

# **South Carolina Communities That Care (SC CTC) Survey**



**South Carolina**

**2024 Results**

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## **INTRODUCTION**

This report presents results of the South Carolina Communities That Care (SC CTC) Survey for the state of South Carolina aggregated across all 25 participating counties. The SC CTC Survey was sponsored by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). The survey was managed, distributed, and processed by DAODAS in collaboration with the county prevention agencies and school districts in 25 counties in South Carolina in Spring 2024. This report was prepared by the Pacific Institute for Research and Evaluation (PIRE).

### **Survey Content**

The 2024 CTC survey contains 96 items which comprise a number of domains, including student demographics, current and lifetime use of various substances, access to and sources of substances, disapproval of use, risk perceptions, risk behaviors, and perceived peer and parental attitudes. Most domains include multiple items that measure different aspects of the domain. The focus of most of the substance use-related items is on tobacco, alcohol, and marijuana, although items about other drugs and risk behaviors are included as well. This report provides frequencies and prevalence estimates for each item in the survey.

### **Notes about Data Included in This Report**

The results contained in this report are for the 25 participating counties combined and should not be interpreted as estimates for the entire state population. Rather, they should be interpreted as estimates for only the schools, grades, and counties that participated in the survey.

The results contained in this report are based on weighted data. The purpose of weighting the data was to better represent the larger student population in each county from which the student survey samples were drawn. For this reason, we weighted the survey data by grade level so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate than if weighting was not used.

Although the weighting methods were designed to help improve the accuracy of the results, they nonetheless have some limitations. To preserve as much survey data as possible, we used a liberal threshold for acceptable weights. As such, the resulting estimates may be, in some cases, influenced by the responses of a small number of students. This may be particularly true with respect to the results that are broken out by grade level. This should be kept in mind when interpreting these results. The table below indicates the number of students surveyed in each grade.

Data used in analysis:

6th	7th	8th	9th	10th	11th	12th	Total*
3767	6623	4249	5865	4756	4062	2616	32098

\*Note that the total number of students may exceed the sum of the grade cells. This is due to students who did not report a grade.

Because the results in this report are based on weighted data, they may differ somewhat from results that are obtained from the raw data file which was distributed by DAODAS. An additional reason there may be differences between these results and those obtained from the raw data file is due to cleaning procedures (e.g., omission of surveys that had multiple instances of logically inconsistent answers, such as reporting no lifetime alcohol use but at the same time reporting past 30 day alcohol use) that were applied to the data to help enhance the validity of the data included in the report.

### **Presenting Results by Grade and Overall**

In the report, the results are displayed by grade and for all grades combined. For each survey item, these are shown as separate tables. For each set of tables in the report, reference is made to the associated survey item number in the table header.

### **Coding of Response Categories**

The items in the survey offered multiple response options to respondents. To allow for ease of interpretation, we recoded most items. Most often, items were coded into two response categories. For example, in the case of substance use questions, frequency-of-use response options were collapsed into use vs. no use. For each item, the categories that were used in the analysis are noted in the tables in the report.

### **Empty Cells in the Tables**

Note that some tables may contain empty cells. These instances can be interpreted as 0%. The computer program used to analyze the data generates an empty cell by default whenever the estimate is 0%. Estimates of 0% are most likely to be generated when the number of students surveyed is small and/or when the question pertains to a rare behavior such as lifetime heroin use.

### **Inclusion of Confidence Intervals in the Tables**

The percentages presented in the tables in the report are accompanied by 95% confidence intervals (referred to in the tables as Lower and Upper 95% CL). In comparing the statewide results to those of a particular county, differences in behaviors (attitudes, etc.) between the two can be considered statistically significant if the confidence intervals for the county and the 25 counties combined (as represented in the tables) do not overlap.

Confidence intervals are taken into account because the survey results are drawn from a sample of students and, as such, they can be interpreted as estimates of the true values (of the behaviors, attitudes, etc.) in the population. The 95% confidence interval indicates that the true prevalence of the behavior is 95% likely to fall within the stated confidence limits presented in the table. As noted, confidence intervals help in assessing whether results are statistically significantly different from each other (e.g., whether a county's prevalence of alcohol use is statistically significantly higher or lower than the prevalence of alcohol use for all of the counties combined).