

**REPORT TO THE  
TWENTY-FOURTH LEGISLATURE**

**STATE OF HAWAII**

**2009**

**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 2008**

## EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2007-08 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 2007-08, \$30,446,716 was appropriated by Act 213 SLH 2007 to the Alcohol and Drug Abuse program (HTH 440) – \$19,286,849 general funds, \$300,000 special funds and \$10,859,867 federal funds. Of the total appropriated, \$21,356,429 was allocated for substance abuse treatment services and \$5,161,155 was allocated for substance abuse prevention services.

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

\$7.15 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. (Award dated September 1, 2006.)

\$350,000 for the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) formula 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 discretionary 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 3,259 adults statewide in Fiscal Year 2007-08;

Residential and school-based outpatient substance abuse treatment services were provided to 2,089 adolescents statewide in Fiscal Year 2007-08; 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 143,446 children, youth and adults in Fiscal Year 2007-08.

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.

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\* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 20-25.

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## ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2007-08 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 Hawai'i residents. ADAD plans, coordinates and implements statewide plans, policies, and services relative to alcohol and drug abuse; certifies substance abuse counselors and program administrators; accredits substance abuse programs; and provides for education, prevention, diagnostic, treatment and consultative services. 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 has supported a range of substance abuse prevention initiatives from 2004 to 2008 that included the following objectives:

*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.

*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.

*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 has supported a range of substance abuse treatment services and initiatives from 2004 to 2008 that included the following objectives:

*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, 2007 to June 30, 2008**

#### **State and Federal Funding**

For Fiscal Year 2007-08, \$30,446,716 was appropriated by Act 213 SLH 2007 to the Alcohol and Drug Abuse program (HTH 440) – \$19,286,849 general funds, \$300,000 special funds and \$10,859,867 federal funds. Of the total appropriated, \$21,356,429 was allocated for substance abuse treatment services and \$5,161,155 was allocated for substance abuse prevention services.

#### **Grants and Contracts**

**Substance Abuse Prevention and Treatment (SAPT) Block Grant.** ADAD received \$7.15 million in Fiscal Year 2007-08 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.

**Access to Recovery (ATR) Grant.** The Department of Health and the Department of Human Services commenced implementation of the SAMHSA-funded Access to Recovery (ATR) grant, which provides \$8.25 million over a three-year period 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 include child care, transportation, housing support, spiritual support, cultural practices, education and training, and sober support activities. These recovery support services are intended to enhance treatment compliance, completion, abstinence and other desired long-term recovery outcomes. These services are 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, which provides \$10.5 million over the five-year period of the award, 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 enables 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 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.** The \$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 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. In addition, a \$350,000 discretionary 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 was awarded.

**Prevention Fellowship Program.** ADAD's "fellow" completed the second year of the SAMHSA/CSAP Prevention Fellowship Program.\* The Prevention Fellowship Program promotes the Strategic Prevention Framework (SPF) as the overarching vehicle for planning, development, and delivery of prevention services. The fellow gained knowledge, skills and competencies in all components of the SPF, completed the Substance Abuse Prevention Specialist Training (SAPST), and passed the International Certification and Reciprocity Consortium (IC&RC), Alcohol and Other Drug Abuse (AODA) Counselor written examination to become Hawaii's third certified Substance Abuse Prevention Specialist.

While promoting the SPF for planning, development, and delivery of prevention services, Hawaii's prevention fellow has been 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 3,259 adults statewide in Fiscal Year 2007-08;

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\* 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 20-25.

Residential and school-based outpatient substance abuse treatment services were provided to 2,089 adolescents statewide in Fiscal Year 2007-08; 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 143,446 children, youth and adults in Fiscal Year 2007-08.

## **Studies and Surveys**

**Hawaii Tobacco Sales to Minors.** Hawaii tobacco sales to minors have increased from 8.7 percent in 2007 to 11.2 percent in 2008. At the current rate, Hawaii is above the national average of 10.5 percent. The 13<sup>th</sup> annual survey was conducted by the University of Hawaii's Cancer Research Center of Hawaii and ADAD. The program conducts inspections of retail outlets that sell tobacco to determine the extent of illegal sales of tobacco products to minors.

In the Spring of 2008, teams made up of youth volunteers (ages 15-17) and adult observers visited a random sample of 304 stores statewide in which the youth attempted to buy cigarettes to determine how well retailers were complying with the state tobacco laws. Thirty-four stores (11.2%) sold to minors (ages 15-17). Of the clerks who did not ask for age or identification, 88.2 percent sold tobacco to minors, according to the survey. Retailers can also place cigarettes in a place where customers have to ask for them. In the survey, 75 percent of clerks sold tobacco to minors when the minor was able to pick up cigarettes without having to talk to the clerk.

Of the four counties included in the 2008 statewide survey, the City and County of Honolulu had the highest rate (15.5%). Within the City and County of Honolulu, the area with the highest rate was the Windward region (31.8%). The County of Hawai'i had a rate of 5.0 percent. The Counties of Maui and Kauai had rates of 0 percent. The City and County of Honolulu had a significant increase from last year's rate of 6.8% to this year's rate of 15.5 percent. The Counties of Hawai'i, Maui and Kauai had significant decreases in their rates over the last year from 17.2% to 5.0%, 6.7% to 0.0% and 16.7% to 0.0%, respectively.

Hawaii's rate of smoking among students in grades nine through 12 continues to significantly decline with 2007 Youth Risk Behavior Survey (YRBS) rates for "students who smoked at least one cigarette in the past 30 days" at 12.8 percent. This represents a decline of more than half the rate in 1999 which was 27.9 percent. Hawaii's 2007 rate is also well below the national rate of 20 percent. The YRBS is conducted every two years in public schools statewide.

In addition to survey inspections, ADAD, 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 a minor under the age of 18. The enforcement program uses teenagers ages 15-17, carrying identification, 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. Salesclerks convicted of selling to minors face a mandatory fine of \$500.

### **Provision of Contracted or Sponsored Training**

In Fiscal Year 2007-08 ADAD conducted training programs that accommodated staff development opportunities for 1,198 (duplicated) healthcare, human service, criminal justice and substance abuse treatment professionals through 45 training sessions, courses, and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults. Participants earned 6,740 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 2007-08, ADAD provided technical assistance and monitored treatment and prevention programs statewide which included desk audits and on-site reviews of the fiscal operations of 11 programs, and reviews of audit reports from 19 agencies to ensure fiscal accountability.

### **Certification of Professionals and Accreditation of Programs**

**Certification of Substance Abuse Counselors.** In Fiscal Year 2007-08, ADAD processed 366 (new and renewal) applications, administered 70 written and 60 oral exams and certified 54 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 584. (Effective June 26, 2008 the oral examination has been eliminated as a requirement for Certified Substance Abuse Counselor (CSAC) certification. The oral exam will be replaced by a multiple choice written examination; this written exam will be the only examination requirement for certification.)\*

As part of ADAD's efforts to address quality assurance and improvement, the following

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\* Applicants who previously passed either the written examination or oral examination, but not both, will be required to take this examination. Applicants are required to complete both the education and supervised experience requirements before they are eligible to take the exam.

International Certification and Reciprocity Consortium (IC&RC) specialties will be added to the credentialing of substance abuse professionals: Certified Clinical Supervisor (CCS), Certified Substance Abuse Prevention Specialist (CSAPS), Criminal Justice Addictions Professional (CCJP), and Certified Co-Occurring Disorders Professional.

**Certification of Substance Abuse Prevention Specialists.** Discussions with professionals in the substance abuse prevention field have indicated support for certification to ensure the quality of services. Prior to instituting the certification requirement, discussions will be conducted with various organizations to ensure that: institutions of higher education (e.g., University of Hawaii, Hawaii Pacific University, Chaminade University of Honolulu) and community colleges have courses available for prospective candidates to acquire academic credits; and agencies and organizations are staffed to provide the requisite supervised experience that candidates must document when applying to be certified.

Minimum experience and education requirements that applicants must meet prior to taking the IC&RC International Written Prevention Specialist Examination are as follows: 2000 hours of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience; 100 hours of prevention specific education (50 hours of this education must be ATOD specific and 6 hours must be specific to prevention ethics); and 120 hours of supervised experience specific to the IC&RC prevention domains (i.e., planning and evaluation, education and skill development, community organization, public and organizational policy, and professional growth and responsibility) with a minimum of ten hours in each domain. Recertification requires 40 hours of continuing education earned every two years.

**Accreditation of Programs.** In Fiscal Year 2007-08, ADAD conducted a total of 40 accreditation reviews and accredited 16 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 Solutions” (KITS) system 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, the KITS system 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, testimonies and recommendations on legislation addressing substance abuse related policies. Legislation passed during the 2008 Legislative Session that addressed substance abuse related issues included:

**Senate Standing Committee Report 3600 (Governor’s Message Nos. 587).** Confirms appointment of Dallen K. Paleka to the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) for a term to expire June 30, 2012.

**House Bill 2675 HD2 SD1 (vetoed).** Proposed “medical marijuana task force” would have been established (within the University of Hawaii for administrative purposes) to study whether current law affords an adequate supply of medical marijuana, the feasibility of establishing marijuana growing facilities on each island, and whether inter-island marijuana transport can be made possible for traveling patients. The task force would also have been required to examine other issues and obstacles that patients encounter, as well as research other states’ medical marijuana programs and laws.

**Senate Bill 2546 SD2 HD1 CD1 (vetoed).** Proposed amendments to Chapter 353H, Hawaii Revised Statutes, relating to the comprehensive offender reentry system, amend sections relating to: the offender reentry system, model programs, children of incarcerated parents, employment of ex-offenders, return of out-of-state inmates, and adult offender reentry programs and services.

## **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

**S. 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 - 6/30/2011  
and State Council on Mental Health -  
6/30/2009

**TAMAH-LANI S.K. NOH**

Community and Business Affairs - 6/30/2010

**JODY SHIROMA PERREIRA**

Youth Action - 6/30/2009

**BYRON N. 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.

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\* Dallen K. Paleka confirmed to replace Jonah-Kuhio Kalaniana'ole Ka'auwai, for a term to expire 6/30/2012. 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.

Throughout Fiscal Year 2007-08, the Commission focused on the issue of workforce development in the substance abuse field. Members reviewed the goals, objectives and action steps in the Substance Abuse and Mental Health Services Administration (SAMHSA) *National Action Plan on Behavioral Health Workforce Development – A Framework for Discussion*.<sup>\*</sup> Commission deliberations focused on:

*Broadening the concept of workforce.* Persons in recovery, children, youth, families, and communities are not simply recipients of prevention and treatment services. They are active in promoting and maintaining health and wellness, defining their unique needs, and caring for themselves and supporting each other. Their roles as formal and informal members of the behavioral health workforce must be greatly expanded.

*Strengthening the workforce.* The objectives and actions relating to best practices in recruitment and retention, training and education, and leadership development for the workforce.

*Creating improved structural supports for the workforce.* Structural improvements include a system for providing technical assistance in workforce practices, more effective human resource offices within service organizations, greater information technology to assist the workforce, and a research and evaluation agenda producing improved information on effective workforce practices.

The Commission members established four workforce development priority areas (i.e., Education, Core Competencies, Suitability/Retention, and Recruitment) along with related strategies and activities. The priorities and activities are as follows:

Priority 1 - Education.

- Educate professional groups and offer continuing education units (CEU's) for practitioners (e.g., physicians, pharmacists, etc.).
- Re-tool workforce in the educational sector so that teachers and other school staff become aware and can take action.
- Informational education, public/ground level use of these competencies.

Priority 2 - Core competencies.

- Recommendation of curriculum adoption or development.
- Develop core competencies for identified professions that interface.

Priority 3 - Sustainability/retention.

- Identify incentives for continuing education units (CEU's).

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\* Prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by The Annapolis Coalition on the Behavioral Health Workforce (Cincinnati, Ohio). June 2006. The report is at: [http://www.samhsa.gov/matrix2/matrix\\_workforce.aspx](http://www.samhsa.gov/matrix2/matrix_workforce.aspx).

- Prevention of burnout – core issues beyond classifications and compensation such as time and cost of CEU’s.
- Clarify and recommend ways to address primary contributors to burnout.

Priority 4. Recruitment.

- Legislation that would promote attracting people to the field (e.g., tuition waivers).
- Analyze current classifications of workers and develop recommendations (e.g., compensation) within the State and county systems.
- Wellness, facilitation through bureaucratic system.

The Commission members also identified the following workforce development issues that they will propose to focus on during the upcoming year:

- Expanding the role and capacity of communities to effectively identify their needs and promote behavioral health and wellness by:
  - Supporting communities in their development of the core competencies of assessment, capacity building, planning, implementation, and evaluation;
  - Increasing the competency of the behavioral health workforce to build community capacity and collaborate with communities in strengthening the behavioral health system of care; and
  - Strengthening existing connections between behavioral health organizations and their local communities.
- Enhancing the infrastructure available to support and coordinate workforce development efforts through increased use of data to track, evaluate, and manage key workforce issues.

**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 2<sup>1</sup> 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 353G<sup>2</sup> 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 2007-08, 367 offenders were referred by criminal justice agencies for substance abuse treatment, case management, and clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. Of the 478 offenders who were referred, 111 were carryovers from the previous year. A breakdown of the numbers serviced in Fiscal Year 2007-08 is as follows:

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<sup>1</sup> Codified as §321-193.5, Hawaii Revised Statutes.

<sup>2</sup> Act 152-98, Criminal Offender Treatment Act.

**Total Referrals and Carryovers by Criminal Justice Agency: July 1, 2007 – June 30, 2008**

	<b>Supervised Release PSD/ISC</b>	<b>Judiciary Adult Client Services</b>	<b>PSD/ISC - Corrections Jail/Prison</b>	<b>Hawaii Paroling Authority</b>	<b>Total</b>
<b>Kauai<sup>1</sup></b>	10	11	0	17	<b>38</b>
<b>Oahu<sup>2</sup></b>	31	100	0	73	<b>204</b>
<b>Maui<sup>3</sup></b>	20	85	0	14	<b>119</b>
<b>Hawaii<sup>4</sup></b>	18	96	0	3	<b>117</b>
<b>Total</b>	<b>79</b>	<b>292</b>	<b>0</b>	<b>107</b>	<b>478</b>

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

**Referrals by Criminal Justice Agency: July 1, 2007 – June 30, 2008**

	<b>Supervised Release PSD/ISC</b>	<b>Judiciary Adult Client Services</b>	<b>PSD/ISC - Corrections Jail/Prison</b>	<b>Hawaii Paroling Authority</b>	<b>Total</b>
<b>Kauai<sup>1</sup></b>	7	8	0	16	<b>31</b>
<b>Oahu<sup>2</sup></b>	22	74	0	60	<b>156</b>
<b>Maui<sup>3</sup></b>	18	74	0	7	<b>99</b>
<b>Hawaii<sup>4</sup></b>	13	67	0	1	<b>81</b>
<b>Total</b>	<b>60</b>	<b>223</b>	<b>0</b>	<b>84</b>	<b>367</b>

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

**Carryover Cases by Criminal Justice Agency: July 1, 2006 – June 30, 2007**

	<b>Supervised Release PSD/ISC</b>	<b>Judiciary Adult Client Services</b>	<b>PSD/ISC - Corrections Jail/Prison</b>	<b>Hawaii Paroling Authority</b>	<b>Total</b>
<b>Kauai<sup>1</sup></b>	3	3	0	1	<b>7</b>
<b>Oahu<sup>2</sup></b>	9	26	0	13	<b>48</b>
<b>Maui<sup>3</sup></b>	2	11	0	7	<b>20</b>
<b>Hawaii<sup>4</sup></b>	5	29	0	2	<b>36</b>
<b>Total</b>	<b>19</b>	<b>69</b>	<b>0</b>	<b>23</b>	<b>111</b>

Substance abuse treatment providers:  
<sup>1</sup> Hina Mauka  
<sup>2</sup> Salvation Army – Addiction Treatment Services; Hina Mauka and Queen’s Medical Center  
<sup>3</sup> Aloha House and Hina Mauka  
<sup>4</sup> 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, 2007 – June 30, 2008**

	<b>Supervised Release PSD/ISC</b>	<b>Judiciary Adult Client Services</b>	<b>PSD/ISC - Corrections Jail/Prison</b>	<b>Hawaii Paroling Authority</b>	<b>Total</b>
<b>Arrests/revocations</b>	3	5	0	4	<b>12</b>
<b>Total served</b>	60	223	0	84	<b>367</b>
<b>Recidivism rate</b>	5.0%	2.2%	0%	4.8%	3.3%

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\* 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.\* 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: training State agencies' staff on admission, discharge and follow-up data collection; making adjustments to accommodate criminal justice agencies' data needs; training for substance abuse treatment providers that have not used the data system previously as they have not had contracts with the Alcohol and Drug Abuse Division; assistance in installing software onto providers' computers and providing "hands-on" training; and an overview of the Web-based Infrastructure for Treatment Services (WITS) system.

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

Progress varied as indicated by reports from agency representatives:

- Judiciary reported that their vendors had data stored on disks and were transferring it to the Purchase of Service (POS) system. Judiciary vendors experiencing technical difficulties were assisted by ADAD Information Technology (IT) staff to resolve the issue.
- Office of Youth Services reported that there was no current substance abuse provider on contract during the reporting period conducting treatment services.
- Hawaii Paroling Authority reported that their providers were inputting their data into the POS system and their vendors were being trained in the WITS system.
- Department of Public Safety reported that their clerical staff is currently inputting their data into the POS system.

For the next fiscal year, agencies will strengthen communication and collaboration for data collection. Activities, training and technical assistance will be available for agencies using the Web-based Infrastructure for Treatment Services (WITS) system to collect and store data.

## **APPENDIX**

- A. ADAD-Funded Adult Services: Fiscal Year 2006-08**
- B. ADAD-Funded Adolescent Services: Fiscal Year 2006-08**
- C. Performance Outcomes: Fiscal Year 2006-08**
- D. 2004 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: 1998-2008**

APPENDIX A

**ADAD-FUNDED ADULT SERVICES  
FISCAL YEARS 2006 - 2008**

**ADAD-FUNDED ADULT ADMISSIONS BY GENDER**

	FY 2005-06	FY 2006-07	FY 2007-08
Male	65.0%	67.0%	69.0%
Female	35.0%	33.0%	31.0%
TOTAL	100.0%	100.0%	100.0%

**ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY**

	FY 2005-06	FY 2006-07	FY 2007-08
Hawaiian	40.8%	42.1%	37.8%
Caucasian	28.2%	27.1%	30.4%
Filipino	7.6%	6.6%	6.8%
Mixed – Not Hawaiian	6.7%	4.7%	3.9%
Japanese	3.4%	3.9%	3.8%
Black	2.9%	3.2%	2.6%
Samoan	1.7%	3.1%	2.2%
Hispanic	3.5%	3.0%	4.3%
Portuguese	1.5%	1.0%	1.7%
Other	3.7%	5.3%	6.5%
TOTAL	100.0%	100.0%	100.0%

**ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE**

	FY 2005-06	FY 2006-07	FY 2007-08
Methamphetamine	49.6%	48.2%	40.9%
Alcohol	27.6%	29.1%	35.6%
Marijuana	9.2%	8.5%	10.5%
Cocaine/Crack	4.9%	5.8%	4.4%
Heroin	3.3%	2.2%	2.4%
Other	5.4%	6.2%	6.2%
TOTAL	100.0%	100.0%	100.0%

**ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY**

	FY 2005-06	FY 2006-07	FY 2007-08
Oahu	56.0%	59.9%	57.3%
Hawaii	24.0%	19.6%	21.1%
Maui	13.0%	14.8%	15.3%
Molokai/Lanai	2.0%	1.4%	1.8%
Kauai	5.0%	4.3%	4.4%
TOTAL	100.0%	100.0%	100.0%

APPENDIX B

**ADAD-FUNDED ADOLESCENT SERVICES  
FISCAL YEARS 2006 - 2008**

**ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER**

	FY 2005-06	FY 2006-07	FY 2007-08
Male	52.0%	52.0%	49.0%
Female	48.0%	48.0%	51.0%
TOTAL	100.0%	100.0%	100.0%

**ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY**

	FY 2005-06	FY 2006-07	FY 2007-08
Hawaiian	58.5%	54.2%	52.7%
Caucasian	10.8%	11.5%	10.3%
Filipino	7.3%	7.8%	11.4%
Mixed – Not Hawaiian	8.4%	7.2%	5.5%
Japanese	3.0%	2.6%	2.7%
Black	1.5%	1.3%	2.4%
Samoan	3.0%	3.0%	2.9%
Hispanic	2.1%	3.0%	3.6%
Portuguese	1.1%	1.1%	0.7%
Other	4.3%	8.3%	7.8%
TOTAL	100.0%	100.0%	100.0%

**ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE**

	FY 2005-06	FY 2006-07	FY 2007-08
Methamphetamine	2.5%	1.4%	0.4%
Alcohol	34.3%	35.7%	39.1%
Marijuana	58.5%	56.1%	53.9%
Cocaine/Crack	0.9%	0.7%	0.8%
Heroin	-0-	-0-	-0-
Other	3.8%	6.1%	5.8%
TOTAL	100.0%	100.0%	100.0%

**ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY**

	FY 2005-06	FY 2006-07	FY 2007-08
Oahu	58.0%	63.0%	67.0%
Hawaii	17.0%	15.6%	12.6%
Maui	15.0%	9.4%	9.5%
Molokai/Lanai	1.0%	1.3%	1.0%
Kauai	9.0%	10.7%	9.8%
TOTAL	100.0%	100.0%	100.0%

APPENDIX C

**PERFORMANCE OUTCOMES  
ADOLESCENT SUBSTANCE ABUSE TREATMENT**

During State Fiscal Years 2006 through 2008 (July 1, 2005 to June 30, 2006; July 1, 2006 to June 30, 2007; and July 1, 2007 to June 30, 2008), six-month follow-ups were completed for samples of 954, 634 and 1,274 adolescents, respectively. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED		
	FY 2005-06	FY 2006-07	FY 2007-08
Employment/School/Vocational Training	94.3%	93.4%	97.8%
No arrests since discharge	84.1%	89.4%	91.4%
No substance use in 30 days prior to follow-up	44.2%	51.3%	49.2%
No new substance abuse treatment	83.4%	82.3%	87.2%
No hospitalizations	92.6%	94.5%	96.9%
No emergency room visits	89.7%	92.3%	93.5%
No psychological distress since discharge	68.1%	81.5%	76.2%
Stable living arrangements	96.8%	94.8%	97.6%

**PERFORMANCE OUTCOMES  
ADULT SUBSTANCE ABUSE TREATMENT**

During State Fiscal Years 2006 through 2008 (July 1, 2005 to June 30, 2006; July 1, 2006 to June 30, 2007; and July 1, 2007 to June 30, 2008), six-month follow-ups were completed for samples of 1,608, 1,208 and 1,273 adults, respectively. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED		
	FY 2005-06	FY 2006-07	FY 2007-08
Employment/School/Vocational Training	48.4%	61.2%	60.0%
No arrests since discharge	79.6%	91.6%	91.7%
No substance use in 30 days prior to follow-up	64.1%	77.1%	79.4%
No new substance abuse treatment	69.3%	76.1%	74.6%
No hospitalizations	82.3%	94.2%	91.6%
No emergency room visits	80.8%	92.0%	90.6%
Participated in self-help group (NA, AA, etc.)	39.5%	50.0%	50.9%
No psychological distress since discharge	73.3%	83.6%	85.4%
Stable living arrangements	86.6%	81.5%	80.3%

APPENDIX E

**2004 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)	628,853	98,042	47,346	102,849	877,090
NEEDING TREATMENT					
Alcohol Only	57,228	8,935	8,121	7,094	81,377
Drugs Only	10,070	1,981	1,573	1,562	15,186
Alcohol and/or Drugs	59,459	9,699	8,121	8,189	85,468

Findings of the State of Hawaii 2004 Treatment Needs Assessment \* revealed that of the state's total 877,090 adult population over the age of 18, a total of 85,468 (9.74%) 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*, 59,459 (9.46%) of the total 628,853 adults on Oahu are in need of treatment for alcohol and/or other drugs.

For *Maui County*, 9,699 (9.89%) of the 98,042 adults on Maui, Lanai and Molokai are in need of treatment for alcohol and/or other drugs.

For *Kauai County*, 8,121 (17.15%) of the total 47,346 adults on Kauai are in need of treatment for alcohol and/or other drugs.\*\*

For *Hawaii County*, 8,189 (7.96%) of the total 102,849 adults on the Big Island are in need of treatment for alcohol and/or other drugs.

\* "State of Hawaii 2004 Treatment Needs Assessment," Department of Health, Alcohol and Drug Abuse Division, 2007.

\*\* The 2004 Kauai County data present a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the State. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavioral Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

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
<b>HONOLULU</b>	61,096	2.0%	1,203	1.8%	1,073	2.4%	1,493	6.2%	3,759
<b>Honolulu District</b>	16,542	1.7%	289	1.4%	238	2.3%	378	5.5%	902
<b>Central District</b>	16,046	1.8%	291	2.0%	324	1.9%	309	5.7%	922
<b>Leeward District</b>	19,921	2.0%	399	1.7%	347	2.3%	467	6.1%	1,208
<b>Windward District</b>	8,587	2.6%	224	1.9%	164	4.0%	339	8.5%	727
<b>Hawaii County/District</b>	12,734	3.5%	450	2.2%	275	4.7%	602	10.4%	1,330
<b>Kauai County/District</b>	5,632	1.6%	88	1.9%	104	3.5%	199	7.0%	392
<b>Maui County/District</b>	10,976	3.0%	326	2.7%	301	3.8%	419	9.5%	1,044
<b>All Public Schools</b>	90,438	2.3%	2,067	1.9%	1,753	3.0%	2,713	7.2%	6,525
<b>Private Schools</b>	22,871	1.9%	433	0.9%	208	2.9%	660	5.7%	1,301
<b>TOTAL STATEWIDE</b>	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.

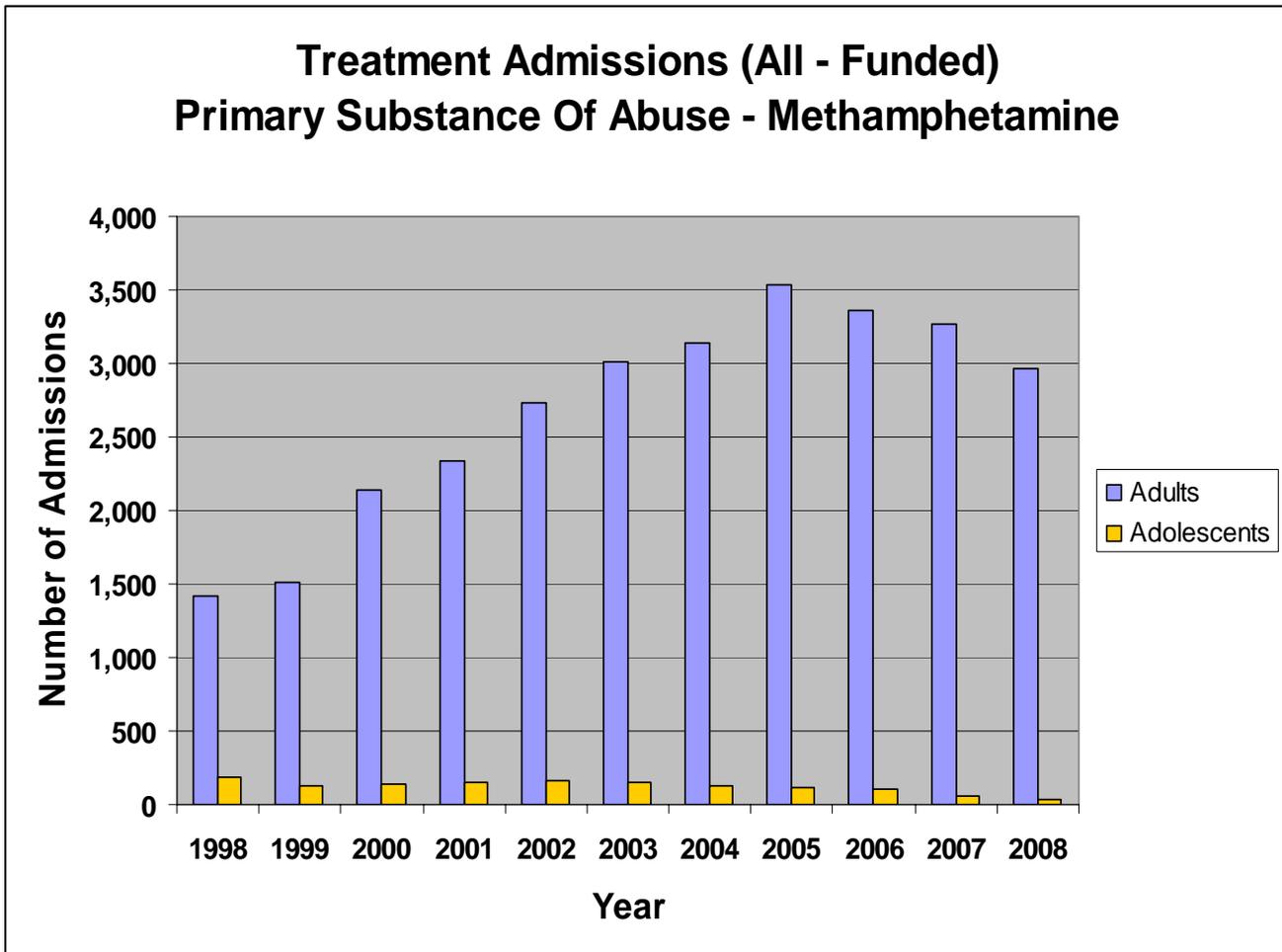
Substance dependency is the most severe diagnosis. Substance dependency is indicated by the student's response to nine different diagnostic criteria for dependency (e.g., marked tolerance, withdrawal symptoms, use of substances to relieve/avoid withdrawal symptoms, persistent desire or effort to stop 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  
1998-2008**

As reflected in the graph and table below, there was a (10.76%) decrease in adult and adolescent crystal methamphetamine admissions to treatment in Fiscal Year 2007-08.



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>Adults</b>	1,423	1,517	2,136	2,332	2,730	3,013	3,136	3,538	3,363	3,270	2,967
<b>Adolescents</b>	189	126	143	150	158	150	129	120	106	53	33
<b>Total</b>	1,612	1,643	2,279	2,482	2,888	3,163	3,265	3,658	3,469	3,323	3,000