use, as well as treatment effectiveness for the dually-diagnosed. CDAP and ARC are the only facilities in the state that integrate substance abuse treatment, research and education.

Treatment Needs. In 1995, DAODAS launched a 3-year "Treatment Needs Assessment" to measure demand for services within specific regions and populations. The findings offer insights into unmet needs and will allow DAODAS to improve treatment access and delivery.

Early results from the Treatment Needs Assessment showed that in 1996, nearly 225,000 adults and youth in South Carolina had alcohol and other drug problems that required treatment. One in 11 adults and 1 in 7 teenagers needed alcohol or other drug treatment. The need was one in five among older teens (age 15 to 17) and high school dropouts.

Alcohol is the drug of choice for 90 percent of adults needing treatment in South Carolina. The finding is consistent with the low rates of adult illicit drug use in the state. Use of services reflects the dominance of alcohol problems; 69 percent of treatment admissions to DAODAS providers are for alcohol problems. In contrast, 47 to 58 percent of admissions in neighboring Southern states are primarily for alcohol problems, as are 54 percent of treatment admissions nationwide. DAODAS has taken significant steps to increase treatment access for women and youth, to match treatment delivery to needs, and to develop a more comprehensive continuum of care. These steps are discussed in Chapter VII.

Managed Care. Managed care is slowly gaining a presence in South Carolina. In a state of approximately 3.8 million, only 10 percent, or 401,000 individuals, were enrolled in health maintenance organizations (HMOs) as of September 1997. With regard to treatment services, the major concern for those insured by HMOs has been the benefit cap placed on services. In July 1997, DAODAS, in cooperation with the South Carolina Department of Health and Human Services (HHS) implemented changes to the Medicaid alcohol and drug abuse treatment delivery system. DAODAS and HHS utilized a managed care approach to improve access to care and client retention along the continuum of care. Key elements included adopting standardized patient placement criteria, prior authorization of services, and an expanded array of services.

Involuntary Commitments. The Department of Mental Health (DMH) treats clients who are involuntarily committed to treatment and gives those patients priority for inpatient beds. Approximately 50 percent of the admissions to the 170-bed Earle E. Morris, Jr. Alcohol & Drug Addiction Treatment Center are involuntary, committed by probate courts at the request of family members or health workers. Harris Hospital in Anderson also has 44 beds exclusively for involuntary commitments. DAODAS, through its local contract providers, works with the DMH to gain access to the inpatient treatment provided at DMH facilities. Because these are two different departments with management responsibilities over treatment, there are sometimes disconnects in treatment. Both agencies are committed to working to find solutions to this problem. A study committee has been appointed to address involuntary commitment and to suggest possible legislative changes in the current involuntary commitment law.

Making A Difference

Treatment Programs

Greater Columbia. State Agencies Work Together. With the goal of reducing infant abandonment, preventing drug abuse and deterring child abuse and neglect, the Richland County Department of Social Services developed the Working Together Project in 1991. Working Together is a collaboration among the Richland County Department of Social Services, the Palmetto Health District, and the Lexington-Richland Alcohol and Drug Abuse Council. The agencies form Family Support Teams, coordinating substance abuse treatment, prenatal care, health education, support groups, medical and dental care, rehabilitation counseling and resource management. Because of the risk to unborn children,participating mothers are also tested for drugs. Most services are done directly in the home, geared toward the entire family. Working Together serves women aged 15 to 44 who are pregnant or have children under age 5, and are at risk of having an unwanted pregnancy, abusing alcohol and other drugs, or contracting HIV. Since its inception, over 250 adults and 221 children have been served by the Working Together Project.Follow-up studies for up to 3 years following program completion are underway. For more information, contact the Working Together Project at (803) 735-7238.

Williamsburg County. Extending Treatment to the Working Poor. Williamsburg is one of the poorest counties in the country. Its high proportion of unskilled workers,many of whom are employed by tobacco farms and sewing mills, rarely seek treatment for alcohol and other drug problems as long as they can continue to work. The Williamsburg County Department of Alcohol and Other Drug Abuse Services (DAODAS) offers prevention and treatment services to these workers, their families and other citizens who might not otherwise receive the help they need. To maximize accessibility, DAODAS operates an office at each end of the county and offers treatment during clients' lunch hours and evenings. Outreach efforts,including visits to churches to provide prevention and treatment services,increase awareness of available resources. More than 500 people each year receive outpatient treatment from the Williamsburg DAODAS. Eighty-three percent of participants complete the 6-month program.Follow-up interviews 3 to 6 months following treatment in 1996 revealed that 69 percent of program participants remained alcohol- and drug-free. To contact the Williamsburg County DAODAS office, call (803) 354-9113.

Columbia. Strong Start for New Treatment Facility. Opened in 1996, the Omega Therapeutic Community is an alcohol and other drug treatment program for youth in the juvenile justice system. A voluntary, residential program, Omega is a 36-bed, all-male facility for offenders aged 13 to 17 who have at least 12 to 18 months remaining before their release. The program emphasizes social and cognitive learning and includes group counseling and anger management sessions. It also conducts monthly counseling with extended family members. Residents remain in the program for an average of one year and must agree to an additional year of follow-up services. Of 24 young people released from the facility since its inception, just 2 have reentered the juvenile justice system. Omega is supported by a grant from the South Carolina Department of Public Safety. To contact the Omega Therapeutic Community, call (803) 896-9777.

Making A Difference

Treatment Programs

York County. Partnership Tackles Complex Cases. The York County Department of Alcohol and Other Drug Abuse Services office, better known as Keystone, has provided substance abuse treatment services in the northern part of the state for more than 30 years. In 1995, Keystone, in collaboration with the county mental health center, embarked on a pioneering pilot program for clients diagnosed with substance dependency in combination with mental health problems. The program offers three major types of services. First, a skill-building component improves individuals' ability to resolve problems faced in everyday life such as relapse triggers and other high risk behaviors. Next, 12-step recovery meetings assist the individual in making a smooth transition to using community resources. Finally, the program provides intensive case management services to address other problems and needs experienced by the individual. Keystone offers an array of services, including traditional outpatient treatment, school-based prevention and intervention programs, and a 14-bed detoxification unit. To contact Keystone, call (803) 324-1800.

Preparing Women to Soar. Treatment for a parent can mean prevention for a child. But many women must choose between going into residential treatment and caring for their children. Chrysalis and Serenity Place are examples of South Carolinas programs giving women a chance to do both.

Florence. Named for the cocoon phase of butterfly development, Chrysalis provides a firm but nurturing environment where pregnant women and mothers receive residential substance abuse treatment for 6 to 12 months. Participants attend daily educational and therapy sessions to build life skills and coping skills. In addition to group therapy, women begin recovery by learning to identify relapse triggers as well as alternatives to drug use. The program offers daily parenting classes and provides therapeutic child care for participants' children. During 'reconnecting' sessions, child care specialists observe mother-child interactions and offer suggestions for fostering better relationships. The program can serve 16 women and 32 children at a time from across the state. Since its inception in 1993, 139 women have participated. Although there has been no formal evaluation, Chrysalis reports that 94 percent of the women have remained alcohol- and drug-free. To contact Chrysalis, call (803) 673-0660.

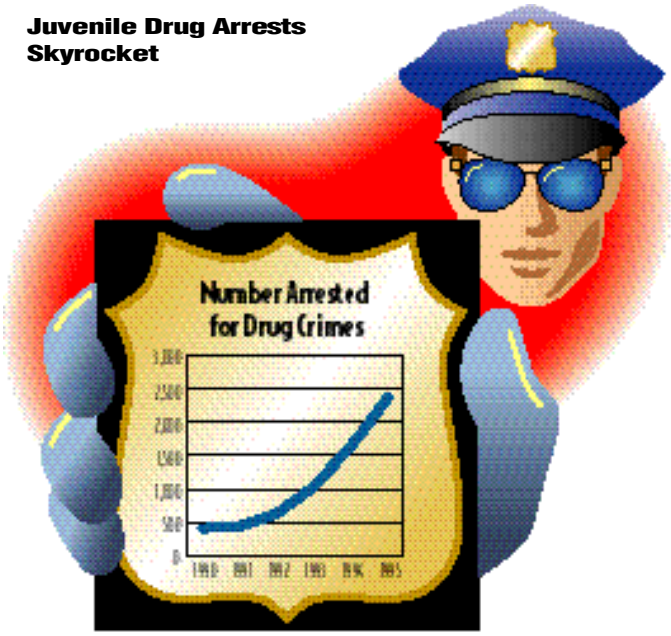
Greenville. Serenity Place offers residential treatment to pregnant and parenting women and their children. With 21 staff members, the facility houses 10 residents and 20 children, giving priority to pregnant women. Treatment lasts 6 to 12 months and includes parenting and job skills, nutrition, health and hygiene, as well as personal growth and development. Women are referred to services within the community to create a resource network after residential treatment. Mothers care for their own children with support from a child development specialist. Most clients receive AFDC and Foodstamps. To teach financial responsibility, one-quarter of each AFDC check goes to Serenity Place to cover room and board. Another quarter goes into a personal saving account, to build a small nest egg. The remaining funds are used for personal necessities, diapers and clothing. Serenity Place receives funds from Medicaid payments and from the Greenville County Alcohol and Other Drug Commission. Since opening in 1993, Serenity Place has served 140 women and 142 children. Although there has been no formal evaluation of the program, Serenity Place reports that of those who have completed the program, 71 percent remain clean and sober. For more information, contact Serenity Place at (864) 467-3751.

V. Crime

Criminal offenders in South Carolina have significant substance abuse problems. Arrests for drug law violations are at an all-time high. Nearly one in four state prisoners is a drug offender, and their numbers are growing faster than violent offenders. Youthful drug offenders are at increased risk for criminal recidivism. Sentencing reforms currently under consideration in the state legislature may reduce costs and improve sentencing consistency in the state.

Drug Arrests. South Carolina faces significant challenges from drug crime. In 1995, 16,925 adults were arrested for drug offenses (possession and sale) in South Carolina, 33 percent higher than in 1991. Drug arrests among youth increased 200 percent during this period, although juvenile arrests overall rose just 30 percent. Juvenile drug offenses now account for one in three juvenile arrests in the state, and one in seven drug arrests overall.

Juvenile Drug Arrests Skyrocket



South Carolina Department of Public Safety

Marijuana possession arrests account for much of the recent rise in drug arrests. Marijuana possession may reflect the growing market for marijuana in the state. Among adults in South Carolina, arrests for marijuana possession more than doubled from 1991 to 1995, while arrests for marijuana sales rose 31 percent.

Schools are reporting increases in drug activity in South Carolina. Between 1993 and 1996, the number of drug offenses (possession and sale) on school property jumped from 170 incidents to 724. The sharp increase may be due to improved reporting practices in schools. Other factors may include growing drug use among youth, as well as stepped-up enforcement and detection efforts on school grounds. These efforts include the crime collection program and use of school resource officers (police officers assigned to provide education about the risks and health effects of drugs, as well as surveillance and counseling services).

Arrestees Use Alcohol and Other Drugs. Drug use is widespread among arrestees in South Carolina. In 1996, 41 percent of arrestees tested positive for illicit drugs on the day of their arrest. This is significantly lower than national figures; two-thirds of adult arrestees nationwide test positive for illegal drugs, according to the national Drug Use Forecasting system. Alcohol, which is quickly metabolized, is often not detected by urinalysis tests. In 1996, 4 percent of arrestees in South Carolina tested positive for alcohol, but 51 percent admitted to having used alcohol in the 72 hours preceding arrest.

Violent Crime. U.S. Department of Justice studies have shown a correlation between alcohol and violent crime, and violent crime is a serious problem in South Carolina. The number of aggravated assault arrests exceeded 28,000 in 1996, and has held relatively steady since 1990. Among juveniles, violent crime arrests more than doubled from 552 in 1990 to 1,249 in 1996. The increase may reflect stepped-up enforcement efforts, as well as changing demographic and sociological factors that impact juvenile behavior. In 1996, one in five criminals sent to prison for assault in South Carolina had a previous drug conviction; one in ten had a conviction for driving under the influence of alcohol.

Drinking and Driving. Drunk driving arrests are declining in South Carolina, as they are nationally. Arrests for driving under the influence (DUI) among those under age 21 fell 58 percent from 1990 (3,126) to 1996 (1,323). Among adults, DUI arrests fell 42 percent.

Since 1982, state law has required DUI offenders to attend and complete a program of education or treatment certified by DAODAS and provided through the county alcohol and drug abuse agencies. This state program was the result of a 1997 Richland County demonstration project funded by the U.S. Department of Transportation, which implemented a standardized 16 hour curriculum to provide more consistent services. This curriculum, known as "Prime For Life," promotes behavioral and attitudinal changes to help DUI offenders avoid future problems related to substance use.

In 1996, South Carolina earned a grade of "C" in a report on drunk driving produced by Mothers Against Drunk Driving (MADD). While MADD's evaluation of South Carolina highlighted strengths in public awareness efforts, youth prevention and education, and victim's issues, it called for improvement in legislative action and leadership, statistics and records, and criminal sanctions. MADD also reported that only half of South Carolina highway fatalities in 1995 were tested for alcohol. State officials report that an unknown number of offenders also choose to drive with a suspended license.

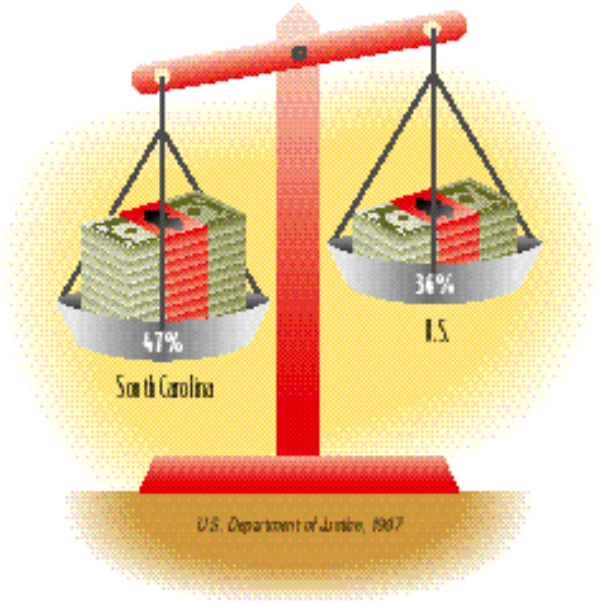
Domestic Violence. According to the National Research Council, three in four accused batterers nationwide test positive for alcohol or other drugs at the time of arrest. A 1997 study in Memphis, Tennessee, found that almost all assailants (92 percent) in family violence cases used alcohol or other drugs the day of the assault; three in four had an earlier drug- or alcohol-related arrest. About half of all domestic assaults in South Carolina are committed by the victim's spouse. The number of such assaults in the state rose 28 percent between 1990 and 1996.

Drug Seizures. The South Carolina Department of Public Safety has been vigilant in getting drugs and drug traffickers off the street. Since October 1991, the Department's Aggressive Enforcement Team has seized 1,100 kilos of marijuana, 67 kilos of cocaine, 20,418 stolen vehicles, and more than $1.8 million dollars in currency from drug offenders; these seizures involved 47,609 criminal cases. The proceeds from the seizures are used primarily to fund additional law enforcement.

Sentencing Drug Offenders. South Carolina spends 48 percent of its total justice system expenditures on corrections—more than any other state in the nation. While the total number of prisoners in South Carolina increased 24 percent from 1990 to 1997, the number in prison for drug offenses rose 57 percent;drug offenders now account for about one in four state prisoners.

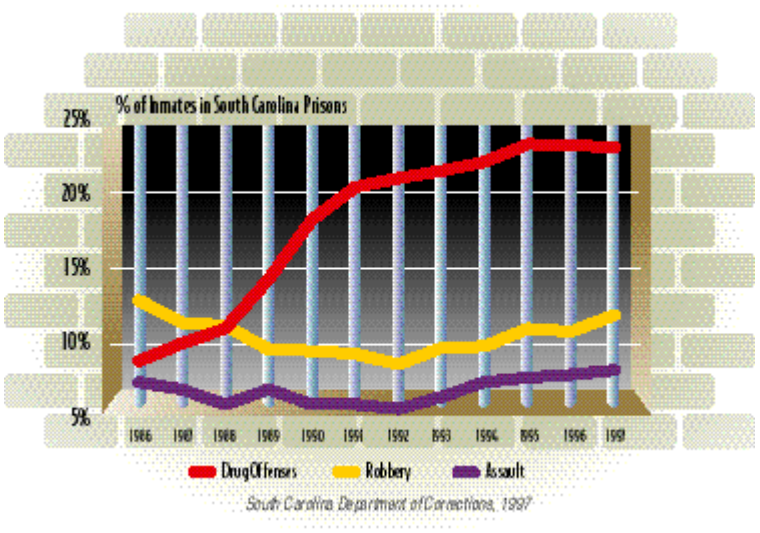
South Carolina has 50 separate statutes for sentencing drug offenders, apart from mandatory minimum sentencing laws. Some have been in effect since the early 1970's, while others were created in the last few years. The severity of the sentences does not necessarily increase with the volume of narcotics being sold or the number of previous offenses. Similarly, sentences for drug possession can be tougher than those for distribution under certain circumstances.

South Carolina Leads the Nation in Percent of Justice Dollars Spent on Corrections



As a result of this complex system, non-violent drug offenders face tougher sentences than other non-violent offenders. In 1997, non-violent drug offenders sentenced to prison for the first time represented 48 percent of all the non-violent drug offenders sent to prison. Their average sentence was 46 months, 70 percent longer than the average sentence for all other first-time non-violent offenders.

Drug Offenders Are a Growing Percentage of State Prisoners

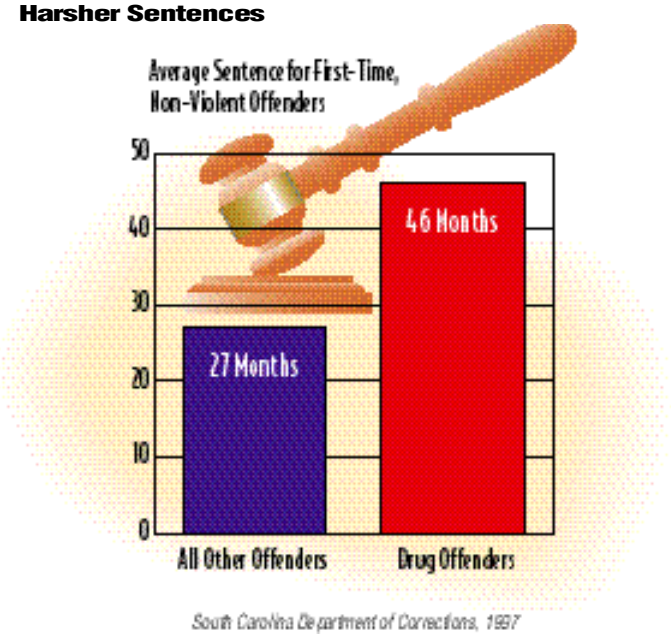


Sentencing Reform. During 1998, the South Carolina Legislature has considered revising state sentencing practices to reduce costs, improve effectiveness, and create more equitable sentences. The South Carolina Sentencing Guidelines Commission found the state's sentencing requirements confusing and unevenly applied, particularly with respect to drug laws. It examined 5,500 drug convictions handed down between July 1995 and June 1996, and found wide differences in how laws were applied. For instance, while possession of less than 1 gram of crack cocaine carries a 10-year minimum sentence, actual sentences for that conviction varied from probation to 15 years in prison.

In 1997, the Sentencing Guidelines Commission proposed that the state legislature adopt new sentencing guidelines, including a sentencing grid under which defendants would be given points based on their prior criminal records and current convictions. Half of U.S. states already have or are developing some form of sentencing guidelines. The new rules would not override the mandatory minimum laws that impact some drug offenders. In 1996, one in four drug offenders sent to prison in South Carolina was under mandatory minimum sentencing rules.

In 1997, the South Carolina Solicitors' Association formed an Advisory Committee to review drug and common law offenses and provide recommendations to the Legislature to eliminate confusion and contradictions in the drug and common laws as the sentencing grid is developed. The Advisory Committee most likely will suggest that common laws be repealed and replaced with statutory provisions, and that drug offenses be covered by the sentencing guidelines. The plan strikes a balance between uniform treatment of offenders in the court system and allowing judges to use their discretion in considering the circumstances of specific cases. The proposal also includes expanding alternatives to prison such as community restitution centers. In March 1998, the South Carolina House of Representatives passed the Truth in Sentencing/Advisory Sentencing Guidelines bill by a vote of 81 to 26. The bill passed the Senate committee, and in June 1998 was still pending.

First-Time Drug Offenders Receive Harsher Sentences



South Carolina Department of Corrections, 1997

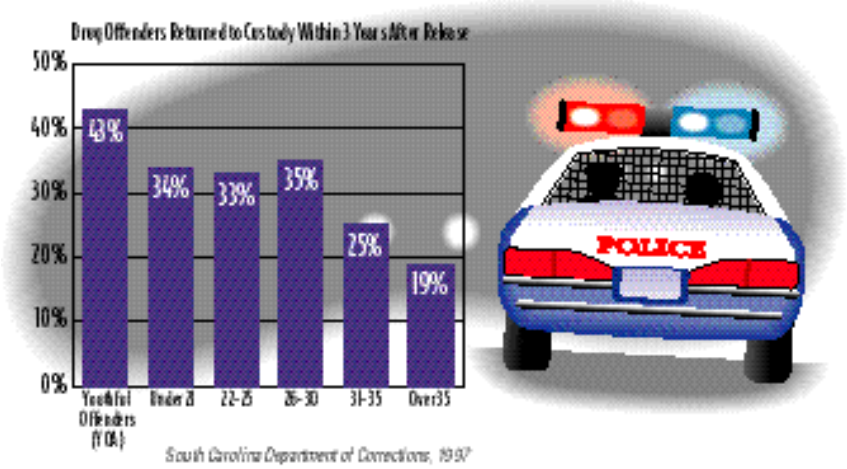
Mandatory Minimum Sentencing. Since 1976, South Carolina has had life sentences without parole for third-time violent offenders (three-strikes), at the discretion of the solicitor. Congress and all 50 states have adopted mandatory sentencing laws covering a broad range of crimes, including violent crimes, drug offenses and drunk driving. The laws impose lengthy mandatory sentences on some criminals, regardless of the circumstances of the individual case.

In 1995, South Carolina toughened penalties for repeat offenders. The new legislation mandates life sentences after two "most serious offense" felony convictions (two-strikes), and allows a life sentence after three "serious offense" felony convictions (three-strikes).Three-strikes applies to drug trafficking, embezzlement, bribery, and certain accessory and attempted offenses.

Mandatory minimum sentences have come under increased scrutiny in recent years, particularly in relation to drug offenders. According to a 1997 RAND report, compared to spending the same amount on long prison terms for drug dealers, treatment for chronic drug users is 8 times more effective at reducing cocaine use. Another study found that mandatory minimums did not reduce drug crime, and may have resulted in unduly harsh punishment for some offenders. According to the Urban Institute, following adoption of mandatory minimum sentencing laws between 1986 and 1991, state prisons nationwide experienced a 150 percent rise in the proportion of inmates convicted of drug offenses (both with and without prior violent offenses).During the same period, the proportion of state prisoners convicted of violent offenses *dropped* 14 percent. States with sentencing rules similar to South Carolina have found that repeat offender cases remain open much longer and are 3 to 4 times more likely to go to trial than other cases, because there is less incentive for defendants to plead guilty to felonies.

Criminal Recidivism.

Recidivism by Drug Offenders Drops with Age



Drug offenders in South Carolina are just as likely as other criminals to be repeat offenders. In 1997, 77 percent of the new prison admissions in South Carolina had a previous criminal conviction. Among the drug offenders, 40 percent had a previous drug offense conviction.

Within 3 years of release, about a third of inmates released from South Carolina prisons are rearrested or returned to custody on a new offense or parole violation. Recidivism rates are similar among drug offenders, but are lowest for drug offenders over age 35 and highest for drug offenders sentenced under the Youthful Offender Act (YOA).Thus, younger drug offenders require the most monitoring upon release from custody as well as the most intensive interventions to prevent future offenses.

Most juvenile offenders (82 percent) who have been incarcerated in a juvenile institution end up in the adult correctional system, either on probation or incarcerated. The probability of having a clear record increases to 86 percent for former delinquents who reach age 21 without an adult conviction. The findings were reported by the Department of Juvenile Justice, which concluded that South Carolina can avoid substantial corrections and supervision costs by providing effective sanctions and interventions for delinquents most at risk for adult recidivism. Youthful drug offenders, with a 3-year recidivism rate of 43 percent, are among those most needing intensive interventions to reduce their recidivism as adults, and the associated costs to the state.

Treatment for Criminals. About 60 percent of South Carolina inmates say they were under the influence of alcohol or other drugs when they committed their crimes. According to the 1996 Treatment Needs Assessment conducted by the South Carolina Department of Alcohol and Other Drug Abuse Services, one-third of those arrested in South Carolina need treatment for alcohol or drug dependency. In December 1996, the South Carolina Department of Corrections began screening incoming prisoners for substance abuse problems with a standardized screening instrument. Out of the 17,853 inmates assessed since December 1996, 64.5 percent (11,510) were diagnosed as “chemically dependent” based on the Substance Abuse Subtle Screening Inventory (SASSI).

It is unclear how many of these individuals need intensive residential treatment (as opposed to outpatient care and other treatment modalities). However, in 1996, 862 South Carolina prisoners completed prison-based residential treatment programs lasting 60-90 days. In response to the unmet need for alcohol and other drug treatment, the Department of Corrections is exploring ways to expand its therapeutic community programs and add beds for other treatment modalities. In January 1998, the state had a total of 556 residential treatment beds, including 136 beds for youthful offenders and 36 beds for female offenders. This is 68 percent more beds than were available in 1996. The increase reflects a commitment to improving treatment services for inmates. The programs have been lengthened to 6-12 months, as suggested by national treatment outcome studies. In 1998, intensive residential treatment will be available to about 750 South Carolina prisoners. However, these beds will provide treatment for only a fraction of the prisoners who are chemically dependent (64.5 percent).

Drug Courts. Drug courts place non-violent drug abusing offenders into intensive court-supervised treatment instead of prison. The first South Carolina drug court opened in Lexington County in July 1997. Soon thereafter, an adult drug court was established in Richland County. Non-violent repeat offenders who are addicted to illegal drugs are eligible to participate in the program at a cost of $1,900-2,300 per year, compared to $13,000 per year for prison.Nationally, criminal recidivism among drug court graduates is about 4 percent, compared to double digit figures among other drug abusing offenders. The programs mean increased productivity and taxable income, reduced probation and corrections costs, and fewer lives lost to drugs.

There are now demonstration drug courts for juveniles in Richland and Charleston counties, and plans to establish adult drug courts in Aiken, Anderson, Charleston and Greenville counties. The Richland juvenile drug court opened in January 1998, and includes sanctions for parents as well as youth. In 1997, the drug courts in the state formed a state association for drug court professionals to promote resource development and training.

At present, established funding streams for drug courts are scarce. While treatment providers affiliated with the Department of Alcohol and Other Drug Abuse Services have been able to provide a limited amount of treatment for drug court participants, expansion will require commitment and funding from multiple agencies. Evaluation of the costs associated with drug courts in contrast to incarceration will help determine state spending priorities.

Making A Difference
Criminal Justice Programs

Columbia/Spartanburg. Crime Pays Back. Columbia and Spartanburg have adopted an innovative program that allows nonviolent statutory offenders to make restitution to crime victims and society. Once a judge suspends sentence or grants probation, drug offenders and other criminals may be routed through the program to pay restitution to their victims, as well as court fees and fines. The offenders are sent to restitution centers, where they have curfews and restricted mobility. They must find jobs or work in positions provided by the center. Most find hard-to-fill minimum wage jobs, but some find skilled positions in construction, cooking and other fields. From their paychecks, offenders pay room,board and commuting costs, and receive a small personal allowance. All remaining funds go to the victims or the court. If debts are still owed after 6 months, participants are released into the community to complete probation and continue to pay their debt. Contact the Columbia Restitution Center at (803) 935-6495 and the Spartanburg Restitution Center at (864) 594-4955.

Statewide. A Toast to Responsible Alcohol Sales. In South Carolina,employees as young as age 18 can sell alcohol to the public. So in 1995, Circle Park (the Florence County Office of DAODAS) began to teach responsible alcohol sales to local establishments. TOAST (Techniques On Alcohol Standards and Training) aims to stop restaurants and bars from serving alcohol to underage people and those who are visibly intoxicated. TOAST training sessions focus on checking IDs and maintaining a policy of not selling to minors or intoxicated persons. The program also stresses the penalties of not enforcing alcohol laws. In 1996, Florence County police conducted a sting operation at local convenience stores both before and after the training sessions to judge the effectiveness of the program. Prior to the training, 68 percent of convenience stores in Florence County were caught selling alcohol to minors; after the training, only 32 percent of the same stores were in violation. DAODAS gave Circle Park a one-year grant to train 3,000 convenience store clerks and 180 managers across the state by July 1998. State law enforcement officers will continue to conduct sting operations to determine the program's impact. Circle Park hopes that TOAST training sessions will ultimately become a mandatory part of alcohol licensure in the state. The program is one example of how Circle Park has pursued innovative programs and funds beyond those provided by the state to other local commissions. For more information about TOAST, call (803) 669-8087.

Charleston. Casting a Shadow on Drug Dealers. Arresting offenders is one way to stop drug dealers, but arresting their flow of profits can be equally effective. That is why the Charleston Police Department developed Project Shadow, a strategy to drive drug dealers out of neighborhoods by disrupting their business. Using uniformed officers to follow dealers, Project Shadow has interrupted drug traffic in at least 13 known drug markets. An excellent example of community policing, the program effectively separates drug dealers from their customers, who are unlikely to buy if they see a uniformed officer nearby. Officers stay 40 feet from suspected dealers, a distance suggested by the local branch of the ACLU to avoid a civil rights violation. If dealers walk to another corner, the patrol officers follow, maintaining the required distance. After a short period of shadowing,dealer-consumer contacts are largely disrupted, and after the initial disruption, officers need only return periodically to keep the market shut down. For more information on Project Shadow, contact Police Chief Reuben Greenberg at (803) 723-6080.

Making A Difference
Criminal Justice Programs

Statewide. Successful Separations from Delinquent Peers. While rare, effective, affordable alternatives to institutionalization do exist for adolescents in the juvenile justice system. Multisystemic Therapy (MST) is a prime example. MST helps preserve families by enabling youth to live at home throughout treatment and encouraging parents to play an active role in the process. The approach focuses on removing juvenile offenders from their previous acquaintances and facilitating friendships with others who can provide a more positive influence, even if the offender must move to a new school or neighborhood to do so. Using a family systems model, MST makes counselors available at any time of the day during the 4-month program. Strengths and weaknesses in family relationships are identified in family counseling sessions. A primary goal is to change the youth's environment and empower parents and youth with the skills and resources needed to cope with problems as they arise. Several towns, including Charleston,Simpsonville and Sumter, have adopted the MST approach. In Simpsonville, a study showed that after 59 weeks, adolescents who had received MST had half the number of arrests as those in the traditional Youth Services program.They also reported much lower alcohol and marijuana use. Finally, MST costs just $3,500 per participant, approximately one-quarter the typical cost of institutional placement. To find out more, contact the Medical University of South Carolina at (803) 792-8003.

Columbia. Building a Bridge to Freedom. More than 1,000 juveniles are admitted each year to one of South Carolina's long-term juvenile facilities, at a cost of $27,000 per adolescent. An estimated 82 percent of those entering the juvenile justice system enter the adult prison or probation system within 10 years. A step-down program called 'The Bridge' is striving to reverse these trends. Launched in 1994 by DAODAS,in conjunction with the Department of Juvenile Justice, The Bridge is designed to cut costs by facilitating an offender's return home from juvenile facilities. Adolescents are enrolled for an intensive, one-year program of assessment, case management and continuing care. Prior to release, case workers develop a service plan that includes close supervision and alternative activities to deter participants from resuming delinquent behavior. After release, program staff maintain ongoing contact with participants and their families. As participants reach positive milestones, such as reductions in alcohol or drug use, supervision progressively declines. Since 1994, The Bridge has served 331 youth offenders beyond the assessment phase. Ongoing evaluations reveal that just 17 percent of clients receiving services beyond assessment have been reincarcerated, and 74 percent of program graduates continue to abstain from drug and alcohol use. An additional 17 percent experience significantly reduced use, including periods of abstinence. Federal block grants and state appropriations fund the program,which costs $2,110 per year for each participant. To contact The Bridge, call (803) 734-4184.

VI. Costs of Substance Abuse

According to the South Carolina Department of Alcohol and Other Drug Abuse Services, substance abuse costs South Carolina $2.5 billion annually. This includes the direct costs of health care and treatment, increased prices for goods and services due to work-related problems, higher taxes, and property losses. Other expenditures are also increased as a result of alcohol and other drug abuse. These include costs in the criminal justice system (incarceration and supervision for parolees and probationers), losses related to drunk driving deaths, and foster care expenditures for the children of addicts.

Hospital Care. According to the South Carolina Budget and Control Board, alcohol and drug abusers are the largest users of hospital services. Alcohol and other drug diagnoses accounted for $30.9 million—24 percent of emergency room charges and 10 percent of hospital discharge costs among high utilizers of care in 1996. In addition, the state spent an estimated $1.2 billion for the direct and indirect costs of smoking-related illnesses among residents.

Newborn Medical Care. In 1991, the South Carolina Maternal, Infant and Child Health (MICH) Council estimated that the medical costs for *in utero* drug exposure can exceed $50,000 per infant in the first year of life for those with serious problems. As many as one in four newborns in the state may be exposed to alcohol or other drugs before birth, with potential medical expenditures that may exceed $750 million each year.

Drunk Driving Deaths. According to the national Fatal Accident Reporting System, there were 394 fatalities in 1996 involving alcohol, costing an estimated $1.1 billion, including lost productivity and medical expenditures.

HIV and AIDS. About a quarter of new HIV and AIDS cases in South Carolina result from injection drug use. Each HIV case costs an estimated $5,150 per year, for a total of $6.6 million in 1996. However, actual HIV treatment costs will exceed these figures, since they do not include the cost of protease inhibitor medications, which are increasingly used to bolster the immune systems of persons with HIV (estimated at $15,000 per case annually). Estimates also do not include the cost of lost wages and reduced productivity.

The lifetime health care costs for drug-related AIDS cases diagnosed in 1996 in South Carolina are estimated at $23 million. The cumulative cost for all drug-related AIDS cases in South Carolina is estimated to be $212 million.

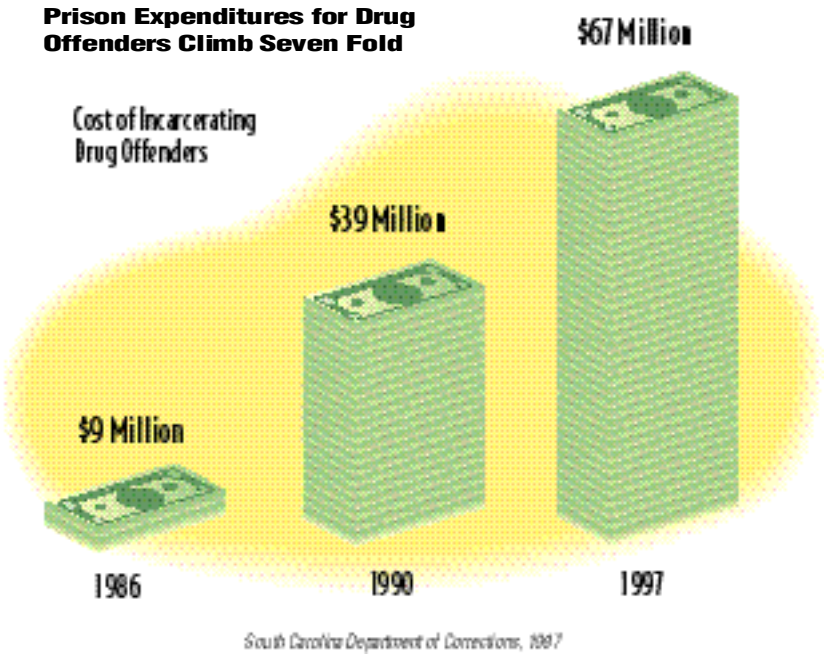
Child Welfare and Foster Care. In 1995, South Carolina spent $445 for each child in foster care. Alcohol or other drug use is a factor in 78 percent of foster care cases nationwide. The estimated cost of these cases in South Carolina is $1.8 million a year.

Alcohol Tax Revenues. Twenty-five percent of South Carolina's minibottle tax collections provide revenue for local alcohol and other drug (AOD) prevention and treatment programs. Distributed directly to counties on a per capita basis, the AOD portion totaled $3.5 million in FY 1997. No tax revenues from beer and bottled spirits are designated for prevention or treatment.

Prevention and Treatment Costs. DAODAS spent $25.2 million on alcohol and other drug treatment in FY 1997—86 percent of the $29.5 million spent on treatment and prevention altogether. The Department of Mental Health (DMH) shares responsibility for providing alcohol and drug abuse treatment, and receives a percentage of the state's share of fines, forfeitures and court assessments collected in circuit, family and municipal courts. These funds are used exclusively for treatment and rehabilitation of drug addicts in DMH inpatient addiction centers. The Department of Vocational Rehabilitation (VR) also provides inpatient care supported through other state and federal funding. Having the bulk of the state-supported inpatient beds under the management of two separate state agencies (DMH and VR) has led to a disjointed system of care. While DAODAS funds a majority of public substance abuse treatment programs throughout the state, the agency does not receive distribution of any court fines.

Prisons and Incarceration. There are currently 33 correctional institutions in South Carolina. Each new prison costs the state $50 million to build.Construction reached a peak in 1993, with $62 million spent on new prisons that year.

In 1997, incarceration in South Carolina cost $13,857 per inmate, for a total of $291 million. Drug offenders made up 23 percent of those inmates, accounting for more than $67 million in incarceration costs. This is up significantly from $39 million in 1990 and $9 million in 1986.



Mandatory minimum sentencing laws apply to 51 drug offenses in South Carolina. According to Families Against Mandatory Minimums, nearly a third of drug offenders sent to prison in South Carolina in 1996 were given mandatory minimum sentences. They will serve an average of 8 years mandatory time, costing the state at least $84 million.

Incarceration costs could be reduced substantially through the use of more drug courts and other cost-effective prison alternatives, which place non-violent drug users into supervised treatment. In FY 1996, 1,374 drug possession offenders went to prison in South Carolina, and they will incur an estimated total incarceration cost of $63.3 million if they serve their full sentences. In contrast, sending these offenders to drug court would cost an estimated $4.8 million. Although it is too soon to evaluate the effectiveness of South Carolina's relatively new drug courts, similar programs across the country have been shown to reduce drug use, recidivism and criminal justice costs substantially.

Parole and Probation. In 1996, 30 percent of probationers and parolees in South Carolina (about 12,000 people) had an alcohol or other drug problem, although they committed a wide range of crimes. The state spent $11.9 million to supervise these offenders.

Making A Difference

Workplace Programs

Piedmont. POWER in the Workforce. A substance abuse prevention program can do no good for someone who has no idea of its existence. All too frequently, the people who most need substance abuse prevention services are least aware of how to access them. Prevention through Organized Workplace Educational Resources (POWER) was created to correct this problem. To increase awareness and use of local prevention resources, the program provides workplace workshops on alcohol and other drugs, anger management, conflict resolution, depression, and domestic violence. Currently, more than 25 companies across three counties (Union, Cherokee, Spartanburg) are using the POWER workshops. Ninety percent of participants report satisfaction with the program, and many of them demonstrate greater knowledge of places to seek assistance for alcohol abuse, domestic violence and other problems. POWER is a program developed by the Piedmont Prevention Alliance, and funded by the U.S. Center for Substance Abuse Prevention. The Alliance is a partnership of the drug and alcohol commissions of Union, Cherokee and Spartanburg counties, led by the United Way of the Piedmont in Spartanburg. To learn more about POWER and other Alliance activities, call (864) 582-7556, ext.130.

The Carolinas. Partnership for a Drug-Free Workplace. About 73 percent of drug users are employed, and they cost U.S. businesses more than $100 billion a year. The Carolinas Drug-Free Workplace Alliance helps companies reduce those costs by assisting their at-risk workers
The program enables employers to identify providers of education, training, drug testing and employee assistance programs (EAPs), and to negotiate discounts on such services. Operating on a $70,000 annual budget, the Alliance has more than 2,000 businesses as members and is supported entirely by the business community. Based on a model developed by the national Drugs Don't Work Partnership, which helps small and medium-sized businesses solve substance abuse problems, the Carolinas Alliance was formed by the merger of separate alliances previously established in North and South Carolina. Recently, the Chambers of Commerce in Columbia and Greenville expressed interest in forming alliances in their counties, which will join the existing alliance in Charleston. Others are likely to follow. For more information, call (803) 799-4601.

The Carolinas. An Energetic Employee Assistance Program. Forward-thinking corporations that invest in maintaining workers' health can save the lives of employees struggling with substance abuse problems. Duke Energy is one of those companies. Its employee assistance program (EAP) is among the most comprehensive in the South, providing drug screening, assessment and treatment referrals. Employees who work with heavy machinery or safety equipment are randomly drug tested for drugs on a regular basis. Supervisors or coworkers can also make referrals if they believe an employee has an abuse problem. If a drug test is positive, the employee is sent to a drug and alcohol abuse counselor for assessment. Workers with drug problems are removed from their positions and referred for up to 6 weeks of care, ranging from Alcoholics Anonymous or Narcotics Anonymous meetings to intensive outpatient or inpatient treatment. If they pass a drug test following treatment, a fitness-for-duty administrator prepares them for reentry into the workplace. Program participants also receive three years of aftercare services, which include either weekly AA/NA sessions or a sponsor program. To contact Duke Energy's EAP program, call (704) 382-6200. Local offices in South Carolina are located in Clover (803) 831-3218, Clemson (864) 885-3315 and Greenville (864) 370-5023.

VII. The South Carolina Response

South Carolina has initiated a broad range of programs to address substance abuse problems. The public and private programs described in this report are not an exhaustive list, but suggest efforts that can make a difference in reducing alcohol, tobacco and other drug problems in South Carolina. Many are recent initiatives and reflect the state's investment in comprehensive data systems and public policies that encompass a wide range of public health and safety concerns. These programs acknowledge the cultural and economic context of substance abuse in South Carolina and promote interdisciplinary solutions.

Governor's Initiatives. The Governor's 1998 Health and Human Services Plan focuses on five broad areas: health, safety, independence, community and education. Like the 1996 and 1997 plans, it calls for increased accountability of programs, including goal-oriented benchmarks to measure progress over time. Activities from multiple state agencies, such as the Primary Prevention Plan, the Maternal, Infant and Child Health Plan, LIFE Sites, the Long Term Care Plan, Healthy People 2000, and the Disability Prevention Plan, all reflect these goals.

Promoting Accountable Community Effectiveness (PACE), a continuous quality improvement process, is integral to the Governor's plan. The PACE process is used to determine the effectiveness of prevention programs and improve use of resources. PACE encourages local program developers to approach prevention planning, implementation and evaluation as a continuous process; infusing evaluation into the planning process makes prevention plans more likely to succeed. The process is being tested with programs in the South Carolina Department of Health and Human Services and the South Carolina Department of Juvenile Justice. The expansion of the PACE process to other state agencies will be based on the results from these two projects.

Justice and Law Enforcement. In 1994, Multi-Jurisdictional Task Forces were implemented in various regions of the country to foster collaboration among state agencies and counties to enhance policing, prosecution and conviction of major drug offenders. Through Byrne Grant funding, the Task Force helps agencies share critical resources and eliminate jurisdictional problems. An evaluation is currently underway at the University of South Carolina to determine the effectiveness of the task forces.

In a landmark ruling, the South Carolina Supreme Court ruled in 1996 in *Whitner v. State of South Carolina* that the state may invoke child abuse and neglect laws to prosecute pregnant women who use illicit drugs in the third trimester. South Carolina is the first state in the country to allow such prosecution. The ruling, some national critics have warned, could send many pregnant and post-partum addicts to prison, and may create both incentives and disincentives for women to seek treatment; in early 1998, the ruling was appealed to the U.S. Supreme Court, which declined to hear the case. State officials in South Carolina believe that the ruling will create more incentives than disincentives for women to seek treatment. Partnerships between treatment providers and the courts should facilitate treatment for this population. The General Assembly established a multi-disciplinary committee to study policy related to such cases. The committee, co-chaired by a Senator and a member of the House of Representatives, included members of the General Assembly, a representative from the state Office of the Attorney General, and various public and private agencies. The committee drafted a resolution indicating that treatment provided to addicted mothers is the most effective way in which the state can ensure that appropriate prenatal care is sought. The Office of the Attorney General has drafted a state protocol in conjunction with the state agencies to address this issue.

In its effort to update sentencing practices across the state, the South Carolina Sentencing Guidelines Commission has proposed that the state adopt a sentencing grid for judges to use in determining equitable sentences. Based on the type of offense and the offenders' criminal history, the grid would provide sentence ranges for all offenders, and provide greater equity in sentencing, particularly in sentencing drug offenders. Under a grant from the University of Minnesota Institute on Criminal Justice, the State Solicitor's Association has been studying sentences pertaining to drug offenses and other violations currently covered under a complex system of common laws in South Carolina. The Sentencing Guidelines Commission has been working closely with the solicitors and plans to incorporate their recommendations into the sentencing guidelines proposed for the state.

Geomapping and Resource Development. In 1995, South Carolina established a geomapping program to assist crime agencies and sheriffs' offices and improve transportation in areas of greatest need by studying specific neighborhoods and travel routes. The three-year project is funded by the Governor's Office of Victim's Assistance, and will eventually map the entire state by individual addresses.

Geomapping is now being used by multiple departments and has possible implications for the way in which substance abuse prevention and intervention strategies will be delivered. By studying public transportation shortcomings, geomapping could lead to the creation of new bus routes to treatment facilities in areas where treatment need is concentrated, and to new and more efficient ways to coordinate and deliver services in specific parts of the state. Aiken County is using address mapping to target services for "problem infants" and to design longitudinal outcome studies. Similarly, identifying drug trafficking areas and poorly lit neighborhoods may lead to more targeted community policing efforts. Through the project, South Carolina has learned that alcohol and other drug abusers are the highest utilizers of hospital services, incurring greater costs than any other group;therefore, intervention strategies aimed at this population will ultimately reduce costs throughout the health care system. Detailed analysis of hospital use data in the public and private sectors and in general care and specialized facilities will provide further insights into the resources needed, as well as potential savings through treating alcohol and other drug abusers.

Perinatal Substance Abuse. Health educators in South Carolina are being trained in alcohol and other drug problems. In 1994, the Maternal, Infant and Child Health (MICH) Substance Abuse Committee surveyed the topics covered in 69 health education degree programs in the state and found that drug use impact was part of the curriculum in 90 percent of the programs. Screening, diagnosis, intervention and treatment for these problems were less frequently part of the curriculum.

In 1996, the MICH Council recommended new health education practices to enhance understanding of the effects of perinatal substance abuse. The recommendations included incorporating drug and alcohol screening, diagnosis, intervention and treatment curricula into health care training programs;requiring regular reviews and surveys of curricula materials; and supporting outreach education of students in training at treatment centers.

As a part of the report, the Education in Public Schools Work Group reviewed 20 health textbooks for messages about using alcohol and drugs during pregnancy; only a few were found to have the "no use" messages urged by the MICH Council. The Work Group recommended that health educators emphasize the effects of prenatal substance abuse;that school health educators receive in-service training; and that school principal and school board meetings include presentations on prenatal substance use.

Gathering Data. Since 1990, South Carolina has conducted periodic youth surveys on substance use in public schools. A statewide survey of adult alcohol, tobacco and other drug use and attitudes began in 1996; future surveys will target specific groups such as Medicaid recipients.

The Human Services Coordinating Council is gathering data on multiple service systems to reveal duplication of effort and conducting ethnographic studies of the state by census tract to help funnel resources where they are most needed.

The Information Resource Council, a subcommittee of the Human Services Coordinating Council, plans to integrate data management systems across the state. Ultimately, the system will link such diverse information as drivers'licenses, hunting licenses, voting records, criminal justice records, welfare status, treatment delivery, and social service involvement.

Treatment Services. DAODAS has taken advantage of recent advances in information management and data analytic techniques by integrating data from diverse systems and creating new ways to utilize data for state planning and development. For example, the South Carolina Treatment Needs Assessment and the state's treatment utilization data will assist in determining services needs statewide.

In the past, local agencies were not given much flexibility with regard to budgets;however, in the last three years, DAODAS has encouraged more local determination of treatment resources based on local needs assessment data and community support.

In July 1997, DAODAS required all state-funded treatment providers to be nationally accredited either by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) or the Commission on the Accreditation of Rehabilitation Facilities (CARF), as well as licensed by the state Department of Health and Environmental Control. In addition, increased emphasis has been placed on state licensure of counselors and on requiring that counselors obtain credentials through the South Carolina chapter of the National Association of Alcohol and Drug Abuse Counselors.

DAODAS has also encouraged county alcohol and drug abuse agencies to initiate a system for reducing attrition from treatment, including confirmation of appointments and better follow-up on missed appointments. The success of the system will be determined by the number of appointments clients keep. With assistance and funding from the Department of Health and Human Services, the Department of Mental Health also requires such certification. DAODAS has spearheaded a major outreach effort to educate mothers about treatment resources and how social service agencies work with mothers in treatment.

A new program called ACT will be implemented to deliver mobile treatment to chronic alcohol and other drug users who are difficult to treat. The purpose is to get treatment resources to people who traditionally have not attended treatment consistently; they often make numerous visits to emergency rooms and are known to accumulate significant health costs to the state.

Youth Access. In June 1997, South Carolina implemented a new policy designed to help merchants identify underage buyers of alcohol and tobacco. All drivers' licenses are automatically color coded at production, with green specifying drivers under age 18 and red for those under age 21. DAODAS and the Department of Motor Vehicles collaborated in implementing the project. The initiative was a response to a specific request by the governor in his 1997 State of the State address. DAODAS has also been chosen by the Governor to spearhead efforts to reduce the problem of underage drinking by writing a comprehensive grant for federal funding offered through the Office of Juvenile Justice and Delinquency Prevention.

Tobacco. DAODAS has been responsive to the federal Synar law aimed at decreasing access to tobacco products among individuals under age 18. Synar requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to underage youth, and to reduce the percentage of successful illegal purchases by minors to no more than 20 percent within a negotiated time period. South Carolina is ahead of this goal by achieving a 23 percent noncompliance rate in 1997 in its annual monitoring activities; this represents a continued trend in reduction of tobacco sales to minors that began in 1994. Youth access data, along with aggressive activities to increase the enforcement of the state's youth tobacco laws, are reported annually to the United States Secretary of Health and Human Services.

Prevention Initiatives. The state has formed a new partnership that includes representatives from the South Carolina Department of Education, the National Guard, the Department of Health and Environmental Control, and DAODAS. The partnership supports the implementation of a Center for Disease Control and Prevention (CDC) validated alcohol, tobacco and other drug curriculum to be taught in public school districts. A training of trainers, as well as training for teachers of the curriculum, is being conducted by the partnership. Through the lead of the Department of Education, pilot implementation of the Life Skills Training curriculum is being implemented in 18 middle schools across the state. If results are positive, the effort may lead to more widespread use of empirically tested prevention programs in South Carolina public schools. The rapid development of school-based management in South Carolina may also lead to program selection based on local risk factors and the needs of specific neighborhoods.

DAODAS, which recently began gathering information on college substance abuse programs, has found programs that work, and is helping colleges to implement them. The goal is to develop coordinated prevention strategies that will be used across state university systems.

In November 1997, DAODAS started SC PREVENTS, a statewide alcohol and drug use awareness campaign. This innovative approach incorporates computer technology into prevention programming. The 3-year media campaign includes television spots, an interactive web page, and posters and handbooks for teens and their parents to learn about alcohol and other drugs.

VIII. Looking to the Future

South Carolina is a national leader in using modern technology to guide public policy. Its data collection systems are helping the state invest prevention and treatment resources where they are most needed. The efforts address substance abuse problems as well as other social, economic and public health concerns. The state's studies on criminal recidivism, perinatal substance abuse, and treatment matching are also models for the nation. South Carolina's challenge for the future will be in using the data to increase accountability for program effectiveness;develop interdisciplinary solutions to complex problems; and shape cost-effective initiatives and public policies. In many cases, these goals involve more efficient use of existing funds, rather than funding increases.

Youth Prevention Strategies. The governor's state plan identifies education as the key to empowering citizens and communities with public health principles; substance abuse prevention shows great promise toward achieving this goal. Prevention and education efforts with youth who have not yet experimented with alcohol and other drugs are making a difference in South Carolina; youth in the state are often less likely than their peers nationwide to try alcohol, marijuana, cocaine and inhalants. However, they are more likely to become regular users if they do start.The state's system of local providers and other organizations should offer strategies in the following six areas to address the problem: information dissemination; education;alternative activities; community-based efforts;environmental factors; and identification and referral.

HIV/AIDS Education and Data. HIV prevention and educational outreach efforts are greatly needed among minorities in South Carolina, who disproportionately contract the disease. Lack of uniformity in HIV reporting practices and inadequate data on the modes of transmission involved in new HIV cases have hindered the state's ability to target HIV prevention and education where they are most needed. Addressing these limitations should be given priority.

Treatment Challenges. Assuring that a full continuum of treatment services for substance abuse is available throughout the state is a priority for the future of South Carolina. DAODAS has taken significant steps to ensure that existing treatment services are fully utilized, easily accessed and efficiently run.However, voids in the continuum of care have not been fully addressed. For example, adequate step-down housing for clients who are completing inpatient treatment and are still in need of outpatient treatment would improve treatment retention and reduce relapse.

Dual diagnosis clients (those with both mental health and substance abuse problems) present a special challenge and are presently an underserved population. They are sometimes bounced among multiple providers, each of which tends to focus on a limited number of issues. DAODAS and several other public and private agencies have several demonstration projects underway now, and the Department of Mental Health has an inpatient dual diagnosis program, but much more collaboration is needed to meet the state's needs. Efforts to enhance and expand service delivery for both dually diagnosed clients and others in South Carolina should be explored with this issue in mind.

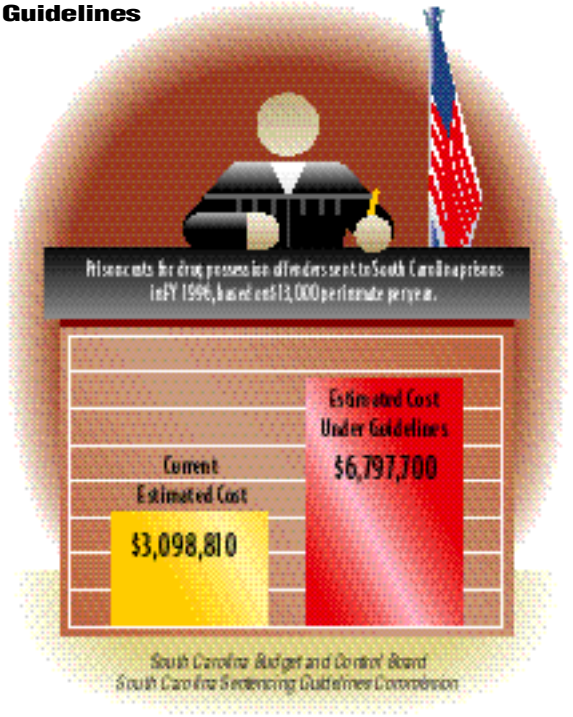
South Carolina is one of a few states that earmark a percentage of court fines and fees to support publicly-funded substance abuse treatment. However, these funds go to the Department of Mental Health to support inpatient addiction services, as well as to other entities, such as victims assistance or indigent fund organizations. DAODAS, the state agency responsible for coordinating the majority of treatment services throughout the state, receives none of the earmarked funds. DAODAS and DMH are working to address the involuntary commitment process as well as other identified disconnects between the two systems.

In 1998, South Carolina became the second state to receive funding as part of a new federal program to provide health insurance to uninsured children. South Carolina was the first state to implement this new programming effort.Known as "Partners for Healthy Children," this effort has the potential to reach 75,000 additional uninsured children as the threshold for eligibility and age limits has been increased. States have some flexibility regarding how to spend the money, and what specific services will be covered for eligible children. DAODAS has a key role to play in designing a benefits package that meets the substance abuse treatment needs of youth in the state.

Drunk Driving and Zero Tolerance. South Carolina is taking several steps to strengthen drunk driving laws, including legislation to address zero tolerance for drivers under the age of 21 and license revocation for all drivers. A bill has been introduced in the state Senate to lower the legal blood alcohol content (BAC) level from .10 to .08. Zero tolerance for underage drivers is a priority for the Governor and must be for others. South Carolina is encouraged to continue consideration of highway safety measures.

Sentencing Drug Offenders. The South Carolina General Assembly is considering adoption of sentencing guidelines. The proposed penalty system, drawn up by the Sentencing Guidelines Commission, would provide much greater equity in sentencing and assure Truth in Sentencing. Sentences for drug law violations would be more uniform and greatly simplified under the proposed plan.However, drug offenders would also receive harsher penalties in many cases. Under the guidelines, the 334 drug possession offenders sentenced to South Carolina prisons in 1996 would spend an average of 14 months longer in prison than under the current system, adding $3.7 million to the cost of their incarceration.

Higher Corrections Costs for Drug Possession Under Sentencing Guidelines



Alternatives to detention for non-violent offenders—also recommended by the Commission—could reduce time served and costs to the state. It appears probable that the state will fund these programs. Their cost-effectiveness would be enhanced if substance abuse treatment becomes a requirement; 28 percent of new prison inmates have previous drug offenses, as do 40 percent of new inmates convicted of drug offenses.

The South Carolina Youthful Offender Act (YOA) allows judges to impose indeterminant sentences of up to 6 years for many non-violent offenses committed by persons up to age 24. Yet, most YOA offenders serve less than one year. Juvenile drug offenders have the highest recidivism rates among all drug offenders and need intensive interventions to reduce their criminal behavior and the associated costs to the state.

Families Against Mandatory Minimums is currently conducting an analysis of how mandatory minimum laws are applied in South Carolina, and producing cost projections for the state based on current use of mandatory minimums.

Previous Drug Offenses Common Among Offenders Sent to Prison

South Carolina Department of Corrections, 1997

Drug Court Partnerships. Drug courts have been well received in South Carolina, and there is enthusiasm for establishing more programs across the state. A potential barrier to expanding drug courts in South Carolina is collaboration among state and local agencies, which often approach the problem from different perspectives. Further systematic change must occur in order to make drug courts even more successful and to expand the number of sites in South Carolina. The approach appears to be gaining acceptance as a cost-effective alternative to traditional probation and incarceration for drug abusers.

Tobacco Control. There are multiple tasks to be completed in restricting youth access to tobacco, including enforcing the Synar law, which compels states to reduce youth access or risk losing substance abuse block grant funds. Other challenges include enforcing federal tobacco regulations, conducting undercover compliance checks on cigarette outlets, and increasing penalties for outlets that violate youth access laws. State penalties against store owners who sell tobacco products to minors could include stiffer fines, license revocation, and a new state law making it illegal for an individual under age 18 to purchase or possess tobacco products. Crop diversification programs for South Carolina's tobacco farmers would reduce tension between public health agencies and the state's tobacco producers. Efforts are already underway at the Thurmond Institute of Clemson University to increase dialogue and collaboration between tobacco farmers and public health representatives. All of these approaches merit attention.

Collaborative Programs. Strong partnerships between public agencies are at the center of South Carolina's innovations in data gathering. Data now being gathered by the Information Resources Council, the Human Services Coordinating Council and the state Budget and Control Board will create interdisciplinary databases for monitoring and evaluating resource use and needs across state agencies, including those delivering services to substance abusers. Such initiatives destigmatize substance abuse issues by placing them in the context of broader public policy, and harness the resources of many interested agencies and groups in responding to shared concerns. In addition, the state has attracted new businesses and industries into the state. Continuing to improve economic conditions will help to maintain the quality of life many South Carolinians enjoy.

This collaboration holds great promise for the future. As these systems develop, South Carolina will be well positioned to create more interdisciplinary prevention and intervention programs, involving local alcohol and drug abuse providers, public and private agencies, and citizen groups in reducing alcohol, tobacco and other drug abuse dramatically in South Carolina.

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Substance Use

Youth	Use in Lifetime (%) 1990	1993	1995	Use in Past 30 Days (%) 1990	1993	1995
Any Illicit Drug						
8th grade	12.7	11.3	28.9	8.1	7.3	17.2
10th grade	22.9	20.2	40.4	13.5	12.7	25.5
12th grade	28.9	25.3	41.7	14.3	14.0	24.4
Marijuana						
8th grade	9.1	7.2	16.7	4.9	4.0	9.7
10th grade	19.8	17.4	32.2	10.3	10.1	20.3
12th grade	26.5	20.6	36.2	11.8	12.0	19.8
Cocaine/Crack						
8th grade	2.5	3.3	2.8	1.3	0.9	1.4
10th grade	4.1	5.1	3.9	1.9	1.4	2.2
12th grade	5.5	6.0	3.1	2.2	1.6	1.5
Heroin/Opiate						
8th grade	1.4	1.4	2.3	0.7	0.8	1.4
10th grade	1.2	2.5	3.1	0.6	1.4	1.5
12th grade	1.2	2.7	1.3	0.6	1.3	1.2
Hallucinogens						
8th grade	2.4	2.3	3.7	1.5	1.3	1.9
10th grade	4.5	4.9	7.4	2.5	2.8	3.7
12th grade	5.2	6.3	8.1	2.6	2.7	3.1
Inhalants						
8th grade	4.4	4.7	14.0	2.8	3.0	7.8
10th grade	4.6	4.9	13.9	2.2	2.3	5.6
12th grade	4.1	4.1	10.6	1.5	1.4	2.3
Cigarettes						
8th grade	35.5	39.0	48.9	17.6	18.2	28.6
10th grade	45.8	46.1	58.2	22.4	23.4	34.6
12th grade	47.3	47.5	59.1	22.7	24.6	34.9
Smokeless Tobacco						
8th grade	14.5	13.6	19.7	5.9	——	7.6
10th grade	18.9	18.1	26.2	8.2	——	10.6
12th grade	20.4	20.6	26.9	9.0	——	10.3
Alcohol						
8th grade	45.9	47.2	40.0	26.3	25.1	28.7
10th grade	64.1	63.4	59.2	39.3	37.0	46.1
12th grade	73.3	71.4	67.8	46.4	42.7	51.7

Adults, 1996

Use in Past 30 Days	Cigarettes	Alcohol	Binge Drinking*
Total	23.2%	38.8%	9.7%
Male	27.6%	49.4%	16.3%
Female	19.3%	29.3%	3.9%
Age			
18-24	26.8%	47.8%	19.7%
24-34	22.4%	48.4%	13.7%
35-44	31.0%	40.7%	9.3%
Region			
Midlands	24.7%	41.4%	10.5%
Pee Dee	24.4%	34.0%	7.9%
Upstate	23.5%	34.3%	8.4%
Low Country	20.3%	44.8%	11.7%

* 5+ drinks in one sitting during past two weeks

South Carolina Department of Alcohol and Other Drug Abuse Services

Drunk Driving Deaths

	1990	1991	1992	1993	1994	1995	1996
Total driver fatalities	979	890	807	846	847	881	930
Alcohol-related driver fatalities	498	388	312	236	208	280	394
Percent involving alcohol	50.8%	43.5%	38.7%	27.9%	24.6%	31.8%	42.4%

National Highway Traffic Safety Administration

Excise Tax Revenues

(millions of dollars)

	1990	1991	1992	1993	1994	1995	1996
Liquor	$43.7	$44.1	$41.7	$36.6	$46.3	$47.4	$48.2
Beer & Wine	$70.0	$70.1	$68.21	$63.61	$75.3	$76.3	$78.6
Cigarettes	——	$2.4	$2.5	$2.6	$3.0	$1.5	$2.5

South Carolina Department of Revenue

Arrests

Number of Arrestees

	1990	1991	1992	1993	1994	1995	1996
Any Arrest							
Juvenile	——	6,121	6,327	7,303	7,532	8,523	7,988
Adult	——	210,669	220,543	216,566	217,392	223,682	224,312
DUI	27,422	23,245	19,800	18,900	17,805	16,215	15,799
Juvenile	3,126	2,549	2,034	1,719	1,470	1,274	1,323
Adult	27,109	22,989	19,603	18,727	17,613	16,215	15,799
Drug Arrests	15,599	13,701	14,862	16,512	19,264	19,610	——
Juvenile	995	996	1,105	1,518	2,281	2,785	——
Adult	14,604	12,705	13,757	14,994	16,983	16,925	——
Marijuana	7,340	5,182	6,319	8,154	10,787	11,346	——
Possession	5,379	3,675	4,675	6,101	8,486	9,231	——
Sale	1,786	1,525	1,592	1,803	1,711	1,994	——
Cocaine/Heroin	6,988	6,698	6,225	7,247	7,412	8,197	——
Possession	2,394	2,600	2,370	2,419	2,685	3,014	——
Sale	4,755	4,031	3,817	4,817	4,533	4,927	——

South Carolina Department of Public Safety

Drug Use Among Arrestees, 1996

	*Past 30 days	*Past 72 hours	Needing Treatment
Alcohol	74.3%	51.7%	24.5%
Marijuana	33.6%	17.7%	5.9%
Cocaine	18.9%	10.8%	13.1%
Any Illegal	41.7%	23.6%	32.7%

South Carolina Department of Alcohol and Other Drug Abuse Services

* self-report

Prisoners

Prison Admissions, FY 1996

Total	10,776	
any previous conviction	8,517	(79%)
previous drug conviction	3,120	(29%)
Drug offenders	2,753	
any previous conviction	2,174	(79%)
previous drug conviction	1,382	(50%)
Assault offenders	784	
previous drug possession conviction	145	(19%)
previous DUI conviction	79	(10%)
Violent offenders	1,859	
previous drug possession conviction	292	(16%)
previous DUI conviction	152	(8%)

South Carolina Department of Corrections

Number of State Prisoners

	1990	1991	1992	1993	1994	1995	1996	1997
Total	16,964	18,452	18,987	19,042	19,800	19,525	20,862	21,035
Drug Offenders	3,126	3,793	4,020	4,141	4,413	4,596	4,889	4,908
Percent	18.4%	20.6%	21.2%	21.7%	22.3%	23.5%	23.4%	23.3%

Incarceration Costs

	1990	1991	1992	1993	1994	1995
Cost per inmate (dollars)	$12,707	$12,451	$12,467	$12,296	$12,574	$13,219
Total for drug offenders (millions of dollars)	$39.7	$47.2	$50.1	$50.9	$55.5	$60.8

South Carolina Department of Corrections

Alcohol and Drug Treatment Admissions

	1990	1991	1992	1993	1994	1995	1996	1997
Alcohol clients	23,395	23,423	22,292	22,170	22,359	22,764	21,755	20,470
Drug clients (total)	7,655	7,130	7,355	7,694	9,043	10,898	11,165	12,634
Marijuana	2,310	1,752	1,393	1,530	1,900	2,995	3,831	4,564
Cocaine	4,108	4,221	4,971	5,012	6,062	6,670	6,304	6,661
Heroin	416	406	345	377	310	377	362	371

South Carolina Department of Alcohol and Other Drug Abuse Services

Use of Medical Care

Expenditures for Hospital and Emergency Room Cases, 1996

	Number	Charges (in millions)
Persons with 3+ hospital discharges	22,050	$293
Alcohol or drug diagnoses	2,308	29
Persons with 5+ emergency room visits	24,854	11
Alcohol or drug diagnoses	3,885	3

South Carolina Budget and Control Board

South Carolina **Contact** List

State Agencies and Offices

Department of Alcohol and Other Drug Abuse Services
(803) 734-9520

Attorney General's Office
(803) 734-3970
School Violence Prevention
(803) 734-7135

Department of Corrections
(803) 896-8500
Addiction and YOA Programs
(803) 896-2708

Department of Education
(803) 734-8500
Safe and Drug-Free Schools Office
(803) 734-8101

Governor's Office
(803) 734-9818
Division of Health and Human Services
(803) 734-0467
State Maternal, Infant and Child Health Council
(803) 734-0464

Department of Health and Environmental Control
(803) 734-5000
Vital Records and Public Health Statistics
(803) 734-4810

Department of Juvenile Justice
(803) 737-4290

State Law Enforcement Division
(803) 737-9000

Department of Mental Health
(803) 734-7766
Division of Alcohol and Drug Addiction Services
(803) 735-7100

Department of Public Safety
(803) 896-7839
Office of Safety and Grants
(803) 896-8717
Highway Patrol Division
(803) 896-7920

Department of Probation, Parole and Pardons
(803) 734-9220

Organizations

South Carolina Chamber of Commerce
(803) 799-4601

South Carolina Commission on Prosecution Coordination/Solicitors' Association
(803) 343-0765

Columbia Urban League
(803) 799-8150

Drug Courts
Columbia
(803) 748-4684
Lexington
(803) 637-4095

Families Against Mandatory Minimums
(803) 732-7300

Greenville Family Partnership
(864) 467-4099

Institute for Families in Society, University of South Carolina
(803) 777-5514

Medical University of South Carolina, Center for Drug and Alcohol Programs
(843) 792-2727

South Carolina Sentencing Guidelines Commission
(803) 734-6200