

**REPORT TO THE
TWENTY-FOURTH LEGISLATURE**

STATE OF HAWAII

2008

PURSUANT TO:

**SECTION 321-195, HAWAII REVISED STATUTES,
REQUIRING A REPORT ON IMPLEMENTATION OF THE STATE PLAN FOR
SUBSTANCE ABUSE;**

**SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE HAWAII ADVISORY COMMISSION ON DRUG ABUSE AND
CONTROLLED SUBSTANCES;**

**SECTION 10 OF ACT 161 SESSION LAWS OF HAWAII 2002,
REQUIRING A STATUS REPORT ON THE COORDINATION OF OFFENDER SUBSTANCE
ABUSE TREATMENT PROGRAMS; AND**

**SECTION 29 OF ACT 40 SESSION LAWS OF HAWAII 2004,
REQUIRING A PROGRESS REPORT ON THE SUBSTANCE ABUSE TREATMENT
MONITORING PROGRAM**

**BY THE
DEPARTMENT OF HEALTH**

PREPARED BY:

ALCOHOL AND DRUG ABUSE DIVISION

**DEPARTMENT OF HEALTH
STATE OF HAWAII
DECEMBER 2007**

EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2006-07 for the Department of Health, Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes (HRS).

For Fiscal Year 2006-07, \$29,401,016 was appropriated by Act 160 SLH 2006 to the Alcohol and Drug Abuse program (HTH 440) – \$18,391,149 general funds, \$150,000 special funds and \$10,859,867 federal funds. Of the total appropriated, \$21,731,276 was allocated for substance abuse treatment services and \$4,720,486 was allocated for substance abuse prevention services.

Federal funds for substance abuse prevention and treatment services include the following:

\$6.8 million in Substance Abuse Prevention and Treatment Block Grant funds administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to plan, implement and evaluate substance abuse prevention and treatment activities.

\$2.75 million Access to Recovery (ATR) Grant funded by the U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Treatment (CSAT) to fund substance abuse recovery support services for parents and guardians of families in the Child Welfare Services (CWS) system. (Award dated September 19, 2007.)

\$2.1 million for the Strategic Prevention Framework State Incentive Grant (SPF SIG) funded by the U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention (CSAP). The SPF SIG grant requires states and communities to systematically assess prevention needs based on epidemiological data, build prevention capacity, strategically plan for and implement effective community prevention programs, policies and practices and evaluate efforts for outcomes.

\$350,000 for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) grant to support activities in law enforcement, public education programs, and policy development focusing on limiting youth access to alcohol, strictly enforcing underage drinking laws and promoting zero tolerance for underage drinking while creating positive outlets for our youth.

\$350,000 for the U.S. Department of Justice, Office of Justice Programs, OJJDP grant to support activities in law enforcement, public education programs, and policy development for supporting and enhancing efforts to prohibit sales of alcoholic beverages to minors (defined as individuals under 21 years of age) and the consumption of alcoholic beverages by persons serving in the United States Air Force who are under the age of 21.

Through contracts with community-based substance abuse prevention and treatment agencies, ADAD provided substance abuse prevention and treatment services to adults and adolescents* as follows:

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,976 adults statewide in Fiscal Year 2006-07;

Residential and school-based outpatient substance abuse treatment services were provided to 1,866 adolescents statewide in Fiscal Year 2006-07; and

Curriculum-based youth substance abuse prevention and parenting programs, mentoring programs, elderly effective medication management programs, underage drinking initiatives and Regional Alcohol and Drug Awareness Resource (RADAR) center served 47,401 children, youth and adults in Fiscal Year 2006-07.

Also included are reports that are required pursuant to:

Section 329-3, HRS, requiring a report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS);

Section 10 of Act 161 Session Laws of Hawaii (SLH) 2002, requiring a status report on the coordination of offender substance abuse treatment programs; and

Section 29 of Act 40 SLH 2004, requiring a progress report on the substance abuse treatment monitoring program.

* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 19-24.

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ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2006-07 for the Department of Health, Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes (HRS). Also included are reports that are required pursuant to: Section 29 of Act 40 Session Laws of Hawaii (SLH) 2004, requiring a progress report on the substance abuse treatment monitoring program; Section 10 of Act 161 SLH 2002, requiring a status report on the coordination of offender substance abuse treatment programs; and Section 329-3, HRS, requiring a report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS).

The agency's mission is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. ADAD plans, coordinates, provides technical assistance, and establishes mechanisms for training, data collection, research and evaluation to ensure that resources are utilized in the most effective and efficient manner possible. ADAD's efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the needs of individuals and families.

ADAD's primary functions include: grants and contracts management; clinical consultation; quality assurance, which encompasses training, accreditation of substance abuse treatment programs, certification of substance abuse counselors and program administrators, monitoring implementation of prevention activities; policy development; planning; coordination of services; and information systems management (i.e. treatment client data system, prevention minimum data set, needs assessments for substance abuse prevention and treatment services).

Substance abuse prevention is the promotion of constructive lifestyles and norms that discourage alcohol and other drug use and the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation. Substance abuse prevention efforts also seek to reduce risk factors or to enhance protective factors in the individual/peer, family, school and community domains. Risk factors are those characteristics or attributes of a person, their family, peers, school or environment that have been associated with a higher susceptibility to problems such as alcohol and other drug abuse. Protective factors are those psychological, behavioral, family and social characteristics that can insulate children and youth from the effects of risk factors that are present in their environment.

ADAD's substance abuse prevention goals for 2004-2008 are as follows:

Youth leadership development. Provide youth with knowledge and leadership skills to implement alcohol and other drug free activities.

Primary prevention projects for youth. Drug education and awareness in schools and communities, community-based non-school hour youth activities, education and support for families and community mobilization.

Youth substance abuse prevention community partnerships. Building the capacity of community partnerships to develop a more comprehensive approach to prevention; collaborate among local organizations, schools, and businesses; implement evidence-based prevention programs and strategies; and utilize prevention research and evaluation data to demonstrate effectiveness.

Girls' substance abuse prevention initiative. Providing culturally appropriate information and lifeskills to adolescent girls, their parents or guardians to increase family support and enhance social connectedness.

College age population. Promote and develop a drug-free lifestyle for the college age population.

Elderly prescription abuse prevention. Reduce prescription misuse and increase knowledge of the dangers of interactive effects of medicine in the elderly.

Native Hawaiian mentoring initiative. Expanding existing mentoring resources for Native Hawaiian at-risk youth in Windward Oahu to increase knowledge and reasoning skills for responsible decision making and problem solving to reinforce attitudes against alcohol and other drug use.

Native Hawaiian ex-offender prevention program. Improve the quality of life of Native Hawaiian ex-offenders by incorporating a substance abuse prevention project that employs traditional Native Hawaiian healing methods.

State resource center (RADAR). Assure a statewide reservoir of current alcohol, tobacco and other drug information and the availability of the most current information on substance abuse prevention and treatment services.

Targeted education/prevention. Increase professional and public awareness of the health and safety risks associated with the use and abuse of alcohol and other drugs.

Public awareness campaign. Promote a wellness model to influence the behaviors and attitudes of the public regarding alcohol and other drugs.

Underage drinking. Increase awareness of the underage drinking problem to prevent early onset drinking.

Tobacco Sales to Minors. Conduct inspections of retail outlets that sell tobacco to monitor the extent of illegal sales of tobacco products to minors.

Substance abuse treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with substance abuse problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and/or drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or

reverse the progress of any associated problems. Treatment services have, as a requirement, priority admission for pregnant women, injection drug users, native Hawaiians and adult offenders.

ADAD's substance abuse treatment goals for 2004-2008 are as follows:

Adolescent substance abuse treatment. Reduce the harm and restore life functioning for substance abusing and substance dependent adolescents by providing treatment services for substance abusing adolescents and their families.

Adult detoxification and follow through programs. Assure availability of a safe, controlled environment to assist chemically intoxicated individuals to withdraw from the physiological effects of alcohol and other drugs.

Adult substance abuse treatment. Reduce the harm and restore life functioning for substance abusing and substance dependent adults by providing substance abuse treatment and support services for substance abusing adults and their families.

Pregnant and parenting women and children. Reduce the impact of substance abuse on children and families by assuring availability of and access to appropriate treatment services for substance abusing women and their children.

Injection drug users. Reduce the spread of AIDS and other communicable diseases in the high risk substance abusing population by providing treatment for injection drug users.

Mentally ill substance abusers. Assure that substance abusers who also have a mental health problem are identified, supported and receive appropriate care.

Recovery group homes. Support continuing recovery for substance abusers by assuring access to alcohol and drug free housing.

HIGHLIGHTS OF ACCOMPLISHMENTS AND ACTIVITIES **July 1, 2006 to June 30, 2007**

State and Federal Funding

For Fiscal Year 2006-07, \$29,401,016 was appropriated by Act 160 SLH 2006 to the Alcohol and Drug Abuse program (HTH 440) – \$18,391,149 general funds, \$150,000 special funds and \$10,859,867 federal funds. Of the total appropriated, \$21,731,276 was allocated for substance abuse treatment services and \$4,720,486 was allocated for substance abuse prevention services.

Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. ADAD received \$6.8 million in Fiscal Year 2006-07 of SAPT Block Grant funds administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to plan, implement and evaluate substance abuse prevention and treatment activities.

Substance Abuse Recovery Support Services Grant. The Department of Health and the Department of Human Services collaborated in the submission of a proposal in response to the SAMHSA solicitation for federal Access to Recovery (ATR) grants. The grant award (dated September 19, 2007) provides \$8.25 million over the next three years to fund substance abuse recovery support services for parents and guardians of families in the Child Welfare Services (CWS) system. The goals of the program are to: expand capacity; support client choice; increase the array of faith-based and community-based providers for recovery support services; and reduce substance abuse, especially of methamphetamine. Recovery support services may include employment readiness and job placement programs, supportive transitional drug-free housing, parenting and child education, life-skill building classes, child care, transportation, support and spiritual counseling, all of which would enhance treatment compliance, completion, abstinence and other desired outcomes from treatment and on-going recovery. These services will be available through a system of service vouchers managed electronically through a web-based information system.

Strategic Prevention Framework State Incentive Grant (SPF SIG). The SAMHSA, Center for Substance Abuse Prevention (CSAP) SPF SIG grant requires states and communities to systematically assess prevention needs based on epidemiological data, build prevention capacity, strategically plan for and implement effective community prevention programs, policies and practices and evaluate efforts for outcomes. Grant funds will enable the State – in collaboration with the counties and their respective communities – to implement a process known to promote youth development, reduce risk-taking behaviors, build on assets and prevent problem behaviors. The grant will enable the State to provide leadership, support and technical assistance to ensure that participating communities achieve stated goals as measured by: abstinence from drug use and alcohol abuse, reduction in substance abuse related crime, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to

services, and increased social connectedness. Grant funding – \$2.1 million in the first year – is renewable up to five years, with continued funding subject to the availability of funds and progress achieved by the project.

Enforcing Underage Drinking Laws. A \$350,000 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) formula grant supports activities in law enforcement, public education programs, and policy development for limiting youth access to alcohol, strictly enforcing underage drinking laws and promoting zero tolerance for underage drinking while creating positive outlets for our youth. In addition, a \$350,000 discretionary grant from the U.S. Department of Justice, Office of Justice Programs, OJJDP supports activities in law enforcement, public education programs, and policy development for supporting and enhancing efforts to prohibit sales of alcoholic beverages to minors (defined as individuals under 21 years of age) and the consumption of alcoholic beverages by persons serving in the United States Air Force who are under the age of 21.

Prevention Fellowship Program. ADAD gained a “fellow” in the SAMHSA/CSAP Prevention Fellowship Program, which promotes the Strategic Prevention Framework (SPF) as the overarching vehicle for planning, development, and delivery of prevention services. The fellow will enhance knowledge, skills and competencies in all components of the SPF. Upon completion of the prevention fellowship program, participants are expected to become stewards of effective prevention practices in the future.*

While promoting the SPF for planning, development, and delivery of prevention services, prevention fellows will be exposed to a myriad of activities specific to prevention. These activities include: substance abuse prevention across the life span; community prevention planning and service delivery at the State and community level, including coalition building; data, evaluation, and alcohol and drug epidemiology; environmental prevention strategies, systems change and service delivery; and social marketing as it relates to prevention.

Substance Abuse Prevention and Treatment Services

Through contracts with community-based substance abuse prevention and treatment agencies, ADAD provided substance abuse prevention and treatment services to adults and adolescents* as follows:

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,976 adults statewide in Fiscal Year 2006-07;

Residential and school-based outpatient substance abuse treatment services were provided to 1,866 adolescents statewide in Fiscal Year 2006-07; and

* CSAP promotes a comprehensive prevention system approach that includes community involvement and partnership among all sectors of society. This approach promotes and enhances SAMHSA/CSAP activities to assure the availability of services, meet unmet and emerging needs, and bridge the gap between knowledge and practice.

* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 19-24.

Curriculum-based youth substance abuse prevention and parenting programs, mentoring programs, elderly effective medication management programs, underage drinking initiatives and Regional Alcohol and Drug Awareness Resource (RADAR) center served 47,401 children, youth and adults in Fiscal Year 2006-07.

Studies and Surveys

Hawaii Tobacco Sales to Minors. Hawaii's tobacco sales to minors are among the lowest in the nation. This year's survey by the Department of Health's Alcohol and Drug Abuse Division (ADAD) shows sales continue to be low across the state. The joint program, with the University of Hawaii's Cancer Research Center of Hawaii and ADAD, conducts inspections of retail outlets that sell tobacco to determine the extent of illegal sales of tobacco products to minors.

In the Spring of 2007, teams made up of youth volunteers ages 15 – 17 and adult observers visited a random sample of 232 retail outlets – convenience stores, grocery stores, gas stations, pharmacies, etc. – in which the youth attempted to buy cigarettes to determine how well retailers were complying with state tobacco laws. Twenty retail outlets (8.7 percent) sold to minors, compared to last year's 5.9 percent rate. The 2007 non-compliance rates are: 17.2 percent for the County of Hawaii, 16.7 percent for the County of Kauai, 6.8 percent for the City and County of Honolulu, and 6.7 percent for Maui County. In Hawaii and Kauai Counties, there was an increase in their rates, 9.7 percent to 17.2 percent and 0 percent to 16.7 percent, respectively.

In addition to the survey inspections, the DOH, in cooperation with all four County Police Departments and the Cancer Research Center of Hawaii, has a program to enforce the State law that prohibits the sale or furnishing of tobacco products to minors under the age of 18. The enforcement program uses teenagers between the ages of 15 and 17 who attempt to purchase cigarettes under the supervision of an undercover police officer. Approximately 1,200 enforcement inspections are conducted every year aimed at all outlets in the State that sell tobacco. Sales clerks convicted of selling to minors face a mandatory fine of \$500.

Provision of Contracted or Sponsored Training

Provision of Contracted or Sponsored Training. In Fiscal Year 2006-07, ADAD conducted training programs that accommodated staff development opportunities for 719 (duplicated) healthcare, human service, criminal justice and substance abuse treatment professionals through 36 training sessions, courses, and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults. Participants earned 4,788 Continuing Education Units (CEU's) towards their professional certification and/or re-certification as Certified Substance Abuse Counselors (CSAC's) in the State of Hawaii.

Topics covered during the reporting period include, but are not limited to: motivational interviewing, group counseling, criminal conduct and substance abuse, drug use in pregnancy, confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), Health

Insurance Portability and Accountability Act of 1996 (HIPAA), CSAC application and examination processes, Code of Ethics for Certified Substance Abuse Counselors, and substance abuse prevention specialist training.

Programmatic and Fiscal Monitoring

Through desk audits of providers' billings, reviews of audit reports and on-site monitoring, ADAD's staff examined the expenditure of funds for compliance with SAPT Block Grant restrictions, State General Fund expenditure guidelines and statutory provisions regarding grants, subsidies and purchases of service. In Fiscal Year 2006-07, ADAD provided technical assistance and monitored treatment and prevention programs statewide which included desk audits and on-site reviews of the fiscal operations of 19 programs, and reviews of audit reports from 20 agencies to ensure fiscal accountability.

Certification of Professionals and Accreditation of Programs

Certification of Professionals and Accreditation of Programs. In Fiscal Year 2006-07, ADAD processed 370 (new and renewal) applications, administered 51 written and 79 oral exams and certified 55 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 576.

In Fiscal Year 2006-07, ADAD conducted a total of 38 accreditation reviews and accredited 14 organizations, some of which have multiple (residential and outpatient) accreditable programs.

Prevention Information Systems

In anticipation of added federal reporting requirements, ADAD contracted for an enhanced "Knowledge Based Information Technology System" (KITS) to accommodate a broader range of reporting entities and added capacity for reporting of outcome measures. In addition to the Minimum Data Set (MDS) system which captures demographic and process information from contracted service providers, KIT Solutions will implement a more comprehensive web-based data collection and management system for the processing of substance abuse prevention outcome data transmitted by ADAD providers at the State and community levels.

Legislation

ADAD prepared informational briefs and testimonies on legislation addressing substance abuse related policies in public health, human services, education, employment and criminal justice systems. Legislation passed during the 2007 Legislative Session that addresses substance abuse prevention and/or treatment related issues included:

Act 38 Session Laws of Hawaii 2007 (Senate Bill 53). Amends Chapter 431M, Hawaii Revised Statutes, relating to mental health and alcohol and drug abuse treatment insurance benefits, to add marriage and family therapists as providers eligible for health insurance reimbursement for mental health and substance abuse services. Enactment increases flexibility with which mental health and substance abuse services can be provided and increases access to services. The measure also ensures that only qualified treatment professionals who have expertise in the mental health field are eligible for mental health reimbursement, and only those professionals who are qualified to provide substance abuse treatment services can be reimbursed for alcohol and drug abuse treatment.

Act 178 Session Laws of Hawaii 2007 (House Bill 367 HD1 SD3 CD1). Appropriates funds (\$84,000) to be expended by the University of Hawaii, through its John A. Burns School of Medicine, in Fiscal Year 2007-08, to establish a pilot program in the emergency department of a major medical facility in Honolulu or other appropriate facility for screening, brief intervention, and referral to substance abuse treatment.

Senate Standing Committee Report 1926 (Governor's Message Nos. 575-584). Confirms members appointed (for terms to expire as indicated) to the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS): G.M. 575 - Martin Ho'olu Bento (6/30/2009); G.M. 576 - Stephen "Kalani" Brady (6/30/2009); G.M. 577 - Bart S. Huber (6/30/2009); G.M. 578 - Jonah-Kuhio Kalaniana'ole Ka'auwai (6/30/2008); G.M. 579 - Darin H. Kawazoe (6/30/2009); G.M. 580 - Barbara-Ann Keller (6/30/2009); G.M. 581 - Paula T. Morelli, Ph.D. (6/30/2011); G.M. 582 - Tamah-Lani S.K. Noh (6/30/2010); G.M. 583 - Jody Shiroma Perreira (6/30/2009); and G.M. 584 - Byron Naoyuki Yoshino (6/30/2009). Pursuant to Sections 329-2 and 334-10, Hawaii Revised Statutes, Paula T. Morelli, Ph.D., serves as the jointly appointed member to HACDACS and the State Council on Mental Health.

OTHER REQUIRED REPORTS

- **Report Pursuant to Section 329-3, Hawaii Revised Statutes, Requiring a Report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS)**
- **Report Pursuant to Section 10 of Act 161, Session Laws of Hawaii 2002, on the Implementation of Section 321-193.5, Hawaii Revised Statutes**
- **Report Pursuant to Section 29 of Act 40, Session Laws of Hawaii 2004, Requiring a Progress Report on the Substance Abuse Treatment Monitoring Program**

**REPORT PURSUANT TO
SECTION 329-3, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE HAWAII ADVISORY COMMISSION ON DRUG
ABUSE AND CONTROLLED SUBSTANCES**

The Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) is required to submit a report on its actions during the preceding fiscal year pursuant to Section 329-3, Hawaii Revised Statutes (HRS).

Pursuant to Section 329-2, HRS, commission members are "selected on the basis of their ability to contribute to the solution of problems arising from the abuse of controlled substances, and to the extent possible, shall represent the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, and corrections segments of the community." The commission is attached to the Department of Health for administrative purposes.

MEMBERS BY CATEGORY OF APPOINTMENT AND TERM OF OFFICE*

MARTIN HO`OLU BENTO

Legal Defense - 6/30/2009

STEPHEN "KALANI" BRADY, M.D.

Medical - 6/30/2009

BART S. HUBER

Enforcement - 6/30/2009

JONAH-KUHIO KALANIANA'OLE KA'AUWAI

Corrections - 6/30/2008

DARIN H. KAWAZOE

Community and Business Affairs - 6/30/2009

BARBARA-ANN KELLER

Community and Business Affairs - 6/30/2009

PAULA T. MORELLI, PH.D.

Joint appointment to HACDACS and
State Council on Mental Health - 6/30/2011

TAMAH-LANI S.K. NOH

Community and Business Affairs - 6/30/2010

JODY SHIROMA PERREIRA

Youth Action - 6/30/2009

BYRON NAOYUKI YOSHINO

Pharmacological - 6/30/2009

Subsequent to confirmation, commissioners were briefed by the State Ethics Commission and the Office of Information Practices on the State Ethics Code and the "sunshine law," respectively.

On October 23, 2007, members elected Tamah-Lani S.K. Noh as Chairperson and Bart S. Huber as Vice Chairperson. Monthly meetings are scheduled for the fourth Tuesday of each month.

* Pursuant to Sections 329-2 and 334-10, HRS, Paula T. Morelli, Ph.D., serves as the jointly appointed member to HACDACS and the State Council on Mental Health.

With respect to substance abuse prevention, treatment and enforcement, the Commission:

- Assists the Department of Health in coordinating programs (state, county, military, or private) specifically focused on the problem of drug abuse.
- Assists the Department of Health in carrying out educational programs to prevent and deter abuse of controlled substances.
- Encourages research on the abuse of controlled substances; establishing methods to assess the effects of controlled substances; and conducting studies and undertaking programs of research to: develop new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of this chapter; determine patterns of abuse of controlled substances and the social effects; and improve methods for preventing, predicting, understanding, and dealing with the abuse of controlled substances.
- Creates public awareness and understanding of the problems of drug abuse.
- Advises the Governor and other state departments, as may be appropriate, on matters relating to the Commission's work.
- Advises the Director of Health in substance abuse matters under Part XVI of Chapter 321, HRS.

Throughout the ensuing year, the Commission will be examining and developing recommendations for substance abuse related issues within the context of the three strategies stated in the Hawaii Drug Control Plan:

- To prevent illicit drug use and underage drinking before it starts.
- To provide a continuum of treatment options for illicit drug and underage alcohol users.
- To disrupt the distribution of illicit drugs by expanding law enforcement abilities and to enhance interagency and community cooperation and collaboration.

**REPORT PURSUANT TO
SECTION 10 OF ACT 161, SESSION LAWS OF HAWAII 2002,
ON THE IMPLEMENTATION OF SECTION 321-193.5, HAWAII REVISED
STATUTES**

Act 161, Session Laws of Hawaii (SLH) 2002, was enacted “to require first time non-violent drug offenders, including probation and parole violators, to be sentenced to undergo and complete drug treatment instead of incarceration.” Section 2¹ of the Act specifies that:

The Department of Public Safety, Hawaii Paroling Authority, Judiciary, Department of Health, Department of Human Services, and any other agencies assigned oversight responsibilities for offender substance abuse treatment by law or administrative order, shall establish a coordinating body through an interagency cooperative agreement to oversee the development and implementation of offender substance abuse treatment programs in the State to ensure compliance with the intent of the master plan developed under Chapter 353G.

Section 10 of Act 161, SLH 2002, specifies that:

The Department of Health shall submit an annual report to the Legislature before the convening of each Regular Session, beginning with the Regular Session of 2004, on the status and progress of the interagency cooperative agreement required under Section 2 of this Act and the effectiveness of the delivery of services thereto, and expenditures made under this Act.

It should be noted that there are caveats to Act 161 SLH 2002, implementation. There is no mention of a “master plan” in Chapter 353G² as cited in Section 2 of Act 161, SLH 2002; and no funds were appropriated in Act 161. The interagency initiative to implement offender substance abuse treatment services, however, has been an on-going collaborative activity.

The following tables indicate the number of offenders served, criminal justice agency referral source and the geographic distribution of the offenders served. The Alcohol and Drug Abuse Division (ADAD) has contracts with eight substance abuse treatment agencies that provide services statewide.

During Fiscal year 2006-07, 397 offenders were referred by criminal justice agencies for substance abuse treatment, case management, and safe, clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. Of the 464 offenders who were referred, 67 were carryovers from the previous year. A breakdown of the numbers serviced in Fiscal Year 2006-07 is as follows:

¹ Codified as §321-193.5, Hawaii Revised Statutes.

² Act 152-98, Criminal Offender Treatment Act.

Total Referrals and Carryovers by Criminal Justice Agency: July 1, 2006 – June 30, 2007

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai¹	11	28	0	1	40
Oahu²	49	111	0	72	232
Maui³	25	53	3	28	109
Hawaii⁴	8	71	0	4	83
Total	93	263	3	105	464

Substance abuse treatment providers:
¹ Hina Mauka
² Salvation Army – Addiction Treatment Services; Hina Mauka and Queen’s Medical Center
³ Aloha House and Hina Mauka
⁴ Big Island Substance Abuse Council (BISAC)

Referrals by Criminal Justice Agency: July 1, 2006 – June 30, 2007

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai¹	10	24	0	1	35
Oahu²	40	96	0	58	194
Maui³	22	48	1	27	98
Hawaii⁴	7	59	0	4	70
Total	79	227	1	90	397

Substance abuse treatment providers:
¹ Hina Mauka
² Salvation Army – Addiction Treatment Services; Hina Mauka and Queen’s Medical Center
³ Aloha House and Hina Mauka
⁴ Big Island Substance Abuse Council (BISAC)

Carryover Cases by Criminal Justice Agency: July 1, 2005 – June 30, 2006

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai¹	1	4	0	0	5
Oahu²	9	15	0	14	38
Maui³	3	5	2	1	11
Hawaii⁴	1	12	0	0	13
Total	14	36	2	15	67

Substance abuse treatment providers:
¹ Hina Mauka
² Salvation Army – Addiction Treatment Services; Hina Mauka and Queen’s Medical Center
³ Aloha House and Hina Mauka
⁴ Big Island Substance Abuse Council (BISAC)

Recidivism. The major outcome for services to offenders is recidivism, or the proportion of offenders who have been rearrested. Accurate analysis depends on defining the measures of

recidivism, obtaining baseline data and having an adequate interval during which the offender is exposed to the community. Normally, the adequate exposure interval is from three to five years. Preliminary data for substance abuse treatment and integrated case management (ICM) can be framed by the recidivism methodology used for the Judiciary’s Interagency Council on Intermediate Sanctions (ICIS), which includes all components (i.e., probation, corrections and parole) of the adult criminal justice system. (The ICIS goal is to reduce recidivism by 30%.*)

The Department of the Attorney General, Crime Prevention and Justice Assistance Division, collects and reviews Uniform Crime Report data and has established a baseline that can be used for offenders on probation and parole. The baseline figures are as follows:

1. Felony probation (based on offenders sentenced to probation in FY 1995-96): 53.7% at 3 years post-community sentence.
2. Parole (based on offenders released to parole in FY 1997-98): 72.9% at 3 years post-community release.

The data presented below should be viewed as preliminary given the lack of exposure time, the capturing of data only during the period that clients are case managed, and referrals are from a specific segment of the overall offender population. In addition, it should be noted that referrals may also drop out before admission for case management, or subsequent to being provided case management services.

Preliminary Reporting of Recidivism by Criminal Justice Agency: July 1, 2006 – June 30, 2007

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Arrests/revocations	5	12	0	7	24
Total served	93	263	3	105	464
Recidivism rate	5.4%	4.6%	0%	6.7%	5.2%

* ICIS has defined recidivism as “[a] new arrest or probation, parole or pre-trial revocation within 3 years of the onset of community supervision.”

**REPORT PURSUANT TO
SECTION 29 OF ACT 40, SESSION LAWS OF HAWAII 2004,
REQUIRING A PROGRESS REPORT ON THE SUBSTANCE ABUSE
TREATMENT MONITORING PROGRAM**

Section 29 of Act 40, Session Laws of Hawaii 2004, requires that the Department of Health submit a progress report on the Substance Abuse Treatment Monitoring Program.³ The Substance Abuse Treatment Monitoring Program requires the Department of Health, the Office of Youth Services, the Department of Public Safety, and the Judiciary to collect data from private providers of substance abuse treatment services that receive public funds, and state agencies that provide direct treatment services. Treatment providers are required to report admission and discharge data, as determined by the Department of Health.

Agency representatives are organized into two subcommittees, each focusing on services provided to their respective target populations. Subcommittees are as listed below:

Subcommittee on Adults

Department of Health, Alcohol and Drug Abuse Division
Department of Public Safety
Hawaii Paroling Authority
Judiciary, Adult Client Services
Department of the Attorney General, Crime Prevention and Justice Assistance Division

Subcommittee on Adolescents

Department of Health
Alcohol and Drug Abuse Division
Child and Adolescent Mental Health Services Division
Office of Youth Services
Judiciary, Family Court

During the Fiscal Year 2005-06, site visits to substance abuse treatment provider agencies were conducted to assess contractors' data collection procedures. During Fiscal Year 2006-07, activities of the interagency group included the following:

- Intensive training was provided on the Treatment Episode Data Set (TEDS) to the state staff from the Office of Youth Services, the Department of Public Safety, and the Judiciary. The committee agreed to use the TEDS Admission, Discharge and Follow-up data collection forms as the common data set to be used by all substance abuse providers receiving state funds.

³ Established under Part III (Sections 23-28) of Act 40, SLH 2004.

- The data set was reviewed and adjustments were made to accommodate some of the needs of the criminal justice system.
- Training was provided to substance abuse providers/programs that provide services for the criminal justice system but have not had contracts with the Alcohol and Drug Abuse Division and therefore have not had to use the TEDS Admission, Discharge, and Follow up data forms previously.
- Providers of substance abuse treatment for criminal justice agencies were also provided an overview of the Web-based Infrastructure for Treatment Services (WITS) system, which will eventually replace the current data information system.
- Providers were to begin collecting information on the TEDS data forms and were given assistance installing the POS system on their computers.
- State agencies are in the process of assessing the compliance of their providers in collecting and submitting the TEDS data.
- Future meetings will evaluate the implementation of the data collection system.
- Monitoring protocols will be shared and common areas identified.

NATIONAL OUTCOME MEASURES: SUBSTANCE ABUSE TREATMENT

Shown below are the National Outcome Measures (NOMs) for substance abuse treatment developed by SAMHSA in partnership with the States.

DOMAIN	OUTCOME	MEASURES
		SUBSTANCE ABUSE TREATMENT
Reduced Morbidity	Abstinence from Drug/Alcohol Use	Reduction in/no change in frequency of use at date of last service compared to date of first service
Employment/ Education	Increased/Retained Employment or Return to/Stay in School	Increase in/no change in number of employed or in school at date of last service compared to first service
Crime and Criminal Justice	Decreased Criminal Justice Involvement	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service
Stability in Housing	Increased Stability in Housing	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service
Social Connectedness	Increased Social Supports/Social Connectedness ¹	Under Development
Access/Capacity	Increased Access to Services (Service Capacity)	Unduplicated count of persons served; penetration rate – numbers served compared to those in need
Retention	Increased Retention in Substance Abuse Treatment	Length of stay from date of first service to date of last service
Perception of Care	Client Perception of Care ²	Under Development
Cost Effectiveness	Cost Effectiveness (Average Cost) ²	Number of States providing substance abuse treatment services within approved cost per person bands by the type of treatment
Use of Evidence-Based Practices	Use of Evidence-Based Practices ²	Under Development

¹For ATR, “Social Support for Recovery” is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends supportive of recovery.

²Required by 2003 OMB PART Review.

APPENDIX

- A. ADAD-Funded Adult Services: Fiscal Year 2004-07**
- B. ADAD-Funded Adolescent Services: Fiscal Year 2004-07**
- C. Performance Outcomes**
- D. 1998 Estimated Need for Adult Alcohol and Drug Abuse Treatment in Hawaii**
- E. 2003 Estimated Need for Adolescent (Grades 6-12) Alcohol and Drug Abuse Treatment in Hawaii**
- F. Methamphetamine Admissions: 1998-2007**

APPENDIX A

**ADAD-FUNDED ADULT SERVICES
FISCAL YEARS 2004 - 2007**

ADAD-FUNDED ADULT ADMISSIONS BY GENDER

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Male	67.0%	69.0%	65.0%	67.0%
Female	33.0%	31.0%	35.0%	33.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Hawaiian	43.2%	40.6%	40.8%	42.1%
Caucasian	25.4%	26.0%	28.2%	27.1%
Filipino	5.6%	7.2%	7.6%	6.6%
Mixed – Not Hawaiian	6.7%	6.2%	6.7%	4.7%
Japanese	4.6%	4.3%	3.4%	3.9%
Black	2.0%	3.4%	2.9%	3.2%
Samoan	1.1%	1.3%	1.7%	3.1%
Hispanic	5.6%	5.3%	3.5%	3.0%
Portuguese	1.5%	2.5%	1.5%	1.0%
Other	4.3%	3.2%	3.7%	5.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Methamphetamine	50.2%	50.0%	49.6%	48.2%
Alcohol	24.4%	26.4%	27.6%	29.1%
Marijuana	11.2%	9.4%	9.2%	8.5%
Cocaine/Crack	6.0%	4.8%	4.9%	5.8%
Heroin	3.3%	3.3%	3.3%	2.2%
Other	4.9%	6.1%	5.4%	6.2%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Oahu	48.0%	51.0%	56.0%	59.9%
Hawaii	33.0%	34.0%	24.0%	19.6%
Maui	9.0%	8.0%	13.0%	14.8%
Molokai/Lanai	2.0%	2.0%	2.0%	1.4%
Kauai	8.0%	5.0%	5.0%	4.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

APPENDIX B

**ADAD-FUNDED ADOLESCENT SERVICES
FISCAL YEARS 2004 - 2007**

ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Male	55.0%	53.0%	52.0%	52.0%
Female	45.0%	47.0%	48.0%	48.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Hawaiian	55.9%	56.3%	58.5%	54.2%
Caucasian	11.1%	11.4%	10.8%	11.5%
Filipino	8.5%	8.1%	7.3%	7.8%
Mixed – Not Hawaiian	8.5%	6.9%	8.4%	7.2%
Japanese	3.4%	4.3%	3.0%	2.6%
Black	0.6%	1.0%	1.5%	1.3%
Samoan	4.3%	3.0%	3.0%	3.0%
Hispanic	3.7%	3.2%	2.1%	3.0%
Portuguese	1.0%	1.3%	1.1%	1.1%
Other	3.0%	4.5%	4.3%	8.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Methamphetamine	5.5%	5.1%	2.5%	1.4%
Alcohol	31.8%	35.1%	34.3%	35.7%
Marijuana	60.1%	54.7%	58.5%	56.1%
Cocaine/Crack	0.7%	0.6%	0.9%	0.7%
Heroin	0.1%	-0-	-0-	-0-
Other	1.8%	4.5%	3.8%	6.1%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY

	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Oahu	68.0%	61.0%	58.0%	63.0%
Hawaii	8.0%	19.0%	17.0%	15.6%
Maui	15.0%	12.0%	15.0%	9.4%
Molokai/Lanai	1.0%	1.0%	1.0%	1.3%
Kauai	8.0%	7.0%	9.0%	10.7%
TOTAL	100.0%	100.0%	100.0%	100.0%

APPENDIX C

**PERFORMANCE OUTCOMES
ADOLESCENT SUBSTANCE ABUSE TREATMENT**

During State Fiscal Years 2004 through 2007 (July 1, 2003 to June 30, 2004; July 1, 2004 to June 30, 2005; July 1, 2005 to June 30, 2006; and July 1, 2006 to June 30, 2007), six-month follow-ups were completed for samples of 274, 320, 954 and 634 adolescents, respectively. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED			
	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Employment/School/Vocational Training	92.7%	92.8%	94.3%	93.4%
No arrests since discharge	79.6%	80.3%	84.1%	89.4%
No substance use in 30 days prior to follow-up	51.5%	53.7%	44.2%	51.3%
No new substance abuse treatment	71.2%	74.7%	83.4%	82.3%
No hospitalizations	89.8%	90.0%	92.6%	94.5%
No emergency room visits	89.1%	89.4%	89.7%	92.3%
No psychological distress since discharge	72.3%	74.1%	68.1%	81.5%
Stable living arrangements	91.2%	92.5%	96.8%	94.8%

**PERFORMANCE OUTCOMES
ADULT SUBSTANCE ABUSE TREATMENT**

During State Fiscal Years 2004 through 2007 (July 1, 2003 to June 30, 2004; July 1, 2004 to June 30, 2005; July 1, 2005 to June 30, 2006; and July 1, 2006 to June 30, 2007), six-month follow-ups were completed for samples of 1,430, 1,706, 1,608 and 1,208 adults, respectively. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED			
	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
Employment/School/Vocational Training	39.8%	46.6%	48.4%	61.2%
No arrests since discharge	79.4%	76.1%	79.6%	91.6%
No substance use in 30 days prior to follow-up	65.1%	65.9%	64.1%	77.1%
No new substance abuse treatment	69.1%	65.4%	69.3%	76.1%
No hospitalizations	83.9%	79.7%	82.3%	94.2%
No emergency room visits	81.5%	77.8%	80.8%	92.0%
Participated in self-help group (NA, AA, etc.)	46.4%	45.1%	39.5%	50.0%
No psychological distress since discharge	72.6%	66.5%	73.3%	83.6%
Stable living arrangements	86.4%	88.9%	86.6%	81.5%

APPENDIX D

**1998 ESTIMATED NEED*
FOR ADULT ALCOHOL AND DRUG ABUSE
TREATMENT IN HAWAII**

ESTIMATE OF DEPENDENCE AND ABUSE (NEEDING TREATMENT)					
	COUNTY				
	HONOLULU	MAUI	KAUAI	HAWAII	TOTAL
Population (18 Years and Over)	668,524	85,645	41,304	99,941	895,414
NEEDING TREATMENT					
Alcohol Only	49,285	7,496	2,463	9,682	68,926
Drugs Only	3,476	1,679	483	1,509	7,074
Alcohol and/or Drugs	57,623	9,822	3,259	12,176	82,880

Source: "Hawaii 1998 Adult Telephone Household Survey of Substance Use" prepared by the University of Hawaii at Manoa School of Public Health for the Department of Health - Alcohol and Drug Abuse Division. (Based on 1990 U.S. Census Data and 1998 estimates.)

Findings of the 1998 Adult Telephone Household Survey reveal that of the state's total 895,414 adult population over the age of 18, a total of 82,880 (9.3%) are in need of treatment for alcohol and/or other drugs. Comparable figures by county are as follows:

For the **City and County of Honolulu**, 57,623 (8.6%) of the total 668,524 adults on Oahu are in need of treatment for alcohol and/or other drugs. Of the 57,623 adults in need of treatment, 28,615 (49.7%) were males and 29,008 (50.3%) were females.

For **Maui County**, 9,822 (11.5%) of the 85,645 adults on Maui, Lanai and Molokai are in need of treatment for alcohol and/or other drugs. Of the total of 9,822 adults in need of treatment, 5,308 (54.0%) were males and 4,514 (46.0%) were females.

For **Kauai County**, 3,259 (7.9%) of the total 41,304 adults on Kauai are in need of treatment for alcohol and/or other drugs. Of the total 3,259 adults in need of treatment, 1,815 (55.7%) were males and 1,444 (44.3%) were females.

For **Hawaii County**, 12,176 (12.2%) of the total 99,941 adults on the Big Island are in need of treatment for alcohol and/or other drugs. Of the total 12,176 adults in need of treatment, 7,368 (60.5%) were males and 4,806 (39.5%) were females.

*Note: 2004 survey results are pending.

APPENDIX E

**2003 ESTIMATED NEED*
FOR ADOLESCENT (GRADES 6-12)
ALCOHOL AND DRUG ABUSE TREATMENT
IN HAWAII**

COUNTY/DISTRICT INFORMATION		Need Treatment for Alcohol Abuse		Need Treatment for Drug Abuse		Need Treatment for Both Alcohol and Drug Abuse		TOTAL TREATMENT NEEDS	
	Total N	%	N	%	n	%	n	%	n
HONOLULU	61,096	2.0%	1,203	1.8%	1,073	2.4%	1,493	6.2%	3,759
Honolulu District	16,542	1.7%	289	1.4%	238	2.3%	378	5.5%	902
Central District	16,046	1.8%	291	2.0%	324	1.9%	309	5.7%	922
Leeward District	19,921	2.0%	399	1.7%	347	2.3%	467	6.1%	1,208
Windward District	8,587	2.6%	224	1.9%	164	4.0%	339	8.5%	727
Hawaii County/District	12,734	3.5%	450	2.2%	275	4.7%	602	10.4%	1,330
Kauai County/District	5,632	1.6%	88	1.9%	104	3.5%	199	7.0%	392
Maui County/District	10,976	3.0%	326	2.7%	301	3.8%	419	9.5%	1,044
All Public Schools	90,438	2.3%	2,067	1.9%	1,753	3.0%	2,713	7.2%	6,525
Private Schools	22,871	1.9%	433	0.9%	208	2.9%	660	5.7%	1,301
TOTAL STATEWIDE	113,309	2.2%	2,500	1.7%	1,961	3.0%	3,373	6.9%	7,826

*Notes: A substance abuse/dependency diagnosis is calculated based on the student's response to items that correspond with the DSM-III-R criteria, which assess a variety of negative consequences related to substance use. Students responded to abuse and dependency questions for each of the following substances: alcohol, marijuana, stimulants (cocaine, methamphetamine, speed), depressants or downers (sedatives, heroin), hallucinogens, and club drugs (ecstasy, GHB, Rohypnol, ketamine).

Substance abuse is indicated by at least one of the following:

- (1) Continued use of the substance despite knowledge of having a persistent or recurrent problem(s) at school, home, work, or with friends because of the substance, or
- (2) Substance use in situations in which use is physically hazardous (e.g., drinking or using drugs when involved in activities that could have increased the student's chance of getting hurt).

For the student to be classified as abusing a substance, at least one of the two abuse symptoms must have occurred more than once in a single month or several times within the last year. In addition, the student must not meet the criteria for dependency on that substance.

For the student to be classified as abusing a substance, at least one of the two abuse symptoms must have occurred more than once in a single month or several times within the last year. In addition, the student must *not* meet the criteria for dependency on that substance.

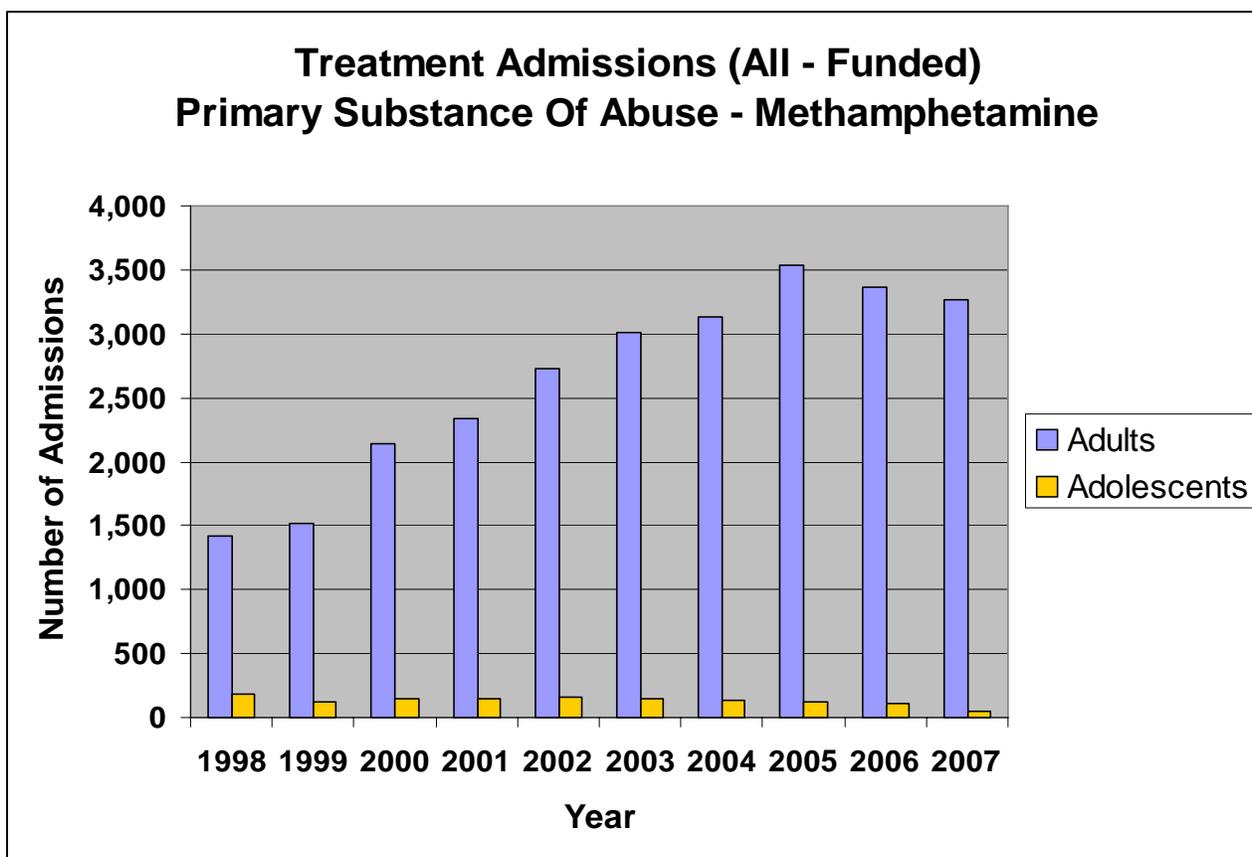
Substance dependency is the most severe diagnosis. Substance dependency is indicated by the student's response to nine different diagnostic criteria for dependency (e.g., marked tolerance, withdrawal symptoms, use of substances to relieve/avoid withdrawal symptoms, persistent desire or effort to stop use, using more than intended, neglect of activities, great deal of time spent using or obtaining the substance, inability to fulfill roles, drinking or using substances despite having problems). A student is considered dependent on the substance if he/she marked "yes" to at least three DSM-III-R symptoms and if he/she indicated that at least two of the symptoms occurred several times. The abuse estimates above include students who *either* abuse or are dependent on a particular substance. Only public school students are included in the county and district estimates.

Next survey update is scheduled for 2006.

APPENDIX F

**METHAMPHETAMINE ADMISSIONS
1998-2007**

As reflected in the graph and table below, there was a slight (4%) decrease in adult and adolescent crystal methamphetamine admissions to treatment in Fiscal Year 2006-07.



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Adults	1,423	1,517	2,136	2,332	2,730	3,013	3,136	3,538	3,363	3,270
Adolescents	189	126	143	150	158	150	129	120	106	53
Total	1,612	1,643	2,279	2,482	2,888	3,163	3,265	3,658	3,469	3,323