South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services

Prevention Outcomes Annual Report

Fiscal Year 2023

Pacific Institute for Research and Evaluation
Michael D. George, PhD
Mikella D. Allen
Al Stein-Seroussi, PhD

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EXECUTIVE SUMMARY

This report summarizes prevention outcomes generated by the South Carolina County authority substance abuse prevention system in **Fiscal Year 2023 (July 1, 2022 – June 30, 2023)**. The report focuses on 1) **Prevention outcomes** generated through pre- and post-testing of middle and high school youth who participated in prevention programs, 2) **Data** related to **county alcohol and tobacco environmental strategies** (e.g., compliance checks, bar checks, and merchant education), 3) **The Youth Access to Tobacco Study** (Synar), and 4) The **distribution of prevention services.**

The key outcome findings from the **youth prevention curricula** are:

- There were 2,184 middle school participants with matched pre- and post-tests. Most (61.4%) participants were in 6th grade. By sex, the distribution was females (45.5%) and males (50.6%). Most participants identified as White (50.6%) or Black/African American (29.3%).
- There were 298 high school participants with matched pre- and post- tests. Most (60.6%) participants were in the 9th grade. By sex, the distribution was females (44.4%) and males (52.2%). Most participants identified as Black (63.0%) or White (23.2%).
- For middle school, the results showed **statistically significant positive changes on two of the five risk factor** measures: perceived risk, disapproval of use and perceived peer norms. For high school, the results showed **statistically significant positive changes on four of the five risk factor** measures: perceived risk, disapproval of use and perceived peer norms.
- For middle school substance use, there were statistically significant reductions in alcohol use. For high school **substance use,** there were statistically significant reductions in e-cigarettes or vapes, and marijuana.
- For all eight substances measured in middle school, at least **98.4% of participants who reported that they did not use substances at pretest also reported not using at posttest**. For all eleven substances measured in high school, at least **97.3% of high school participants who reported that they did not use substances at pretest also reported not using substances at posttest**.
- **Ten different curriculum-based programs were implemented**, with 100% of participants being in evidence-based programs.

The color-coded tables below summarize the pre- and post-test differences in risk scores and substance use rates for middle and high school.

Summary of Statistically Significant Results, Middle School[a]

Category (number)	Perceived Risk	Decision Making	Disapproval of Use	Perceived Peer Norms	Perceived Parental Attitudes	Chewing Tobacco, Snuff, Dip	Cigarettes	E-Cigs or Vapes	Alcohol	Marijuana	Non-Medical Prescription Drugs	Binge Drinking (past 2 wks)
MIDDLE SCHOOL DEMOGRAPHICS												
Overall Middle School (2,184)	3.6**	0.6	0.4	0.9**	0.2	-3.8	15.2	0.9	-25.3**	-15.9	4.0	14.0
Females (990)	3.2**	-0.1	0.4	1.2**	0.4	-22.0	-16.4	1.7	-23.3*	-10.3	-13.5	14.1
Males (1102)	4.1**	0.9	0.4	0.3	-0.2	16.5	14.2	-3.3	-29.8**	-19.2	28.0	4.6
American Indian (27)	3.8	1.5	4.6	5.8	-0.20	-	-	107.8	107.8	100.3	-	-
Asian (38)	8.5**	1.3	4.1	3.5	0.5	-	-	-	-	-	0.0	-
Black/African American (637)	3.1**	2.6**	0.7	2.1**	0.3	0.0	39.2	0.1	-34.6**	8.4	3.6	-57.4*
Multi-ethnic (167)	0.6	55.9*	-1.4	0.1	0.7	-100.0	-100.0	-23.1	-57.4*	-41.2	-32.9	-80.2
Other (199)	4.0**	-1.1	1.5	-0.3	1.0	-42.3	100.7	25.6	-17.7	-21.7	-11.7	494.1
White (1101)	4.2**	49.9	0.2	0.4	0.0	32.7	-27.0	-4.7	-13.2	-10.9	-9.9	59.6
Hispanic (163)	4.4**	1.7	0.2	0.8	0.7	51.7	0.0	58.2	-33.3	55.4	-10.4	146.1
Not Hispanic (1292)	3.5**	0.4	0.6*	1.0**	0.1	-9.2	16.9	-6.2	-23.8**	-24.5*	4.6	3.6
MIDDLE SCHOOL PROGRAMS												
Alcohol-Drug Stories (2 sites; n = 327)	-2.8**	0.8	-3.4**	1.7**	0.4	0.0	0.0	35.9	-37.3**	-16.0	-19.6	-0.5
Girls Circle (1 site; n = 22)	4.1	-2.9	1.0	2.5	0.5	-	-	-	-	-	-	-
Keepin' It Real (3 sites; n = 131)	2.7	-2.4	1.4	0.7	-0.3	1.3	-100.0	-6.2	-52.6**	-49.9	-59.7	-33.5
Life Skills (8 sites; n =1516)	5.0**	1.1	1.2**	0.7	0.0	0.0	80.3	-1.4	-16.0	-7.5	9.7	42.1
Prime for Life (1 site; n=10)	16.7	9.0	14.8	3.6	19.4	0.0	0.0	66.7	-50.0	-100.0	-	-100.0
Project Alert (2 site; n = 99)	4.4	-4.9**	-2.3	3.8*	2.3	0.0	0.0	-25.0	20.0	-1.9	0.0	-50.0
Project Northland (1 site; n=22)	0.7	6.2	3.0	-2.6	-0.6	-	-100.0	-	-	-	-	-
Why Try (1 site; n = 39)	6.3	2.1	1.4	-0.5	0.9	-50.1	-100.0	-33.4	-28.6	30.0	200.4	200.4
OVERALL (19 sites; n= 2,184)	3.6**	0.6	0.4	0.9**	0.2	-3.8	15.2	0.9	-25.3**	-15.9	4.0	14.0
LEGEND												
Desired Marginally Significant (p<.10)	*	Desired Significant (p<.05)					**					
Undesired Marginally Significant (p<.10)	*	Undesired Significant (p<.05)					**					

[a] Numbers are percent changes from pretest to posttest. For risk factors, positive changes are desirable; for substances, negative changes are desirable.

Summary of Statistically Significant Results, High School[a]

Category (number)	Perceived Risk	Decision Making	Disapproval of Use	Perceived Peer Norms	Perceived Parental Attitudes	Chewing Tobacco, Snuff, Dip	Cigarettes	E-Cigs or Vapes	Alcohol	Marijuana	Non-Medical Prescription Drugs	Prescription Pain Pills	Heroin or Fentanyl	Cocaine	Other Illegal Drugs	Binge Drinking (past 2 wks.)
HIGH SCHOOL DEMOGRAPHICS																
Overall High School (298)	6.9**	6.3**	5.9**	5.5**	2.1*	0.0	-40.2	-28.3**	-22.5*	-22.5**	-52.2	-28.3	-52.1	20.7	-86.5*	-22.3
Females (132)	5.2**	4.7*	3.9**	2.4	0.0	198.7	0.0	-18.2	12.5	-20.0	-70.3	-12.5	-	-	-100.0	51.0
Males (155)	8.9**	6.9**	7.7**	7.5**	3.7**	-49.6	-60.0	-34.1*	-47.1**	-22.7*	-49.6	-36.4	-68.5	-15.5	-100.0	-43.3
Black/African American (187)	7.3**	4.7**	5.1**	5.7**	3.1**	-32.5	-16.7	-21.5	-40.0*	-21.3	-61.9**	-26.3	-71.6	13.7	-100.0	-49.9
Other (23)	8.1	1.6	4.6	-1.9	2.1	-100.0	-100.0	0.00	100.0	-40.0	-100.0	-100.0	-	-	-100.0	-
White (76)	6.7**	6.5	6.8**	6.3*	0.9	200.0	33.3	-21.6	8.3	10.0	100.0	-	-	-	-	-1.4
Hispanic/Latino/ Spanish (23)	12.2**	14.0	8.8	8.0	8.5	-	-	-66.6	-100.0	-100.0	0.00	-	-	-	-100.0	-
Not Hispanic (273)	6.3**	5.8**	5.8**	5.6**	1.6	0.5	-39.9	-24.8*	-20.1	-16.05	-54.2**	-29.1	-52.4	19.7	-85.0*	-22.3
HIGH SCHOOL PROGRAMS																
Life Skills (6 sites; n =219)	6.2**	3.7*	5.4**	5.3**	3.0**	32.6	0.0	-11.9	-3.9	-10.7	-45.3*	-19.5	-64.5	60.9	-73.2	-17.6
Prime for Life (2 sites; n=30)	2.6	7.2	0.4	4.2	-5.1**	-65.5	-27.5	-49.5*	-58.6	-14.3	-50.0	50.0	133.5	141.6	-100.0	107.2
RRR (1 site; n=37)	16.1**	21.3**	15.7**	7.8	0.9	-	-75.0	-83.4*	-100.0	-100.0	-100.0	-100.0	-	-	-	-100.0
OVERALL (9 sites; n=166)	6.9**	6.3**	5.9**	5.5**	2.1*	0.0	-40.2	-28.3**	-22.55*	-22.5**	-52.2	-28.3	-52.1	20.7	-86.5*	-22.3

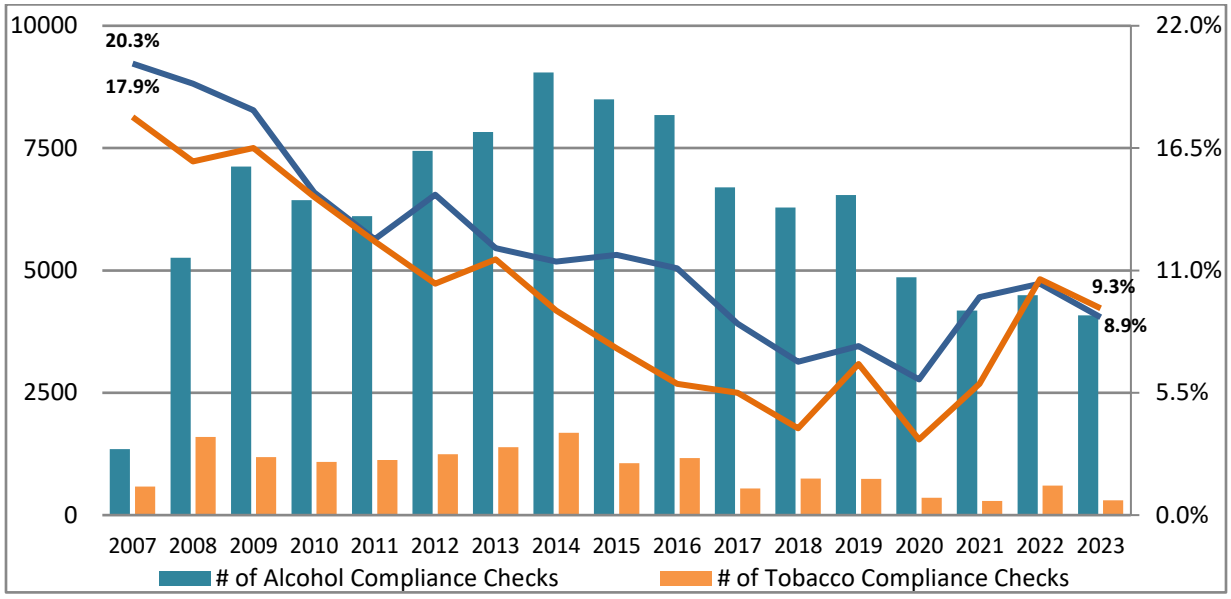
LEGEND			
Desired Marginally Significant (p<.10)	*	Desired Significant (p<.05)	**
Undesired Marginally Significant (p<.10)	*	Undesired Significant (p<.05)	**

[a] Numbers are percent changes from pretest to posttest. For risk factors, positive changes are desirable; for substances, negative changes are desirable.

Key findings for prevention efforts other than youth prevention curricula are:

- County authority prevention staff returned forms on **4,084 alcohol compliance checks and 301 tobacco compliance** checks. For alcohol, **8.9% of attempts generated sales**; for tobacco, **9.3% of attempts resulted in sales, both of which decreased from 2022.**

Annual Number of Compliance Checks and Annual Buy Rates



- AETs reported **722 public safety checkpoints** in 25 counties, up from FY '22. AETs issued **3,346 citations** during the **FY '23 checkpoints**, which included **118 DUI arrests**.
- In addition, there were 239 **saturation patrols** reported that generated another 2,200 tickets. The saturation patrol operations accounted for 19 DUI arrests, 111 drug possession cases, 5 fugitives apprehended, 82 open container tickets, 4 felony arrests, and 1,497 various misdemeanor offenses.
- **AETs** reported that 28 **parties were disbursed**, resulting in **60 tickets and arrests** at gatherings involving 1,426 persons.
- The Palmetto Retailer Education Program (**PREP**) served **747 merchants**.
- More than **232 youth were in diversion program for youth alcohol and tobacco offenses** (137 served in the Alcohol Education Program and 95 served in the Tobacco Education Program).

The Youth Access to Tobacco Study (Synar) showed that **10.7% of retailers sold cigarettes to underage youth**, up from 6.9% in FY 2022.

EVALUATION REPORT OVERVIEW

State Prevention Evaluation Efforts

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is one of the primary funders for substance abuse prevention services in the state. Most DAODAS prevention funds are distributed to the county alcohol and drug authority system, 31 agencies serving the state's 46 counties. The South Carolina Act 301 of 1973 created the single and multi-county service provider system that exists today. Every county authority offers prevention services, primarily using funds that pass through DAODAS and originate from the U.S. Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The primary sources of prevention funds from CSAP are the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) and discretionary grants such as the Strategic Prevention Framework Partnerships for Success (PFS) grant.

Contents of This Report

This report provides prevention data for **Fiscal Year 2023 (July 1, 2022 – June 30, 2023)** from a variety of data sources. The report focuses on prevention outcomes generated through pre- and post-testing of middle and high school youth who participated in prevention programs. The report also includes data related to county alcohol and tobacco environmental strategies (e.g., compliance checks, bar checks, and merchant education), the Youth Access to Tobacco Study (also known as the Synar study), and the distribution of prevention services. Each section of the report is described below.

Section I provides information on the distribution of prevention services across the six prevention service categories supported with CSAP funds.

Section II focuses on the changes in substance use and associated risk factors reported by participants in DAODAS-funded prevention education programs, using pre-test and post-test data from the DAODAS Standard Survey. Within Section II, we present data overall, by demographic group (i.e., age, sex, race, and ethnicity), and by prevention program.

Section III presents data from county alcohol and tobacco environmental strategies with a focus on compliance checks and Alcohol Enforcement Team (AET) efforts.

Section IV covers results from the FFY '23 Youth Access to Tobacco Study (Synar).

Section V provides statewide youth substance use trends, allowing DAODAS and its stakeholders to monitor changes in use over time.

Many of the more detailed data tables are included in Appendix A of this report to make the report more readable, while more succinct tables or summaries are presented in the narrative sections. In Appendix B, we discuss some of the methodological issues associated with analyzing

and interpreting the pre- and post-test results. Appendix C includes a copy of the DAODAS Standard Survey in effect for FY '23.

Focusing on State Data Indicators

This report can be reviewed in conjunction with the 2023 South Carolina County Profiles of Alcohol and Other Drug Use. The Profile is an overview of data indicators related to youth and adult drug use, consequences, and risk factors, and is an important measuring stick for the overall direction of the state in addressing its ATOD issues. Of note, the Profile provides updates on progress for the state's ATOD priorities determined by the Governor's Council on Substance Abuse Prevention and Treatment and covers a variety of topics including the following:

- Underage drinking
- Alcohol-related car crashes (including youth crashes)
- Youth tobacco use (including smokeless tobacco use)
- Substance use and misuse during pregnancy.

Attributing the effectiveness, or lack thereof, of specific prevention efforts by the state or counties to any changes in the indicators found in the state profile is highly speculative. Therefore, this document focuses more on efforts with clearly attributable outcomes or in-depth analyses of process data to inform our efforts. Understanding and building upon our measurable efforts while working toward the goal of "moving the needle" on state indicators is a positive complementary approach.

SECTION I: SERVICES ACROSS SIX CSAP STRATEGIES

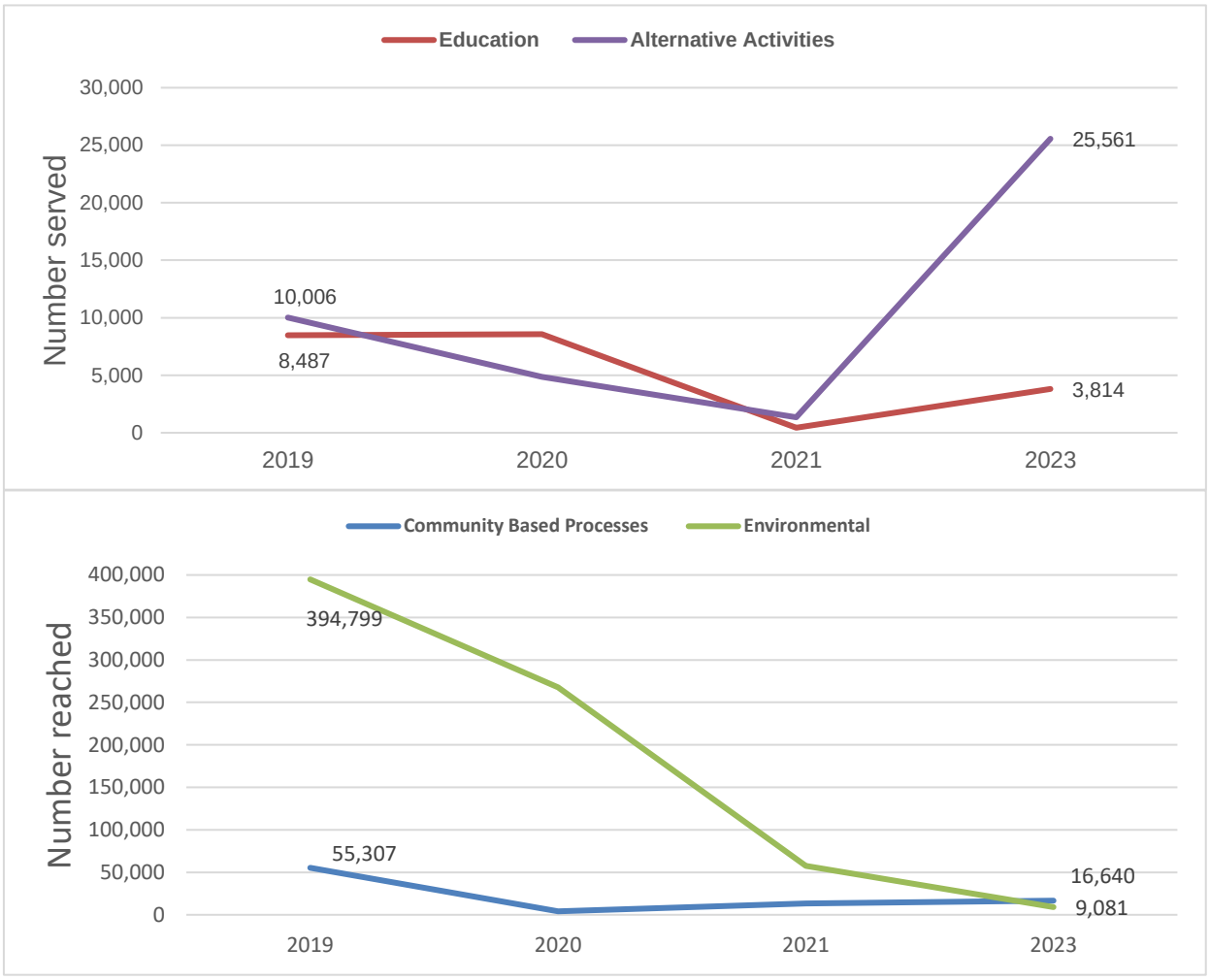
Prevention providers across South Carolina deliver and coordinate a wide variety of prevention programs, policies, and practices across six overarching prevention strategies supported by CSAP. The six CSAP strategies are the following:

- Information dissemination
- Community-based processes
- Education
- Environmental
- Alternative activities
- Problem identification and referral services

Figure 1 presents data from the DAODAS reporting system, known as Grant Management System (GMS), on the total number of people served by four of the six CSAP strategies. In many cases, the values are estimates provided by prevention providers; nevertheless, the data provide a sense of the scope of reach of prevention efforts in South Carolina. Although prevention providers conducted strategies and programs in FY '22, CSAP counts were not available due to a change from IMPACT to the GMS system.

The figure shows that people served in alternative activities, educational services, and people reached by community-based processes increased in FY '23 from FY '21. Notably, the number of people reportedly served by alternative activities increased 1,793% in the last year, whereas the number of people reportedly reached by environmental strategies decreased by 98% since 2019. It is possible that these dramatic changes are an artifact of the new reporting system or ways in which providers define the data elements; we recommend that DAODAS explore these possibilities with its providers. In addition, not shown in the figure, over 234,727 people received prevention-related information (Information Dissemination) and 1,512 received problem identification and referral services. Social media, media campaigns, and PSAs during Out of Their Hands (March 2023 to June 2023) added almost 5.5 million views/impressions.

Figure 1. Number of People Served and Reached by Four Types of Prevention Strategies, FY 2019 – FY 2023



SECTION II: CHANGES IN SUBSTANCE USE AND RISK FACTORS AMONG PROGRAM PARTICIPANTS

Each year, thousands of young people participate in substance abuse prevention programs funded by DAODAS through the county agencies and their providers. The goals of these programs are to prevent and reduce substance use among South Carolina's youth and to reduce risk factors associated with substance use. The primary way these programs are measured is to collect pre- and post-test data from the youth participants. In this section, we present data on pre- and post-test changes reported by youth. We present the data overall and then by sex, race, ethnicity, and program.

It is important to note that the evaluation design is non-experimental. That is, pre- and post-surveys are required to be administered only to program participants and not to control groups, so we cannot tell what would have happened in the absence of the program. Despite this limitation, reported changes in the desired direction are expected to provide some level of comfort that the program seems to be leading to the outcomes anticipated for a program.[1] Changes in the undesired direction are expected to raise questions about the fidelity of program implementation and/or the fit of the program to the community. That said, neither desired nor undesired changes should be taken as a conclusive indication of a program's effectiveness (or lack thereof). Through this monitoring process, the hope is that program implementation receives the attention necessary to be of greatest benefit to the community. In addition, the analysis of pre-post data across multiple programs and sites will assist the state in further understanding which programs, implemented under which conditions, appear to be most and least effective.

This section presents findings for the general state prevention system generated through youth participant pre- and post-testing (the DAODAS Standard Survey) when a valid pre- and post-test could be matched to the same participant. We present data on demographic characteristics of the participants, results for the risk factor measures, and results for substance use measures.

The Pre-Post Test Outcome Evaluation Instrument

The DAODAS Standard Surveys are comprised of a series of items that measure attitudes and behaviors related to substance use. Many of the items were drawn from the ***Communities That Care Survey*** (CTC) which is endorsed by SAMHSA as a valid and reliable tool for gathering

[1] Because adolescents generally become more tolerant of substance use and more likely to engage in some substance use behaviors as they grow older, it may be difficult to achieve positive changes among program participants over the time span between the pre- and post-surveys, even for a period as short as a few months. Therefore, even seeing no change on some risk factors and/or substance use behaviors may be viewed as a positive impact of program participation. This is particularly true for these data, where most respondents reported very low levels of risk and very low levels of substance use at the beginning of the programs.

information about substance use and associated risk and protective factors. DAODAS administers the CTC survey in school districts throughout the state every two years to generate county-level estimates of substance use behaviors and attitudes among middle and high school students. **The DAODAS Standard Surveys – Middle School and High School versions are included in Appendix C**. The following measures are used for the middle school version:

- Perceived risk/harm of ATOD use.
- Disapproval of use (formerly referred to as favorable attitudes)
- Decision-making
- Perceived peer norms regarding ATOD use.
- Perceived parental attitudes regarding ATOD use.
- 30-day use of other chewing tobacco, snuff, or dip
- 30-day use of cigarettes
- 30-day use of e-cigarettes or vapes
- 30-day use of alcohol
- 30-day use of marijuana
- 30-day non-medical use of prescription drugs
- Binge drinking (over the past two weeks)

In addition to the measures listed above, the following measures were also included on the high school version:

- 30-day non-medical use of prescription pain pills
- 30-day use of heroin or fentanyl
- 30-day use of cocaine
- 30-day use of other illegal drugs

Providers were instructed to administer the pre-test within two weeks before the start of the program content and the post-test within two weeks after the content ends. Local staff then gave the surveys to DAODAS or Pacific Institute for Research and Evaluation (PIRE) staff to have the responses scanned.

In March 2020, the coronavirus pandemic forced the physical closure of most South Carolina schools. To accommodate the need to deliver prevention services using online platforms, and to meet a growing demand for online surveys regardless of service delivery mode, PIRE developed four online surveys: pretest and posttest middle school online surveys and pretest and posttest high school online surveys. Prevention personnel used online surveys with the delivery of online or remote curriculum-based prevention education programs. Regardless of whether it was paper or online surveys, providers were instructed on participant protection procedures that would ensure confidentiality. A PowerPoint presentation titled, ***DAODAS Standard Survey Overview Presentation***, was developed by PIRE to guide paper and online procedures for pre-and-post-tests and was placed on the South Carolina Prevention/Evaluation Resources webpage.

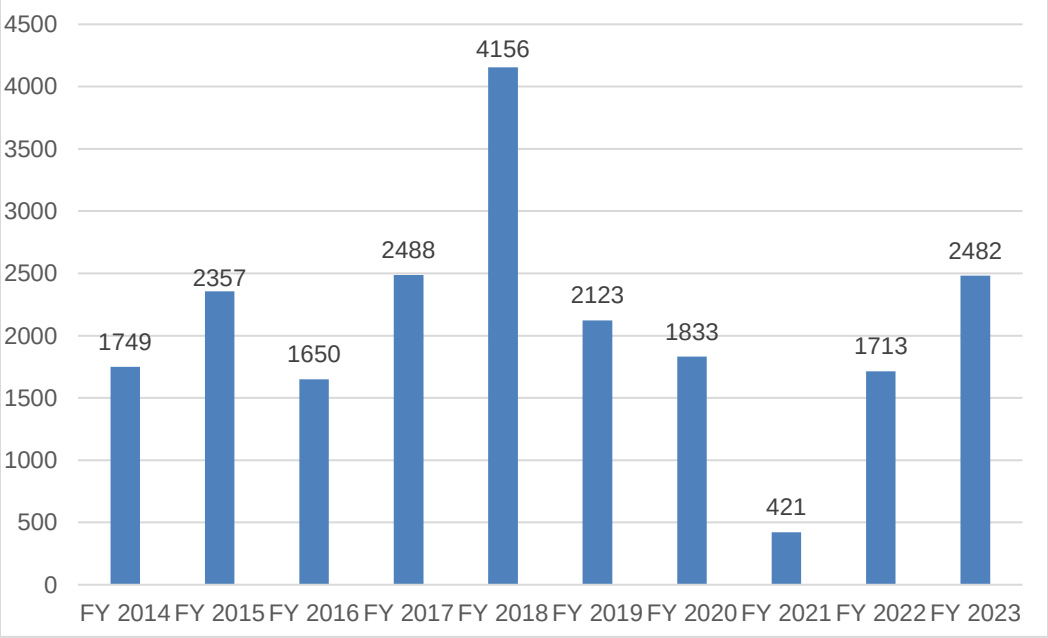
Matched Participants

For multiple reasons, not every pre-test completed by a participant could be matched to a valid post-test for that participant and vice versa. This could happen for the following reasons:

- The participant was absent at the time the pre-test or post-test was administered,
- Something in the test-coding process went wrong (participants were not to put their name on their surveys; a coding system was used to match the pre- and post-test),
- The participant left so much of the survey blank that it was removed from the analyses,
- The participant refused to take the pre- or the post-test, or
- Surveys were misplaced or not given to DAODAS/PIRE by local prevention staff.

If a participant did not have a match—i.e., a valid pre- and post-test—then neither test was included in the database that we analyzed. The middle school pre-test database contained 2,687 surveys while the post-test database contained 2,440 cases, which resulted in 2,184 matched cases or 81.3% of pre-test cases. The high school pre-test database contained 357 surveys while the post-test database contained 310 cases, which resulted in 298 matched cases or 83.5% of pre-test cases. The total number of matched cases was 2,482 (Figure 2) for an overall match rate of 81.5%. The number of matched cases reached levels like those seen before the pandemic.

Figure 2. Matched Participants in Pre-Post Database, FY'14 through FY '23



Demographic Breakdown

The data in this section are from the middle and high school participants' responses to the demographic items on their pre-test. The same items appeared on their post-tests but are not reported here. As shown in Table 1, middle school matched participants were in grades 6 through 8, with most (61.4% being in grade 6. More males (50.6%) participated than females (45.5%) with 3.9% respondents preferring not to answer. Almost 51 percent (50.6%) of the participants were White, 29.3% were Black or African American, 9.1% of the participants associated with "other" race category, 7.7% were of multiethnic race, 1.7% were Asian, 1.2% were American Indian or Alaskan Native, and 0.3% were Pacific Islander. Hispanic/Latino ethnicity was reported by 10.7% of students.

High school matched participants were in grades 9, 10, 11, and 12, with most (60.6%) being in grade 9. More males (52.2%) than females (44.4%) participated with 3.4% respondents preferring not to answer. 63.0% of participants were Black or African American, 23.2% were White, 7.7% of the participants associated with "other" race category, 2.7% were in the multiethnic or American Indian race category, and 0.7% were Asian. Hispanic/Latino ethnicity was reported by 7.8% of students.

Table 1. Demographics of Matched Participants

	Middle School (n = 2,184)	High School (n = 298)
GRADE		
6th	61.4%	-
7th	18.3%	-
8th	20.4%	-
9th	-	60.6%
10th	-	18.5%
11th	-	10.1%
12th	-	10.8%
RACE		
American Indian	1.2%	2.7%
Asian	1.7%	0.7%
Black	29.3%	63.0%
Multiethnic	7.7%	2.7%
Other	9.1%	7.7%
Pacific	0.3%	-
White	50.6%	23.2%
ETHNICITY		
Hispanic/Latino	10.7%	7.8%
SEX		
Female	45.5%	44.4%
Male	50.6%	52.2%

Risk-Factor Measures

Table 2 shows the results for the five risk factors included in the middle and high school versions of DAODAS Standard Survey. As shown in the table, for middle school, there were statistically significant ($p < .05$) positive changes from pre- to post-test in FY '23 for two of the five measures (perceived risk and perceived peer norms). For high school, there was a statistically significant ($p < .05$) positive change from pre- to post-test in FY '23 for four out of the five measures (perceived risk, decision-making, disapproval of use and perceived peer norms). There was a marginally significant ($p < .10$) positive change in perceived parental attitudes.

Table 2. Overall Results, Risk-Factor Measures, Middle and High School, FY '23

Risk-Factor Measure (All Scale Scores Range from 0 – 3)[a]	Middle School			High School		
	Pre-Test Average	Post-Test Average	Percent Change	Pre-Test Average	Post-Test Average	Percent Change
Perceived Risk	2.37	2.45	*3.60***	2.27	2.43	*6.93***
Decision-Making	1.95	1.96	*0.55*	1.90	2.02	*6.29***
Disapproval of Use	2.63	2.64	*0.44*	2.33	2.46	*5.87***
Perceived Peer Norms	2.53	2.56	*0.88***	2.27	2.39	*5.45***
Perceived Parental Attitudes	2.82	2.83	*0.21*	2.62	2.68	*2.10**

[a] Higher scores are more favorable.
* Pre- and post-test averages are marginally significantly different ($p<.10$).
** Pre- and post-test averages are significantly different ($p<.05$).
A green cell denotes reduction in risk; a blue cell is increase in risk.

Sex. Table A1 in the Appendix shows results by sex for middle school. Females reported significant positive changes on two risk factors (perceived risk and perceived peer norms). Males reported significant positive changes on one risk factor (perceived risk). Table A5 shows results separated by sex for high school. Females reported significant positive changes in two risk factors (perceived risk and disapproval of use) and a positive, marginally significant change in decision-making skills. Males reported significant positive changes in all five risk factors.

Race/Ethnicity. Table A2 shows middle school results separated by race (for those race groups with 20 or more participants) and Table A3 shows the middle school results by ethnicity. Participants who identified as American Indian reported no significant risk factor changes. Participants who identified as Asian reported a significant positive change in perceived risk and a marginally significant positive change in disapproval of use. Participants who identified as Black/African American reported significant positive changes on three risk factors (perceived risk, disapproval of use and perceived peer norms). Multiethnic participants reported a marginally significant positive change in decision-making skills. Participants who identified as Other reported significant positive change in perceived risk. White participants reported significant positive change in perceived risk. Participants of Hispanic, Latino, or Spanish descent or origin reported significant positive change on one risk factor (perceived risk) and participants not of Hispanic, Latino, or Spanish descent or origin reported significant positive changes on

two risk factors (perceived risk and perceived peer norms) and a marginally significant positive change in disapproval of use.

Table A6 shows high school results separated by race (for those race groups with 20 or more participants) and Table A7 shows high school results by ethnicity. Black or African American participants reported significant positive changes in all five risk factors. Other participants reported no significant risk factor changes. White participants reported significant positive changes in two risk factors (perceived risk and disapproval of use) and marginally significant positive change in perceived peer norms. Participants of Hispanic, Latino, or Spanish descent or origin reported significant positive change in one risk factor (perceived risk). Participants not of Hispanic, Latino, or Spanish descent or origin reported significant positive changes in four risk factors (perceived risk, decision-making skills, disapproval of use and perceived peer norms).

Participant Substance Use

Changes between pre- and post-tests are shown in Table 3. For middle school youth, we found statistically significant reductions in use of one substance at post-test (alcohol). For high school youth, we found statistically significant reductions in two substances at post-test (e-cigarettes or vapes and marijuana) and marginally significant reductions in alcohol and cocaine use. See Figure 3 and 4 for graphic displays of the substance use data.

Table 3. Overall Results, Substance Use Rates, Middle and High School, FY '23

Substance[a]	Middle School			High School		
	% Using at Pre-Test	% Using at Post-Test	Percent Change	% Using at Pre-Test	% Using at Post-Test	Percent Change
Chewing Tobacco, Snuff, Dip	1.05	1.01	*-3.81*	2.02	2.02	*0.00*
Cigarettes	0.92	1.06	*15.22*	5.07	3.03	*-40.24*
E-Cigarettes or Vapes	5.70	5.75	*0.88*	20.88	14.97	*-28.30***
Alcohol	5.78	4.32	*-25.26***	12.16	9.43	*-22.45**
Marijuana	3.83	3.22	*-15.93*	18.18	14.09	*-22.50***
Non-Medical Prescription Drugs	2.52	2.62	*3.97*	8.45	4.04	*-52.19*
Binge Drinking (past 2 weeks)	1.57	1.79	*14.01*	5.72	4.10	*-28.32*
Prescription Pain Pills	-	-	-	1.69	0.81	*-52.07*
Heroin or Fentanyl	-	-	-	1.35	1.63	*20.74*
Cocaine	-	-	-	3.03	0.41	*-86.47**
Other Illegal Drugs	-	-	-	3.05	2.37	*-22.30*

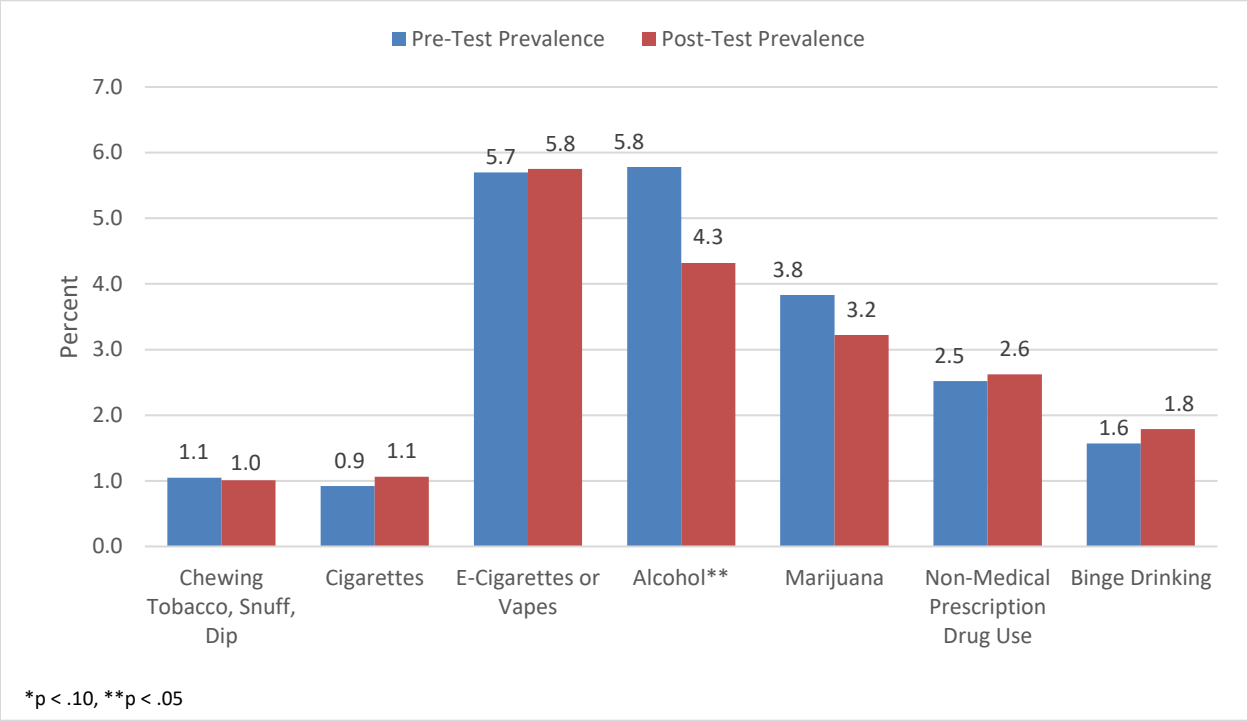
[a] Unless otherwise noted, substance use is measured as past 30-day use.

* Pre- and post-test averages are marginally significantly different ($p<.10$).

** Pre- and post-test averages are significantly different ($p<.05$).

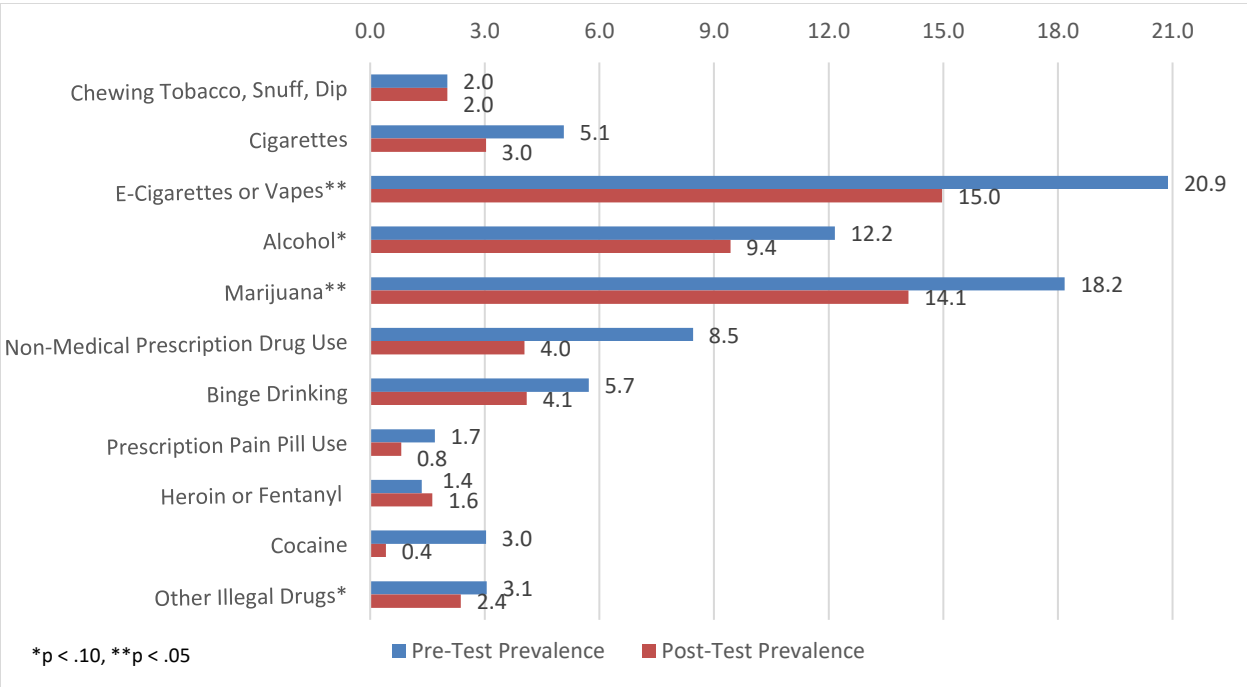
A green cell denotes a significant reduction in use; a blue cell is significant increase in use.

Figure 3. Pre- and Post-Test Substance Use Rates, Middle School, FY '23



*p < .10, **p < .05

Figure 4. Pre- and Post-Test Substance Use Rates, High School, FY '23



*p < .10, **p < .05

Sex. Table A1 shows results separated by sex for middle school. Females reported a marginally significant decrease in alcohol use. Males reported a significant decrease in alcohol use. Table A5 shows results separated by sex for high school. Females reported no significant decreases in use. Males reported a significant decrease in alcohol and a marginally significant decrease in e-cigarette or vape and marijuana use.

Race/Ethnicity. Table A2 shows middle school results separated by race (for those race groups with 20 or more participants) and Table A3 shows the middle school results by ethnicity. Black/African American participants reported a significant reduction in alcohol use. Multiethnic students reported a marginally significant decrease in alcohol use. American Indian, Asian, Other and White participants reported no significant decreases in use. Participants not of Hispanic, Latino, or Spanish descent reported significant reduction in alcohol use and a marginally significant decrease in marijuana use. Participants of Hispanic, Latino, or Spanish descent reported no significant reductions in use.

Table A6 shows high school results separated by race (for those race groups with 20 or more participants) and Table A7 shows the high school results by ethnicity. Black/African American participants reported a significant reduction in non-medical prescription drug use and a marginally significant decrease in alcohol use. Other and White students reported no significant decreases in use. Participants not of Hispanic, Latino, or Spanish descent reported significant reduction in non-medical prescription drug use and a marginally significant decrease in e-cigarette or vape and other illegal drug use. Participants of Hispanic, Latino, or Spanish descent reported no significant reductions in use.

Substance Use Prevention and Reduction

We analyzed responses regarding past-30-day use to determine (1) the percentage of participants who were not using a substance at pre-test that were still not using at post-test and (2) the percentage of participants who were using a substance at pre-test that reported no use at post-test. The former analysis may be the most accurate assessment of the "preventive" effect of the programs.

Figure 5 shows that nearly all middle school participants who reported not using a substance at pretest also reporting not using at posttest. Similarly, Figure 6 shows that nearly all high school participants who reported not using a substance at pretest also reporting not using at posttest. All participants that reported use at pretest also reported use at posttest (not shown in a graph).

Figure 5. Percent Who Reported No Use at Pretest Who Also Reported No Use at Posttest, Middle School, FY '23

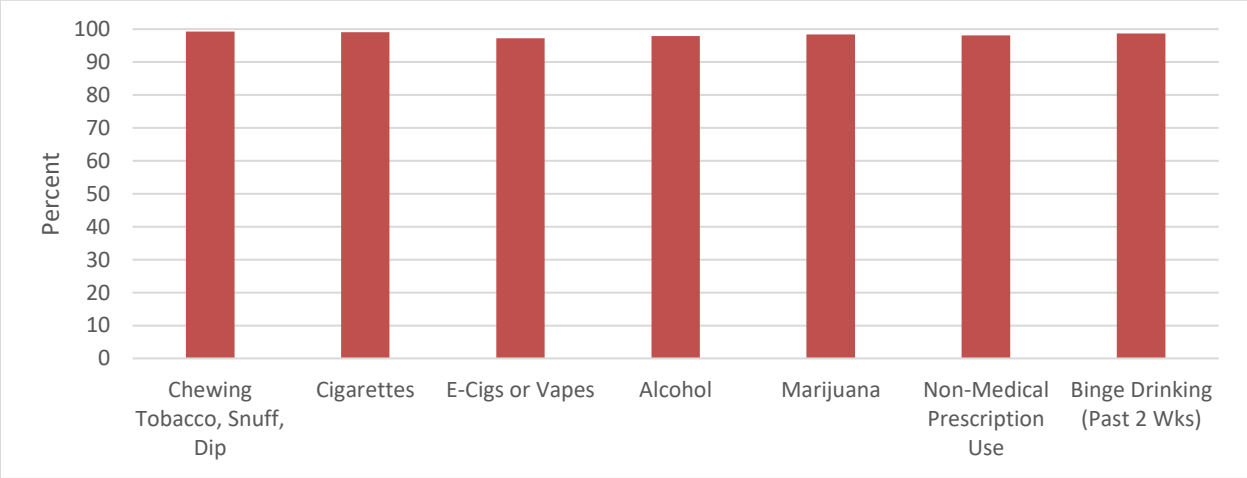
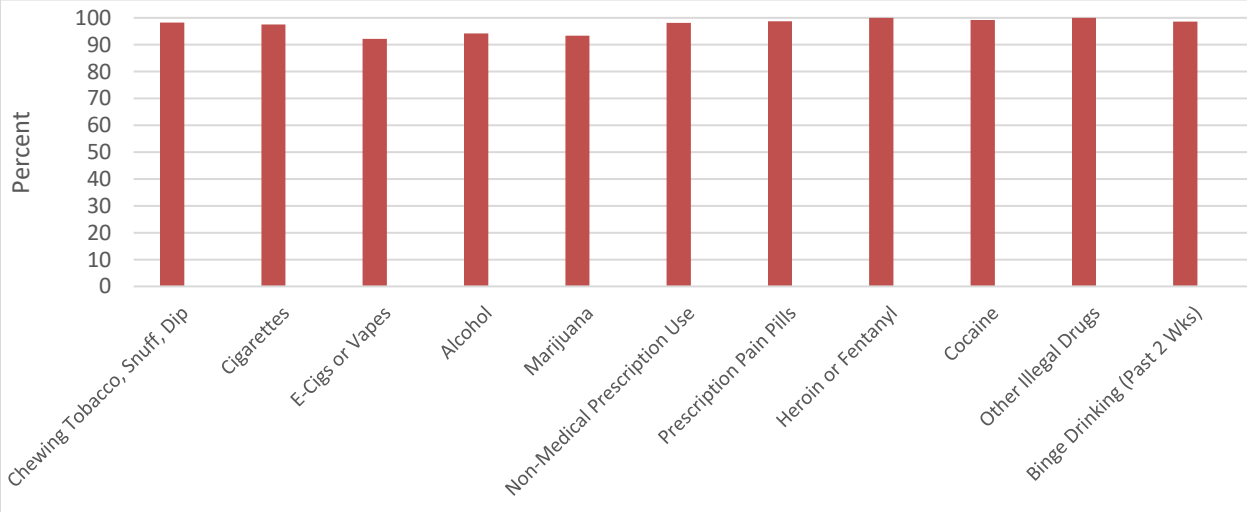


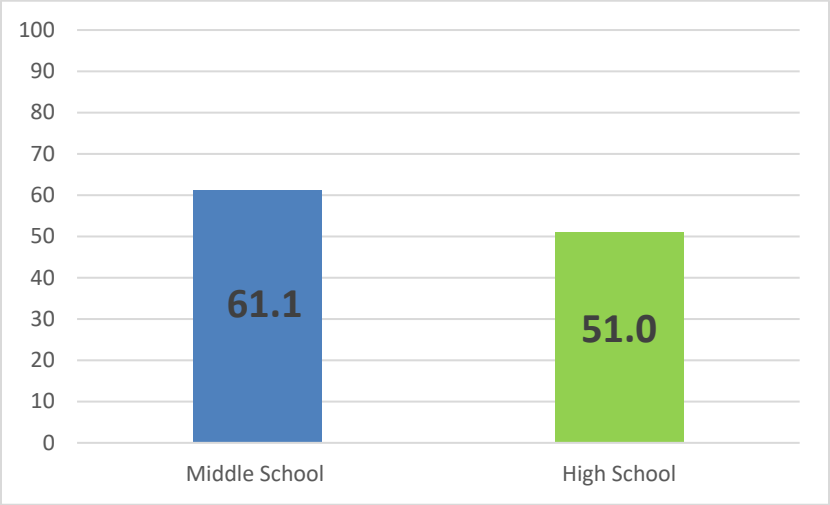
Figure 6. Percent Who Reported No Use at Pretest Who Also Reported No Use at Posttest, High School, FY '23



Parent-Child Communication and Youth Exposure to Prevention Messages

The survey also asks about parent-child communication. Figure 7 shows that 61.1% of middle school participants and 51% of high school participants had talked to their parents about the dangers of drugs in the past year.

Figure 7. Parent Child Communication and Exposure to Prevention Messages, FY '23



Prevention Programs

Across the provider network, 10 different programs were implemented in FY '23, the same as in FY'22 and up from four in FY'21. In this section, we describe the outcomes for the nine programs with 20 or more matched participants. The full tables with results by program are found in Appendix A in Table A4 for middle school and A8 for high school.

Alcohol-Drug True Stories (hosted by Matt Damon) is a movie with testimonials by real people about their experiences with alcohol and drugs. Used together with its accompanying discussion guide, this is considered an evidenced-based practice. The program was implemented with 327 matched middle school youth at two sites. There was a statistically significant positive change in perceived peer norms. Additionally, there were statistically significant negative changes in perceived risk and disapproval of use. For substance use, there was a statistically significant decrease in the rate of alcohol use.

Girls Circle (formerly G.I.R.L. Power Series) is a single-county prevention program. G.I.R.L. (Gifted, Intelligent, Responsible Ladies) Circle is a seven-session program assisting young girls with development of positive social skills, emphasizing respect self and others, handling peer pressure, manners, and being comfortable in your own skin. The program was implemented with 22 matched middle school youth at one site. There were no significant changes in risk factors or substance use.

Keepin' It Real is a video-enhanced intervention for youth 10 to 17 that uses a culturally grounded resiliency model that incorporates traditional ethnic values and practices to protect against drug use. It was used by three sites with a total of 131 matched middle school participants. There were no significant changes in risk factors. There was a statistically significant decrease in the rate of alcohol use.

Life Skills Training is a skill based ATOD prevention curriculum and was the most widely implemented program with eight sites and 1,516 matched middle and 219 high school participants. For middle school, there were statistically significant positive changes in perceived risk and disapproval of use. For substance use, there were no significant changes. For high school, there were statistically significant positive changes in perceived risk, disapproval of use, perceived peer norms and perceived parental attitudes. Additionally, there was a marginally significant change in decision-making skills. For substance use, there was a marginally significant decrease in non-medical prescription drug use.

Prime for Life: Exploring is an evidence-based motivational prevention, intervention and pretreatment program specifically designed for people who might be making high-risk choices, was used by two high school sites with a total of 30 matched participants. There was a statistically significant negative change in perceived parental attitudes. There was a marginally significant decrease in e-cigarette or vape use.

Project Alert, a comprehensive ATOD prevention curriculum for middle school students, was delivered at two sites with 99 matched participants. There was a marginally significant desired change in perceived peer norms and a statistically significant negative change in decision-making skills. There were no significant changes in substance use.

Project Northland, an ATOD prevention curriculum with a strong focus on alcohol and influencing the environment, was used by 1 site with 22 total matched participants. There were no significant changes for risk factors or substance use.

Refuse, Remove, Reasons (RRR), a high school education program is a substance use prevention program that is designed to reduce high school students' favorable attitudes toward the use of alcohol, tobacco, and other drugs (ATOD), was delivered at one site with a total of 37 matched participants. There were significant desired changes in perceived peer norms, decision-making skills, and disapproval of use. There was a marginally significant decrease in e-cigarette or vape use.

Why Try is a comprehensive ATOD prevention curriculum, implemented at one middle school site with 39 matched participants. There were no significant changes in risk factors or substance use.

Evidence-Based Programs

County authorities are not required to use evidence-based interventions exclusively, though most do. In FY '23, 100% of participants were served in evidence-based programs.

Summary of Section II

Tables 4 and 5 summarize the pre- and post-test differences in risk scores and substance use rates that were found among participants in the county authorities' multi-session prevention programs for youth. Green cells with an asterisk (*) signify changes that were at least marginally statistically significant ($p<.10$) in the desired direction; desired changes that were statistically significant ($p<.05$) include two asterisks (**). Blue cells with an asterisk (*) signify changes that were at least marginally statistically significant ($p<.10$) in the undesired direction; undesired changes that were statistically significant ($p<.05$) include two asterisks (**).

Table 4 shows that there were widespread positive changes among middle school students in perceived risk, which were experienced by many demographic groups and programs. Similar desirable patterns were seen for disapproval of use and perceived peer norms. There were also consistent reductions in alcohol use among most demographic groups.

Table 5 shows that there were widespread positive changes among high school students in perceived risk, which were experienced by nearly all demographic groups and programs. Similar desirable patterns were seen for decision-making skills, disapproval of use, and perceived peer norms. There were reductions in e-cigarette or vape and alcohol use amongst many demographic groups.

Table 4. Summary of Statistically Significant Results, Middle School[a]

Category (number)	Perceived Risk	Decision Making	Disapproval of Use	Perceived Peer Norms	Perceived Parental Attitudes	Chewing Tobacco, Snuff, Dip	Cigarettes	E-Cigs or Vapes	Alcohol	Marijuana	Non-Medical Prescription Drugs	Binge Drinking (past 2 wks)
MIDDLE SCHOOL DEMOGRAPHICS												
Overall Middle School (2,184)	3.6**	0.6	0.4	0.9**	0.2	-3.8	15.2	0.9	-25.3**	-15.9	4.0	14.0
Females (990)	3.2**	-0.1	0.4	1.2**	0.4	-22.0	-16.4	1.7	-23.3*	-10.3	-13.5	14.1
Males (1102)	4.1**	0.9	0.4	0.3	-0.2	16.5	14.2	-3.3	-29.8**	-19.2	28.0	4.6
American Indian (27)	3.8	1.5	4.6	5.8	-0.20	-	-	107.8	107.8	100.3	-	-
Asian (38)	8.5**	1.3	4.1	3.5	0.5	-	-	-	-	-	0.0	-
Black/African American (637)	3.1**	2.6**	0.7	2.1**	0.3	0.0	39.2	0.1	-34.6**	8.4	3.6	-57.4*
Multi-ethnic (167)	0.6	55.9*	-1.4	0.1	0.7	-100.0	-100.0	-23.1	-57.4*	-41.2	-32.9	-80.2
Other (199)	4.0**	-1.1	1.5	-0.3	1.0	-42.3	100.7	25.6	-17.7	-21.7	-11.7	494.1
White (1101)	4.2**	49.9	0.2	0.4	0.0	32.7	-27.0	-4.7	-13.2	-10.9	-9.9	59.6
Hispanic (163)	4.4**	1.7	0.2	0.8	0.7	51.7	0.0	58.2	-33.3	55.4	-10.4	146.1
Not Hispanic (1292)	3.5**	0.4	0.6*	1.0**	0.1	-9.2	16.9	-6.2	-23.8**	-24.5*	4.6	3.6
MIDDLE SCHOOL PROGRAMS												
Alcohol-Drug Stories (2 sites; n = 327)	-2.8**	0.8	-3.4**	1.7**	0.4	0.0	0.0	35.9	-37.3**	-16.0	-19.6	-0.5
Girls Circle (1 site; n = 22)	4.1	-2.9	1.0	2.5	0.5	-	-	-	-	-	-	-
Keepin' It Real (3 sites; n = 131)	2.7	-2.4	1.4	0.7	-0.3	1.3	-100.0	-6.2	-52.6**	-49.9	-59.7	-33.5
Life Skills (8 sites; n =1516)	5.0**	1.1	1.2**	0.7	0.0	0.0	80.3	-1.4	-16.0	-7.5	9.7	42.1
Prime for Life (1 site; n=10)	16.7	9.0	14.8	3.6	19.4	0.0	0.0	66.7	-50.0	-100.0	-	-100.0
Project Alert (2 site; n = 99)	4.4	-4.9**	-2.3	3.8*	2.3	0.0	0.0	-25.0	20.0	-1.9	0.0	-50.0
Project Northland (1 site; n=22)	0.7	6.2	3.0	-2.6	-0.6	-	-100.0	-	-	-	-	-
Why Try (1 site; n = 39)	6.3	2.1	1.4	-0.5	0.9	-50.1	-100.0	-33.4	-28.6	30.0	200.4	200.4
OVERALL (19 sites; n= 2,184)	3.6**	0.6	0.4	0.9**	0.2	-3.8	15.2	0.9	-25.3**	-15.9	4.0	14.0

LEGEND			
Desired Marginally Significant (p<.10)	*	Desired Significant (p<.05)	**
Undesired Marginally Significant (p<.10)	*	Undesired Significant (p<.05)	**

[a] Numbers are percent changes from pretest to posttest. For risk factors, positive changes are desirable; for substances, negative changes are desirable.

Table 5. Summary of Statistically Significant Results, High School[a]

Category (number)	Perceived Risk	Decision Making	Disapproval of Use	Perceived Peer Norms	Perceived Parental Attitudes	Chewing Tobacco, Snuff, Dip	Cigarettes	E-Cigs or Vapes	Alcohol	Marijuana	Non-Medical Prescription Drugs	Prescription Pain Pills	Heroin or Fentanyl	Cocaine	Other Illegal Drugs	Binge Drinking (past 2 wks.)
HIGH SCHOOL DEMOGRAPHICS																
Overall High School (298)	6.9**	6.3**	5.9**	5.5**	2.1*	0.0	-40.2	-28.3**	-22.5*	-22.5**	-52.2	-28.3	-52.1	20.7	-86.5*	-22.3
Females (132)	5.2**	4.7*	3.9**	2.4	0.0	198.7	0.0	-18.2	12.5	-20.0	-70.3	-12.5	-	-	-100.0	51.0
Males (155)	8.9**	6.9**	7.7**	7.5**	3.7**	-49.6	-60.0	-34.1*	-47.1**	-22.7*	-49.6	-36.4	-68.5	-15.5	-100.0	-43.3
Black/African American (187)	7.3**	4.7**	5.1**	5.7**	3.1**	-32.5	-16.7	-21.5	-40.0*	-21.3	-61.9**	-26.3	-71.6	13.7	-100.0	-49.9
Other (23)	8.1	1.6	4.6	-1.9	2.1	-100.0	-100.0	0.00	100.0	-40.0	-100.0	-100.0	-	-	-100.0	-
White (76)	6.7**	6.5	6.8**	6.3*	0.9	200.0	33.3	-21.6	8.3	10.0	100.0	-	-	-	-	-1.4
Hispanic/Latino/ Spanish (23)	12.2**	14.0	8.8	8.0	8.5	-	-	-66.6	-100.0	-100.0	0.00	-	-	-	-100.0	-
Not Hispanic (273)	6.3**	5.8**	5.8**	5.6**	1.6	0.5	-39.9	-24.8*	-20.1	-16.05	-54.2**	-29.1	-52.4	19.7	-85.0*	-22.3
HIGH SCHOOL PROGRAMS																
Life Skills (6 sites; n =219)	6.2**	3.7*	5.4**	5.3**	3.0**	32.6	0.0	-11.9	-3.9	-10.7	-45.3*	-19.5	-64.5	60.9	-73.2	-17.6
Prime for Life (2 sites; n=30)	2.6	7.2	0.4	4.2	-5.1**	-65.5	-27.5	-49.5*	-58.6	-14.3	-50.0	50.0	133.5	141.6	-100.0	107.2
RRR (1 site; n=37)	16.1**	21.3**	15.7**	7.8	0.9	-	-75.0	-83.4*	-100.0	-100.0	-100.0	-100.0	-	-	-	-100.0
OVERALL (9 sites; n=166)	6.9**	6.3**	5.9**	5.5**	2.1*	0.0	-40.2	-28.3**	-22.55*	-22.5**	-52.2	-28.3	-52.1	20.7	-86.5*	-22.3

LEGEND

Desired Marginally Significant (p<.10)	*	Desired Significant (p<.05)	**
Undesired Marginally Significant (p<.10)	*	Undesired Significant (p<.05)	**

[a] Numbers are percent changes from pretest to posttest. For risk factors, positive changes are desirable; for substances, negative changes are desirable.

Table 6 provides information about the significant changes in substance use across years for all programs that were implemented at least once during the past 13 years (since 2011) and for which more than 20 participants had participated per year, on average. The programs are grouped by average number of annual participants; programs with more participants have more statistical power to detect significant results. Within the groupings, programs are ordered by the number of years of implementation, recognizing that having more years of implementation provides more opportunities for more significant results. Finally, programs that are more limited in their target outcomes (e.g., focus primarily on alcohol) are noted with an asterisk (*), recognizing that programs that target fewer outcomes should be expected to have fewer opportunities for significant changes.

Highlights from the table include the following:

- Life Skills has been implemented in all 13 years and, by far, has reached the most participants. Life Skills had 13 significant decreases in substance use and no increases.
- Within the group of programs with an average of 100 – 999 participants, five programs have been implemented for at least six years. Among those implemented for the most years, All Stars participants experienced the most significant decreases and no increases.
- Within the group of programs with an average of 20 - 99 participants, four programs have been implemented for at least six years. Project TND had 11 significant decreases in substance use and only two increases.

Table 6. Changes in Substance Use by Program, 2011 - 2023

	Years Implemented	Avg N	Significant Decreases	Significant Increases
AVERAGE N GREATER 1,000 OR MORE				
Life Skills	13	1,523	13	
AVERAGE N FROM 100 - 999				
Keepin' It Real	13	286	2	1
All Stars	10	258	5	
Project Alert	11	200	3	
Too Good for Drugs	8	206		
Alcohol-Drug True Stories*	8	245	4	1
Project TNT*	4	102		
Operation Prevention*	4	181	2	
ATOD 101	3	133		
Responding in Peaceful and Positive Ways	1	295	1	
Tobacco Education Program*	1	119	1	
AVERAGE N FROM 20 - 99				
Project TND	9	90	11	2
Why Try	10	52	2	
Project Northland*	6	90	1	
Class Action*	6	41	2	
G.I.R.L. Power Series	4	39	1	
Prime for Life: Exploring	5	92	2	
Girls Circle	2	40		
Keep A Clear Mind	1	53		
RRR	1	37		
Street Smart	1	53		2
Wise Guys	1	47		
* Indicates a program that is targeted to a smaller set of substance use outcomes.				

SECTION III: ALCOHOL AND TOBACCO ENVIRONMENTAL PREVENTION STRATEGIES

County authorities have been implementing or assisting with the implementation of environmental strategies for many years. These efforts were boosted in FY '07 with the creation of the Synar Tobacco Enforcement Partnerships (STEP) and Alcohol Strategy Incentive Program (ASIP). In FY'08, the ASIP program ended due to the creation of the state Alcohol Enforcement Teams (AET) program, which now reports on most of the same strategies that had been tracked through ASIP. STEP continued into FY'23 and is most identified with its year-end monetary three incentives to local providers based on the amount of tobacco-related environmental strategies implemented. Under STEP, counties could receive points for educating merchants through PREP (Palmetto Retailer Education Program), implementing tobacco compliance checks, acquiring a multi-jurisdictional law enforcement agreement around tobacco enforcement signed, and sending in names of new tobacco outlets. In this section, we document the amount of overall environmental strategy activity generated with a primary emphasis on the outcomes generated from the most common strategy, compliance checks.

The South Carolina Alcohol Enforcement Team (AET) model has grown from just three sites in the early 2000s to having an active AET covering every judicial circuit in the state. The AET model, which includes community coalition maintenance and development, merchant education, and law enforcement partnership, specifies a multi- or single jurisdictional alcohol law enforcement approach (depending on the needs and participation of law enforcement within the target area) in a community to accomplish the following:

- Reduce youth access to alcohol utilizing various strategies (social and retail access).
- Measure, track, and improve merchant compliance with alcohol laws.
- Provide research-based merchant education.
- Build community support for enforcement of underage drinking laws through media advocacy and community coalition maintenance and development; and
- Develop local law enforcement support for underage drinking prevention and enforcement efforts.

Alcohol and Tobacco Compliance Checks

Compliance checks are an environmental strategy to reduce youth access to alcohol or tobacco. Ideally, compliance checks include the following actions:

- Publicity to alcohol and tobacco sales staff that enforcement operations will be increasing,

- Awareness-raising with the community to increase its acceptance of increased compliance operations,
- Law enforcement operations involving the use of underage buyers attempting to purchase alcohol or tobacco with charges being brought against the clerk and establishment license holder if a sale is made, and
- Regularly offering merchant education to help merchants improve their underage sales policies and practices.

Across the county authority system, prevention staff were required to use the online Grant Management System (GMS) Reporting system version of the DAODAS Compliance Check Form when cooperating with local and state law enforcement to implement alcohol or tobacco compliance checks. The form requests details of the compliance checks, such as time of check, type of store, information on purchaser and clerk, and whether the clerk asked for ID.

In FY'23, there were 4,084 alcohol compliance checks and 301 tobacco compliance checks entered in the online AET reporting system. In FY '23, 39 counties submitted alcohol compliance checks and 19 counties submitted tobacco forms, compared to 41 counties and 18 counties, respectively, in FY '22. There may have been additional compliance checks for which a form was not entered in the online system, so the data received may not reflect every compliance check during the year, though it should contain most of the enforcement activity. As shown in Figure 8, the data implied that both alcohol and tobacco non-compliance (buy) rates **decreased** from **10.4% in FY'22 to 8.9% in FY23 for alcohol and from 10.6% in FY'22 to 9.3% in FY'23 for tobacco**. Table 7 shows the buy-rates by county.

Figure 8. Annual Number of Compliance Checks and Annual Buy Rates

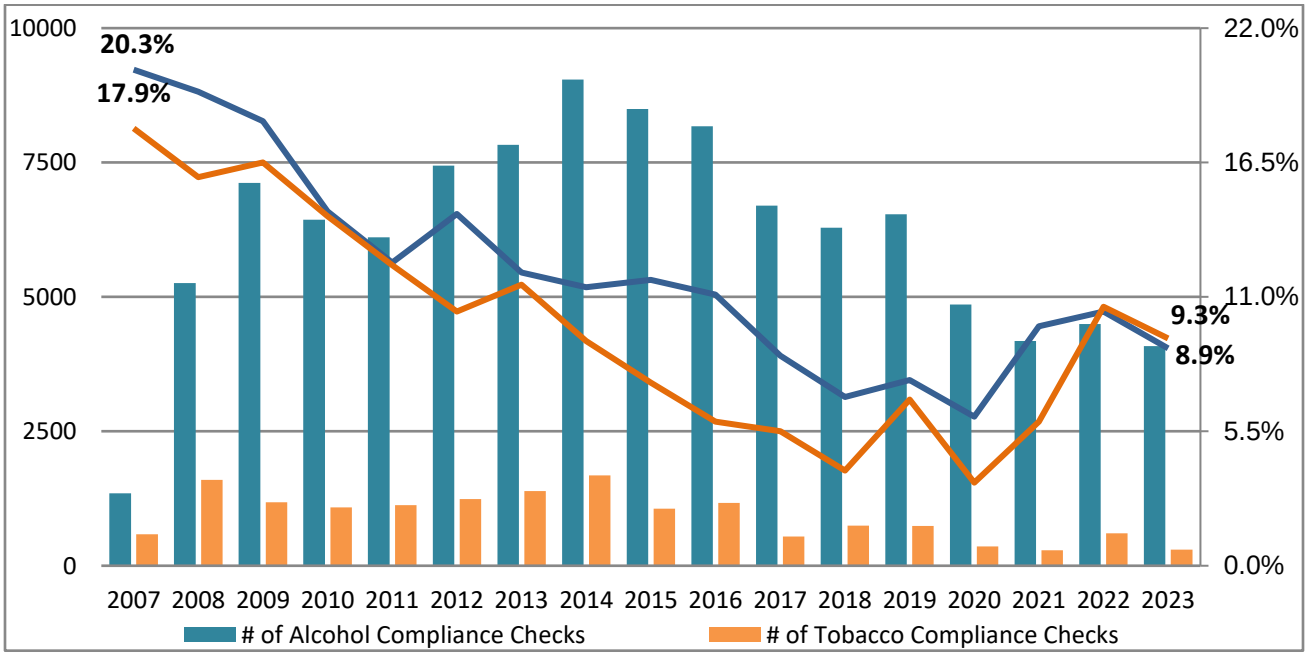


Table 7. Alcohol and Tobacco Buy Rates by County

County Name	Alcohol			Tobacco		
	Total Eligible Purchase Attempts	Buy	Buy Rate	Total Eligible Purchase Attempts	Buy	Buy Rate
Abbeville	0	0	N/A	0	0	N/A
Aiken	142	21	14.8%	0	0	N/A
Allendale	10	3	30.0%	0	0	N/A
Anderson	0	0	N/A	0	0	N/A
Bamberg	30	2	6.7%	30	2	6.7%
Barnwell	75	9	12.0%	24	2	8.3%
Beaufort	5	0	N/A	0	0	N/A
Berkeley	78	2	2.6%	4	0	N/A
Calhoun	13	1	7.7%	14	2	14.3%
Charleston	0	0	N/A	0	0	N/A
Cherokee	11	3	27.3%	0	0	N/A
Chester	107	6	5.6%	0	0	N/A
Chesterfield	93	5	5.4%	0	0	N/A
Clarendon	60	0	N/A	2	2	100%
Colleton	19	0	N/A	2	1	50%
Darlington	68	3	4.4%	14	1	7.1%
Dillon	23	5	21.7%	0	0	N/A
Dorchester	23	1	4.3%	26	1	3.8%
Edgefield	63	5	7.9%	0	0	N/A
Fairfield	88	4	4.5%	16	0	N/A
Florence	131	4	3.1%	1	1	100%
Georgetown	204	6	2.9%	0	0	N/A
Greenville	202	15	7.4%	5	3	60.0%
Greenwood	20	5	25.0%	0	0	N/A
Hampton	31	6	19.4%	6	1	16.7%
Horry	589	31	5.3%	23	0	N/A
Jasper	18	1	5.6%	0	0	N/A
Kershaw	10	1	10.0%	0	0	N/A
Lancaster	74	16	21.6%	0	0	N/A
Laurens	0	0	N/A	0	0	N/A
Lee	25	1	4.0%	0	0	N/A
Lexington	506	69	13.6%	29	2	6.9%
Marion	91	6	6.6%	0	0	N/A
Marlboro	68	12	17.6%	0	0	N/A
McCormick	16	3	18.8%	1	0	

County Name	Alcohol			Tobacco		
	Total Eligible Purchase Attempts	Buy	Buy Rate	Total Eligible Purchase Attempts	Buy	Buy Rate
Newberry	0	0	N/A	0	0	N/A
Oconee	0	0	N/A	0	0	N/A
Orangeburg	35	5	14.3%	35	4	11.4%
Pickens	12	0	N/A	1	0	N/A
Richland	119	26	21.8%	1	1	100%
Saluda	16	0	N/A	0	0	N/A
Spartanburg	153	8	5.2%	0	0	N/A
Sumter	213	22	10.3%	0	0	N/A
Union	0	0	N/A	0	0	N/A
Williamsburg	60	4	6.7%	0	0	N/A
York	583	54	9.3%	67	4	6.0%

Most FY'23 alcohol compliance checks were conducted at convenience stores/gas stations (47%). The next most common type of location was liquor stores (13.4%), then small grocery stores (8.7%), restaurants (8.4%), convenience stores (7.5%), large grocery stores (7.1%), drug stores (4.4%), other outlets (2.2%), hotels (0.2%), and vape stores (0.1%). In most cases, the youth attempted to buy beer (78.5%) although a substantial number attempted to buy alcopop drinks (10.4%) or liquor (9.8%). Wine or wine coolers were attempted 1.3% of the time. Most youth volunteers were between the ages of 16 and 19 (95.6%). More purchase attempts were made by males (70.2%) than females. Most alcohol checks were conducted by White youth (89.3%), followed by Black or African American youth (5.4%).

For tobacco compliance checks, 51.2% were conducted at convenience store/gas stations, followed by vape stores (15%), small grocery stores (9.6%), large grocery stores (8.6%), convenience stores (8.3%), other outlets (3.7%), drug stores (2.7%), liquor stores (0.7%) and bar/taverns (0.3%). In most cases, youth attempted to buy cigarettes (56.5%). The remaining attempts were made for other tobacco products (41.5%). To place this in context, in FY '08, only 5% of attempts were for these non-cigarette tobacco products. In FY '23, the most common age for youth volunteers was 16 (43.5%) and 15 (31.2%). More purchase attempts were made by females (51.5%) than males. White youth conducted 55.5% of tobacco compliance checks, and Black or African American youth conducted 43.9% of the checks.

Figure 9 shows how buy rates for different products have changed over the past five years. As can be seen, the buy rates for all products decreased this year.

Figure 9. Alcohol Buy Rates by Type of Product, Five-Year Trends

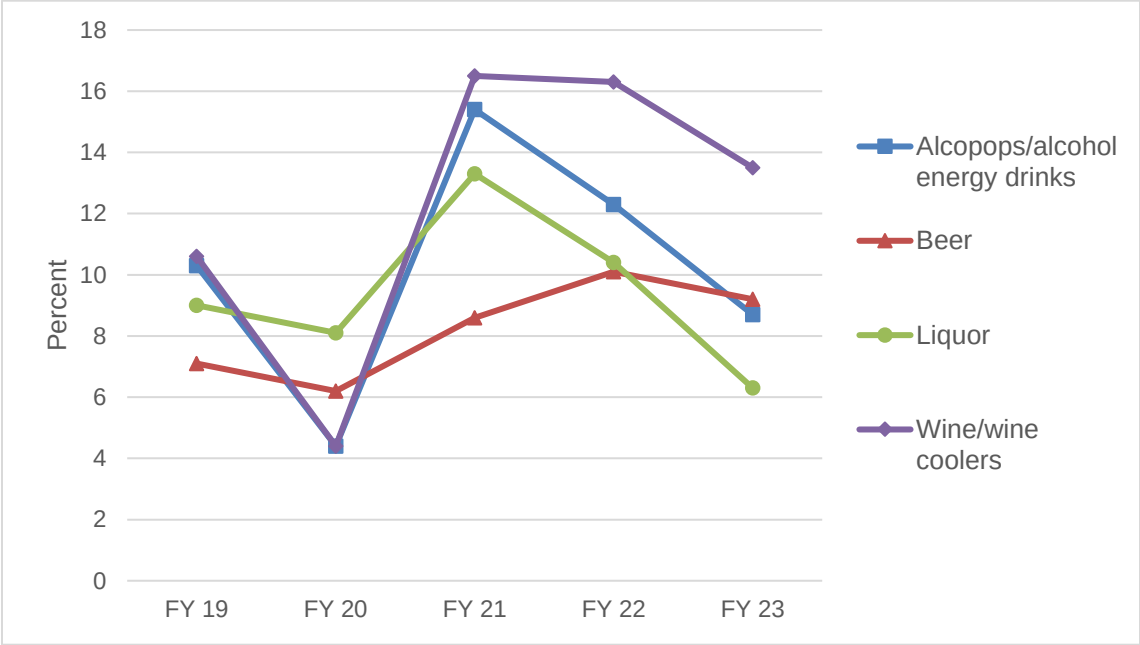


Figure 10 shows alcohol merchant practices over the past five years. Notably, three practices decreased this past year—having visible signage about ID checking, using age verification equipment, and merchants asking the buyer's age.

Figure 10. Alcohol Merchant Practices, Five-Year Trends

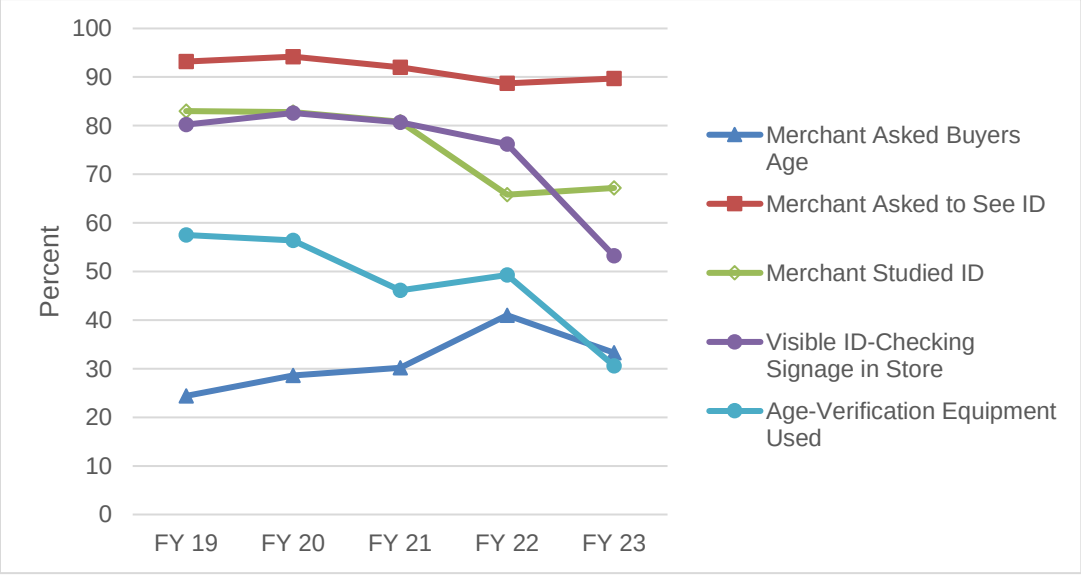


Figure 11 shows how buy rates for different tobacco products have changed over the past five years. Buy rates decreased for cigarettes, cigarillos, cigars, vaping juice, and electronic cigarettes.

Figure 11. Tobacco Buy Rates by Type of Product, Five-Year Trends

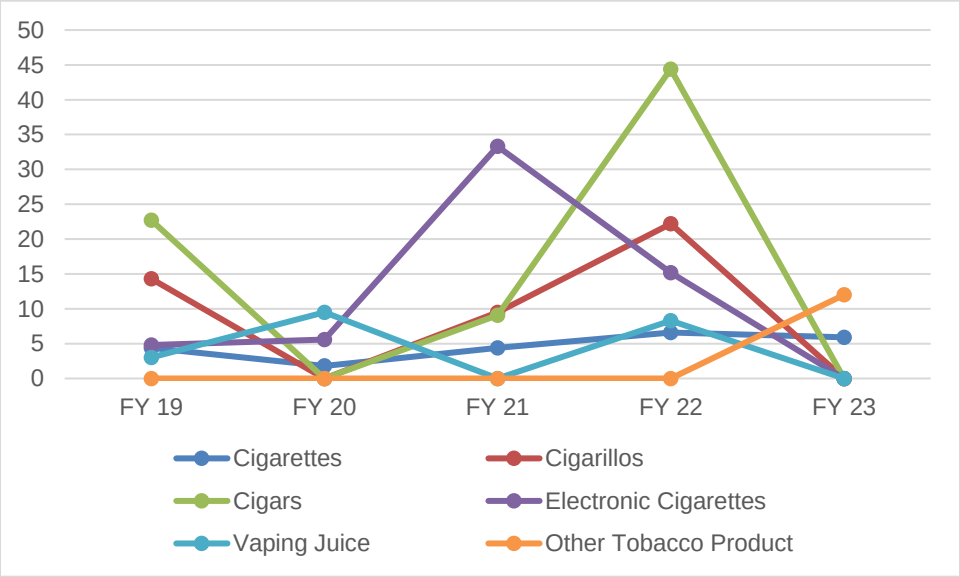


Figure 12 shows tobacco merchant practices over the past five years. Notably, all practices aimed at reducing tobacco sales to minors decreased during the past year, with substantial reductions in studying the ID and using age verification equipment.

Figure 12. Tobacco Merchant Practices, Five Year Trends

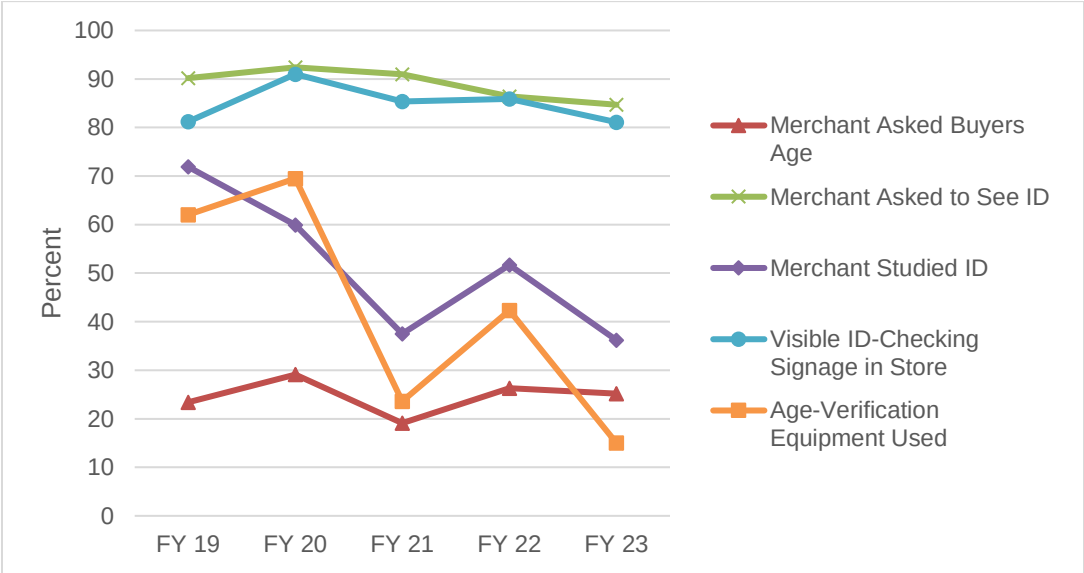


Figure 13 shows the percentage of alcohol sales completed by type of business for places that had at least 50 attempts for FY ’22 and FY ’23.

Figure 13. Percentage of Completed Alcohol Sales by Type of Business

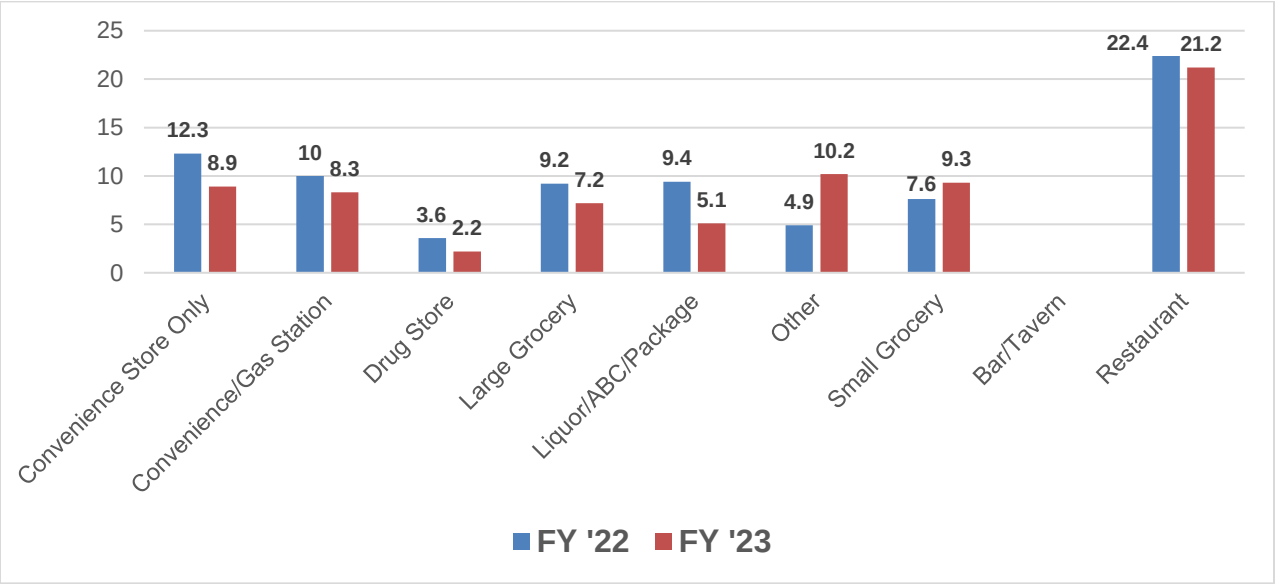
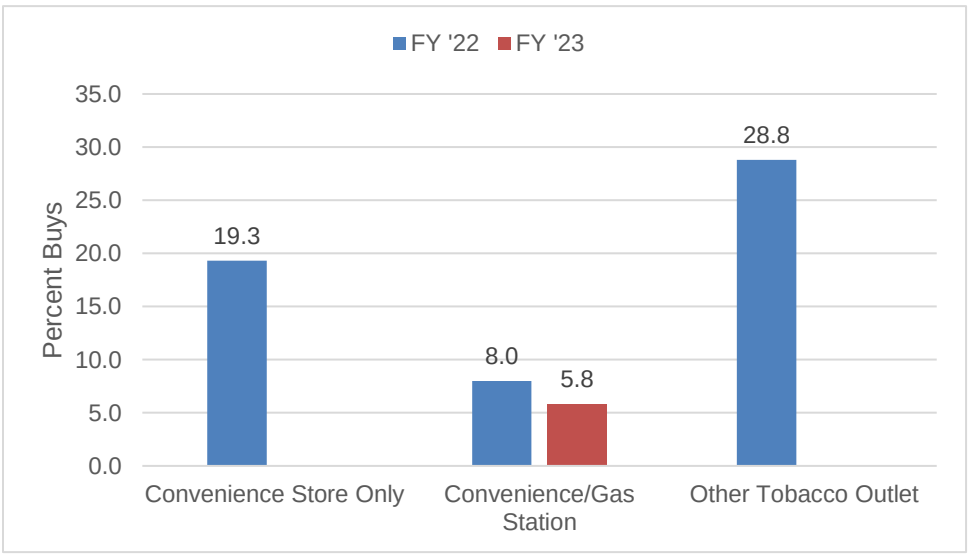


Figure 14 shows the percentage of tobacco sales completed by type of business for places that had at least 50 attempts for FY ’22 and FY ’23.

Figure 14. Percentage of Completed Tobacco Sales by Type of Business



Note: In FY ’23, there were not more than 50 attempts made in Convenience Stores Only or Other Tobacco Outlets.

Table 8 displays the percentages of sales completed based on demographic characteristics of the clerks and buyers. For alcohol, sales were higher depending on the clerk's age, clerk's race, buyer's age, or buyer's sex. In addition, alcohol sales were influenced by the age of the clerk (the most sales by clerks 18-20 years old) and the age of the buyer (the most sales for buyers 19 years old). For tobacco, sales were higher depending on the buyer's age with the most sales when their age was 17, 18, or 19.

Table 8. Percentage of Retailer Sales by Demographic Characteristics

Compliance Check Characteristic	% Completed Sales	
	Alcohol	Tobacco
CLERK AGE	***	
15 - 17	11.8	50.0
18- 20	20.9	22.2
21 - 24	11.9	13.0
25 - 44	8.4	8.7
45 – 64	7.5	4.7
65+	14.7	-
CLERK SEX		
Female	9.6	6.1
Male	7.9	13.2
CLERK RACE	**	
Asian	10.7	16.7
Black	10.4	5.1
American Indian/Native	6.3	100.0
Other	7.6	9.6
White	8.5	10.9
Multiracial	20.0	-
BUYER AGE	***	*
15	6.8	4.3
16	6.9	6.1
17	8.3	20.3
18	8.3	30.0
19	12.0	16.7
20	4.3	-
BUYER SEX	***	
Female	9.4	5.2
Male	8.7	13.8
BUYER RACE		
Asian	-	-
Black	9.5	7.6
Multiracial	8.3	-
Other	10.4	-
White	8.9	10.8
* p < .05; ** p < .01; *** p < .001		

Table 9 displays the percentages of sales completed when the sex and race of the clerk and buyer were the same and different. For alcohol and tobacco, there were no statistically significant differences in sales based on matches between clerk and buyer sex and race.

We also conducted analyses to see if the time of the inspection was a significant factor in whether a sale is made. First, an analysis was done based on whether the inspection was conducted before or after 3 pm, approximating whether youth would normally be in or out of school. In the second analysis, 6 pm was used as a day/night proxy. The first analysis indicated that sales of alcohol and tobacco after school were more likely to occur than during school hours. The second analysis indicated that sales of alcohol and tobacco were more likely to occur in the day than at night.

Table 9. Percentage of Retailer Sales by Demographic Characteristics and Time of Day

Compliance Check Characteristic	% Completed Sales	
	Alcohol	Tobacco
CLERK – BUYER SEX		**
Different	9.7	12.4
Same	8.0	2.2
CLERK – BUYER RACE		
Different	8.9	9.1
Same	9.8	20.0
SCHOOL DAY	***	***
7:00 am – 2:59 pm	42.5	25.0
3:00 pm – 11:59 pm	57.5	75.0
DAY VS. NIGHT	***	***
6:00 am – 5:59 pm	66.8	75.0
6:00 pm – 5:59 am	33.2	25.0
* p < .05 ** p < .01 *** p < .001		

The average clerk fine for an alcohol sale, at the time of ticketing, was $617.31, and the most common amount was $677.50. The average fine for a tobacco sale ticket was $451.40, with $470.00 being the most common amount.

The compliance check form includes a section where officers ask offenders if they have ever taken a merchant education class. Of the 393 cases in which a sale was made (alcohol and tobacco), there were 7 instances (1.8%) in which the offender indicated they had taken a class.

Bar Checks

The other primary enforcement activity aimed at retailers is the use of bar checks. The intent of bar checks can vary between (1) doing a sweep of patrons in a bar/restaurant to look for those who are underage or have fake IDs, (2) looking for retailer violations such as selling to underage customers or some other violation of an alcohol license, or (3) building rapport with retailers or reminding them to be mindful of relevant laws during a "walk through" or "casual contact." One "bar check" or visit to an establishment could serve multiple purposes.

Bar Checks are conducted at on-premises alcohol establishments. The operation is not a compliance check in the sense that an undercover youth is sent into an establishment to attempt to purchase alcohol. In contrast, the operation occurs when law enforcement officers "walk through" an establishment checking for fake IDs, observing for retailer violations, and conducting casual contacts with alcohol outlet personnel and patrons. There were 350 operations recorded in FY '23 in six counties, up from 318 operations in FY '22. The officers issued 58 tickets for fake IDs, 26 verbal or written warnings, and 88 various retailer violations.

Shoulder Taps

Shoulder tap operations involve an underage volunteer standing outside of an off-premises establishment and asking adults going in to purchase alcohol for them. Those who do are ticketed. In FY'23, one county representing one circuit conducted shoulder taps a total of one time, down from four in FY '22 and down from two in FY '21. Altogether, five individuals were approached in FY '23 compared to 68 in FY '22. No one purchased alcohol for the youth. In FY '22 and FY'21 the rate was 0%. No other charges were written during this operation.

Public Safety Checkpoints/Saturation Patrols

In FY'23, AETs across South Carolina recorded 722 public safety checkpoints in 25 counties. The checkpoints expended more than 14,450 hours. Officers recorded contact with approximately 70,168 vehicles resulting in 3,346 citations and arrests. Highlights of those citations and arrests were 600 tickets for drug possession, 118 DUI arrests (.08 or greater BAC [Blood Alcohol Concentration]) among adults, 48 fugitives apprehended, 404 tickets for open container, and 30 felony arrests. Forty-six (46) underage individuals were ticketed for alcohol possession/consumption at the checkpoints.

Saturation patrols, also called directed patrol, are sometimes described as "roving checkpoints." Public safety checkpoints are stationary while saturation patrols are conducted by officers patrolling in vehicles. Both enforcement operations concentrate on areas where vehicle crashes and traffic violations occur. These focus areas are determined by data analysis and officers' knowledge about the areas. In FY'23, there were 239 saturation patrols that expended a total of 2,172 hours and involved 654 officers. This type of operation was recorded in 13 counties. The patrols resulted in 3,432 citations and arrests. In those violations, there were 222 tickets for drug possession, 38 DUI arrests, 10 fugitives apprehended, 164 tickets for open container, and 4 felony arrests.

Controlled Party Dispersals/Party Patrols

Alcohol Enforcement Teams in seven counties recorded 28 party dispersals in FY '23. A party dispersal is conducted when officers receive a complaint from a source and investigate that complaint. In some cases, officers observe a social gathering involving individuals under the legal alcohol drinking age of 21 years old while on duty and investigating the gathering. In FY '23, the predominant source for the party investigation was reported party dispersal/noise complaint. There was a total of 427 officer hours recorded at the gatherings involving 1,426 people. Officers recorded 60 tickets and arrests at the gatherings.

Multi-Jurisdictional Law Enforcement Agreements and Efforts

Counties earned STEP points for providing a copy of a multi-jurisdictional tobacco law enforcement agreement, a document signed by multiple law enforcement agencies that promised a cooperative effort to address underage alcohol and/or tobacco enforcement. These agreements are believed to be important to sustain consistent enforcement. In FY '23, 25 counties had tobacco agreements with their local law enforcement on file in their counties and at DAODAS. There are many multi-jurisdictional alcohol enforcement agreements in place (often as part of the same document that serves as the tobacco agreement), but DAODAS does not formally collect or count them.

In FY'23, DAODAS implemented a new AET online reporting system. Information on the participating law enforcement agencies was not available. Seventy-one law enforcement agencies conducted enforcement activities as a part of the Alcohol Enforcement Team (AET) efforts in FY'22. In FY '21 and FY '20, 71 and 85 agencies; respectively, law enforcement agencies participated. It is assumed since the number of agencies participating has been stable through the past three years and given no significant changes have occurred, the number of participating law enforcement agencies would remain stable in FY'23.

Slightly more than 54% (54.2%) percent of the compliance checks were submitted as multi-jurisdictional (involving more than one law enforcement agency). The percentage of South Carolina Law Enforcement Division (SLED) collaborations with local law enforcement on AET enforcement activity is not known because of the change in the reporting system. In FY'22, SLED partnered with local law enforcement on 50.3% of the alcohol compliance checks, 34.2% in FY'21, 42.7% in FY'20, 42.1% in FY'19, 38% in FY'18, and 27% in FY '17. This attests to the growing strength of the partnership between SLED and local law enforcement over the last few years and their combined commitment to reducing underage access to alcoholic beverages through retail outlets.

Merchant Education

Efforts to enforce laws regarding underage purchases of alcohol or tobacco are strengthened by efforts to help educate and train those who sell alcohol or tobacco products with appropriate information and proper techniques. Several merchant education curricula are in use nationally and in South Carolina, though the county authorities are now exclusively using the PREP (Palmetto Retailer Education Program) curriculum. County authorities were each required to implement merchant education programming in FY '23 and collectively served 747 retail staff, which is down from 858 in FY '22. Forty of the 46 counties served at least one retailer in PREP, with Horry (117) serving the most.

There is a standardized PREP post-test used across the system that allows standardization of outcomes. Primarily, the test is graded for a pass or fail. Among those who passed in FY '23, the average score was 94.3%.

Diversionary or Court-mandated Youth Programs

County authorities often play a role in the post-arrest process for youth violators of alcohol or tobacco laws. Related to alcohol, county providers often offer programming as part of their solicitor's Alcohol Education Program (AEP), a program many first-time offenders will be offered in lieu of a conviction. One hundred thirty-seven (137) youth were served in AEP in FY '23, down from FY '22 (202 youth). The bulk of the youth served came from Pickens (100), New Life Center-Allendale-Hampton-Jasper (17), and Charleston served (14 youth). GEMA-Cornerstone and LRADAC-Richland served 2 each, Beaufort County Alcohol and Drug Abuse Department and the Phoenix Center-Greenville served 1 each.

For tobacco, county agencies offer the Tobacco Education Program (TEP) for youth as a program they can complete when charged with underage tobacco possession in lieu of paying a fine. In FY'23, 95 youth participated in TEP, down from FY '22 when 147 youth participated. In F'23, eighteen county authorities provided TEP. Specific counties were Berkeley served 15 young people, Charleston served 11, Lancaster 9, Chester 9, Aiken 8, Greenville 8, Lexington 7, Spartanburg 6, Georgetown 5, Colleton 4, Greenwood 3, Orangeburg 2, Kershaw 2, Abbeville 2, Pickens 1, McCormick 1, Dillon 1, and Fairfield 1 young person.

Alcohol Enforcement Team Awareness Activities

High Visibility Enforcement (HVE) is a universal community safety approach designed to create deterrence and change unlawful traffic behaviors. It combines highly visible and proactive law enforcement targeting a specific community safety issue, such as impaired driving, or youth alcohol use. HVE is meant to move traditional enforcement of laws from a specific deterrence to a general deterrence, so the community is aware of visible consequences of the behavior.

Since AETs are committed to the HVE concept, AET awareness activities included holding town hall meetings, doing educational sessions for youth or adults, and conducting local media campaigns. Activities also include casual contacts, which are typically law enforcement officers

making community contacts with youth or merchants to keep a high visibility presence and warn them of upcoming enforcement efforts. In FY'23, AETs reported media placements (e.g., articles, TV stories, webpages, and social media posts) resulting in **9,227 likes, 1,549 shares, 16,407,903 impressions**, and **252,517 engagements**. Assuming at least 2 individuals viewed or interacted with each like, share, impression, and engagement, **approximately 8.3 million people** were estimated to view or interact because of the underage drinking or impaired driving awareness events.

AETs across the state conducted additional prevention activities meant to educate residents about substance abuse and misuse. Officers, AET Coordinators, and Prevention personnel estimated **91,812 individuals** were exposed to (participated in or observed) the events. During the prevention activities, officers, AET Coordinators, and Prevention personnel distributed **257,577 brochures and information leaflets**.

Since 2010, AETs have participated in April's statewide **Out of Their Hands** campaign. Out of Their Hands involves high-visibility enforcement focused on reducing alcohol access for individuals under 21 years old. Although high school proms and other school year end activities traditionally are held beginning the last week of March through the first week of June, April was chosen because it is also recognized nationally as "**Alcohol Awareness Month**." As a result, law enforcement across South Carolina stepped-up enforcement of underage drinking laws and conducted education and community awareness of the public health and public safety consequences of consuming alcoholic beverages in collaboration with prevention personnel.

In FY'23, AETs continued to use social media and other earned media, such as press releases and media ride-along events to extend the message that high school proms, spring break, and other end-of-the-school year activities should not include alcoholic beverages. For social media posts, media campaigns, and radio and television public service announcements, Prevention personnel and law enforcement officers reported **2,761 social media likes, 854 social media shares, with a combined over 5.3 million views/impressions and 326,353 engagements**. Additionally, they reported **7,780 speaking events**, **224 casual contacts**, **2,279 MADD Power of Parent and Power of Youth participants, 5 town halls, 1,213 health fairs, 4,117 alternative activities attendees**, and **distributed 20,382 handouts** focused on the Out of Their Hands messages in FY'23.

As the result of the combined media messaging, it is estimated that **almost 2.9 million South Carolina residents and tourists** saw or heard the OOTH/underage drinking message.

Because OOTH combines media with enforcement operations, law enforcement officers working with AET reported **1,189 enforcement operations** resulting in **2,244 tickets and arrests**. By comparison, in the **FY'22 OOTH campaign,** AETs conducted **517 enforcement operations** and reported **614 tickets and arrests**.

Alcohol Enforcement Team Training

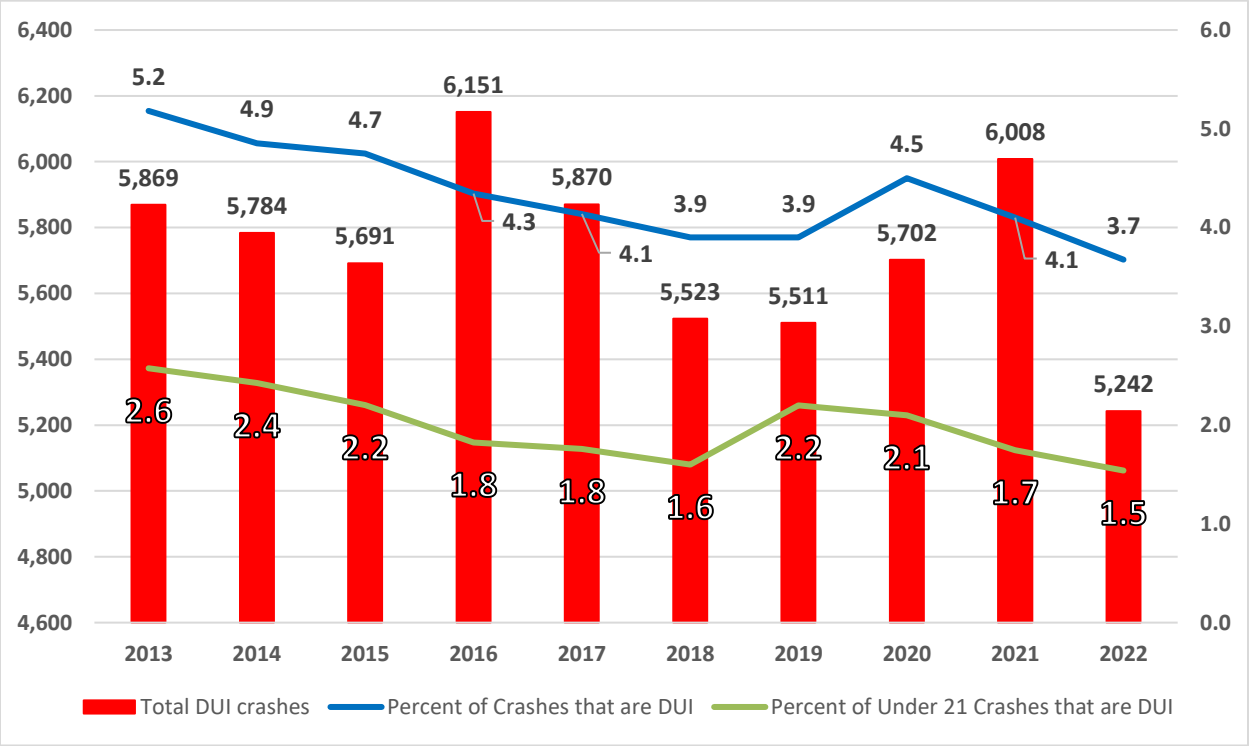
A vital component of the AET model utilized in South Carolina involves developing and maintaining local law enforcement support for underage drinking prevention and enforcement efforts. Ongoing training opportunities for law enforcement officers in such topics as Fake IDs, Public Safety Checkpoints, Source Investigation, and other topics are designed to increase the capacity of law enforcement officers, prevention specialists, and other community partners to enforce underage drinking laws and educate citizens in the value of enforcing those laws.

Unfortunately, the COVID-19 pandemic severely restricted the in-person training previously conducted in prior years, a training model for AETs since its statewide inception in 2007. For two years, training opportunities were reduced due to the pandemic, instructors who previously assisted with AET training, moved onto other assignments or otherwise they were not available to assist with the AET training. An AET Training of Trainers (TOT) class was held in FY'23 to rebuild the training cadre to revitalize AET training. Consequently, in FY '23, DAODAS co-hosted five regional training sessions and two local AETs offered their own training.

Alcohol-Related Crashes

One of the main goals of environmental prevention strategies is to reduce alcohol-related traffic crashes. Figure 15 below shows that the total number of alcohol-related crashes has fluctuated since 2013, peaking in 2015 and again in 2021. In 2022 (preliminary data), the number of alcohol-related crashes decreased to its lowest level in a decade. The pattern for the percentage of crashes that were alcohol-related is a bit different, peaking in 2020 for all drivers and 2019 for those under the age of 21. That is, when the number of alcohol-related crashes increased dramatically in 2016, the percentage of crashes that were alcohol related continued to decline, suggesting that factors other than alcohol contributed to a higher number of overall crashes. In 2022, the percentage of alcohol-related crashes for all groups dropped for the second straight year to 3.7%. Alcohol-related crashes for drivers under the age of 21 decreased for the third year in a row, to 1.5%.

Figure 15. Alcohol-Related Traffic Crashes, 2013 - 2022



Summary of Section III

The most common environmental strategies implemented were alcohol compliance checks, tobacco compliance checks, and merchant education, though Alcohol Enforcement Teams also generated considerable activity on operations such as public safety checkpoints, controlled party dispersals, and saturation patrols.

County authority prevention staff, law enforcement officers, and AET Coordinators submitted electronic forms on 4,084 alcohol compliance checks and 301 tobacco compliance checks. Sales were completed for 8.9% of alcohol attempts and 9.3% of tobacco attempts.

Most merchants asked to see the buyers' IDs (89.7% and 84.7% for alcohol and tobacco, respectively). For alcohol, sales were higher when the clerk was younger or multiracial or when the buyer was older and other race, the race of the clerk and buyer was the same, if the gender of the clerk and buyer was different, and the attempt was made before 6:00pm. For tobacco, sales were higher when the buyer was male, white, and the race of the clerk was American Indian/Native, the gender was male and the age was younger, additionally, if the race of the clerk and buyer was the same or if the gender of the clerk and buyer were different.

The counties served 747 merchants in the Palmetto Retailers Education Program (PREP) in FY '23, down from 858 in FY '22.

AETs reported 722 public safety checkpoints. Among the violations, there were 118 DUIs. In addition, there were 239 saturation patrols reported. This operation generated another 3,432 tickets. The enforcement activity included 38 DUIs, 222 drug possession cases, 10 fugitives apprehended, 164 open container tickets, and 4 felony arrests.

AETs dispersed 28 parties attended by 1,426 persons, with 60 tickets and arrests recorded at the gatherings. Five individuals were approached by the cooperating youth to purchase alcohol as part of Shoulder Tap operations, with no individual purchasing alcohol for them.

In FY '23, there were 350 bar checks conducted, resulting in 58 fake ID violations, 26 warnings for various activity, and 88 retailer and patron violations.

In FY'23, 232 youth were in diversion program for youth alcohol and tobacco offenses (137 served in the Alcohol Education Program and 95 served in the Tobacco Education Program).

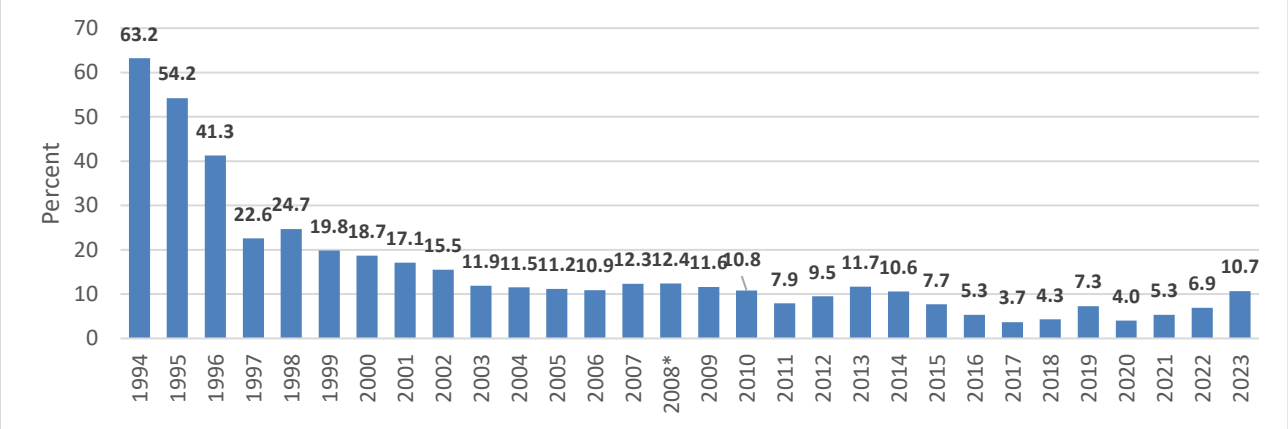
Comparing preliminary 2022 data to preliminary 2021 data, the percentage of crashes that were DUI for all age groups decreased from 4.1% to 3.7%. Similarly, the percentage of crashes that were DUI for people under the age of 21 decreased from 1.7% to 1.5%.

SECTION IV: YOUTH ACCESS TO TOBACCO STUDY (SYNAR)

As per the Federal Synar Regulation, South Carolina conducts annual, unannounced inspections of a valid probability sample of tobacco outlets that are accessible to minors.[2] This study, known in South Carolina as the Youth Access to Tobacco Study (YATS) or simply the Synar Study, is designed to determine the extent to which people younger than 18 can successfully buy cigarettes from retail outlets. Although similar in nature and scope to the counties' tobacco compliance checks discussed in the previous section, the Synar Study is a distinct operation that occurs during a specific time-period each year and uses a scientifically developed and SAMHSA-approved sampling frame.

Between Jan. 1 and Feb. 28, 2023, 126 youth volunteers ages 15-17, under trained adult supervision, conducted unannounced cigarette purchase attempts in 226 randomly selected retail outlets in 46 counties. These outlets were randomly sampled from the estimated 7,095 outlets in the state. Figure 16 shows the buy rates from the Synar Study since 1994. For 2023, the estimated overall sales rate (also known as a Retailer Violation Rate or RVR) was 10.7%, higher than last year's rate of 6.9%. This is the fourth straight year of increases in the buy rate. This rate is far better than the federal standard of 20.0% and substantially lower than the RVR of 63.2% in 1994, the first year of the study. Buy rates for each county are shown in Table 10.

Figure 16. YATS (Synar) Cigarette Purchase Rates (FY 1994 - 2023)[a]



[a] Data are labeled based on when they were collected. Typically, these data are collected in January and February, but reported to SAMHSA the following December, meaning they are collected in one fiscal year and reported to SAMHSA the next fiscal year. For example, the 2022 data match the FY 2023 submission to SAMHSA by DAODAS.

[2] The Synar Regulation is named after US Congressman Mike Synar from Oklahoma, who introduced youth tobacco prevention legislation in 1992.

* Beginning in 2008, the state did not allow 14-year-old inspectors, who consistently had lower purchase rates than 15- to 17-year-olds.

Table 10. YATS (Synar) Raw Buy Rates 2023

County Name	Total Eligible Attempts	No Buy	Buy	Buy Rate
Abbeville	1	1	0	0.0%
Aiken	6	5	1	16.7%
Allendale	1	0	1	100%
Anderson	8	7	1	12.5%
Bamberg	1	1	0	0.0%
Barnwell	1	1	0	0.0%
Beaufort	4	4	0	0.0%
Berkeley	7	6	1	14.3%
Calhoun	1	1	0	0.0%
Charleston	13	12	1	7.7%
Cherokee	3	3	0	0.0%
Chester	2	2	0	0.0%
Chesterfield	3	3	0	0.0%
Clarendon	3	3	0	0.0%
Colleton	3	3	0	0.0%
Darlington	5	5	0	0.0%
Dillon	2	2	0	0.0%
Dorchester	5	5	0	0.0%
Edgefield	1	1	0	0.0%
Fairfield	1	1	0	0.0%
Florence	13	13	0	0.0%
Georgetown	4	3	1	25.0%
Greenville	15	14	1	6.7%
Greenwood	3	3	0	0.0%
Hampton	1	1	0	0.0%
Horry	14	12	2	14.3%
Jasper	2	2	0	0.0%
Kershaw	4	4	0	0.0%
Lancaster	6	5	1	16.7%
Laurens	3	2	1	33.3%
Lee	2	2	0	0.0%
Lexington	14	13	1	7.1%
Marion	1	1	0	0.0%
Marlboro	2	2	0	0.0%
McCormick	1	0	1	100%

County Name	Total Eligible Attempts	No Buy	Buy	Buy Rate
Newberry	3	1	1	33.3%
Oconee	3	3	0	0.0%
Orangeburg	8	7	1	12.5%
Pickens	3	3	0	0.0%
Richland	21	16	5	23.8%
Saluda	1	0	1	100%
Spartanburg	12	12	0	0.0%
Sumter	9	8	1	11.1%
Union	1	1	0	0.0%
Williamsburg	3	3	0	0.0%
York	6	4	2	33.3%

Table 11 shows Synar buy rates, broken down by the demographic characteristics of the youth purchaser. There we no statistically significant differences in buy rates based on the characteristics of the youth purchaser.

Table 11. YATS (Synar) Percent of Outlets Selling Cigarettes to Youth by Characteristics of Youth, 2023

Characteristic	Buy Rate (%)
AGE	
15	0.0
16	5.0
17	9.4
SEX	
Female	9.9
Male	11.2
RACE	
Black	12.8
Other	0.0
White	8.5
BUYER RACE – SEX	
Black-Female	11.3
Other-Female	0.0
White-Female	9.6
Black-Male	14.8
Other-Male	0.0
White-Male	7.1
* p < .05; ** p < .01; *** p < .001	

Table 12 shows Synar buy rates, broken down by the demographic characteristics of the clerk. Clerk age, sex and race were significantly related to the likelihood of a successful buy.

Table 12. YATS (Synar) Percent of Outlets Selling Cigarettes to Youth by Characteristics of Clerk, 2023

Characteristic	Buy Rate (%)
AGE	**
Teenager	12.5
20's	12.5
30's	11.3
40's	8.2
50's	7.5
60+	18.2
SEX	**
Female	10.6
Male	10.2
RACE	***
Black	16.4
Hispanic	30.0
Other	4.4
White	7.1
CLERK RACE – SEX	***
Black-Female	14.3
Hispanic-Female	0.0
Other-Female	11.1
White-Female	7.9
Black-Male	18.8
Hispanic-Male	50.0
Other-Male	2.9
White-Male	6.3
* p < .05; ** p < .01; *** p < .001	

SECTION V: STATEWIDE YOUTH SUBSTANCE USE TRENDS

One reason for DAODAS and the State of South Carolina to devote resources to prevention efforts is to prevent and reduce youth substance use across the state. Just as it is beneficial for DAODAS to track its prevention efforts and outcomes annually through this report, it is beneficial to monitor statewide substance use trends across years as well. By monitoring statewide trends, DAODAS can gauge the changes in use over time and determine if its efforts should be modified to better address the trends.

YRBS Data

The figures below show long-term trends (where data were available) in youth substance use, using data from the Youth Risk Behavior Survey (YRBS) through 2021. Where possible, we compare South Carolina data with those of the United States. As can be seen, South Carolina, along with the nation as-a-whole, has experienced considerable reductions in youth alcohol and cigarette use over the years, with the state alcohol use rates typically slightly lower than those for the nation. Although the overall reductions in South Carolina cannot be attributed directly to the DAODAS-funded efforts, the comprehensive approach taken by the state (i.e., extensive environmental efforts supplemented by curriculum-based programs) has been shown to lead to positive outcomes.

Figures 17 – 21 show consistent downward trends in rates of alcohol use, binge drinking, cigarette use, marijuana use, and prescription drug use in South Carolina and the U.S. In all cases except prescription drug use, the use rates in South Carolina are slightly lower than the U.S. In contrast, Figure 22 shows that lifetime use of various harmful substances (e.g., heroin, methamphetamines, Ecstasy, and synthetic marijuana) moved steadily and substantially in the undesired direction through 2019, the last year for which data are available. Prevention stakeholders should continue to monitor all trends and ensure that evidence-based prevention strategies continue to be implemented as broadly as possible in their communities.

Figure 17. Past 30-Day Alcohol Use, High School Students, South Carolina and United States (YRBS)

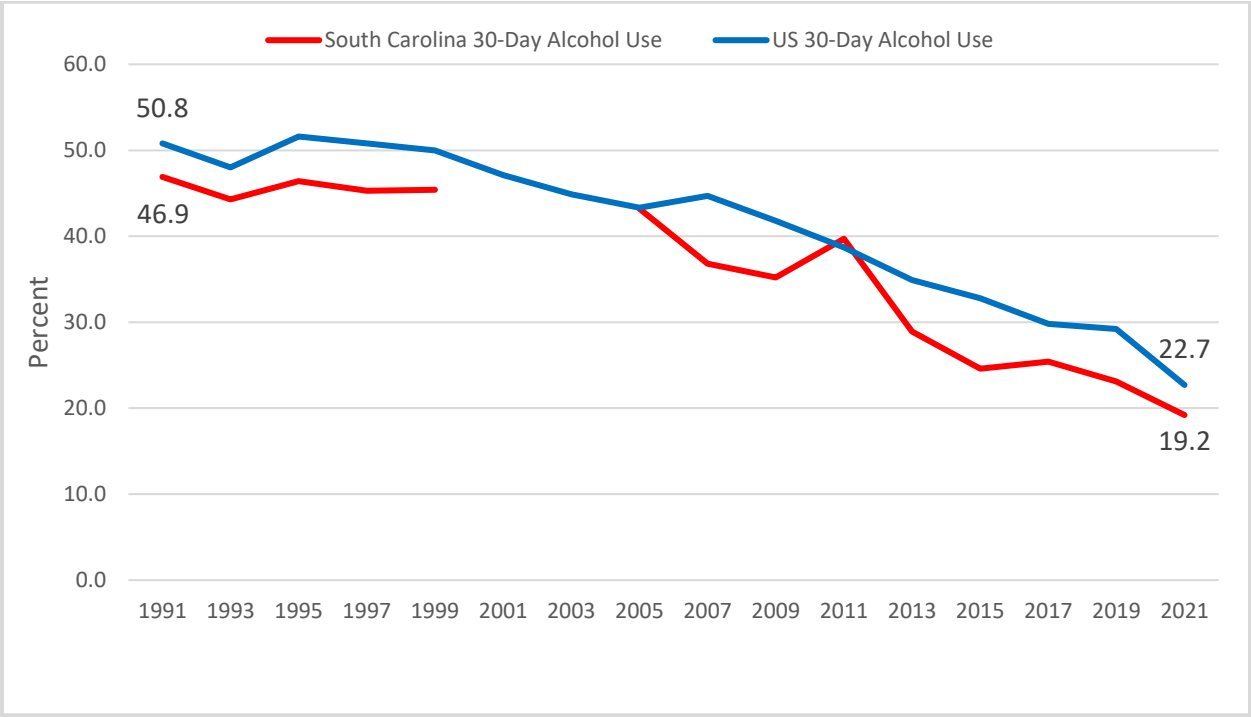


Figure 18. Past 30-Day Binge Drinking, High School Students, South Carolina and United States (YRBS)

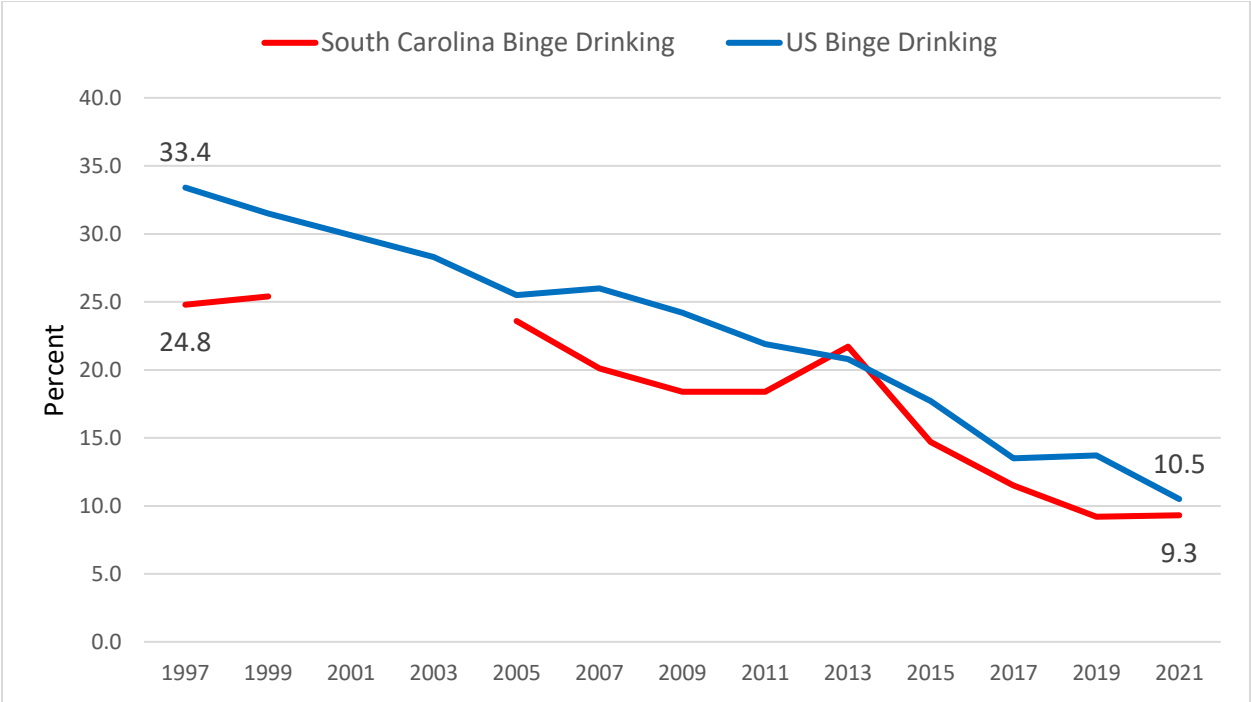


Figure 19. Past 30-Day Cigarette Use, High School Students, South Carolina, and United States (YRBS)

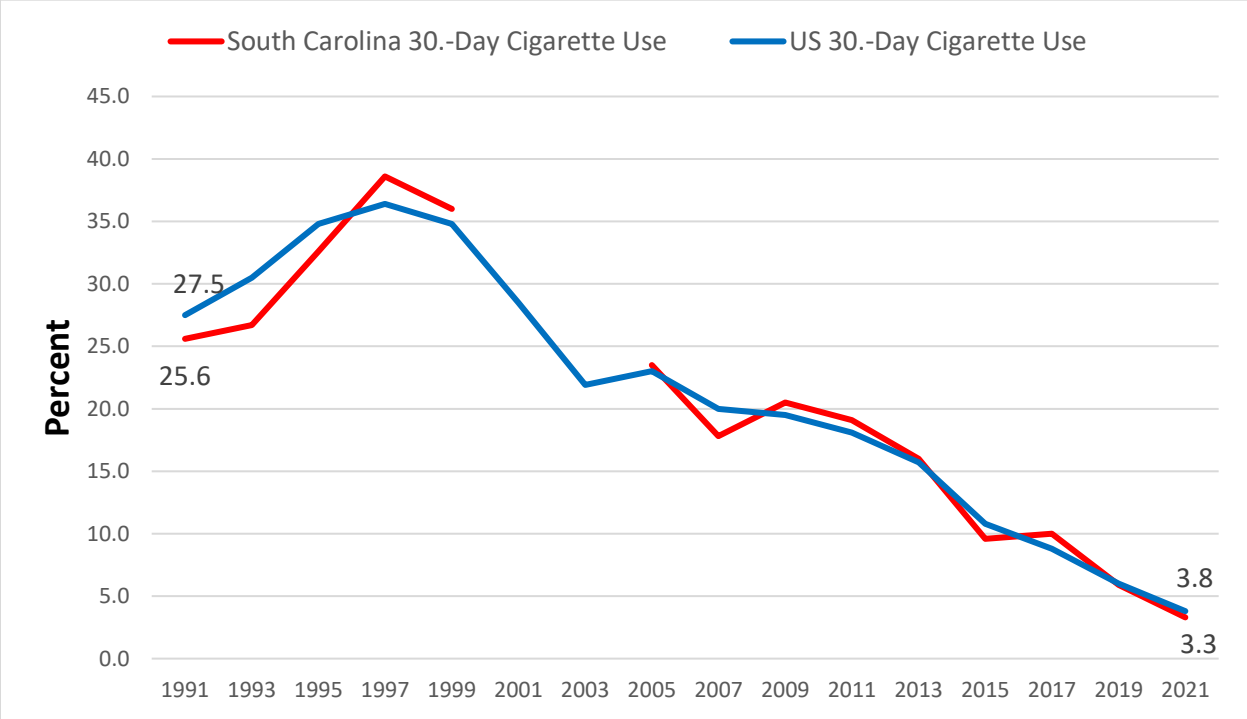


Figure 20. Past 30-Day Marijuana Use, High School Students, South Carolina, and United States (YRBS)

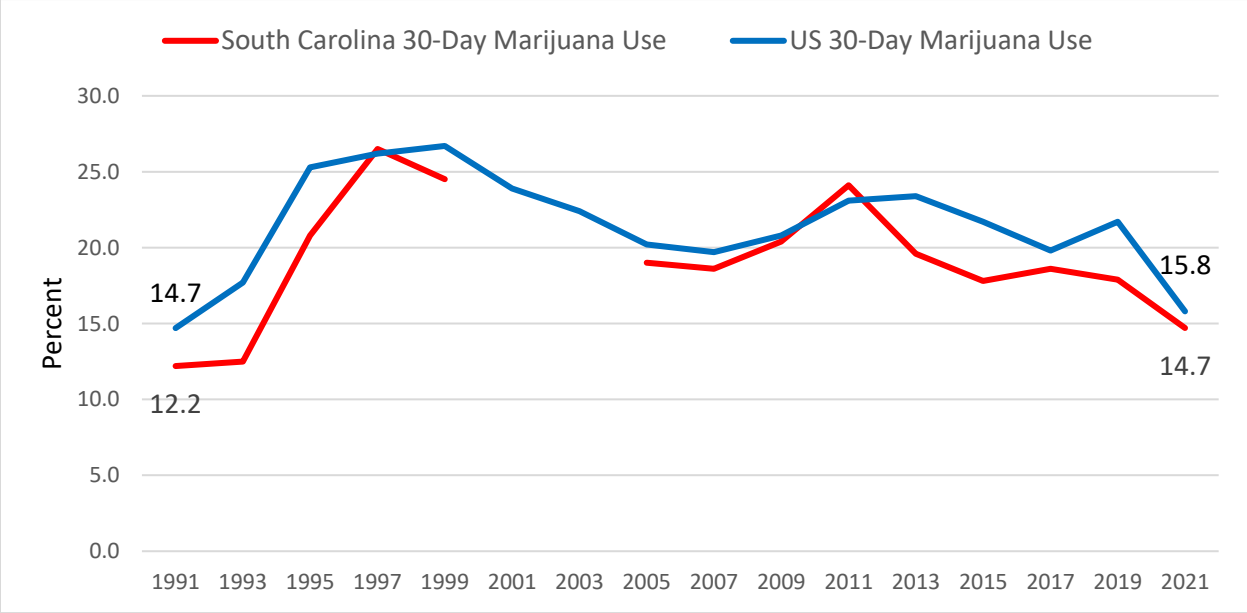


Figure 21. Ever Used Prescription Drugs (Pain Relievers) without Doctor's Prescription, High School Students, South Carolina, and United States (YRBS)

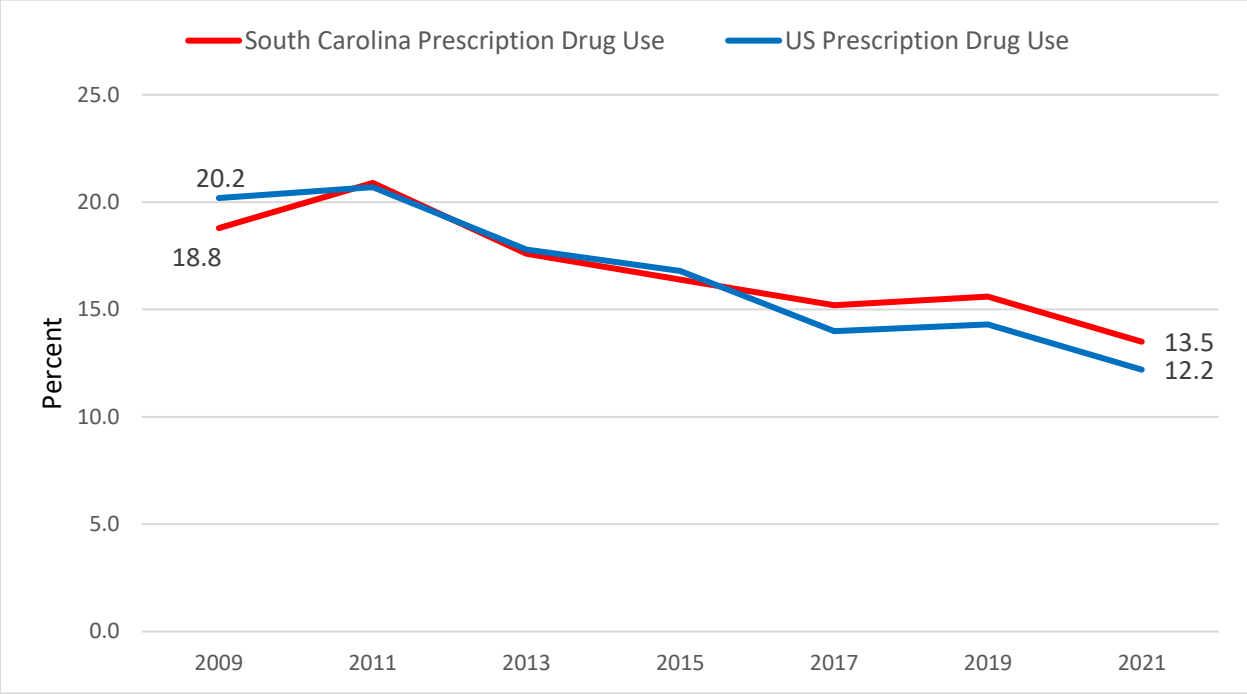
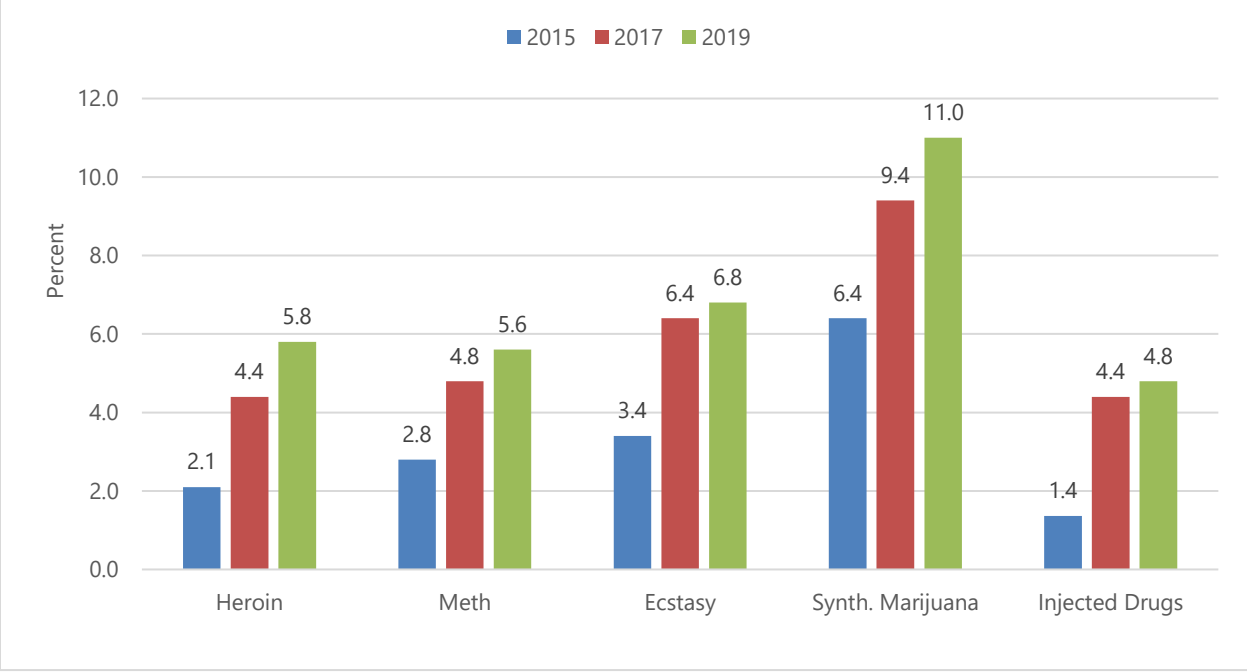


Figure 22. Ever Used Various Drugs, High School Students, 2015 - 2019, South Carolina (YRBS)



CSAP State Block Grant Goals

Table 13 displays statewide data in relation to the Block Grant goals set by DAODAS. As can be seen, three of the four Year 1 alcohol-related targets and three of the four Year 2 alcohol-related targets were met. Two of the six Year 1 tobacco targets and four of the six Year 2 tobacco targets were met. The marijuana targets have not been met and, in one case, the most recent rate available exceeds the baseline rate. Overall, five of the twelve Year 1 targets and seven of the twelve Year 2 targets have been met when looking at the most recent data available.

Table 13. Statewide Substance Use Data and Block Grant Goals

Priority Area	Underage Alcohol Use	Underage Alcohol Use	Underage Alcohol Use	Alcohol-Related Crashes	Youth Tobacco Use	Youth Tobacco Use	Youth Tobacco Use	Youth Tobacco Use	Youth Tobacco Use	Youth Tobacco Use	Youth Marijuana Use	Youth Rx Misuse
Indicator	30-day use	30-day use	Retail access	Alcohol-related fatalities	Retail access	30-day use of tobacco	Retail access	30-day use of cigarettes	30-day use of smokeless	30-day use of vaping	30-day use	Ever used
Data Source	YRBS	CTC	GMS	FARS	Synar	YRBS	GMS	CTC	CTC	CTC	YRBS	YRBS
Baseline	23% (2017)	16% (2018)	6.9% (2018)	32% (2017)	4.3% (2018)	21.6% (2017)	4.0% (2018)	4.6% (2018)	6.5% (2018)	11.5% (2018)	18.6% (2017)	15.2% (2017)
Year 1 Target	22% or less (2019)	15%	10% or less	31% or less	5% or less	20% or less	5% or less	5% or less	5% or less	10% or less	17% or less	15% or less
Year 1 Data	23.1% (2019)	10.4% (2020)	7.6% (2019)	28% (2018)	7.3% (2019)	23% (2019)	6.8% (2019)	2.4% (2020)	3.2% (2020)	10.8% (2020)	17.9% (2019)	15.6% (2019)
Year 2 Target	21% or less (2021)	14% or less (2022)	10% or less (2020)	31% or less (2019)	5% or less (2020)	20% or less (2021)	5% or less (2020)	5% or less (2022)	5% or less (2022)	10% or less (2022)	17% or less (2021)	15% or less (2021)
Year 2 Data	See **NOTE**	9.8% (2022)	6.1% (2020)	28% (2019)	4.0% (2020)	See **NOTE**	3.4% (2020)	1.3% (2022)	2.0% (2022)	13.4% (2022)	See **NOTE**	See **NOTE**

Legend:

YRBS = Youth Risk Behavior Survey, conducted at the state-level every two years (odd years). **NOTE**: The last YRBS survey was conducted in 2021. The SC Department of Education has decided to not continue to lead the survey. Negotiations are in the process to find another organization to lead the survey.

CTC= Communities That Care Survey, conducted in select counties, every two years (even years).

FARS = Fatality Analysis Reporting System, administered by the National Highway Traffic Safety Administration.

Green cell indicates that most rates met or exceeded the target. **Blue cell** indicates that rates are higher than the baseline rates.

APPENDIX A: ADDITIONAL DATA TABLES

Table A1. Overall Results by Sex – Middle School

Risk Factor Scores, Range (Positive score is favorable)	Middle School - Females (n=990)			Middle School- Males (n=1102)		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	2.40	2.47	*3.19***	2.34	2.44	*4.09***
Decision-Making Skills, 0-3	1.98	1.97	*-0.13*	1.94	1.96	*0.90*
Disapproval of Use, 0-3	2.65	2.66	*0.35*	2.61	2.63	*0.42*
Perceived Peer Norms, 0-3	2.57	2.60	*1.21***	2.51	2.52	*0.29*
Perceived Parental Attitudes, 0-3	2.84	2.85	*0.35*	2.81	2.80	*-0.16*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.91	0.71	*-21.98*	1.09	1.27	*16.51*
Cigarettes	0.61	0.51	*-16.39*	1.27	1.45	*14.17*
E-Cigarettes or Vapes	6.38	6.49	*1.72*	5.09	4.92	*-3.34*
Alcohol	5.16	3.96	*-23.26**	6.08	4.27	*-29.77***
Marijuana	4.07	3.65	*-10.32*	3.38	2.73	*-19.23*
Non-Medical Prescription Drug Use	2.23	1.93	*-13.45*	2.64	3.38	*28.03*
Binge Drinking (past 2 weeks)	1.42	1.62	*14.08*	1.74	1.82	*4.60*

* Pre- and post-test averages are approaching being statistically significantly different (p<.10).
** Pre- and post-test averages are statistically significantly different (p<.05).

Table A2. Overall Results by Race Group – Middle School

Risk Factor Scores, Range (Positive score is favorable)	American Indian participants (n=27)			Asian participants (n=38)		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	2.42	2.51	*3.79*	2.31	2.51	*8.50***
Decision-Making Skills, 0-3	1.93	1.96	*1.50*	2.00	2.02	*1.32*
Disapproval of Use, 0-3	2.66	2.79	*4.55*	2.59	2.70	*4.06**
Perceived Peer Norms, 0-3	2.52	2.67	*5.78*	2.53	2.61	*3.52*
Perceived Parental Attitudes, 0-3	2.85	2.84	*-0.20*	2.84	2.86	*0.51*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.00	7.41	-	0.00	0.00	-
Cigarettes	0.00	3.70	-	0.00	0.00	-
E-Cigarettes or Vapes	3.70	7.69	*107.84*	0.00	0.00	-
Alcohol	3.70	7.69	*107.84*	0.00	0.00	-
Marijuana	3.70	7.41	*100.27*	0.00	0.00	-
Non-Medical Prescription Drug Use	0.00	3.70	-	2.63	2.63	*0.00*
Binge Drinking (past 2 weeks)	0.00	0.00	-	0.00	0.00	-

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A2. Overall Results by Race Group – Middle School (continued)

Risk Factor Scores, Range (Positive score is favorable)	Black/African American participants (n=637)			Multiethnic participants (n=167)		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	2.29	2.37	*3.12***	2.40	2.42	*0.59*
Decision-Making Skills, 0-3	1.92	1.97	*2.56***	1.90	2.97	*55.93**
Disapproval of Use, 0-3	2.53	2.55	*0.70*	2.65	2.61	*-1.35*
Perceived Peer Norms, 0-3	2.40	2.45	*2.09***	2.52	2.53	*0.13*
Perceived Parental Attitudes, 0-3	2.74	2.75	*0.30*	2.79	2.81	*0.72*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	1.10	1.10	*0.00*	1.80	0.00	*-100.00*
Cigarettes	0.79	1.10	*39.24*	0.60	0.00	*-100.00*
E-Cigarettes or Vapes	8.81	8.82	*0.11*	5.45	4.19	*-23.12*
Alcohol	7.70	5.04	*-34.55***	8.43	3.59	*-57.41**
Marijuana	6.95	5.85	*-15.83*	6.10	3.59	*-41.15*
Non-Medical Prescription Drug Use	3.15	3.94	*25.08*	3.59	2.41	*-32.87*
Binge Drinking (past 2 weeks)	2.54	1.89	*-25.59*	3.03	0.60	*-80.20*

* Pre- and post-test averages are approaching being statistically significantly different (p<.10).
** Pre- and post-test averages are statistically significantly different (p<.05).

Table A2. Overall Results by Race Group – Middle School (continued)

Risk Factor Scores, Range (Positive score is favorable)	Other participants (n=199)			White participants (n=1101)		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	2.33	2.43	*4.03***	2.41	2.51	*4.20***
Decision-Making Skills, 0-3	1.97	1.95	*-1.10*	1.97	2.96	*49.85*
Disapproval of Use, 0-3	2.61	2.65	*1.46*	2.69	2.70	*0.24*
Perceived Peer Norms, 0-3	2.54	2.53	*-0.26*	2.61	2.62	*0.42*
Perceived Parental Attitudes, 0-3	2.79	2.82	*1.02*	2.87	2.87	*0.01*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	3.52	2.03	*-42.33*	0.55	0.73	*32.73*
Cigarettes	1.52	3.05	*100.66*	1.00	0.73	*-27.00*
E-Cigarettes or Vapes	8.08	10.15	*25.62*	3.83	3.65	*-4.70*
Alcohol	8.59	7.07	*-17.69*	4.09	3.55	*-13.20*
Marijuana	4.52	3.54	*-21.68*	1.74	1.55	*-10.92*
Non-Medical Prescription Drug Use	4.02	3.55	*-11.69*	1.82	1.64	*-9.89*
Binge Drinking (past 2 weeks)	0.51	3.03	*494.12*	1.09	1.74	*59.63*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A3. Overall Results by Ethnicity – Middle School

Risk Factor Scores, Range (Positive score is favorable)	Participants of Hispanic, Latino, or Spanish Descent or Origin (n=229)			Participants Not of Hispanic, Latino, or Spanish Descent or Origin (n=1921)		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	2.33	2.43	*4.35***	2.37	2.46	*3.47***
Decision-Making Skills, 0-3	1.90	1.93	*1.67*	1.96	1.97	*0.39*
Disapproval of Use, 0-3	2.61	2.62	*0.16*	2.63	2.65	*0.55**
Perceived Peer Norms, 0-3	2.51	2.53	*0.75*	2.54	2.56	*0.95***
Perceived Parental Attitudes, 0-3	2.82	2.84	*0.73*	2.82	2.82	*0.12*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.87	1.32	*51.72*	1.09	0.99	*-9.17*
Cigarettes	1.32	1.32	*0.00*	0.89	1.04	*16.85*
E-Cigarettes or Vapes	5.29	8.37	*58.22*	5.85	5.49	*-6.15*
Alcohol	9.21	6.14	*-33.33*	5.42	4.13	*-23.80***
Marijuana	3.95	6.14	*55.44*	3.88	2.93	*-24.48**
Non-Medical Prescription Drug Use	3.93	3.52	*-10.43*	2.40	2.51	*4.58*
Binge Drinking (past 2 weeks)	0.89	2.19	*146.07*	1.67	1.73	*3.59*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A4. Overall Results by Program – Middle School

Risk Factor Scores, Range (Positive score is favorable)	All Programs (n=2,184)			Alcohol-Drug Stories (n=327)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.37	2.45	*3.60***	2.38	2.32	*-2.80***
Decision-Making Skills, 0-3	1.95	1.96	*0.55*	1.94	1.95	*0.77*
Disapproval of Use, 0-3	2.63	2.64	*0.44*	2.60	2.51	*-3.43***
Perceived Peer Norms, 0-3	2.53	2.56	*0.88***	2.54	2.58	*1.70***
Perceived Parental Attitudes, 0-3	2.82	2.83	*0.21*	2.84	2.85	*0.43*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	1.05	1.01	*-3.81*	0.61	0.61	*0.00*
Cigarettes	0.92	1.06	*15.22*	0.62	0.62	*0.00*
E-cigarettes or Vapes	5.70	5.75	*0.88*	5.21	7.08	*35.89*
Alcohol	5.78	4.32	*-25.26***	7.34	4.60	*-37.33***
Marijuana	3.83	3.22	*-15.93*	3.68	3.09	*-16.03*
Non-Medical Prescription Drug Use	2.52	2.62	*3.97*	1.53	1.23	*-19.61*
Binge Drinking (past 2 weeks)	1.57	1.79	*14.01*	1.85	1.84	*-0.54*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A4. Overall Results by Program – Middle School (continued)

Risk Factor Scores, Range (Positive score is favorable)	Girls Circle (n=22)			Keepin It Real (n=131)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.49	2.59	*4.05*	2.28	2.35	*2.72*
Decision-Making Skills, 0-3	1.95	1.90	*-2.91*	1.97	1.93	*-2.39*
Disapproval of Use, 0-3	2.77	2.80	*1.04*	2.63	2.66	*1.35*
Perceived Peer Norms, 0-3	2.72	2.79	*2.46*	2.54	2.56	*0.74*
Perceived Parental Attitudes, 0-3	2.87	2.88	*0.45*	2.80	2.80	*-0.26*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.00	0.00	-	0.76	0.77	*1.32*
Cigarettes	0.00	4.55	-	3.08	0.00	*-100.00*
E-cigarettes or Vapes	0.00	0.00	-	9.16	8.59	*-6.22*
Alcohol	0.00	0.00	-	12.98	6.15	*-52.62***
Marijuana	0.00	0.00	-	6.15	3.08	*-49.92*
Non-Medical Prescription Drug Use	0.00	0.00	-	3.82	1.54	*-59.69*
Binge Drinking (past 2 weeks)	0.00	0.00	-	2.33	1.55	*-33.48*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A4. Overall Results by Program – Middle School (continued)

Risk Factor Scores, Range (Positive score is favorable)	Life Skills (n=1516)			Project Alert (n=99)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.39	2.51	*5.04***	2.20	2.30	*4.39*
Decision-Making Skills, 0-3	1.96	1.98	*1.08*	1.99	1.89	*-4.89***
Disapproval of Use, 0-3	2.65	2.68	*1.21***	2.55	2.49	*-2.28*
Perceived Peer Norms, 0-3	2.55	2.56	*0.65*	2.38	2.47	*3.76**
Perceived Parental Attitudes, 0-3	2.83	2.83	*0.00*	2.73	2.79	*2.32*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	1.06	1.06	*0.00*	1.01	1.01	*0.00*
Cigarettes	0.66	1.19	*80.30*	1.01	1.01	*0.00*
E-cigarettes or Vapes	4.96	4.89	*-1.41*	8.08	6.06	*-25.00*
Alcohol	4.56	3.83	*-16.01*	5.05	6.06	*20.00*
Marijuana	3.58	3.31	*-7.54*	2.06	2.02	*-1.94*
Non-Medical Prescription Drug Use	2.78	3.05	*9.71*	2.02	2.02	*0.00*
Binge Drinking (past 2 weeks)	1.26	1.79	*42.06*	2.02	1.01	*-50.00*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A4. Overall Results by Program – Middle School (continued)

Risk Factor Scores, Range (Positive score is favorable)	Project Northland (n=22)			Why Try (n=39)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.39	2.41	*0.73*	2.16	2.30	*6.28*
Decision-Making Skills, 0-3	1.67	1.77	*6.18*	1.79	1.83	*2.14*
Disapproval of Use, 0-3	2.60	2.67	*2.97*	2.37	2.40	*1.42*
Perceived Peer Norms, 0-3	2.54	2.47	*-2.57*	2.34	2.33	*-0.50*
Perceived Parental Attitudes, 0-3	2.79	2.78	*-0.57*	2.70	2.72	*0.88*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.00	0.00	-	5.13	2.56	*-50.10*
Cigarettes	4.55	0.00	*-100.00*	2.56	0.00	*-100.00*
E-cigarettes or Vapes	0.00	0.00	-	23.08	15.38	*-33.36*
Alcohol	0.00	4.46	-	17.95	12.82	*-28.58*
Marijuana	0.00	0.00	-	7.89	10.26	*30.04*
Non-Medical Prescription Drug Use	0.00	0.00	-	2.56	7.69	*200.39*
Binge Drinking (past 2 weeks)	4.55	0.00	-	2.56	7.69	*200.39*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A5. Overall Results by Sex – High School

Risk Factor Scores, Range (Positive score is favorable)	High School - Females (n=132)			High School- Males (n=155)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.30	2.42	*5.24***	2.21	2.41	*8.87***
Decision-Making Skills, 0-3	1.89	1.98	*4.74**	1.92	2.05	*6.87***
Disapproval of Use, 0-3	2.37	2.46	*3.92***	2.27	2.44	*7.65***
Perceived Peer Norms, 0-3	2.33	2.38	*2.39*	2.22	2.38	*7.53***
Perceived Parental Attitudes, 0-3	2.69	2.69	*0.03*	2.57	2.66	*3.67***

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.76	2.27	*198.68*	2.58	1.30	*-49.61*
Cigarettes	3.82	3.82	*0.00*	6.45	2.58	*-60.00*
E-Cigarettes or Vapes	22.73	18.60	*-18.17*	18.71	12.34	*-34.05**
Alcohol	11.45	12.88	*12.49*	12.26	6.49	*-47.06***
Marijuana	22.73	18.18	*-20.02*	14.19	10.97	*-22.69**
Non-Medical Prescription Drug Use	7.63	2.27	*-70.25*	9.03	4.55	*-49.61*
Prescription Pain Pills	3.03	2.65	*-12.54*	7.74	4.92	*-36.43*
Heroin or Fentanyl	0.00	0.00	-	2.60	0.82	*-68.46*
Cocaine	0.00	0.87	-	1.94	1.64	*-15.46*
Other Illegal Drugs	1.52	0.00	*-100.00*	3.87	0.00	*-100.00*
Binge Drinking (past 2 weeks)	1.53	2.31	*50.98*	4.55	2.58	*-43.30*

* Pre- and post-test averages are approaching being statistically significantly different (p<.10).
** Pre- and post-test averages are statistically significantly different (p<.05).

Table A6. Overall Results by Race Group – High School

Risk Factor Scores, Range (Positive score is favorable)	Black/African American Participants (n=187)			Other Participants (n=23)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.28	2.45	*7.32***	1.96	2.12	*8.14*
Decision-Making Skills, 0-3	1.94	2.03	*4.74***	2.05	2.08	*1.59*
Disapproval of Use, 0-3	2.36	2.48	*5.05***	2.25	2.35	*4.64*
Perceived Peer Norms, 0-3	2.32	2.46	*5.73***	2.34	2.30	*-1.87*
Perceived Parental Attitudes, 0-3	2.63	2.71	*3.12***	2.54	2.60	*2.14*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	1.60	1.08	*-32.50*	4.35	0.00	*-100.00*
Cigarettes	3.23	2.69	*-16.72*	13.04	0.00	*-100.00*
E-Cigarettes or Vapes	17.11	13.44	*-21.45*	13.04	13.04	*0.00*
Alcohol	10.75	6.45	*-40.00**	4.35	8.70	*100.00*
Marijuana	17.65	13.90	*-21.25*	21.74	13.04	*-40.02*
Non-Medical Prescription Drug Use	11.29	4.30	*-61.91***	8.70	0.00	*-100.00*
Prescription Pain Pills	7.49	5.52	*-26.30*	8.70	0.00	*-100.00*
Heroin or Fentanyl	2.15	0.61	*-71.63*	0.00	0.00	-
Cocaine	1.61	1.83	*13.66*	0.00	0.00	-
Other Illegal Drugs	3.21	0.00	*-100.00*	4.35	0.00	*-100.00*
Binge Drinking (past 2 weeks)	3.23	1.62	*-49.85*	0.00	0.00	-

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A6. Overall Results by Race Group – High School (continued)

Risk Factor Scores, Range (Positive score is favorable)	White Participants (n=69)		
	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.29	2.44	*6.65***
Decision-Making Skills, 0-3	1.85	1.97	*6.45*
Disapproval of Use, 0-3	2.28	2.44	*6.81***
Perceived Peer Norms, 0-3	2.15	2.29	*6.33**
Perceived Parental Attitudes, 0-3	2.60	2.63	*0.89*
Substance Use, % Users in Past 30 Days (Negative change is favorable)	**Pre-Average**	**Post Average**	**% Change**
Chewing Tobacco, Snuff, Dip	1.45	4.35	*200.00*
Cigarettes	4.35	5.80	*33.33*
E-Cigarettes or Vapes	28.99	22.73	*-21.59*
Alcohol	17.39	18.84	*8.34*
Marijuana	14.49	15.94	*10.01*
Non-Medical Prescription Drug Use	1.45	2.90	*100.00*
Prescription Pain Pills	0.00	0.00	-
Heroin or Fentanyl	0.00	0.00	-
Cocaine	0.00	0.00	-
Other Illegal Drugs	0.00	0.00	-
Binge Drinking (past 2 weeks)	4.41	4.35	*-1.36*

Table A7. Overall Results by Ethnicity – High School

Risk Factor Scores, Range (Positive score is favorable)	Participants of Hispanic, Latino, or Spanish Descent or Origin (n=23)			Participants Not of Hispanic, Latino, or Spanish Descent or Origin (n=273)		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	1.99	2.23	*12.24***	2.29	2.43	*6.31***
Decision-Making Skills, 0-3	1.94	2.21	*13.96*	1.90	2.01	*5.78***
Disapproval of Use, 0-3	2.30	2.50	*8.37*	2.33	2.46	*5.76***
Perceived Peer Norms, 0-3	2.24	2.42	*7.96*	2.27	2.40	*5.62***
Perceived Parental Attitudes, 0-3	2.45	2.65	*8.54*	2.64	2.68	*1.58*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	0.00	0.00	-	2.20	2.21	*0.45*
Cigarettes	0.00	0.00	-	5.51	3.31	*-39.93*
E-Cigarettes or Vapes	13.04	4.35	*-66.64*	21.25	15.99	*-24.75**
Alcohol	4.35	0.00	*-100.00*	12.87	10.29	*-20.05*
Marijuana	13.04	0.00	*-100.00*	18.32	15.38	*-16.05*
Non-Medical Prescription Drug Use	4.35	4.35	*0.00*	8.82	4.04	*-54.20***
Prescription Pain Pills	0.00	0.00	-	6.23	4.42	*-29.05*
Heroin or Fentanyl	0.00	0.00	-	1.85	0.88	*-52.43*
Cocaine	0.00	0.00	-	1.47	1.76	*19.73*
Other Illegal Drugs	4.35	0.00	*-100.00*	2.93	0.44	*-84.98**
Binge Drinking (past 2 weeks)	0.00	0.00	-	3.32	2.58	*-22.29*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$).

Table A8. Overall Results by Program – High School

Risk Factor Scores, Range (Positive score is favorable)	All Programs (n=298)			Life Skills (n=219)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.27	2.43	*6.93***	2.29	2.44	*6.18***
Decision-Making Skills, 0-3	1.90	2.02	*6.29***	1.97	2.04	*3.66**
Disapproval of Use, 0-3	2.33	2.46	*5.87***	2.35	2.47	*5.40***
Perceived Peer Norms, 0-3	2.27	2.39	*5.45***	2.32	2.44	*5.32***
Perceived Parental Attitudes, 0-3	2.62	2.68	*2.10**	2.63	2.71	*3.04***

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	2.02	2.02	*0.00*	1.38	1.83	*32.61*
Cigarettes	5.07	3.03	*-40.24*	2.29	2.29	*0.00*
E-Cigarettes or Vapes	20.88	14.97	*-28.30***	19.27	16.97	*-11.94*
Alcohol	12.16	9.43	*-22.45**	11.93	11.47	*-3.86*
Marijuana	18.18	14.09	*-22.50***	17.89	15.98	*-10.68*
Non-Medical Prescription Drug Use	8.45	4.04	*-52.19*	9.17	5.02	*-45.26**
Prescription Pain Pills	5.72	4.10	*-28.32*	5.50	4.43	*-19.45*
Heroin or Fentanyl	1.69	0.81	*-52.07*	1.38	0.49	*-64.49*
Cocaine	1.35	1.63	*20.74*	0.92	1.48	*60.87*
Other Illegal Drugs	3.03	0.41	*-86.47**	1.83	0.49	*-73.22*
Binge Drinking (past 2 weeks)	3.05	2.37	*-22.30*	2.78	2.29	*-17.63*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$)

Table A8. Overall Results by Program – High School (continued)

Risk Factor Scores, Range (Positive score is favorable)	Prime for Life (n=30)			RRR (n=37)		
	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Perceived Risk, 0-3	2.29	2.35	*2.58*	2.13	2.48	*16.05***
Decision-Making Skills, 0-3	1.76	1.89	*7.23*	1.66	2.02	*21.27***
Disapproval of Use, 0-3	2.40	2.41	*0.35*	2.13	2.47	*15.71***
Perceived Peer Norms, 0-3	2.17	2.26	*4.18*	2.08	2.24	*7.78*
Perceived Parental Attitudes, 0-3	2.74	2.60	*-5.14***	2.56	2.58	*0.88*

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre-Average	Post Average	% Change	Pre-Average	Post Average	% Change
Chewing Tobacco, Snuff, Dip	10.00	3.45	*-65.50*	0.00	2.70	-
Cigarettes	13.79	10.00	*-27.48*	10.81	2.70	*-75.02*
E-Cigarettes or Vapes	36.67	18.52	*-49.50**	16.22	2.70	*-83.35**
Alcohol	24.14	10.00	*-58.57*	8.11	0.00	*-100.00*
Marijuana	23.33	20.00	*-14.27*	8.11	0.00	*-100.00*
Non-Medical Prescription Drug Use	6.90	3.45	*-50.00*	8.11	0.00	*-100.00*
Prescription Pain Pills	13.33	20.00	*50.04*	2.70	0.00	*-100.00*
Heroin or Fentanyl	7.14	16.67	*133.47*	0.00	0.00	-
Cocaine	6.90	16.67	*141.59*	0.00	0.00	-
Other Illegal Drugs	10.00	0.00	*-100.00*	0.00	0.00	-
Binge Drinking (past 2 weeks)	3.33	6.90	*107.21*	5.41	0.00	*-100.00*

* Pre- and post-test averages are approaching being statistically significantly different ($p<.10$).
** Pre- and post-test averages are statistically significantly different ($p<.05$)

APPENDIX B: METHODOLOGY AND ANALYSIS ISSUES

In this section, we describe the evaluation design that generated the outcomes from pre- and post-testing of youth curricula participants described in Section II. In addition, we discuss the analyses used and cautions in interpreting the results.

Evaluation Design Issues

Evaluation design issues acknowledge possible limitations in the ability to detect positive findings due to the particular evaluation methodology. Several evaluation design issues are relevant, including floor and ceiling effects, lack of comparison groups, and the short duration between pre- and post-surveys. Unpublished data collected by the developers of Life Skills show that when measured simply with a pre-post survey, there were no apparent effects of the Life Skills intervention. However, when the program was measured after booster sessions and at later points in time and with a comparison group, effects of the intervention emerged. Thus, it is possible that seeds of some of these interventions have been planted, but that we are not yet able to measure the intended long-term benefits.

Non-Specific Measurement Targets. The DAODAS Standard Survey asks for a core set of items across all programs, regardless of the programs' designed targets. For the most part, this is not a problem, as many substance abuse prevention programs target a wide array of substances and risk factors. Nevertheless, not all programs target all substances or risk factors, and some programs target very specific substances or risk factors—TNT (Project Toward No Tobacco Use), for example. Thus, we would not necessarily expect to see changes in all substances or risk factors across all programs.

Floor and Ceiling Effects. Floor and ceiling effects refer to circumstances that make it difficult to measure change over time because participants' scores are already as low (or high) as they can be prior to the intervention. Participants generally reported low risk and low rates of substance use. Thus, the potential to show improvement at post-survey was limited. Despite these ceiling and floor effects, positive changes were reported for many of the interventions.

Lack of Comparisons. DAODAS staff and PIRE decided that it would not be appropriate to require collection of data from comparison sites. There were two primary reasons for this. First, the purpose was not to prove that interventions are effective, but to enhance communities' capacity to implement and monitor effective interventions. The PIRE evaluation team views evaluation data as an essential tool to improve future performance more than a judgment of past efforts. Second, requiring providers to collect comparison data would have been a large administrative burden. Clearly, however, the lack of comparison groups limits our ability to interpret these findings. Given that there is a consistent trend across the country for teens to develop less disapproval of use and behaviors regarding illegal substance use over time, it is

likely that the absence of pre/post changes for participants is indication of favorable effects relative to youth who did not participate in similar prevention interventions.

Attendance Bias. It should be noted that our matched participant databases consist of participants who attended the pre- and post-test sessions for the program. Thus, these groups may not include some higher-risk youth because they may have been more likely to be absent from the program during the pre- or post-test session due to truancy, suspension, or change of schools. The implication of the differences between the participants in our databases and the full set of participants is that our findings should not be generalized to the whole set of participants. However, because the bias in our results is largely due to absenteeism, our findings are relevant for those youth who were present for a larger portion of the interventions. Thus, our results should provide a relatively accurate picture of changes experienced by program participants who had a significant opportunity to benefit from the intervention.

Short Duration Between Pre- and Post-Surveys. It is possible that the effects of the prevention interventions will not be realized until a later point in time. Many participants in these databases are in their early teens or younger. The interventions are aimed at preventing or delaying the onset of substance use as the youth get older. Thus, by the time youth reach late high school age, these participants may report lower risk and lower rates of substance use, relative to non-participants. We do not have the data to determine whether there will be long-term positive results for these program participants.

Maturation Effects. Because adolescents today generally become more tolerant of substance use and more likely to engage in some substance use behaviors as they grow older, it may be difficult to achieve positive changes among program participants over the time span between the pre- and post-surveys, especially if the time gap between pre- and post-tests is long. Therefore, even seeing no change on some risk factors and/or substance use behaviors may be viewed as a positive impact of program participation. This is particularly true for these data, where most respondents reported very low levels of risk and very low levels of substance use at the beginning of the programs. Outcomes for programs with longer time gaps between pre- and post-tests are difficult to compare to those with shorter time gaps because the maturation effect is more pronounced for the former and may appear to have fewer positive outcomes.

Program Implementation Issues

Program implementation issues acknowledge possible limitations in program effectiveness due to aspects of the way an intervention is implemented. At least three program implementation issues are relevant for these projects: ineffective interventions, inadequate match between interventions and communities, and fidelity.

Ineffective Interventions. The first reaction one might have upon reviewing some of these programs' data is that some interventions are not effective in preventing or reducing substance use or affecting risk factors. This is less likely to be the case when evidence-based interventions were used because they have been shown through research to be effective. Thus, we should not conclude that these interventions are, in general, ineffective. Nevertheless, there may be aspects

of the way they are implemented that render them less effective. There is a possibility that unfavorable results for a non-evidence-based intervention indicate a lack of program effectiveness, but there are other potential explanations, as well.

Inadequate Match between Interventions and Communities. It is possible that some interventions do not match the needs of, and/or are not appropriate for, some local target populations. In other words, the research-based interventions may be very effective with the populations in the settings where they were designed and tested but may not be as appropriate to serve the needs of some of the target populations in South Carolina. There continue to be factors involved in program selection other than proven effectiveness with a particular type of target population, such as implementation time allowed, cost, and convenience (using whatever program that staff currently have training in or can be trained in quickly or inexpensively). In addition, sites are not always aware of the exact needs of their communities. Community characteristics can change over time, and intervention developers are not always aware of limitations to the generalizability of the effectiveness of their interventions. It would be wise for all programs to continuously ask themselves whether their interventions are the right match for their target population and setting, and this may have been an important factor in the different levels of success across locations.

Fidelity. Fidelity is the extent to which interventions are delivered as they are intended. Even with well-controlled research studies, the degree of fidelity can vary widely. Life Skills researchers have found limited effects of the program when analyzing data from the full sample of students, but more widespread effects when analyzing data from a high-fidelity sample. Clearly, fidelity is an important factor in determining the effectiveness of interventions, and low fidelity can lead an otherwise effective intervention to appear ineffective. Thus, it is possible that for some implementations where we did not see more positive outcomes it may be because the interventions were not delivered with a high degree of fidelity.

Data Analysis Methods

Testing Pre- and Post-Survey Differences in Risk-Factor Scores: We used SPSS statistical software for all analyses. We conducted paired-samples t-tests to compare the means of the pre-survey and post-survey scores for each risk-factor measure assessed on the surveys. This test computed the difference (change) between the pre- and post-survey means for each factor and then tested whether the mean difference was "significantly different" from zero. A statistically significant difference means that the observed difference was too large to occur because of chance alone. The treatment (intervention) and/or other factors played a role in helping changes take place in the behaviors and attitudes of the participants. T-tests (as well as all tests of significance) were performed at a significance level of $p < .05$ (two-tailed), though differences of between .05 and .10 were noted for participants and labeled as "approaching" or "near" significant. Appropriate nonparametric tests were used with small group sizes.

Testing Pre- and Post-Survey Differences in Substance Use: Based on students' responses to the substance-specific "Past 30-Day Use" items on the pre- and post-tests, students were coded as being users (if they used a substance on at least one day of the past 30 days) or non-users.

We used the nonparametric McNemar test to detect if the changes in percentages of substance users were statistically significant. Like other nonparametric tests, the McNemar uses the chi-square distribution and is used mainly to detect changes in response to a treatment (e.g., a program intervention) in *before and after* designs.

APPENDIX C: DAODAS STANDARD SURVEY

DO NOT USE THIS SURVEY

SOUTH CAROLINA HIGH SCHOOL STUDENT PREVENTION SURVEY

Private Student Code

	☐	☐	☐	☐	☐	☐
0	O	O	O	O	O	O
1	O	O	O	O	O	O
2	O	O	O	O	O	O
3	O	O	O	O	O	O
4	O	O	O	O	O	O
5	O	O	O	O	O	O
6	O	O	O	O	O	O
7	O	O	O	O	O	O
8	O	O	O	O	O	O
9	O	O	O	O	O	O

Your responses are very important to us, and we would like your opinion on these issues. All your responses will be strictly confidential.

RIGHT NOW, please put the private code you were given here AND put it on the other pages of this survey.

1. How much do you think people risk harming themselves physically and in other ways when they . . .	**No Risk**	**Slight Risk**	**Moderate Risk**	**Great Risk**
a) Smoke one or more packs of cigarettes per day?	O	O	O	O
b) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	O	O	O	O
c) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	O	O	O	O
d) Have five or more drinks of an alcoholic beverage in a row once or twice a week?	O	O	O	O
e) Use prescription drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	O	O	O	O
f) Use prescription pain pills (*e.g., OxyContin, Vicodin, etc.*) not prescribed to them?	O	O	O	O
g) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	O	O	O	O

2. How wrong do you think it is for someone your age to...	**Not at all wrong**	**A little bit wrong**	**Wrong**	**Very Wrong**
a) Drink beer, wine or hard liquor (*e.g., vodka, whiskey or gin*)?	O	O	O	O
b) Smoke cigarettes?	O	O	O	O
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	O	O	O	O
d) Use marijuana (*cannabis, weed, not CBD)* once or twice per week?	O	O	O	O
e) Use prescription drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	O	O	O	O
f) Use prescription pain pills (*e.g., OxyContin, Vicodin, etc*.) not prescribed to them?	O	O	O	O
g) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	O	O	O	O

21682

Private Student Code: | | | | | | |

3. How wrong do you think your parents feel it would be for YOU to...	Not at all wrong	A little bit wrong	Wrong	Very Wrong
a) Have one or two drinks of an alcoholic beverage nearly every day?	O	O	O	O
b) Smoke cigarettes?	O	O	O	O
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	O	O	O	O
d) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	O	O	O	O
e) Use prescription drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	O	O	O	O
f) Use presciption pain pills (*e.g., OxyContin, Vicodin, etc.*) not prescribed to you?	O	O	O	O
g) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	O	O	O	O

4. How wrong do your friends feel it would be for YOU to...	Not at all wrong	A little bit wrong	Wrong	Very Wrong
a) Have one or two drinks of an alcoholic beverage nearly every day?	O	O	O	O
b) Smoke cigarettes?	O	O	O	O
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	O	O	O	O
d) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	O	O	O	O
e) Use presciption drugs not prescribed to you?	O	O	O	O
f) Use presciption pain pills (*e.g., OxyContin, Vicodin, etc.*) not prescribed to you?	O	O	O	O
g) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	O	O	O	O

5. Please respond to the following questions and statements about decision-making.	Never	Sometimes, but not often	Often	All the time
a) How often do you stop to think about your options before you make a decision?	O	O	O	O
b) How often do you stop to think about how your decisions may affect others' feelings?	O	O	O	O
c) How often do you stop and think about all of the things that may happen as a result of your decisions?	O	O	O	O
d) I make good decisions.	O	O	O	O

Private Student Code: | | | | | | |

6. During the past 30 days, have you...	Yes	No
a) used chewing tobacco, snuff or dip?	○	○
b) smoked cigarettes?	○	○
c) used nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	○	○
d) had alcoholic beverages (*beer, wine, or hard liquor*) - more than just a few sips?	○	○
e) used marijuana (*cannabis, weed, not CBD*) once or twice per week?	○	○
f) used prescription drugs without a doctor's prescription? (This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)	○	○
g) used prescription pain pills (e.g., OxyContin, Vicodin, etc.) without a doctor's prescription?	○	○
h) used heroin or fentanyl?	○	○
i) used cocaine?	○	○
j) used other illegal drugs such as LSD (*acid*), amphetamines, methamphetamines, or Ecstasy (*MDMA*)?	○	○
k) used CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	○	○

7. Think back over the last two weeks. Have you had 5 or more alcoholic drinks in a row within a short period of time?

○ Yes ○ No

8. Have you talked to at least one of your parents about the dangers of alcohol, tobacco, or other drugs? By parents, we mean either your biological parents, adoptive parents, step parents, or adult guardians - whether or not they live with you.

○ Yes ○ No

Please answer the following questions about yourself. (*Remember, this survey is confidential*.)

9. What grade are you in? ○ 9th Grade ○ 10th grade ○ 11th grade ○ 12th grade

10. What is your gender? ○ Male ○ Female ○ Prefer not to answer

11. Are you Hispanic or Latino? ○ Yes ○ No

12. Which of the following describes you? (*please choose ONE*)

White	Black/ African American	American Indian or Alaska Native	Native Hawaiian Other Pacific Islander	Asian	Two or More Races	Other
○	○	○	○	○	○	○

THE END

DO NOT USE THIS SURVEY

SOUTH CAROLINA MIDDLE SCHOOL STUDENT PREVENTION SURVEY

Private Student Code

	☐	☐	☐	☐	☐	☐
0	○	○	○	○	○	○
1	○	○	○	○	○	○
2	○	○	○	○	○	○
3	○	○	○	○	○	○
4	○	○	○	○	○	○
5	○	○	○	○	○	○
6	○	○	○	○	○	○
7	○	○	○	○	○	○
8	○	○	○	○	○	○
9	○	○	○	○	○	○

Your responses are very important to us, and we would like your opinion on these issues. All your responses will be strictly confidential.

RIGHT NOW, please put the private code you were given here AND put it on the other pages of this survey. ⇨

1. How much do you think people risk harming themselves physically and in other ways when they . . .	**No Risk**	**Slight Risk**	**Moderate Risk**	**Great Risk**
a) Smoke one or more packs of cigarettes per day?	○	○	○	○
b) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	○	○	○	○
c) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	○	○	○	○
d) Have five or more drinks of an alcoholic beverage in a row once or twice a week?	○	○	○	○
e) Use prescription drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	○	○	○	○
f) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	○	○	○	○

2. How wrong do you think it is for someone your age to...	**Not at all Wrong**	**A little bit Wrong**	**Wrong**	**Very Wrong**
a) Drink beer, wine or hard liquor (*e.g., vodka, whiskey or gin*)?	○	○	○	○
b) Smoke cigarettes?	○	○	○	○
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	○	○	○	○
d) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	○	○	○	○
e) Use prescription drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup.)*	○	○	○	○
f) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	○	○	○	○

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3. How wrong do you think your parents feel it would be for YOU to...	Not at all Wrong	A little bit Wrong	Wrong	Very Wrong
a) Have one or two drinks of an alcoholic beverage nearly every day?	O	O	O	O
b) Smoke cigarettes?	O	O	O	O
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	O	O	O	O
d) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	O	O	O	O
e) Use presciption drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	O	O	O	O
f) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	O	O	O	O

4. How wrong do your friends feel it would be for YOU to...	Not at all Wrong	A little bit Wrong	Wrong	Very Wrong
a) Have one or two drinks of an alcoholic beverage nearly every day?	O	O	O	O
b) Smoke cigarettes?	O	O	O	O
c) Use nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	O	O	O	O
d) Use marijuana (*cannabis, weed, not CBD*) once or twice per week?	O	O	O	O
e) Use presciption drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	O	O	O	O
f) Use CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	O	O	O	O

5. Please respond to the following questions and statements about decision-making.	Never	Sometimes, but not often	Often	All the time
a) How often do you stop to think about your options before you make a decision?	O	O	O	O
b) How often do you stop to think about how your decisions may affect others' feelings?	O	O	O	O
c) How often do you stop and think about all of the things that may happen as a result of your decisions?	O	O	O	O
d) I make good decisions.	O	O	O	O

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6. During the past 30 days, have you...	Yes	No
a) used chewing tobacco, snuff or dip?	○	○
b) smoked cigarettes?	○	○
c) smoked nicotine e-cigarettes or vaping pens with nicotine liquid daily (*e.g., mods, tanks, ends*)?	○	○
d) had alcoholic beverages (*beer, wine, or hard liquor*) - more than just a few sips?	○	○
e) used marijuana (*cannabis, weed, not CBD*), marijuana (*not CBD*) edibles, or hashish (*hash, hash oil*)?	○	○
f) used prescription drugs without a doctor's prescription? (*This does NOT include things like Advil, Tylenol, aspirin or cough syrup*.)	○	○
g) used CBD (*edibles, hemp oil*) not marijuana, once or twice per week?	○	○

7. Think back over the last two weeks. Have you had 5 or more alcoholic drinks in a row within a short period of time?

○ Yes ○ No

8. Have you talked to at least one of your parents about the dangers of alcohol, tobacco, or other drugs? By parents, we mean either your biological parents, adoptive parents, step parents, or adult guardians - whether or not they live with you.

○ Yes ○ No

Please answer the following questions about yourself. (*Remember, this survey is confidential.*)

9. What grade are you in? ○ 6th grade ○ 7th grade ○ 8th grade

10. What is your gender? ○ Male ○ Female ○ Prefer not to answer

11. Are you Hispanic or Latino? ○ Yes ○ No

12. Which of the following describes you? (*please choose ONE*)

White	Black/ African American	American Indian or Alaska Native	Native Hawaiian Other Pacific Islander	Asian	Two or More Races	Other
○	○	○	○	○	○	○

THE END