



## SOUTH CAROLINA DRUG CONTROL UPDATE

*This report reflects significant trends, data, and major issues relating to drugs in the State of South Carolina.*

### South Carolina At-a-Glance:

- The number of meth lab seizure incidents in South Carolina increased 231%, from 26 incidents in 2007 to 86 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- Approximately 7 percent of South Carolina residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in South Carolina exceeds the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in South Carolina.

## Drug Use Trends in South Carolina

**Drug Use in South Carolina:** The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 6.7 percent of South Carolina residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.09 percent of South Carolina residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

**Drug-Induced Deaths:** As a direct consequence of drug use, 584 persons died in South Carolina in 2007. This is compared to the number of persons in South Carolina who died from motor vehicle accidents (1,062) and firearms (592) in the same year. South Carolina drug-induced deaths (13.2 per 100,000 population) exceeded the national rate (12.7 per 100,000).

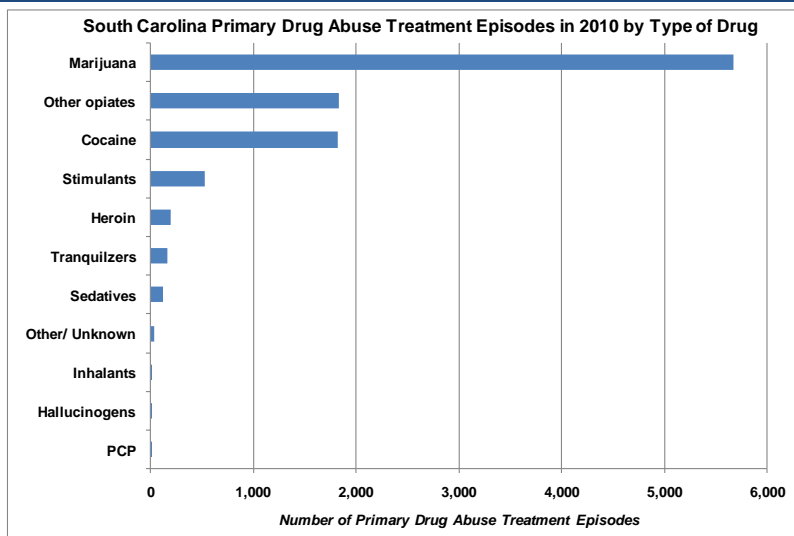
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

## Substance Abuse Treatment Admissions Data

### South Carolina primary treatment

**admissions:** The graph at right depicts substance abuse primary treatment admissions in South Carolina in 2010. The data show that marijuana is the most commonly cited drug among primary drug treatment admissions in South Carolina, surpassing primary treatment admissions for stimulants (including methamphetamine) and other opiates (including many prescription drugs).

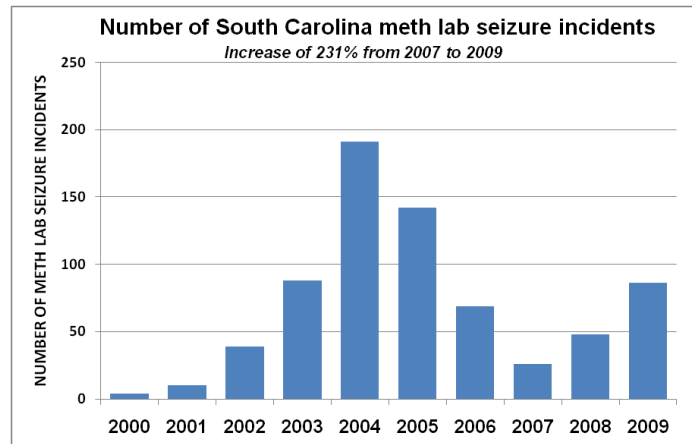
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



## Methamphetamine Lab Seizure Data

**Methamphetamine Seizures:** Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in South Carolina have exceeded this overall trend, rising 231% between 2007 and 2009.

Source: EPIC, NSS, extracted 11/28/2010.



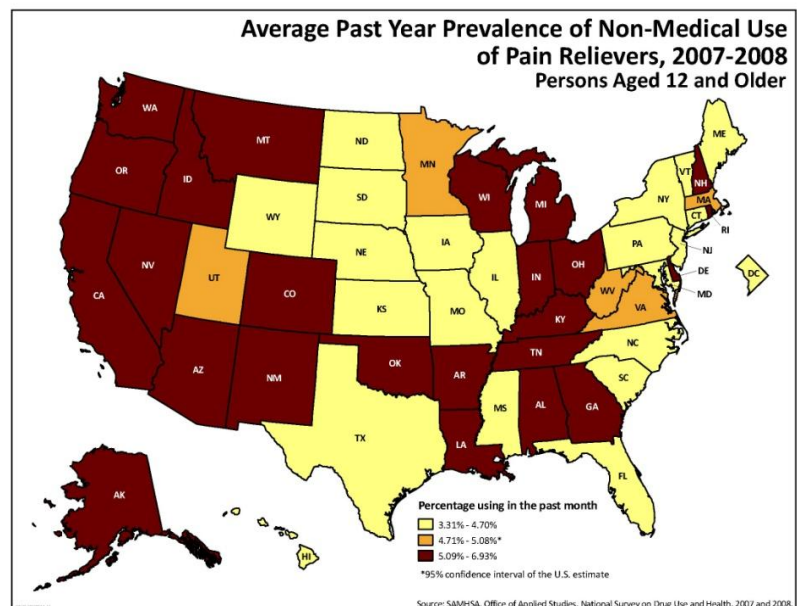
### **Example of State-Level Action: Return pseudoephedrine to prescription-drug status**

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

## Prescription Drug Abuse

### **ONDCP’s Efforts to Combat Prescription Drug Abuse**

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



### **State-Level Action: Prescription Drug Monitoring Programs (PDMPs)**

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug

epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **South Carolina Prescription Monitoring Program**, authorized in 2006 and launched in 2008 by the South Carolina Department of Health and Environmental Control's Bureau of Drug Control, collects data on all Schedule II-IV controlled substances dispensed in South Carolina. The program is designed to "improve the state's ability to identify and stop diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical use of legal controlled substances."

Source: <http://www.scdhec.gov/administration/drugcontrol/pmp.htm>; <http://www.pmpalliance.org/content/south-carolina-state-profile>

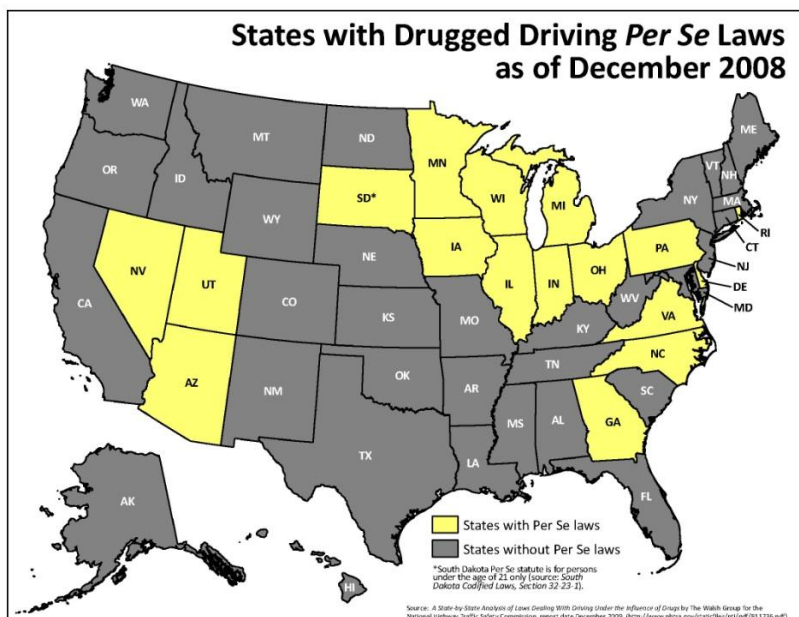
### **State-Level Action: Drug Take-Back Programs**

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

## **Drugged Driving**

### **ONDCP Action on Drugged Driving**

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



### **State-Level Action: Enacting *Per Se* Standards for Impairment**

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

**South Carolina does not currently have a *Per Se* standard**, but under Code of South Carolina Section 56-5-2930, “It is unlawful for a person to drive a motor vehicle within this State while... (2) under the influence of any other drug or combination of the drugs or substance which cause impairment to the extent that the person’s faculties to drive are materially or appreciably altered.”

*Source: “A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration, December 2009.

## ONDCP Support for Community-Based Prevention

### National Anti-Drug Media Campaign

ONDCP’s National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

### The Drug Free Communities Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following South Carolina coalitions received grants from ONDCP:

- ACORE/CORA Coalition (Greenwood)
- All On Board Coalition (Rock Hill)
- Chesterfield County Coordinating Council
- Community Roundtable of Irmo, Dutch Fork, and Chapin
- Florence County Coalition for Alcohol and Other Drug Abuse Prevention
- Greenville Safe Communities Drug Free Alliance
- Lexington One Community Coalition
- RCSC Coalition (Columbia)
- Richland One Community Coalition
- Spartanburg Youth Council
- The Rise Above It: Lexington Two Community Coalition

*Source:* Office of National Drug Control Policy  
[http://www.ondcp.gov/dfc/grantee\\_map.html](http://www.ondcp.gov/dfc/grantee_map.html)

## ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

### HIDTA Counties in South Carolina:

Lexington and Richland Counties received the HIDTA designation in June 2011, joining counties in Georgia and North Carolina as part of the Atlanta HIDTA.

## Federal Grant Awards Available to Reduce Drug Use in the State of South Carolina

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
<b>Department of Education</b>		
<b>Safe and Drug-Free Schools and Communities_National Programs</b>		<b>4,418,400</b>
Alcohol Abuse Reduction Grants		262,321
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		124,148
Improving The Climate For Learning		1,831,546
Safe Schools/Healthy Students Grants		2,200,385
<b>Department of Health and Human Services</b>		
<b>Administration for Children and Families</b>		<b>7,828,968</b>
Mentoring Children of Prisoners		841,365
Promoting Safe and Stable Families		6,987,603
<b>Centers for Disease Control and Prevention</b>		<b>926,828</b>
HIV Prevention Activities_Non-Governmental Organization Based		926,828
<b>Health Resources and Services Administration</b>		<b>3,701,553</b>
Healthy Start Initiative		3,701,553
<b>National Institutes of Health</b>		<b>17,906,686</b>
Discovery and Applied Research for Technological Innovations to Improve Human Health		620,570
Drug Abuse and Addiction Research Programs		17,286,116
<b>Substance Abuse and Mental Health Services Administration</b>		<b>25,781,646</b>
Block Grants for Prevention and Treatment of Substance Abuse		20,685,249
Projects for Assistance in Transition from Homelessness (PATH)		568,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		4,528,397
<b>Department of Housing and Urban Development</b>		
<b>Assistant Secretary for Community Planning and Development</b>		<b>673,104</b>
Shelter Plus Care		673,104
<b>Department of Justice</b>		
<b>Office of Justice Programs</b>		<b>15,080,647</b>
Community Capacity Development Office		471,000
Congressionally Recommended Awards		1,864,851
Criminal and Juvenile Justice and Mental Health Collaboration Program		249,639
Drug Court Discretionary Grant Program		179,235
Edward Byrne Memorial Justice Assistance Grant Program		9,411,525
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		710,600
Juvenile Mentoring Program		298,831
National Institute of Justice Research Evaluation and Development Project Grants		1,002,561
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		29,466
Residential Substance Abuse Treatment for State Prisoners		506,539
<b>Executive Office of the President</b>		
<b>Substance Abuse and Mental Health Services Administration</b>		<b>1,472,508</b>
Drug-Free Communities Support Program Grants		1,472,508
<b>Grand Total</b>		<b>77,790,340</b>

**Note:** Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

