

**REPORT TO THE
TWENTY-FOURTH LEGISLATURE**

STATE OF HAWAII

2007

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 2006**

EXECUTIVE SUMMARY

The annual report covering Fiscal Year 2005-06 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 2005-06, \$24,350,696 was appropriated by Act 178 SLH 2005 to the Alcohol and Drug Abuse program (HTH 440) – \$13,470,829 general funds and \$10,859,867 federal funds. Of the total appropriated, \$16,932,883 (70%) was allocated for substance abuse treatment and \$2,671,259 (11%) was allocated for substance abuse prevention.

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

\$7.2 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.

\$2.1 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).

\$350,000 grant by the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) to each of the 50 states and the District of Columbia to enforce state and local underage drinking laws.

\$350,000 for the *Enforcing the Underage Drinking Laws Discretionary Program: Initiative To Reduce Underage Drinking* project funded by the U.S. Department of Justice, Office of Justice Programs, OJJDP to support and enhance efforts to prohibit sales of alcoholic beverages to minors.

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

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,694 adults statewide in Fiscal Year 2005-06;

Residential and school-based outpatient substance abuse treatment services were provided to 1,743 adolescents statewide in Fiscal Year 2005-06; and

(Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 18-23.)

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 69,490 children, youth and adults in Fiscal Year 2005-06.

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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ALCOHOL AND DRUG ABUSE DIVISION

The annual report covering Fiscal Year 2005-06 for the Department of Health, Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes (HRS). Also included are reports that are required pursuant to: Section 29 of Act 40 Session Laws of Hawaii (SLH) 2004, requiring a progress report on the substance abuse treatment monitoring program; Section 10 of Act 161 SLH 2002, requiring a status report on the coordination of offender substance abuse treatment programs; and Section 329-3, HRS, requiring a report by the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS).

The agency's mission is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. ADAD plans, coordinates, provides technical assistance, and establishes mechanisms for training, data collection, research and evaluation to ensure that resources are utilized in the most effective and efficient manner possible. ADAD is the primary and often sole source of public funds for substance abuse prevention and treatment services. ADAD's efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the needs of individuals and families. (Treatment services have, as a requirement, priority admission for pregnant women, injection drug users, native Hawaiians and adult offenders.)

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

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

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

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

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

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

Girls' substance abuse prevention initiative. Providing culturally appropriate information and lifeskills to adolescent girls, their parents or guardians.

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

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

Native Hawaiian mentoring initiative. Expanding existing mentoring resources for Native Hawaiians at-risk youth in Windward Oahu to increase knowledge and reasoning skills for responsible decision making and problem solving.

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

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

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

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

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

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.

Addiction is a biopsychosocial disease, a distinct disorder requiring ongoing treatment and intervention, not only episodic or acute care. A person's addictive disorder cannot be addressed in isolation from addressing his or her biological, psychological or social needs. Addicted people may go on denying their alcohol and other drug problems, even when their lives are in shambles. It often takes serious trouble -- with the law, at school, at work, or in the family -- for them to make a move towards treatment. Most people think of treatment success as immediate, complete abstinence forever. Often, no provision is made for relapse, or understanding of the chronic and relapsing nature of the disease.

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

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

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

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

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

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

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

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

HIGHLIGHTS OF ACCOMPLISHMENTS AND ACTIVITIES

July 1, 2005 to June 30, 2006

State and Federal Funding

For Fiscal Year 2005-06, \$24,350,696 was appropriated by Act 178 SLH 2005 to the Alcohol and Drug Abuse program (HTH 440) – \$13,470,829 general funds and \$10,859,867 federal funds. Of the total appropriated, \$16,932,883 (70%) was allocated for substance abuse treatment and \$2,671,259 (11%) was allocated for substance abuse prevention.

Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. ADAD received \$7,218,541 in Fiscal Year 2005-06 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.

Strategic Prevention Framework State Incentive Grant Award. The U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Prevention (CSAP) selected the Hawaii proposal as one of 16 applications to be funded to implement the Strategic Prevention Framework State Incentive Grant (SPF SIG). Funding of the grant – \$2.1 million in the first year – is renewable up to five years, with continued funding subject to the availability of funds and progress achieved by the project.

The strategic prevention framework is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, state/tribal and community levels. The SPF requires states and communities to systematically assess their prevention needs based on epidemiological data, build their prevention capacity, strategically plan for and implement effective community prevention programs, policies and practices and evaluate their efforts for outcomes.

Grant funds will enable states, in collaboration with communities, to implement a process known to promote youth development, reduce risk-taking behaviors, build on assets and prevent problem behaviors. The grant will enable the State to provide leadership, support and technical assistance to help ensure that participating communities are successful, 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.

Enforcing Underage Drinking Laws. The U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention (OJJDP) awarded a \$350,000 grant to each of the 50 states and the District of Columbia to enforce state and local underage drinking laws. The awards support activities in law enforcement, public education programs,

and policy development. Initiatives funded by the awards are intended to limit youth access to alcohol, strictly enforce underage drinking laws and promote zero tolerance for underage drinking while creating positive outlets for our youth.

Discretionary Grant for Enforcing Underage Drinking Laws. The U.S. Department of Justice, Office of Justice Programs, OJJDP awarded \$350,000 for the Hawaii proposal submitted in response to the *Enforcing the Underage Drinking Laws Discretionary Program: Initiative To Reduce Underage Drinking* solicitation. The project supports and enhances 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 (USAF) who are under the age of 21. The total grant award is \$350,000 for the first year of a 3-year effort. Funding for Years 2 and 3 of the project will be approximately \$600,000, based on the availability of federal Fiscal Year 2007 funding.

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

While promoting the SPF for planning, development, and delivery of prevention services, prevention fellows will be exposed to a myriad of activities specific to prevention. These areas 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.

Tagalog and Ilokano Translations of National Underage Drinking Brochure.* A brochure containing Tagalog and Ilokano language translations of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) publication on underage drinking, “Make a Difference: Talk to Your Child About Alcohol” was released on May 11, 2006.

The brochure is geared towards parents and guardians of young people ages 10 - 14, and contains information on the dangers of underage drinking. It also provides parents guidance on how to discuss underage drinking issues with their children, and offers specific strategies on how to keep all children alcohol free.

* 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.

* Production of the brochure was funded by the federal Substance Abuse Prevention and Treatment Block Grant, which is administered by the State Department of Health’s Alcohol and Drug Abuse Division.

Substance Abuse Prevention and Treatment Services

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

A continuum of residential, outpatient, day treatment and therapeutic living services were provided to 2,694 adults statewide in Fiscal Year 2005-06;

Residential and school-based outpatient substance abuse treatment services were provided to 1,743 adolescents statewide in Fiscal Year 2005-06; and

(Details on adult and adolescent treatment admissions, outcomes for six-month follow-ups, needs assessments and methamphetamine admissions are appended at pages 18-23.)

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 69,490 children, youth and adults in Fiscal Year 2005-06.

Studies and Surveys

Tobacco Sales to Minors among the Lowest in the Nation. The 2006 survey by the Department of Health's ADAD shows tobacco sales to minors continue to be low across the state. The University of Hawaii's Cancer Research Center of Hawaii and ADAD conduct federally mandated annual inspections of retail outlets that sell tobacco to determine the extent of illegal sales of tobacco products to youth under age 18. In the most recent federal release (2004), Hawaii ranked third (tied with Maine) among the most successful states with only Delaware and Arkansas producing better results.

Over the last ten years, the rates of illegal tobacco sales in Hawaii have dropped from 44.5% to 5.9%. Our comprehensive tobacco prevention strategy has played a major role in Hawaii's maintaining one of the lowest rates in the nation for seven consecutive years.

Teams made up of youth volunteers, ages 15-17, and adult observers visited a random sample of 221 stores in which the youth attempted to buy cigarettes to determine how well retailers were complying with the state tobacco laws. Thirteen stores sold to minors. The 2006 non-compliance rates around the state are 9.7% for Hawaii County, 7.4% for Maui County, 5.3% for the City and County of Honolulu, and 0% for Kauai County.

In addition to the survey inspections, the DOH, in cooperation with 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 between the ages of 15 and 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 \$500 fine.

Provision of Contracted or Sponsored Training

Provision of Contracted or Sponsored Training. In Fiscal Year 2005-06, ADAD conducted training programs that accommodated staff development opportunities for 739 (duplicated) healthcare, human service, criminal justice and substance abuse treatment professionals through 25 training sessions, courses, and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults. Participants earned 4,434 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, 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, tobacco prevention, American Society of Addiction Medicine Patient Placement Criteria II (Revised), Addiction Severity Index (ASI), and fetal alcohol syndrome.

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 2005-06, ADAD provided technical assistance and monitored treatment and prevention programs statewide which included desk audits and on-site reviews of the fiscal operations of 30 programs, and reviews of audit reports from 21 agencies to ensure fiscal accountability.

Certification of Professionals and Accreditation of Programs

Certification of Professionals and Accreditation of Programs. In Fiscal Year 2005-06, ADAD processed 325 (new and renewal) applications, administered 50 written and 65 oral exams and certified 44 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 527.

In Fiscal Year 2005-06, ADAD conducted a total of 22 accreditation reviews and accredited 13 organizations, some of which have multiple (residential and outpatient) accreditable programs.

Prevention Information Systems

In addition to the Minimum Data Set (MDS) system used to collect demographic and process information from contracted service providers, ADAD contracted for KIT Solutions to implement a more comprehensive web-based data collection and management system for collecting and processing of substance abuse prevention outcome data transmitted by ADAD providers at the State and community levels. The enhanced “knowledge based information technology system” (KITS) will accommodate a broader range of reporting entities and will have the added capacity for meeting anticipated reporting requirements of ADAD and CSAP outcome measures.

Legislation

ADAD prepared informational briefs and testimonies on legislation addressing substance abuse related policies in public health, human services, education, employment and criminal justice systems. Legislation passed during the 2006 Legislative Session that addresses substance abuse prevention and/or treatment related issues included:

Act 268 Session Laws of Hawaii 2006 (Senate Bill 2505 SD2 HD1 CD1). Appropriates funds to extend adolescent school-based substance abuse treatment programs to middle and intermediate schools, with a priority given to schools with the greatest need.

Act 205 Session Laws of Hawaii 2006 (Senate Bill 3273 SD2 HD2 CD1). Improves the process by which public school students are assessed and treated for substance abuse by: (1) implementing amendments to the zero tolerance policy for drugs and alcohol in public schools suggested by the Student Substance Abuse Assessment and Treatment Advisory Task Force (convened pursuant to Section 3 of Act 213, SLH 2005); and (2) allowing certified substance abuse counselors to conduct assessments to qualify individuals for substance abuse-related insurance benefits.

Act 203 Session Laws of Hawaii 2006 (Senate Bill 706 SD2 HD2 CD1). Amends Section 281-101.5, Hawaii Revised Statutes, to require judges to suspend the driver’s license of a licensed driver under the age of 21 when the drivers have been convicted of illegal possession of liquor, and if the defendant does not yet have a driver’s license, to postpone eligibility until the defendant is seventeen years of age or for 180 days, to allow judges the discretion to permit limited driving for those with a suspended license for employment or educational purposes, and to require 75 five hours of community service work and an 8- to 12-hour program of alcohol education and counseling.

Act 202 Session Laws of Hawaii 2006 (House Bill 3242 SD1 CD1). Amends Section 281-101.5, Hawaii Revised Statutes, to prohibit the consumption of intoxicating liquor by minors (<21 years of age).

Act 201 Session Laws of Hawaii 2006 (House Bill 2639 HD2 SD2 CD1). Amends Sections 291E-1, 291E-31, 291E-33, 291E-38, 291E-41, 291E-44, 291E-61, and 291E-64,

Hawaii Revised Statutes. The Act increases sanctions for driving with a high (≥ 0.15) blood alcohol level, by imposing a “prompt suspension of license and privilege to operate a vehicle for a period of six months with an absolute prohibition from operating a vehicle during the suspension period.”

Act 171 Session Laws of Hawaii 2006 (House Bill 2410 HD1 SD2 CD1). Amends Sections 329-20, 329-64, 329-75, Hawaii Revised Statutes, to conform with changes to the federal Uniform Controlled Substances Act. The Act reduces the amount of pseudoephedrine that can be sold by a pharmacy or retailer without a prescription to 3.6 grams per day per person, or not more than 9 grams or three packages within 30 days; requires products that contain pseudoephedrine to be dispensed, distributed or sold from a secure area that is not accessible by customers or the general public, such as behind the counter or in a locked display case; requires individuals who purchase pseudoephedrine products to show identification and sign for the drug purchase; and adds Zopiclone to the list of Schedule IV controlled substances, bringing the total number of substances on the list to 53.

Act 36 Session Laws of Hawaii 2006 (Senate Bill 2602 SD1). Amends Section 806-73(b), Hawaii Revised Statutes, to add persons and entities that are allowed access to adult probation records, and to restrict access by victims to adult probation records to the name and contact information of the defendant’s adult probation officer.

Task Force and Working Group Deliberations. Convened the Student Substance Abuse Assessment and Treatment Advisory Task Force and Medical Marijuana Working Group and submitted reports, including findings and recommendations, to the 2006 Legislature.

Student Substance Abuse Assessment and Treatment Advisory Task Force. The Student Substance Abuse Assessment and Treatment Advisory Task Force was convened pursuant to Section 3 of Act 213, Session Laws of Hawaii 2005. The Task Force reviewed the implementation of Section 302A-1134.6, Hawaii Revised Statutes, and the process by which a student who violates the zero tolerance policy for drugs and alcohol in public schools is referred for substance abuse screening, assessment and treatment.

Medical Marijuana Working Group. The Medical Marijuana Working Group was convened pursuant to S.C.R. 197 SD1, which requested that the Director of Health convene a working group to make recommendations to improve Hawaii’s Medical Marijuana Program.

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).

During Fiscal Year 2005-06, 13 of the total 15 allowable positions on the commission were filled; one of the positions was vacant and another position was vacated when the member's term expired on June 30, 2005 after completion of the maximum two consecutive terms. Of the 13 filled positions, all but two of the members were holdovers pursuant to §26-34(b), HRS. After its June 16, 2005 meeting, HACDACS activities remained in abeyance, pending action on the Administration proposal (H.B. 686 / S.B. 795) introduced in the Twenty-third Legislature to abolish the commission.

As the legislation to eliminate HACDACS was held, recruitment of volunteers resumed (at the time of report preparation) for interim appointments to be made pursuant to Article V, Section 6 of the Constitution. Senate confirmation will be sought for interim appointees during the 2007 Session.

In addition to seeking the required representation of the pharmacological, medical, community and business affairs, youth action, educational, legal defense, enforcement, corrections and mental health community interests, a balance by geographic area (i.e., county), gender and ethnicity is also being sought.

Upon reconvening, members will address substance abuse prevention and treatment issues, including but not limited to the coordination of underage drinking and drug control efforts. In consistency with statutory provisions for the commission, HACDACS will focus on the issue of substance abuse as it relates to public health, criminal justice/law enforcement, human services, corrections education and youth.

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

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

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

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

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

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

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

During Fiscal year 2005-06, 383 offenders were referred by criminal justice agencies for substance abuse treatment, case management, and safe, clean and sober housing in the City and County of Honolulu and the counties of Kauai, Maui and Hawaii. Of the 485 offenders who were referred, 102 were carryovers from the previous year. A breakdown of the numbers serviced in Fiscal Year 2005-06 is as follows:

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

² Act 152-98, Criminal Offender Treatment Act.

Total Referrals and Carryovers by Criminal Justice Agency: July 1, 2005 – June 30, 2006

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai¹	11	31	0	6	48
Oahu²	76	57	0	79	212
Maui³	31	50	7	21	109
Hawaii⁴	10	103	0	3	116
Total	128	241	7	109	485

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, 2005 – June 30, 2006

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai¹	8	19	0	6	33
Oahu²	65	43	0	71	179
Maui³	22	36	5	18	81
Hawaii⁴	10	78	0	2	90
Total	105	176	5	97	383

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, 2004 – June 30, 2005

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Kauai¹	3	12	0	0	15
Oahu²	11	14	0	8	33
Maui³	9	14	2	3	28
Hawaii⁴	0	25	0	1	26
Total	23	65	2	12	102

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

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

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

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

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

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

Preliminary Reporting of Recidivism by Criminal Justice Agency: July 1, 2005 – June 30, 2006

	Supervised Release PSD/ISC	Judiciary Adult Client Services	PSD/ISC - Corrections Jail/Prison	Hawaii Paroling Authority	Total
Arrests/revocations	0	0	0	2	2
Total served	128	241	7	109	485
Recidivism rate	0%	0%	0%	1.83%	0.41%

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

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

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

To accomplish the assigned tasks, agency representatives are convened in on-going semi-monthly meetings.⁴ Two subcommittees -- composed of representatives from adult- and adolescent-related agencies - focus 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 Fiscal Year 2005-06, site visits to substance abuse treatment provider agencies were conducted to assess contractors' data collection procedures. The site visits, which were intended to ensure that providers are submitting all client data (regardless of the funding source) according to contract requirements, also provided insights into the issue of the data validity. A summary of site visit findings is as follows:

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

⁴ Although the enabling legislation did not specifically assign the Department of the Attorney General and the Judiciary Family Court, they have been included as part of this interagency effort.

Data collection.

- Admission, discharge and follow-up forms are completed by various clinical and administrative staff, depending on the agency.⁵
- While some service providers integrate the completion of admission forms as part of the intake process, others utilize in-house forms which are subsequently transposed to Client Data System (CDS) forms.
- Information from completed CDS forms is usually input into the electronic/computer file by administrative staff, who also ensure that all data fields are completed correctly.⁶ Agencies that provide services through multiple sites receive forms through faxes sent to a central site where data is input electronically. (A hard copy of the completed form is printed out and placed in the client's file.)
- Systems design for data collection and reporting must encompass substance abuse treatment provider agencies that provide a continuum of services (i.e., residential, intensive outpatient, outpatient, therapeutic living program) to a broad range of clients, as well as those whose programs serve a less diverse clientele (i.e., co-occurring mental illness/substance abuse, intravenous drug users) requiring specialized services.

Consistency in CDS forms completion.

- In addition to the ADAD CDS manual, service provider staff are provided in-house training sessions conducted within their respective agencies. ADAD staff also field inquiries from agencies' line staff.
- Ensuring that data element definitions are consistently applied across all agencies is critical to the integrity of data submitted. Uniformity and accuracy in forms completion will require on-going training and quality assurance checks, as will training in maintaining confidentiality of patient records.⁷

Participating agencies agreed that upon completion of providers' staff training, data collection would begin on April 1, 2006. Start-up during the fourth quarter (April through June) of Fiscal Year 2005-06 provided the opportunity to identify necessary changes prior to the 12-month implementation (effective July 1, 2006) throughout Fiscal Year 2006-07.

⁵ Titles of those completing CDS admission and/or discharge forms include: Counselor, Administrative Assistant, Case Manager, Intake Specialist, Field Supervisor, Clinical Liaison, Social Worker.

⁶ Titles of those who input data for electronic records filing include: Clinical Administrative Supervisor, Accounting Assistant, Senior Administrative Associate, Finance Director, Administrative Assistant, Statistician, Management Information Specialist.

⁷ Part II of 42 Code of Federal Regulations, Confidentiality of Alcohol and Drug Abuse Patient Records; and Health Insurance Portability and Accountability Act of 1996 (HIPAA).

APPENDIX

- A. ADAD-Funded Adult Services: Fiscal Year 2004-06**
- B. ADAD-Funded Adolescent Services: Fiscal Year 2004-06**
- C. Performance Outcomes**
- D. 1998 Estimated Need for Adult Alcohol and Drug Abuse Treatment in Hawaii**
- E. 2003 Estimated Need for Adolescent (Grades 6-12) Alcohol and Drug Abuse Treatment in Hawaii**
- F. Methamphetamine Admissions: 1998-2006**

APPENDIX A

**ADAD-FUNDED ADULT SERVICES
FISCAL YEAR 2004 - 2006**

ADAD-FUNDED ADULT ADMISSIONS BY GENDER

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

ADAD-FUNDED ADULT ADMISSIONS BY ETHNICITY

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

ADAD-FUNDED ADULT ADMISSIONS BY PRIMARY SUBSTANCE

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

ADAD-FUNDED ADULT ADMISSIONS BY RESIDENCY

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

APPENDIX B

**ADAD-FUNDED ADOLESCENT SERVICES
FISCAL YEARS 2004 - 2006**

ADAD-FUNDED ADOLESCENT ADMISSIONS BY GENDER

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

ADAD-FUNDED ADOLESCENT ADMISSIONS BY ETHNICITY

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

ADAD-FUNDED ADOLESCENT ADMISSIONS BY PRIMARY SUBSTANCE

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

ADAD-FUNDED ADOLESCENT ADMISSIONS BY RESIDENCY

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

APPENDIX C

**PERFORMANCE OUTCOMES
ADOLESCENT SUBSTANCE ABUSE TREATMENT**

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

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

**PERFORMANCE OUTCOMES
ADULT SUBSTANCE ABUSE TREATMENT**

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

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

APPENDIX D

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

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

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

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

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

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

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

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

*Note: 2004 survey results are pending.

APPENDIX E

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

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

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

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

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

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

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

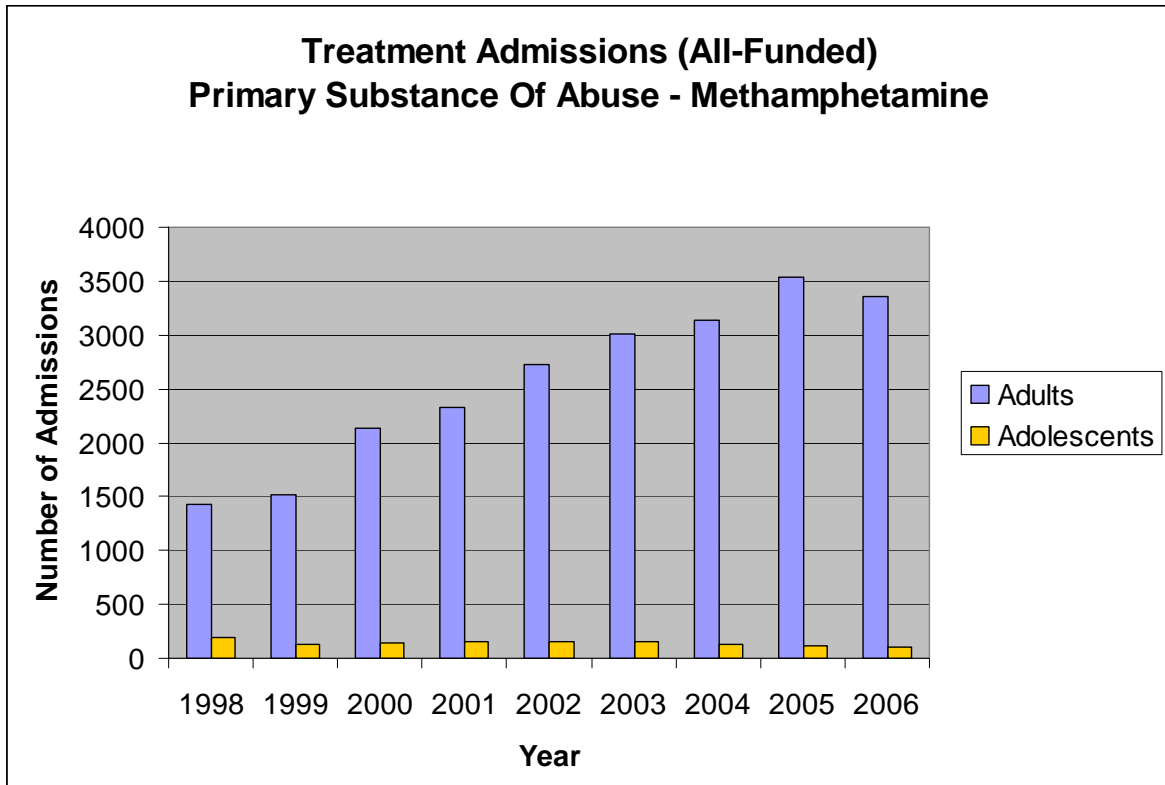
Substance dependency is the most severe diagnosis. Substance dependency is indicated by the student's response to nine different diagnostic criteria for dependency (e.g., marked tolerance, withdrawal symptoms, use of substances to relieve/avoid withdrawal symptoms, persistent desire or effort to stop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

Next survey update is scheduled for 2006.

APPENDIX F

**METHAMPHETAMINE ADMISSIONS
1998-2006**

As reflected in the graph and table below, there was a slight (5%) decrease adult and adolescent crystal methamphetamine admissions to treatment in Fiscal Year 2005-06.



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