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Substance use among adults in South Carolina

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Substance Use Among Adults in South Carolina

Introduction

The mission of the South Carolina (S.C.) Department of Alcohol and Other Drug Abuse Services (DAODAS) is to ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina (S.C.). In collaboration with the S.C. Department of Health and Environmental Control (DHEC), substance use was investigated for populations of interest utilizing the S.C. Behavioral Risk Factor Surveillance System (BRFSS)¹. All differences noted here are statistically significant at the 95% confidence level.

Substance Indicators of Interest

Indicators from the 2017 S.C. BRFSS:

- Currently have a problem with alcohol or drugs
- Ever had a problem with alcohol or drugs in lifetime
- Any marijuana use in the past 30 days
- Binge drinking in past 30 days (men: 5+ drinks/occasion; women: 4+ drinks/occasion)
- Heavy drinking in past 30 days (men: 14+ drinks/week; women: 7+ drinks/week)
- Ever used an e-cigarette
- Current cigarette smoking

Adults in S.C. compared to the U.S. and Healthy People 2020 Goals

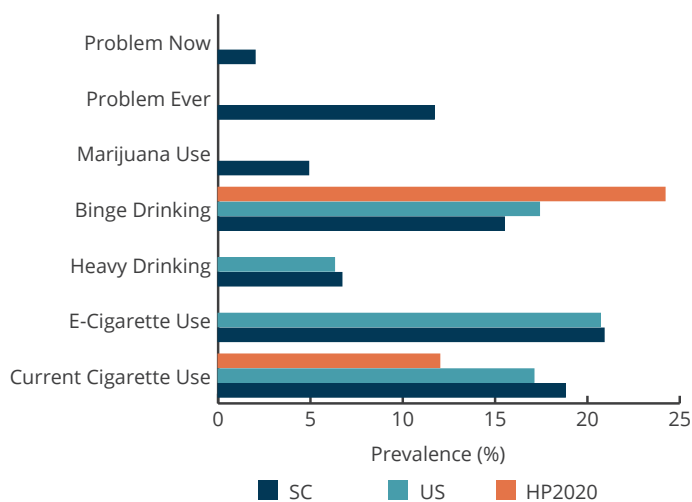


Figure 1. S.C. prevalence estimates compared to the Healthy People 2020 goal and U.S. median where available.

Adults in S.C. compared to the U.S. and Healthy People 2020 Goals *continued*

A higher proportion of S.C. adults were current smokers than the U.S. median, which are both above the Healthy People (HP) 2020 goal. A lower proportion of adults in S.C. reported binge drinking in the past 30 days, compared to the U.S. median and the HP 2020 goal. There were no differences between the proportion of adults in S.C. and the U.S. median who have ever used e-cigarettes or reported heavy drinking in the past 30 days. U.S. median proportions were not available for comparison to S.C. adults for any marijuana use in the past 30 days or ever had or currently have a problem with alcohol or other drugs (Figure 1).

Populations of Interest

DAODAS has identified the following adult populations of interest:

- Uninsured populations
- Those living in rural counties²
- Racial and ethnic minorities: African Americans, American Indians/Alaska Natives, Asian Americans, Native Hawaiians/Other Pacific Islanders, Hispanics
- Transitional youth: ages 18-20 & 21-25

Adults in Rural Counties

In regard to the prevalence of the substance indicators of interest in 2017, there were no differences between adults in rural and urban counties.

Racial/Ethnic Minorities

In 2017, compared to Non-Hispanic Whites, racial/ethnic minorities had a higher prevalence of any marijuana use in the past 30 days (6% ± 2% vs. 4% ± 1%).

Uninsured Populations

Compared to those with health insurance, in 2017 the uninsured adult population had higher prevalence rates of having a problem with alcohol or drugs now; having a problem with alcohol or drugs ever; any marijuana use in the past 30 days; binge drinking in the past 30 days; heavy drinking in the past 30 days; ever used an e-cigarette; and current cigarette smoking (Figure 2).

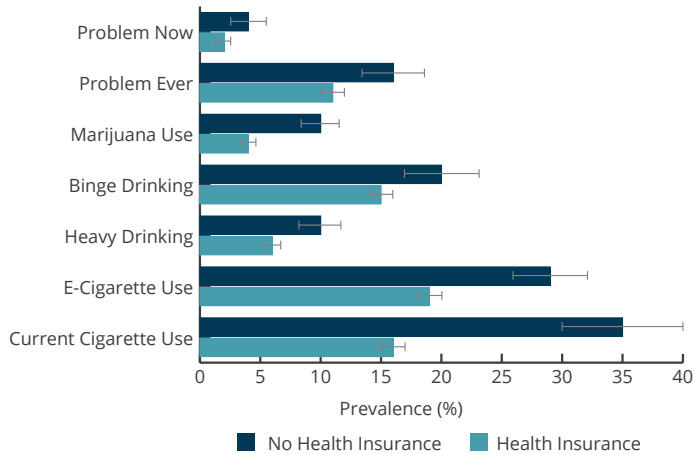


Figure 2. Prevalence estimates (bar) and 95% confidence interval (error bar) comparing adults (18+) with and without health insurance (BRFSS 2017)

Transitional Youth

Compared to those ages 26+, in 2017 transitional youth had significantly higher prevalence rates of ever using an e-cigarette and any marijuana use in the past 30 days (Figure 3). Compared to those 26+, binge drinking was higher among ages 21-25 only, but was not different among ages 18-20. This may be because these data were self-reported, so those below the legal drinking age (<21) might not have been as willing to disclose their alcohol use.

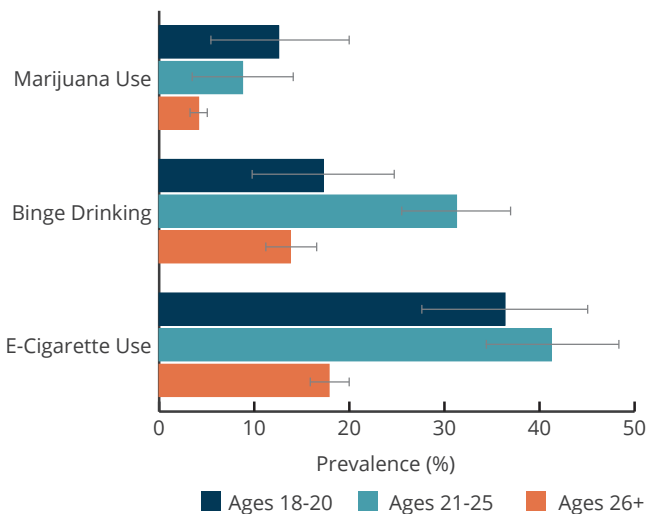


Figure 3. Prevalence estimates (bar) and 95% confidence interval (error bar) comparing ages 18-20; 21-25; and 26+ (BRFSS 2017)

Summary

Overall, S.C. adults had a lower prevalence of binge drinking, but a higher prevalence of current cigarette smoking compared to the U.S. median and HP 2020 goals. The biggest differences in substance use behavior patterns in S.C. adults were seen between those with and without health insurance and when comparing transitional youth to other adults.

Questions?

For questions about the data presented here, contact BRFSS Coordinator:
Chelsea Richard (richarcl@dhec.sc.gov).

For more information about the services provided by DAODAS, visit:
<http://www.daodas.sc.gov/>

¹More information about BRFSS can be found here: <https://www.scdhec.gov/health/sc-public-health-statistics-maps/behavioral-risk-factor-surveys>

²Rural counties for this report include: Abbeville; Allendale; Bamberg; Barnwell; Beaufort; Calhoun; Cherokee; Chester; Chesterfield; Clarendon; Greenwood; Hampton; Jasper; Kershaw; Lancaster; Laurens; Lee; Marion; Marlboro; McCormick; Newberry; Oconee; Orangeburg; Saluda; Union; Williamsburg

