

**REPORT TO THE
TWENTY-FIFTH LEGISLATURE
STATE OF HAWAII
2010**

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 2009**

EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2008-09 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 2008-09, \$34,020,068 was appropriated by Act 158 Session Laws of Hawaii (SLH) 2008, to the Alcohol and Drug Abuse program (HTH 440) – \$20,110,201 general funds, \$300,000 special funds and \$13,609,867 federal funds. Of the total appropriated, \$19,406,299 was allocated for substance abuse treatment services and \$5,114,281 was allocated for substance abuse prevention services. Subsequently, funding reductions were enacted by: Act 162 SLH 2009, which reduced the ADAD general fund appropriation by \$1,257,443; and Act 79 SLH 2009 (Sections 15 and 30, respectively), which transferred \$1,000,000 from the Drug Demand Reduction Assessments (DDRA) Special Fund to the General Fund in FY 2009 and also transfers interest earned on deposits to the General Fund throughout FY 2009-2015. (The current appropriation of \$300,000 in each of the years of FB 2009-2011 is obligated to support substance abuse treatment services.)

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

\$7.15 million for the 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 for the Access to Recovery (ATR) Grant funded by the U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Treatment (CSAT) which targets individuals in need of treatment for methamphetamine use, currently in treatment for methamphetamine, or clients within two years of discharge for treatment for methamphetamine use. Hawaii ATR recovery support services include child care, transportation, housing support, spiritual support, cultural practices, education and training, and sober support activities to enhance treatment compliance, completion, abstinence and other desired long-term recovery outcomes. The availability of support services for methamphetamine clients via the Hawaii ATR grant has significantly increased the number of individuals entering into treatment and is indicative that Hawaii ATR is successfully referring and enrolling more individuals in need of services. (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 to evaluate program efforts and 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 4,345 adults statewide in Fiscal Year 2008-09;

Recovery support services -- child care, transportation, housing support, spiritual support, cultural practices, education and training, and sober support activities -- were made available to 2,135 participants enrolled in the Hawaii ATR project in Fiscal Year 2008-09;

Residential, school-based and community-based outpatient substance abuse treatment services were provided to 2,653 adolescents statewide in Fiscal Year 2008-09; 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 96,536 children, youth and adults in Fiscal Year 2008-09.

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 18-23.

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ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2008-09 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 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 and treatment services; policy development; planning and 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 2009 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 2009 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, 2008 to June 30, 2009**

State and Federal Funding

For Fiscal Year 2008-09, \$34,020,068 was appropriated by Act 158 Session Laws of Hawaii (SLH) 2008, to the Alcohol and Drug Abuse program (HTH 440) – \$20,110,201 general funds, \$300,000 special funds and \$13,609,867 federal funds. Of the total appropriated, \$19,406,299 was allocated for substance abuse treatment services and \$5,114,281 was allocated for substance abuse prevention services. Subsequently, funding reductions were enacted by: Act 162 SLH 2009, which reduced the ADAD general fund appropriation by \$1,257,443; and Act 79 SLH 2009 (Sections 15 and 30, respectively), which transferred \$1,000,000 from the Drug Demand Reduction Assessments (DDRA) Special Fund to the General Fund in FY 2009 and also transfers interest earned on deposits to the General Fund throughout FY 2009-2015. (The current appropriation of \$300,000 in each of the years of FB 2009-2011 is obligated to support substance abuse treatment services.)

Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. ADAD received \$7.15 million in Fiscal Year 2008-09 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 federal Substance Abuse and Mental Health Services Administration awarded Hawaii \$2.75 million per year over three years (9/29/2007 – 9/28/2010) to initially provide substance abuse recovery support services for parents and guardians of families in the child welfare services 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 “ice” (or methamphetamine). In August 2008, Hawaii ATR was granted an expansion in identified target population to include clients in treatment for methamphetamine use or clients within one year of discharge for treatment for methamphetamine use. In November 2008, the project was granted an expansion of target population to include clients in need of treatment for substance abuse, currently in treatment for substance abuse, and those within two years of discharge from substance abuse treatment. In July 2009, the project was granted a realignment in identified target population to include only clients in need of treatment for methamphetamine use, currently in treatment for methamphetamine, or clients within two years of discharge for treatment for methamphetamine use. 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.

The number of individuals admitted into treatment services across the State who identified methamphetamine as their primary substance of abuse increased by approximately 20% between Fiscal Year 2008 and Fiscal Year 2009 (see Appendix E). One of the primary factors that contributed to this increase can be directly related to the full operationalization of the Hawaii ATR grant. During FY 2009, Hawaii ATR provided a wide range of support services to assist methamphetamine users to enter into treatment, to assist them in continuing participation in treatment, as well as to support them in sustained recovery. Increased unemployment, higher rates of housing foreclosures, bankruptcies, and reductions in health and human services programs are contributing factors to the increased level of substance use and abuse in our communities. Clearly, the availability of support services for methamphetamine clients significantly increased the number of individuals entering into treatment and is indicative that Hawaii ATR is successfully referring and enrolling more individuals in need of services.

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 program efforts and 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.

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

* Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and

follows:

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 4,345 adults statewide in Fiscal Year 2008-09;

Recovery support services -- child care, transportation, housing support, spiritual support, cultural practices, education and training, and sober support activities -- were made available to 2,135 participants enrolled in the Hawaii ATR project in Fiscal Year 2008-09;

Residential, school-based and community-based outpatient substance abuse treatment services were provided to 2,653 adolescents statewide in Fiscal Year 2008-09; 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 96,536 children, youth and adults in Fiscal Year 2008-09.

Studies and Surveys

Tobacco Sales to Minors. Hawaii tobacco sales to minors decreased from 11.2 percent in 2008 to 6.2 percent in 2009. At the current rate, Hawaii is below the national average of 9.9 percent. Of the four counties included in the 2009 statewide survey, the County of Maui and the County of Hawaii had the lowest rate at 2.1 percent, and the County of Kauai had the highest rate with 10.5 percent. Within Honolulu County, the area with the lowest rate was Downtown Honolulu (4.7 percent) and the highest was the Windward region (12.5 percent). The County of Kauai increased from 0 to 10.5 percent non-compliance, but it important to note that the rate is based on fewer than 20 inspections, which may have contributed to the fluctuation. Notably, the County of Maui has kept their non-compliance rate under 8 percent for the past eight years, with an average of 3.7 percent. The 14th annual survey was conducted by the University of Hawaii's Cancer Research Center of Hawaii under the guidance and support of ADAD. The program conducts inspections of retail outlets that sell tobacco to determine the extent of illegal sales of tobacco products to minors. Enforcement activities were also conducted year-round in cooperation with county police departments. Fines assessed for selling tobacco to anyone under the age of 18 are \$500 for the first offense and a fine of up to \$2,000 for subsequent offenses.

Provision of Contracted or Sponsored Training

In Fiscal Year 2008-09 ADAD conducted training programs that accommodated staff development opportunities for 1,509 (duplicated) healthcare, human service, criminal justice and substance abuse treatment professionals through 60 training sessions, courses, and workshops in topics relating to substance abuse prevention and treatment for adolescents and

methamphetamine admissions are appended at pages 18-23.

adults. Participants earned 10,177 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 2008-09, ADAD provided technical assistance and monitored treatment and prevention programs statewide which included desk audits and on-site reviews of the fiscal operations, and reviews of audit reports to ensure fiscal accountability. Please note that due to reductions in State resources, the number of on-site visitations made to neighbor island programs were significantly reduced.

Certification of Professionals and Accreditation of Programs

Certification of Substance Abuse Counselors. In Fiscal Year 2008-09, ADAD processed 402 (new and renewal) applications, administered 117 written exams and certified 105 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 639. As part of ADAD's efforts to address quality assurance and improvement, the following International Certification and Reciprocity Consortium (IC&RC) specialties is anticipated to 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.

Accreditation of Programs. In Fiscal Year 2008-09, ADAD conducted a total of 36 accreditation reviews and accredited 14 organizations, some of which have multiple (residential treatment and therapeutic living) 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/or recommendations on legislation addressing substance abuse related policies. Legislation enacted during the 2009 Legislative Session that addressed substance abuse related issues included:

Act 79 Session Laws of Hawaii 2009 (S.B. 884 CD1). Relating to Non-General Funds. \$1 million from the Drug Demand Reduction Assessment special fund was among the non-General Funds transferred to the General Fund to address the critical budget shortfall in Fiscal Biennium 2009-11.

Governor's Message Nos. 316 and 327. Appointment of Stephen Kalani Brady and Darin H. Kawazoe, respectively, to serve on the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) for terms to expire on June 30, 2013.

Governor's Message Nos. 503, 504, 506 and 507. Appointment of Billie Gabriel, Louis M. Kealoha, Michele S. Scofield and Steven M. Shiraki, respectively, to serve on the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) for terms to expire on June 30, 2013. Pursuant to Sections 329-2 and 334-10, HRS, Steven M. Shiraki is jointly appointed to HACDACS and the State Council on Mental Health.

Act 4 1st Special Session 2009 (H.B. 358 CD1). Relating to Drug Treatment. Amends Sections 706-600.5, -605.1, -622.5, and -622.9, Hawaii Revised Statutes, by adding "secure drug treatment facility" as a sentencing option to divert first-time, nonviolent drug offenders into treatment rather than incarceration.

Act 29 1st Special Session 2009 (S.B. 1058 CD1). Relating to Controlled Substances. Establishes two task forces within the Department of Public Safety for administrative purposes: the Medical Cannabis Task Force to review issues relating to the Medical Use of Marijuana Program, and the Salvia Divinorum Task Force to review the effects of Salvia Divinorum and its primary psychoactive constituent, Salvinorin A.

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

Vice Chairperson

Enforcement - 6/30/2009

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

Chairperson

Community and Business Affairs - 6/30/2010

DALLEN K. PALEKA

Corrections - 6/30/2012

BYRON N. YOSHINO

Pharmacological - 6/30/2009

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

During the previous fiscal year, discussion 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*

* On May 5, 2009, appointments of Billie Gabriel, Louis M. Kealoha, Michele S. Scofield, Steven M. Shiraki, Stephen Kalani Brady and Darin H. Kawazoe were confirmed by the Senate, for terms to expire June 30, 2013. Pursuant to Sections 329-2 and 334-10, HRS, Steven M. Shiraki, serves as the jointly appointed member to HACDACS and the State Council on Mental Health.

*Behavioral Health Workforce Development – A Framework for Discussion.** 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.

During Fiscal Year 2008-09, Commission members focused on expanding the role and capacity of communities to effectively identify their needs and promote behavioral health and wellness by:

Supporting the 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.

For the various occupational specialties, activities to address workforce development issues included the following:

Physicians. The topic of “Substance Abuse Screening for the Clinician” was included during Medical Grand Rounds at Straub Clinic and Hospital on February 20, 2009 and Queen’s Medical Center on April 3, 2009. Presentations on the CAGE-AID** provided training for physicians to administer short screenings and brief interventions for substance abuse to determine whether a referral to treatment is necessary. Members

* 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.

** CAGE-AID (CAGE - **A**dapted to **I**nclude **D**rugs) is a cost-effective means of screening for substance abuse and detecting possible problems at an early stage in their development.

agreed on the merits of training physicians to administer screenings and concurred that extending these presentations during Grand Rounds at all hospitals statewide would be a worthwhile investment.*

Law enforcement. Training in screening for substance abuse would enable law enforcement officers and first responders (e.g., firefighters and emergency medical technicians) to make appropriate referrals in encounters with individuals who may need to be assessed and referred to substance abuse treatment. One of the possible venues for training law enforcement personnel was identified as the police academy for recruits; training for on-duty officers could be accomplished through ten- to fifteen-minute video presentations at patrol districts.

Social workers. Some of the suggestions for increasing the pool of substance abuse practitioners include: involving the 250 University of Hawaii (UH) students enrolled in the School of Social Work at the Master and Ph.D. levels; utilizing UH surrogates as “supervisors” for practicum field placements; and providing incentives such as stipends to encourage entry or specialization in the substance abuse field.

Corrections and criminal justice. The inclusion of addiction and its impact on the criminal justice system in coursework would provide those who are pursuing careers in the corrections and criminal justice fields with an understanding of the clinical perspectives involved in addressing substance abuse.

Certified Substance Abuse Counselors. The State of Hawaii, through the Alcohol and Drug Abuse Division (ADAD), is a member board of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC/AODA). The IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies. The organization is composed of member boards in 41 states, the military services, several countries, and Native American boards. By virtue of being certified by an IC&RC member board as a Certified Substance Abuse Counselor (CSAC), individuals are also recognized as an “Internationally Certified Alcohol and Drug Abuse Counselor” (ICADC).

During Fiscal Year 2009-2010, members will continue to focus on challenges of ensuring service quality within the constraints of limited resources.

* See the National Center on Addiction and Substance Abuse (CASA) at Columbia University study entitled “Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse” at: <http://www.casacolumbia.org/>

**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* 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** 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 2008-09, 362 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 375 offenders who were referred, 13 were carryovers from the previous year. A

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

** Act 152-98, Criminal Offender Treatment Act.

breakdown of the numbers serviced in Fiscal Year 2008-09 is as follows:

Total Referrals and Carryovers by Criminal Justice Agency: July 1, 2008 – June 30, 2009

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai ¹	6	26	0	15	47
Oahu ²	23	67	0	75	165
Maui ³	10	65	0	17	92
Hawaii ⁴	14	40	10	7	71
Total	53	198	10	114	375

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, 2008 – June 30, 2009

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai ¹	5	24	0	13	42
Oahu ²	23	66	0	75	164
Maui ³	9	61	0	17	87
Hawaii ⁴	14	38	10	7	69
Total	51	189	10	112	362

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, 2007 – June 30, 2008

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai ¹	1	2	0	2	5
Oahu ²	0	1	0	0	1
Maui ³	1	4	0	0	5
Hawaii ⁴	0	2	0	0	2
Total	2	9	0	2	13

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 after sentencing to probation.
2. Parole (based on offenders released to parole in FY 1997-98): 72.9% at 3 years after in-community release on parole.

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, 2008 – June 30, 2009

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Arrests/revocations	7	8	0	3	18
Total served	51	189	10	112	362
Recidivism rate	13.7%	4.2%	0%	2.7%	5.0%

* 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.

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; and assistance in installing software onto providers' computers and providing "hands-on" training.

Throughout Fiscal Year 2007-08, progress in data entry (into the Purchase of Service System) included orientation and training of providers' staff in the Web-based Infrastructure for Treatment Services (WITS) system which replaced the Purchase of Service System in January 2009.

During Fiscal Year 2008-09, agencies were to have strengthened communication and collaboration for data collection, however, challenges in staff recruitment and retention have stymied continuity in program implementation. Although appropriations** have provided on-going base funding for the program, the "temporary" status of positions, hiring moratoriums and specialized work experience requirements pose challenges to attracting suitable applicants and the retention of staff. Until staffing is regularized, the program will continue to be subject to the recruitment and retention of qualified staff.

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

** Act 178 SLH 2005, Act 213 SLH 2007, and Act 158 SLH 2008.

APPENDIX

- A. ADAD-Funded Adult Services: Fiscal Year 2006-09**
- B. ADAD-Funded Adolescent Services: Fiscal Year 2006-09**
- C. Performance Outcomes: Fiscal Year 2006-09**
- 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: 1998-2009**

APPENDIX A

**ADAD-FUNDED ADULT SERVICES
FISCAL YEARS 2006 - 2009**

ADAD-FUNDED ADULT ADMISSIONS BY GENDER

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Male	65.0%	67.0%	69.0%	71.9%
Female	35.0%	33.0%	31.0%	28.1%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Hawaiian	40.8%	42.1%	37.8%	38.2%
Caucasian	28.2%	27.1%	30.4%	30.5%
Filipino	7.6%	6.6%	6.8%	7.0%
Mixed – Not Hawaiian	6.7%	4.7%	3.9%	3.0%
Japanese	3.4%	3.9%	3.8%	3.3%
Black	2.9%	3.2%	2.6%	2.6%
Samoan	1.7%	3.1%	2.2%	1.4%
Hispanic	3.5%	3.0%	4.3%	1.3%
Portuguese	1.5%	1.0%	1.7%	1.7%
Other	3.7%	5.3%	6.5%	11.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Methamphetamine	49.6%	48.2%	40.9%	45.5%
Alcohol	27.6%	29.1%	35.6%	32.6%
Marijuana	9.2%	8.5%	10.5%	11.5%
Cocaine/Crack	4.9%	5.8%	4.4%	4.7%
Heroin	3.3%	2.2%	2.4%	2.1%
Other	5.4%	6.2%	6.2%	3.6%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Oahu	56.0%	59.9%	57.3%	54.3%
Hawaii	24.0%	19.6%	21.1%	22.4%
Maui	13.0%	14.8%	15.3%	17.8%
Molokai/Lanai	2.0%	1.4%	1.8%	0.8%
Kauai	5.0%	4.3%	4.4%	4.6%
TOTAL	100.0%	100.0%	100.0%	100.0%

APPENDIX B

**ADAD-FUNDED ADOLESCENT SERVICES
FISCAL YEARS 2006 - 2009**

ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Male	52.0%	52.0%	49.0%	49.7%
Female	48.0%	48.0%	51.0%	50.3%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Hawaiian	58.5%	54.2%	52.7%	48.7%
Caucasian	10.8%	11.5%	10.3%	10.1%
Filipino	7.3%	7.8%	11.4%	12.7%
Mixed – Not Hawaiian	8.4%	7.2%	5.5%	3.2%
Japanese	3.0%	2.6%	2.7%	2.8%
Black	1.5%	1.3%	2.4%	2.8%
Samoan	3.0%	3.0%	2.9%	5.5%
Hispanic	2.1%	3.0%	3.6%	2.1%
Portuguese	1.1%	1.1%	0.7%	0.7%
Other	4.3%	8.3%	7.8%	11.5%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Methamphetamine	2.5%	1.4%	0.4%	0.3%
Alcohol	34.3%	35.7%	39.1%	40.0%
Marijuana	58.5%	56.1%	53.9%	52.8%
Cocaine/Crack	0.9%	0.7%	0.8%	0.5%
Heroin	-0-	-0-	-0-	-0-
Other	3.8%	6.1%	5.8%	6.4%
TOTAL	100.0%	100.0%	100.0%	100.0%

ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Oahu	58.0%	63.0%	67.0%	67.5%
Hawaii	17.0%	15.6%	12.6%	13.3%
Maui	15.0%	9.4%	9.5%	8.9%
Molokai/Lanai	1.0%	1.3%	1.0%	1.9%
Kauai	9.0%	10.7%	9.8%	8.5%
TOTAL	100.0%	100.0%	100.0%	100.0%

APPENDIX C

**PERFORMANCE OUTCOMES
ADOLESCENT SUBSTANCE ABUSE TREATMENT**

During State Fiscal Years 2006 through 2009 (July 1, 2005 to June 30, 2006; July 1, 2006 to June 30, 2007; July 1, 2007 to June 30, 2008; and July 1, 2008 to June 30, 2009), six-month follow-ups were completed for samples of 954, 634, 1,274, and 947 adolescents, respectively. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED			
	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Employment/School/Vocational Training	94.3%	93.4%	97.8%	97.8%
No arrests since discharge	84.1%	89.4%	91.4%	92.3%
No substance use in 30 days prior to follow-up	44.2%	51.3%	49.2%	50.3%
No new substance abuse treatment	83.4%	82.3%	87.2%	88.5%
No hospitalizations	92.6%	94.5%	96.9%	95.4%
No emergency room visits	89.7%	92.3%	93.5%	94.8%
No psychological distress since discharge	68.1%	81.5%	76.2%	80.0%
Stable living arrangements	96.8%	94.8%	97.6%	97.7%

**PERFORMANCE OUTCOMES
ADULT SUBSTANCE ABUSE TREATMENT**

During State Fiscal Years 2006 through 2009 (July 1, 2005 to June 30, 2006; July 1, 2006 to June 30, 2007; July 1, 2007 to June 30, 2008; and July 1, 2008 to June 30, 2009), six-month follow-ups were completed for samples of 1,608, 1,208, 1,273, and 1,027 adults, respectively. Listed below are the outcomes for these samples.

MEASURE	PERFORMANCE OUTCOMES ACHIEVED			
	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Employment/School/Vocational Training	48.4%	61.2%	60.0%	56.5%
No arrests since discharge	79.6%	91.6%	91.7%	92.4%
No substance use in 30 days prior to follow-up	64.1%	77.1%	79.4%	74.6%
No new substance abuse treatment	69.3%	76.1%	74.6%	75.6%
No hospitalizations	82.3%	94.2%	91.6%	95.9%
No emergency room visits	80.8%	92.0%	90.6%	94.9%
Participated in self-help group (NA, AA, etc.)	39.5%	50.0%	50.9%	50.0%
No psychological distress since discharge	73.3%	83.6%	85.4%	83.2%
Stable living arrangements	86.6%	81.5%	80.3%	76.3%

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
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.

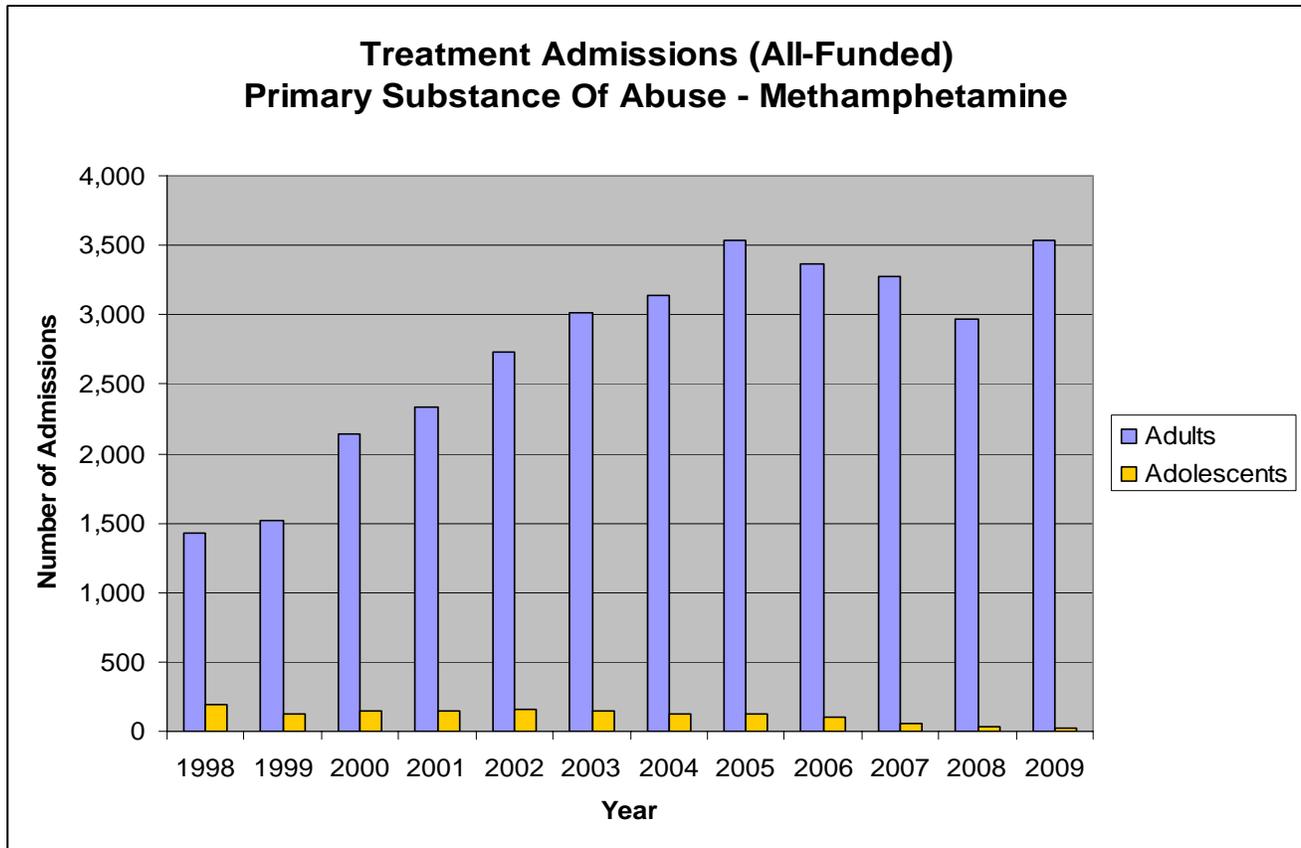
For the student to be classified as abusing a substance, at least one of the two abuse symptoms must have occurred more than once in a single month or several times within the last year. In addition, the student must *not* meet the criteria for dependency on that substance.

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.

METHAMPHETAMINE ADMISSIONS 1998 – 2009

As reflected in the graph and table below, there was a 19.2% increase and 33.3% decrease in adult and adolescent crystal methamphetamine admissions to treatment, respectively, in Fiscal Year 2008-09.



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Adults	1,423	1,517	2,136	2,332	2,730	3,013	3,136	3,538	3,363	3,270	2,967	3,536
Adolescents	189	126	143	150	158	150	129	120	106	53	33	22
Total	1,612	1,643	2,279	2,482	2,888	3,163	3,265	3,658	3,469	3,323	3,000	3,558