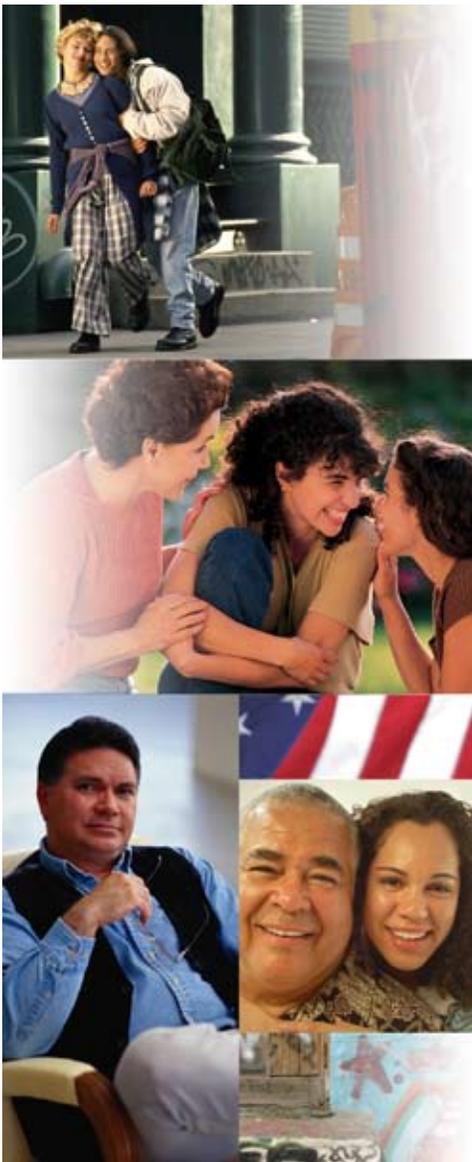




States In Brief

Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies



Prevalence of Illicit Substance¹ and Alcohol Use

The National Survey on Drug Use and Health (NSDUH) generates state-level estimates for 23 measures of substance use and mental health problems for four age groups: the entire state population over the age of 12 (12+); individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older (26+). Since state estimates of substance use and abuse were first generated using the combined 2002-2003 NSDUHs and continuing until the most recent state estimates based on the combined 2005-2006 surveys, South Carolina has ranked among the 10 States with the *lowest*² rates of the following measures (Table 1):

Table 1: South Carolina is among those states with the lowest rates of the following:

Measure	Age Groups
Past Month Alcohol Use	12-17, 12-20
Past Month Binge Alcohol Use	12-17, 12-20
Greatest Perception of Risk Associated With Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	12-17

On other measures of illicit drug use, the rates for all age groups have tended to be at or below the national rates across all survey years.

This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental Health Services Administration. Sources for all data used in this report appear at the end.





Abuse and Dependence

Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

Notably, the rate of past year alcohol dependence or abuse among adolescents has been among the lowest in country for all survey years, while the rates of the same measure have been more variable for other age groups (Chart 1).

Similarly, the rate of past year dependence on illicit drugs among young adults (those age 18 to 25) has remained consistently among the lowest in the country, while the rates for the age group 25 and older have remained at or above the national levels (Chart 2).

Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities in South Carolina has remained relatively stable since 2002. In 2006, there were 104 facilities in South Carolina, of which 27 were private nonprofit (26%), 30 were private for-profit (29%), and 29 (28%) were owned or operated by the State government.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities in South Carolina (92 of 104, or 89%) offered some form of outpatient treatment, and 23 offered some form of residential care. Opioid treatment

Chart 1 Past Year Alcohol Dependence or Abuse Among Individuals Age 12 to 17 South Carolina

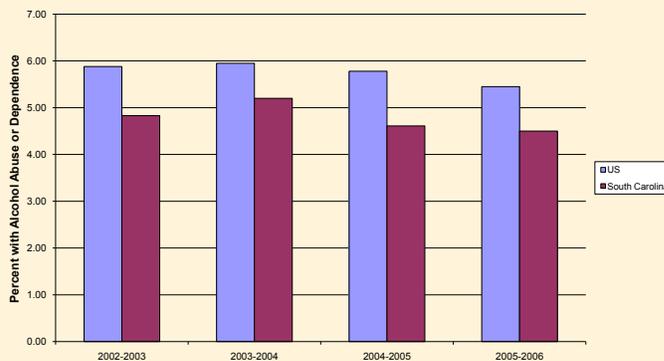
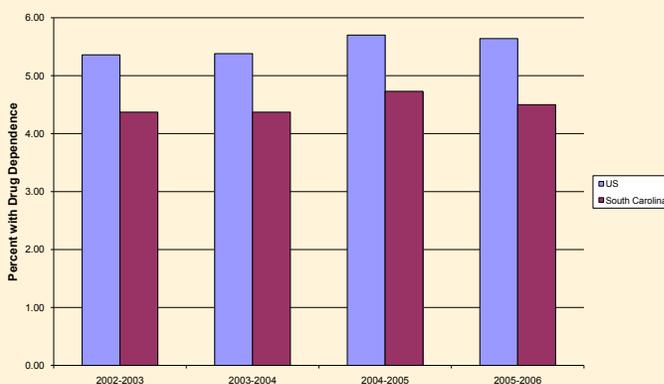


Chart 2 Past Year Illicit Drug Dependence Among Individuals Age 18 to 25 South Carolina



programs were offered at 14 facilities, and 77 physicians and 19 programs offered buprenorphine treatment for opioid addiction.

In 2006, 58 percent of all facilities (60) received some form of Federal, State, county, or local government funds, and 51 facilities (49%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Treatment

State treatment data for substance use disorders are derived from two primary sources—an annual one-day census in N-SSATS and annual treatment admissions from the Treatment Episode Data Set (TEDS).⁴ In the 2006 N-SSATS survey, South Carolina showed a one-day total of 13,436 clients in treatment, the majority of whom (12,791 or 95%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,517 (11%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 15 years, the number of admissions mentioning alcohol has remained relatively steady; while there have been marked increases in the percent of admissions for cocaine and marijuana.

Across the years for which TEDS data are available, South Carolina has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 46 percent of all admissions in 1992, to just over 30 percent in 2006. Concomitantly, drug-only admissions have increased from 11 percent in 1992, to 29 percent in 2006; and admissions with both alcohol and illicit drugs have nearly doubled from 16 percent in 1992, to 30 percent in 2006 (Chart 4).

Unmet Need for Treatment

NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Chart 3
Drugs Mentioned At Treatment Admission
South Carolina

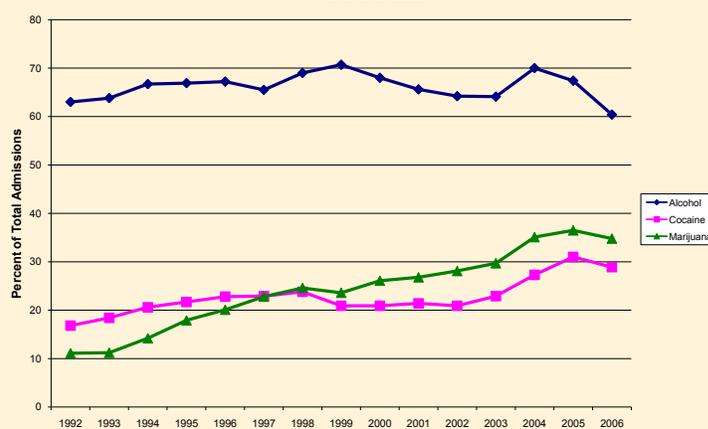
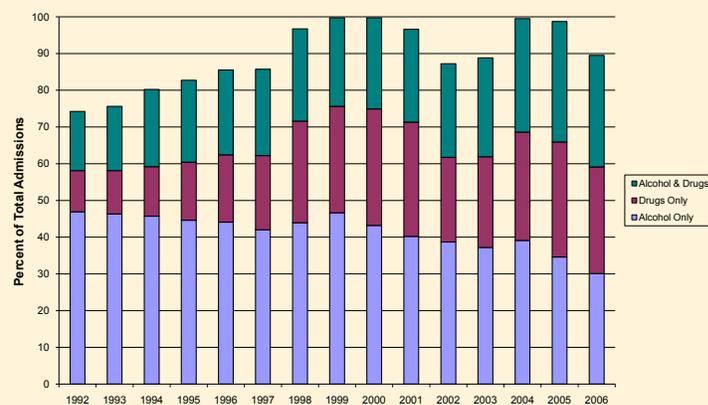


Chart 4
Alcohol and Drug Combinations at Treatment Admission
South Carolina





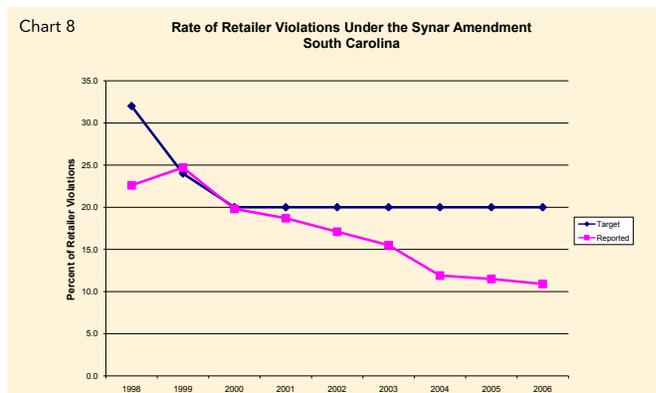
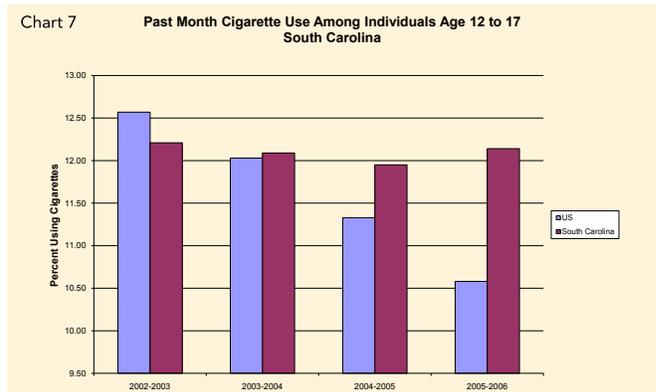
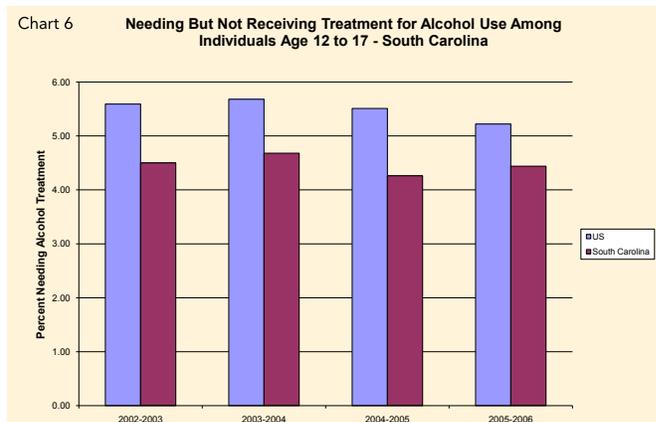
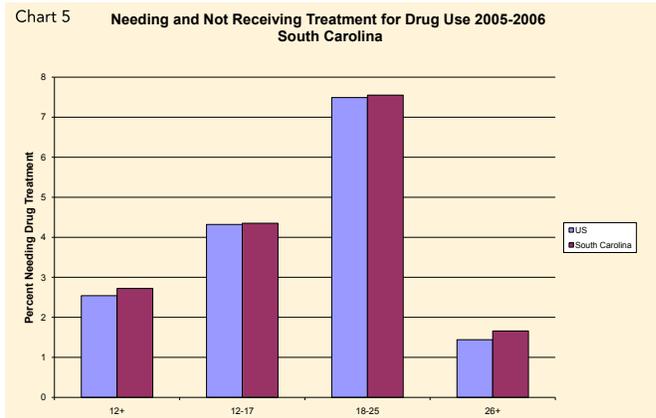
In 2005-2006, South Carolina's rates of unmet drug treatment need varied from among the highest in the country for individuals age 26 and older, to rates similar to the rest of the country for the other age groups (Chart 5).

Rates of unmet need for alcohol treatment, however, have generally been at or below the national rates; especially for the 12 to 17 year old age group, where the rates of unmet need have consistently been among the lowest in the country (Chart 6).

Tobacco Use and Synar Compliance

Rates of underage use of cigarettes and other tobacco products in South Carolina have generally remained at or above the national rates (Chart 7).

SAMHSA monitors the rate of retailer violation of tobacco sales through the Agency's responsibilities under the Synar Amendment. Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. South Carolina's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2000 (Chart 8).



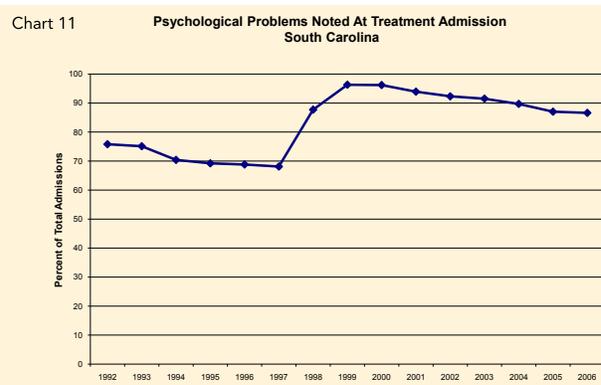
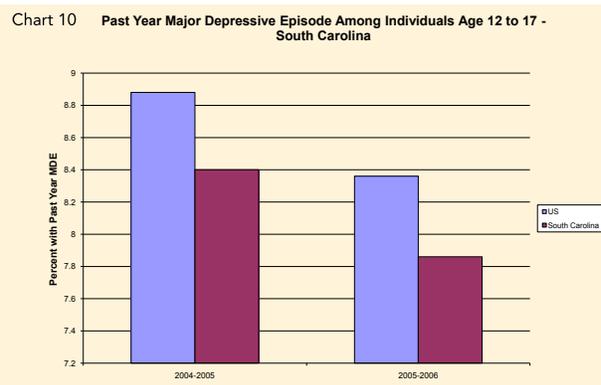
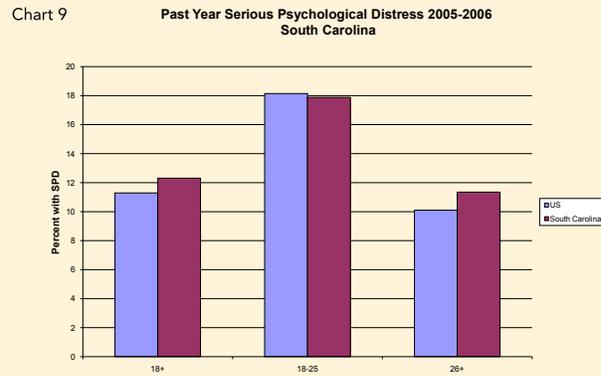
Mental Health Indicators

For individuals age 18 and older, the National Survey on Drug Use and Health measures past year serious psychological distress (SPD), an overall indicator of nonspecific psychological distress. Since 2004-2005, the survey also measures past year major depressive episodes (MDE) for the same age group and for individuals age 12 to 17. MDE is defined as a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning such as problems with sleep, eating, energy, concentration, and self-image.

In South Carolina, the rates of past year SPD have generally been above the national rates for all age groups except those age 18 to 25, where the rates have consistently been below the national rate (Chart 9).

Conversely, rates of past year MDE have generally been at or below the national rates and, for adolescents age 12 to 17, among the lowest in the country (Chart 10).

The Treatment Episode Data Set also collects information on psychological problems mentioned at treatment admission. In South Carolina, the percent of such admissions has remained relatively high—ranging from 68 percent in 1996 and 1997, to over 96 percent in 1999 and 2000 (Chart 11).





SAMHSA Funding

SAMHSA funds two basic types of grants—block and formula grants allocated to states and territories by formula, and discretionary grants which are awarded competitively (Chart 12). Each of the three SAMHSA Centers (Center for Substance Abuse Treatment [CSAT], the Center for Substance Abuse Prevention [CSAP] and the Center for Mental Health Services [CMHS]) has a unique discretionary portfolio.

2004-2005:

\$20.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.5 million	Mental Health Block and Formula Grants
\$ 6.9 million	SAMHSA Discretionary Program Funds
\$34.1 million	Total SAMHSA Funding

CMHS: Post-Traumatic Stress Disorder in Children; State Mental Health Data Infrastructure; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Children’s Services; Statewide Family Network; Statewide Consumer Network; Youth Violence Prevention; Emergency Response; Jail Diversion.

CSAP: Drug Free Communities (8 grants).

CSAT: Adult, Juvenile and Family Drug Courts; Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—General; and Targeted Capacity Expansion—Rural Populations

2005-2006

\$20.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.3 million	Mental Health Block and Formula Grants
\$ 6.7 million	SAMHSA Discretionary Program Funds
\$33.5 million	Total SAMHSA Funding

CMHS: Post-Traumatic Stress Disorder in Children; State Mental Health Data Infrastructure; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Children’s Services; Statewide Family Network; Statewide Consumer Network; Youth Violence Prevention; SAMHSA Conference Grant.

CSAP: Drug Free Communities—Mentoring; Drug Free Communities (7 grants).

CSAT: Homeless Addictions Treatment; Adult, Juvenile and Family Drug Courts; Targeted Capacity Expansion—Innovative Treatment; State Adolescent Substance Abuse Treatment; and Targeted Capacity Expansion—Rural Populations.

In 2006-2007, South Carolina received a total of \$33.6 million in SAMHSA grant funds. Of these, the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) accounted for \$20.5 million and the mental health block and formula grants for \$6.3 million. The remainder of the grant funds derived from the following SAMHSA discretionary programs:

2006-2007:

\$20.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.3 million	Mental Health Block and Formula Grants
\$ 6.8 million	SAMHSA Discretionary Program Funds
\$55.3 million	Total SAMHSA Funding

CMHS: Post-Traumatic Stress Disorder in Children; State Mental Health Data Infrastructure; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Children’s Services; Statewide Family Network (mental health); Statewide Consumer Network; State Mental Health Data Infrastructure Grant; Campus Suicide.

CSAP: Drug Free Communities—Mentoring; Drug Free Communities (10 grants); SAMHSA Conference Grant.

CSAT: Strengthening Treatment Access and Retention—State Implementation; Co-Occurring State Incentive Grants; Homeless Addictions Treatment; Targeted Capacity Expansion—Innovative Treatment; State Adolescent Substance Abuse Treatment; and Targeted Capacity Expansion—Rural Populations.

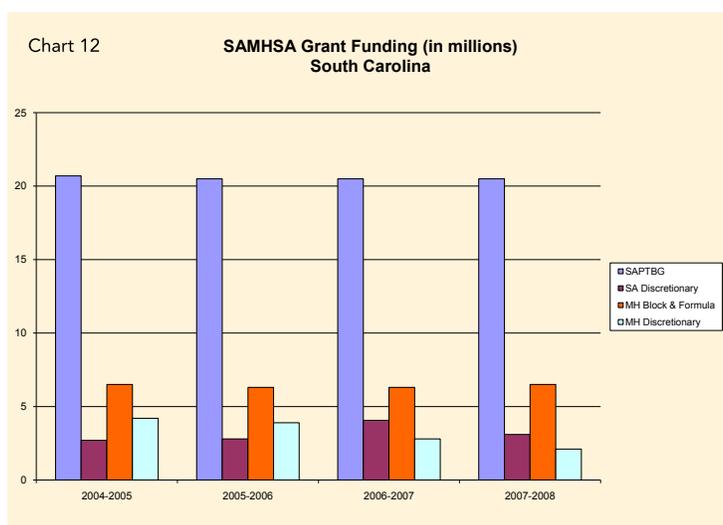
2007-2008:

\$20.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.3 million	Mental Health Block and Formula Grants
\$ 6.8 million	SAMHSA Discretionary Program Funds
\$55.8 million	Total SAMHSA Funding

CMHS: Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Children’s Services; Statewide Family Network; Statewide Consumer Network; State Mental Health Data Infrastructure Grant; Campus Suicide; Youth Suicide Prevention and Early Intervention.

CSAP: Drug Free Communities (11 grants).

CSAT: State Adolescent Substance Abuse Treatment; Strengthening Treatment Access and Retention – State Implementation; Co-Occurring State Incentive Grants; and Homeless Addictions Treatment.





For Further Information

A comprehensive listing of all NSDUH measures for every state is available at: <http://oas.samhsa.gov/statesList.cfm>.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures within each state is available at: <http://oas.samhsa.gov/metro.htm>.

Data Sources

Grant Awards: Available at <http://www.samhsa.gov/statesummaries/index.aspx>.

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS): 2006, available at <http://www.dasis.samhsa.gov>.

Treatment Data: Treatment Episode Data Set—Concatenated File—available from the Substance Abuse and Mental Health Data Archive at <http://www.icpsr.umich.edu/SDA/SAMHDA>.

¹ NSDUH defines illicit drugs to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.

² States are assigned to one of five groups according to their ranking (quintiles). Because there are 51 areas to be ranked for each measure, the middle quintile was assigned 11 areas and the remaining groups 10 each. Throughout this document “highest” refers to the 10 states in the first quintile and “lowest” to those in the fifth quintile.

³ N-SSATS is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁴ TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

⁵ TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

⁶ TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

Prevalence Data

Wright, D. & Sathe, N. (2005) *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health*. (DHHS Publication No. SMA-05-3989, NSDUH Series H-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D. & Sathe, N. (2006) *State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health*. (DHHS Publication No. SMA-06-4142, NSDUH Series H-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D., Sathe, N. & Spagnola, K. (2007) *State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health*. (DHHS Publication No. SMA-07-4235, NSDUH Series H-31). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Hughes, A. & Sathe, N. (2008) *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health*. (DHHS Publication No. SMA-08-4311, NSDUH Series H-33). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.