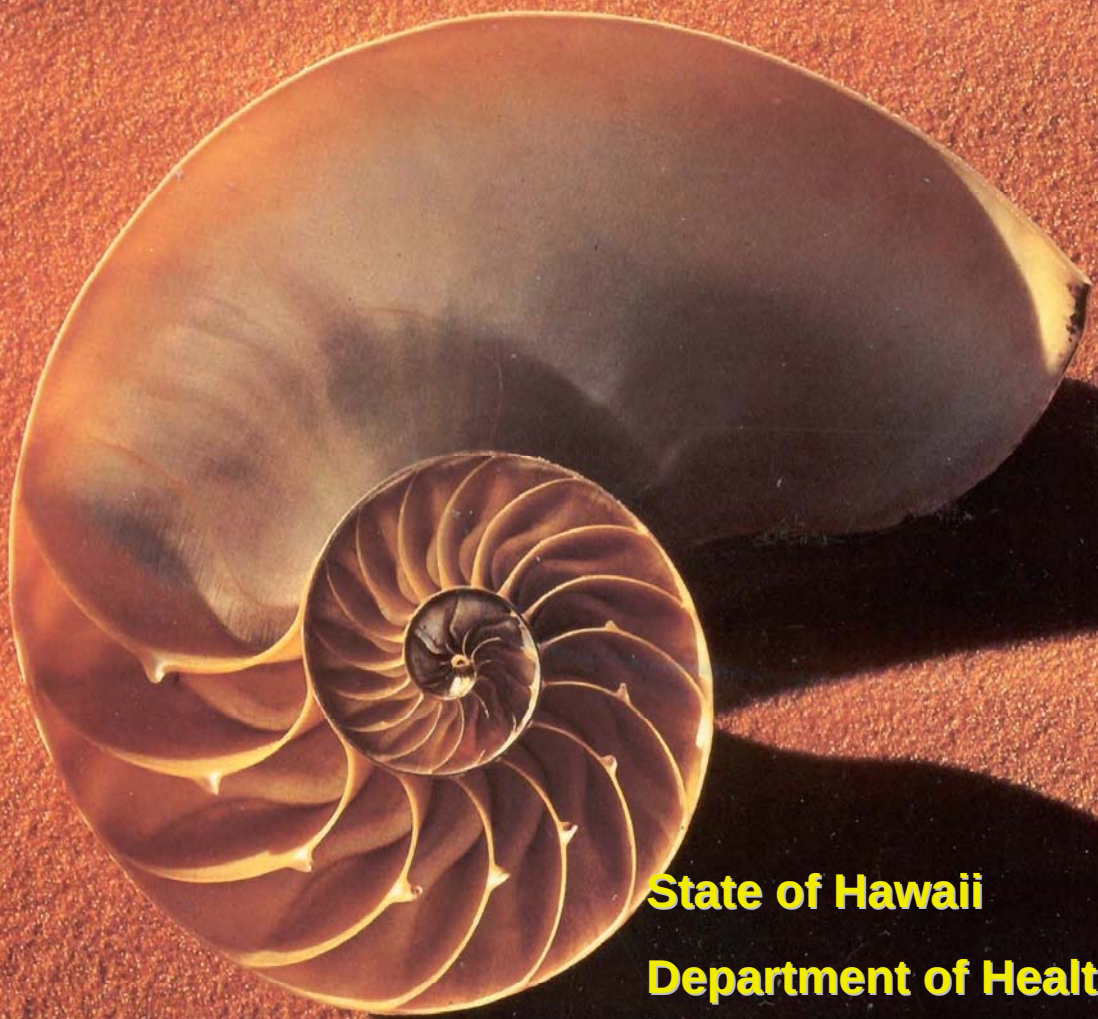
State of Hawaii

2004 Treatment Needs Assessment



State of Hawaii

Department of Health

Alcohol and Drug Abuse Division

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2007

Acknowledgement

This report would not have been possible without the efforts and patience of a great many people. While the list is far too long to present here, most notable are Ms. Elaine Wilson, former Director of the Alcohol and Drug Abuse Division (ADAD) who had the vision to realize that the Division not only required a new assessment of treatment needs but also that there was a need for perspective in this report and a need to place the treatment needs of Hawaii's residents in a context both temporally and nationally. Her successor, Mr. Keith Yamamoto carried that vision into this report and his unswerving support for the project and his limitless patience in its production are appreciated. Ms. Virginia J. Jackson (VJ) was the glue that held all of this together and will hopefully be one of the prime beneficiaries of the product as she helps the Division move ahead with its planning and implementation. Dr. Victor Yee provided the fidelity check point questioning and examining the details of the report to assure that what was promised was delivered.

Closer to the report, my wife, Sandie provided a great deal of the editing of the report and along with Dr. Jin Young Choi created the envelope of assurance around the data and their explanation and the conclusions that emerged.

Finally, the people of the State, at least the 5050 who responded to the survey in 2004 made this all possible and it is to them that I extend my most warm Aloha and the hope that this report will in some way make their lives better.

D. William Wood
Kailua, Hawaii
2007

ABSTRACT

In the spring of 2004 the Hawaii State Department of Health, Alcohol and Drug Abuse Division contracted for a Treatment Needs Assessment of the State. That contract was to collect data from a Stratified Random Sample of residents sufficiently large enough to allow within-county analyses of data. The core data collection instrument for this study was the questionnaire from the previous treatment needs assessment of 1998. In addition, the study was to compare its results with those of previous surveys of drug use, treatment need and behavioral health in the State of Hawaii and with those of national surveys.

Data collection began in the spring of 2004 and was completed by the autumn of that year. Datasets were cleaned and tested for accuracy and then reweighted to produce statewide and county level estimates of the nature and extent of drug use in 2004 in the State of Hawaii. In early 2005, data from previous surveys in the State of Hawaii and data from national surveys were assembled and examined for their structure and the ability to perform additional analyses. The primary contractor produced the technical report on the project in the spring of 2005 and submitted it to ADAD. In addition a series of unanalyzed table were provided to ADAD in late spring 2005 and the contract with that vendor was declared complete later that year. Errors in the reweighted data were discovered during the late spring and were corrected to align the data with a more accurate view of Hawaii as it was in the 2000-2004 time period. A new contract for the reanalysis of the data and production of a narrative report was signed April 2006 and the current report is the result of that contract.

In examining the data generated from the 2004 survey the two most frequently used mood altering substances were tobacco and alcohol. These substances are also legal to use for those of certain specific ages. The data revealed that Hawaii was not the lowest State in terms of tobacco use but that it was consistently lowering its rates of tobacco consumption and in 2005 ranked fourth lowest in the nation. However, concern was expressed over the relative lack of success in having young people not start smoking. In terms of alcohol use, the data revealed that for those classified as “social drinkers” women outnumbered men by far. Men were represented as the highest proportion of “heavy drinkers”, “binge drinkers” and “chronic drinkers.” It was also pointed out that as the age of the drinker increased the absolute and relative proportions found in the heavier drinking categories decreased and the proportion in the social drinker group increased. As an additional finding, the number of DUI cases peaked in 1991 (about 6,500 cases) and then decreased dramatically (about 2,200 cases in 2004). Finally, it was a point of concern that there were so many (nearly one-third) underage drinkers across most of the 25 years of surveys.

Stimulants are the subject of the middle chapters of the report with cocaine and then methamphetamine as the specific drugs examined. Given the proclivity of residents to smoke rather than to snort or inject their drugs, the relative shortage of powder cocaine in Hawaii is not surprising. In fact, cocaine did not become a popular drug of choice until after ‘crack cocaine’ became readily available. Smoking “rock” or “crack” became much more common place in the 1980s and 1990s with the “peak” in cocaine use occurring in the 1995-1997 period. Rates of “crack” smoking in Hawaii have tended, over the past 30 years, to be lower

than on the mainland. Methamphetamine was first reported in Hawaii in 1985 and as of 2003, Hawaii had among the highest rates of use across a wide variety of measures, However, according to NSDUH data, Hawaii ranks 13th for self-reported lifetime use of the drug, tied for 9th ranking with three other states for past year use, and tied for 7th ranking with 6 other states for past month (current) use. Regardless of those data, the presence of crystal methamphetamine in the State of Hawaii has had a profound effect on the population and the systems of control and care that are in place as a safety net for the people. Almost 50% of alcohol and drug treatment spaces are devoted to people reporting methamphetamine as their primary drug of abuse, nearly 1,000 police cases associated with methamphetamine use were filed in 2005, an increase from about 300 cases in 1991. Deaths with positive toxicology screens for methamphetamine increased twofold over the same time period and use of treatment services increased at least tenfold.

Except for a short period following the Vietnam conflict, heroin has never been a drug of major concern in the State. Immediately following the return of Vietnam veterans, heroin was available in the State by prescription for those who may have become addicted during their deployment. The use of the drug in this way was of very short duration as veterans returned home and rejoined their families and their pre-enlistment lives. Recent reports of youth "trying" the drug have been noted but the proportion of youth participating in this activity seems very small. Marijuana, on the other hand, has been a "drug of choice" in Hawaii for decades. The rates of lifetime use among youth in grade 12 approach 50% both in the State and nationally. Current use rates for the same population are also very comparable at just over 20%. Rates of lifetime use of marijuana remain almost the same for Hawaii and national 18-25 year olds at just over 50% while for past year use of the drug the use rate for the same age group drops to fewer than 30%. Current use of the drug by this age group (defined as use in the past 30 days) is between 16% and 17%. In 1979, one-third of all state residents between 12 and 65 years used marijuana, 14% were current users. In 1991 the lifetime use rates were higher with 48% of 18-14 year olds, 52.7% of those 25-44 years of age, and 11.9% of those 45-91 years of age reporting use at some point in their lives. In 1995 those rates dropped to 23% of 18-24 year olds, 37.1% of 25-44 year olds, and 13.7% of 45-95 year olds reporting lifetime use. The proportions reporting lifetime use remained stable through the 1998 survey in Hawaii and in 2004 were 28.8% of 18-24 year olds, 30.2% of 25-44 year olds, and 25.9 of 65 year olds report use at some point in their lives. It would seem fair to suggest that marijuana use in Hawaii has a long and relatively stable use pattern with about one-third of the population having experience use of the drug at some point in their lives. Concern was expressed regarding the relatively high numbers of treatment spaces being use by persons reporting marijuana as their primary drug over the past 15 years because of the extreme shortage of treatment spaces for those abusing and dependent on other more dangerous drugs.

The need for treatment was the overall topic of this report and the final substantive chapter focuses on that issue from two separate perspectives – by drug and by county. The overwhelming conclusion to the entire report is that there are not, nor could the ever be, enough treatment slots for all the people diagnosed as either dependent or abusing drugs and in need of treatment services. This conclusion is substantiated in the needs analyses by drug in which polydrug use was seen as the dominant mode of substance use in the State. At the

same time, specific drugs called up specific treatment combinations and it appears that nearly one-half of persons currently using marijuana have need for drug or alcohol treatment. Of that same group, nearly 40% are in need of alcohol treatment only and about one-third are in need of drug treatment only. For that same group, just over one-quarter are in need of drug and alcohol treatment. The obvious conclusion being that the using marijuana is not often done as a single drug event but often includes other drugs and alcohol too. A similar conclusion emerges in terms of alcohol use but at a much lower level. Here, of those currently using alcohol, less than one-quarter are in need of alcohol or drug treatment, slightly fewer are in need of alcohol treatment only, and very much lower proportions are in need of drug treatment only or alcohol and drug treatment. The conclusion is that when alcohol is the drug of focus, most current users are not using other drugs as secondary drugs. However, if the nature of the drinking is current binge alcohol use, then the proportions in need of alcohol or drug treatment increases to just over 40% as does the proportion in need of alcohol treatment only. The proportion in need of alcohol and drug treatment nearly equals the proportion in need of drug treatment only and is about one-seventh the level of those in need of alcohol treatment only. In other words, the previous finding, that those who consume alcohol as their primary drug are a different population from those who consume marijuana or other drugs of abuse.

Finally, we examined need for treatment at the county level and found that when the focus is on need for alcohol treatment only, residents of Maui County have the highest proportion[1] of persons in need regardless of drug of choice. For the State as a whole an estimated 81,377 persons are in need of alcohol treatment only. When the focus is on need for drug treatment only, Maui County again has the highest proportion of persons in need regardless of the drug of choice. In this instance, State data show an estimate of 15,186 persons in need of drug treatment only. When the combination of alcohol and drug treatment is the focus, residents of the City and County of Honolulu (Island of Oahu) have the highest proportion of residents in need of both alcohol and drug treatment regardless of drug of choice. At the State level, the estimated population in need of both alcohol and drug treatment is 11,095 persons. Finally, when the focus is on need for alcohol or drug treatment regardless of drug of choice, residents of Maui County again have the highest proportion of persons in need. For the State, the estimated population in need of alcohol or drug treatment is 85,468 persons.

[1] The dataset actually shows that people living on Kauai have the highest proportion in need of treatment across all categories of treatment but it is believed that the data from Kauai have inaccuracies in them and are not to be seen as reliable at this time. The report presents much more detail on why this is so and the reader is directed to the Methods Chapter (2) of the report for details.

SECTION ONE

INTRODUCTION AND METHODS

Section One

Introduction and Methods

This report is about drugs. It is about drugs, both legal and illegal, that are used in the State of Hawaii to the point of abuse and dependence during the latter twentieth century and early twenty-first century. In reading this report, the reader will gain knowledge about various drugs, their history, their prevalence, and their consequence to the user, and finally, what the drugs have meant to Hawaii. Comparative data are presented to the reader so that Hawaii and its particular drug problems can be viewed in the context of the United States, can be viewed over time in Hawaii, and can be compared to other studies of substance use conducted in the state.

In participating in the conduct of several of these surveys, the author also brings a perspective to the report that suggests that the review of a single survey at a single point in time fails to convey the longitudinal nature of drug abuse and of the drug scene in this state. If we were examining another disease, the term *endemic* would probably be suitably applied. In epidemiology, the term endemic refers to a disease state where the rate of the disease neither increases or decreases and continues without need for external inputs. Drug abuse in Hawaii has persisted in affecting approximately seven to nine percent of the population over the past twenty-five years. True, the importation of the drugs necessary to maintain this rate of disease must come from outside, but if the process of drug dealing were included in the description of the disease state, the conditions for use of the term are met.

Hawaii is an island state. There are only a given number of ways that substances such as illicit drugs can cross the surrounding 2,500 miles of ocean and arrive at Hawaii's shores.

Over the twenty-five years of studies covered in this report, technological advances have shortened the time necessary to travel between Hawaii and the US mainland. Over the same twenty-five years, drug laws and policies have mandated a “war on drugs” in order to stop the inflow of drugs to America. However, during this era, the supply of drugs has been regular, the ease of acquiring most drugs is high, and the pharmacopeias available to the drug user have increased. This report does little to broaden our knowledge about the sale and distribution of drugs and this is not the intent of the report. However, to understand the use and abuse of drugs in the state, it is important to always ask the question “where do these drugs come from?” As will be seen in several areas of the report, the answers to that question are changing as are the purity and availability of the drugs.

The report that follows is made up of seven sections divided into ten chapters. The sections focus on the classes of substances and the chapters focus on specific drugs of abuse. Section One, the current section, presents the report, its methods, and some information on its context. Section Two presents two chapters about the use of legal drugs (tobacco and alcohol) and the ways in which the state has tried to control the abuse and misuse of these taxable and legal substances. Section Three presents information on stimulants as a class of drugs and specifically introduces two chapters about the illicit class of drugs known as stimulants (cocaine and methamphetamine) and their patterns of use in the state. Section Four is about Opiates and presents some detail on the various sorts of opiates consumed, their effect on users and focuses most closely on the chapter on Heroin. Section Five focuses on marijuana, the major background drug for the state. In Hawaii, many people are known as “polydrug users” meaning they regularly use more than one drug at a time. In a very high proportion of those instances, the secondary drug of choice is marijuana. Section Six is about

treatment need. The underlying difficulties involved in the assessment of need, the consensus building that federal agencies have promoted on a specific definition of need for treatment, and the history of treatment need in the state are presented in this section. A single chapter, dealing with treatment need by drug and by location is presented in this section. Finally, Section Seven presents the summary and conclusions of the report in the form of a single chapter (Ten) and sums up the drug situation in Hawaii in 2004.

The current section presents two background chapters on the study. The first, Chapter One, presents the rationale for the study and the structure of the chapters that follow. Chapter Two focuses on methodology and presents information on the "nuts and bolts" of the survey, the development of the survey instrument, the process of collecting the data, the ways in which the data were transformed for analyses, and the analyses themselves.

CHAPTER ONE

INTRODUCTION

CHAPTER ONE

INTRODUCTION

In 1789, in a letter to Jean Baptiste Leroy, a French physicist and writer, Benjamin Franklin is said to have commented "Our Constitution is in actual operation. Everything appears to promise that it will last; but in this world nothing is certain but death and taxes."[i] His prophecy about the Constitution seems to have held over time, but today, in the 21st century in that same America, there may in fact be something else besides death and taxes that is also quite certain. Somewhere, someone is ingesting a substance that will alter their perceptions, their mood, and their behaviors towards themselves and others. Somewhere, there is a substance abuser getting high.

Regardless of the era, descriptions of populations eventually turn to the description of the recreational use of substances for the purpose of altering the relationship between the user and the world around them. Many of these substances were toxic and the users achieved their "high" at the expense of their lives. Many more of these substances were not toxic and as we look at the drugs of the 21st century, we see that almost all had the roots in the mid to late 19th century with many of the substances originally being purified and used for medicinal purposes. This report will discuss the major drugs in use in Hawaii in 2004, their origins and a bit of their history to provide a context and common definition of what each drug is and does.

In that discussion it will be seen that tobacco; alcohol; cocaine; marijuana; and, heroin all have roots in indigenous cultures that used these substances for energy and for stress reduction. All of this set of common drugs were purified and concentrated by scientists because of the intrinsic property the substance possessed and its potential application to the

treatment of disease. All were legal at one time and were readily available to the public for purposes other than “getting high.” Each of these drugs have also been vilified and been described as the greatest threat to the civilization of its day. “Devil Rum”, “Reefer Madness”, “Crackheads”, “Junkies” and the latest social pariah, tobacco smokers, have been outcasts to society, have been sanctioned for their use of the various substances, and in most cases, the substances have been made illegal with fines and other punishments attached to possession and use.

The class of drugs known as amphetamines, and especially methamphetamine, were originally developed as “pick me up” pills and weight loss pills. Because they are synthetically derived, along with the currently used synthetic opiates such as hydrocodone, oxycodone, etc., they do not totally fit within the paradigm previously described – the indigenous use, to laboratory work station, to pharmaceutical, to illicit street drug – at least insofar as their origins are concerned.

Social factors such as wars, disease, and various forms of morality ranging from “sins” through to “public health” have all played a role in the choices the people of Hawaii have made with respect to drugs of choice, preferred routes of administration of drugs, and perceived threat of drugs. To the extent possible, commentary on these social forces is also inserted throughout the chapters that follow. In particular in Hawaii, the aversion to intravenous injection and an affinity for anything that can be smoked has influenced the type of drug used, the form of the drugs used, the necessary purities of those drugs in order to achieve the high desired, and the felt perceived risk of using those drugs. Another important factor in Hawaii’s drug choices is that the drugs used need to be easily grown or easily imported with minimal secondary processing.

Hawaii, as a major tourist destination has been able to successfully rationalize the high availability of drugs by blaming the tourists. By having a six-fold increase in population annually attributed to tourism, there is a general belief that much of the availability of drugs is to serve the visitors to the State. Finally, the lifestyle that has for years dominated Hawaii has been one of non-interference with others actions, legal or illegal. As more and more mainland migrants bring their values and attitudes with them, this may in fact force greater enforcement of drug laws and reduce the general tolerance for behaviors that would elsewhere be sanctioned.

In studying a complex social problem such as substance abuse, and in particular when trying to understand the extent to which there is need for treatment within the state, it is important to have an historical vantage point from which to view today's social problems. In this study, data from many sources are presented in an effort to build a context for the understanding of the current situation.

The problems associated with the execution of credible large scale community surveys are many and technology has now added the answering machine and the cellular telephone as obstacles to the collection of data from people in the community. The expenses associated with community surveys have escalated to the point that it would seem improbable that the many hundreds of thousands of dollars that would be required to mount another survey will be available and that other ways to assess treatment need and community prevalence will have to be developed. As such, our historical perspective becomes additionally important because it establishes baselines against which other data collection methods can be assessed.

As Hawaii enters the twenty-first century, the need for evidence-based planning in government services has never been greater. This is especially true for agencies with high demands for their services and little opportunity for change to occur in service delivery patterns, quantity, or effectiveness. The Alcohol and Drug Abuse Division (ADAD) of the Hawaii State Department of Health fits that latter definition.

In 1998, a community-wide State Treatment Needs Assessment survey was completed and the resulting report estimated that over 80,000 Hawaii residents were in need of treatment for alcohol and/or drug use while fewer than 7,000 were receiving these services annually. This deficit of treatment spaces was beyond the capacity of the ADAD system to address, beyond the ability of the State Legislature to fund, and beyond the community resources available to support. In the period between 1998 and 2004, few changes occurred in the treatment systems for alcohol and drugs in the State of Hawaii except that they became even more heavily used as various drugs became popular or decreased in popularity, and the courts and other treatment referral sources became more active in referring persons into treatment.

Over the past 25 years, the State of Hawaii has commissioned five other adult community surveys in an attempt to understand the treatment needs of residents of the State. The findings in all of those surveys are the same. There are many more persons in need of treatment services for alcohol and drug abuse and dependence than can be treated within the State system of care. Treatment is only one part of the equation of concern and care that must be applied to solving Hawaii's substance abuse problems.

The examination of current data in the context of what has gone before is important for those planning programs. Elsewhere, cycles of use and abuse and fads of specific drugs

have driven treatment and prevention decisions. To understand those cycles and fads is to have an advantage in terms of planning treatment and prevention programs that will anticipate the needs of the future rather than react to them. Further, the importance of comparing what is so in Hawaii to the national picture allows for the maintenance of some sort of perspective on the uniqueness or similarity between what we see here and what goes on elsewhere. Finally, the historical context and the comparisons to other populations and data within Hawaii are important to validate our findings from this survey.

For the lay reader, some background information on the various drugs and their histories, methods of use and the social impact the various drugs made are described. In addition, to the extent possible, graphs, charts and direct data presentations have been included to increase the understandability of the overall report.

The 2004 Report

This report is intended for the lay reader with an expectation that not all are well versed in the various drugs being reviewed, and not all have the advantage of knowing what trends seem to persist in terms of use patterns as well as treatment needs. For the Department, this report, as well as others they may choose to initiate from the database, provides the evidence needed to focus interventions as well as treatment needs within the State for the next several years. The conversion of these data into tangible strategic plans seems both logical and central to the mission of ADAD.

The Structure of the Report.

The report begins with an explanation of the methodology used to collect the data from 5,067 respondents across the State. Issues of reliability and validity, specification of the sampling procedures and the actually preparation of the data collection instrument are all

included in Chapter Two. Chapters Three and Four focus on the prevalence of the two legal drugs assessed in this survey – Tobacco and Alcohol. The rather rapid decline in Tobacco Use and the persistent levels of high use of alcohol are the subject matter of these two chapters.

Chapters Five and Six begin an examination of illicit drug use in the State. The choice to begin with stimulants like cocaine and methamphetamine is based on the perception that these two drugs are the most dangerous ones for America and Hawaii over the past two decades. While parallel information is presented on all drugs discussed in this report, for these two drugs in particular additional information has been generated to allow the reader to better appreciate the magnitude of the problem surrounding stimulant use in Hawaii. Chapter Seven focuses on opiates and in particular the prevalence of heroin use in Hawaii. While current use appears to be focused among an older group of users, shifts in the types of opiates being used and their resulting impact on the survivorship of opiate users in the State are discussed. Chapter Eight assesses the prevalence of marijuana use in the State. Examining that use over time was particularly informative as was the youth of the users and their involvement in treatment at such young ages.

The report concludes with two chapters, one focused specifically on Needs Assessment overtime, by drug and by place of residence using the DSM-IV R criterion of the 2004 data and equivalent diagnostic tools for other time periods. The last chapter, Chapter Ten, provides the reader with a summary and some conclusions about the prevalence of substance use, abuse and dependence in 2004 in the State of Hawaii.

Appended to the report are the questionnaire used to collect the data, the DSM-IV R criteria and the algorithm used to generate estimates of abuse and dependence and ultimately

need for treatment, the codebook from the dataset generated for this report, and miscellaneous other items related to the study itself. In addition, the available information on other drugs of abuse in the State is presented as Appendix 4.

The Structure of the Chapters

All chapters related to drugs share a common structure beginning with an explanation of what we know about the drug, its history and its patterns of use in America and in the world. That presentation is then followed by what we know from the Hawaii School studies as well as national data reports. Next is the historical revelation of the data from the 1979, 1985. 1991, 1995, 1998 and 2004 surveys of substance use in the State, followed by some demographic data from the 2004 dataset and data related to treatment need. The chapters end with a summary and discussion about the drug on which the chapter was focused.

The Sources of Information.

In all instances the most complete and most current versions of the data files were consulted. Where those data files did not exist, the final reports of the respective studies were consulted for information. The U.S. Census was used as the basis for statements about the population at any point in time with the most relevant version of the census being the one consulted. The Monitoring the Future (MTF) survey of youth in America was used to provide comparable national data on the use rates of youth in Hawaii and the National Household Survey of Drug Use and Health (NHSDUH) was used for comparative national data on adults for comparisons to Hawaii adult use data. Both of these datasets are available from the website of the Substance Abuse and Mental Health Services Administration (SAMHSA) located at : http://www.oas.samhsa.gov/. The Hawaii State School Alcohol, Tobacco, and Other Drug Use data reports were used for information about youth in Hawaii. Those reports

were supplemented with information from the Substance Abuse and Mental Health Services Administration. Other data came from various versions of the Hawaii State Youth Risk Behavior Surveys as well as specific studies such as the Hawaii State Tobacco Study. For adults, the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System was used for comparative national data

[i] Quoted in http://www.ushistory.org/franklin/quotable/quote73.htm

CHAPTER TWO

METHODOLOGY

CHAPTER TWO

METHODOLOGY

Introduction

The purpose of this study was multiple. In addition to conducting a population-based telephone survey of adults (aged 18-65) in the State of Hawaii to assess the extent of alcohol and illicit drug use in order to estimate treatment needs for this population, the household survey was to be designed to provide a statewide population estimate of substance use, abuse, and dependency using the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria for dependence and the need for immediate admission to treatment. The survey was also required to be able to compare results directly to the 1998 adult household survey of Alcohol and Drug Abuse in Hawaii as well as to make comparisons to the 1991 and 1995 adult household surveys of alcohol and drug abuse in Hawaii. Further, the survey was to be designed to compare results regarding purchase and location of use to Arrestee Drug Abuse Monitoring (ADAM) data for Honolulu, to produce data on interviewees' perception of drug threat in their communities, and on their perception of who is responsible for dealing with community drug problems. Finally, the survey was to produce data on the experience of drug abuse by those who were incarcerated, on parole or probation.

With this extremely ambitious agenda, Market Trends Pacific successfully bid for and received the contract for the project. In the pages that follow, the work of that organization as well as the technical details of that work will be presented. More detailed information is found in their Technical Report on the survey, submitted to ADAD in November 2004.

The Setting

This study took place in the State of Hawaii in 2004. At the time of the study, the estimated population of the State was:

Table 2.1 – State of Hawaii, Population by County,2004

State of Hawaii, July 1, 2004	1,262,124
City and County of Honolulu	899,562
Hawaii County	162,601
Kauai County	61,836
Maui County	138,125

SOURCE: Hawaii State Data Book, 2004 - DBEDT, Honolulu

Hawaii is located in the Pacific Ocean, 2,560 miles from Los Angeles, 3,850 miles from Tokyo, 2,820 miles from Juneau, Alaska, and 5,510 miles from Melbourne, Australia. The State is made up of eight main islands of which seven are inhabited. The Hawaii archipelago spans over 1,600 miles of Pacific Ocean and includes over 130 points of land. The State is subdivided into four counties (City and County of Honolulu, including the island of Oahu; Hawaii County, including the island of Hawaii; Kauai County, including the islands of Kauai and Niihau; and Maui County, including the islands of Molokai and Lanai, as well as Kahoolawe [uninhabited]).

The climate is moderate tropical with an average daily temperature of 82 degrees Fahrenheit. Eleven of the world's thirteen climatic zones are represented in the state. Geological features range from beach through rain forest to mountainous volcanoes. The resulting "paradise" makes cultivation of virtually any crop relatively easy. The lifestyle tends to mimic the climate in that the pace of life is slower and the association with the surrounding environment is more direct.

Tourism has replaced agriculture as one of the major economic drivers of the state, along with government and the military. The economy has remained robust in spite of downturns in the mainland economy; prices remain high for housing and all other commodities. The state is distinguished by having an extremely (<3%) unemployment rate.

The Population

Hawaii has always distinguished itself as having no ethnic group as a majority portion of the population. The distribution of the more major ethnicities is:

Table 2.2 State of Hawaii, Ethnic Distribution, 2004

Ethnicity	%
Caucasian	25.3
Hawaiian/part Hawaiian	21.9
Mixed(except Hawaiian)	19.3
Japanese	16.4
Filipino	11.3
Chinese	3.2
Black	0.9
Korean	0.6

SOURCE: Hawaii State Data Book, 2004 – DBEDT, Honolulu

The population of the State of Hawaii is relatively prosperous with only 10.7 percent of individuals living at annual salaries below the federal poverty line. Those numbers change from county to county with the City and County of Honolulu having the lowest portion of its population living in poverty followed closely by Kauai County and Maui County (10.5% each). Hawaii County had the highest portion of its population living in poverty (15.7%). Per capita income (2003) also varied across the counties with the state per capita income being $30,441. The City and County of Honolulu was $32,463, Hawaii County was $23,599, Kauai County was $25,838, and Maui County was $27, 310.

Educational attainment was unevenly distributed across the state. In the following table from the State Data Book, 2003[i], all "other islands" were aggregated for this data table revealing:

Table 2.3 – Education Attained by Respondents by Resident County, 2004 Hawaii (%)

Education Attained	State total	Oahu	Other Islands
Less than 5th grade	2.4	2.6	1.9
High School Graduate or more	84.6	84.8	83.9
Male	85.6	86.3	83.9
Female	83.6	83.4	84.0
Some College or higher	56.1	57.0	53.5
Bachelor's degree or higher	26.2	27.9	21.8
Male	26.9	28.9	21.8
Female	25.5	26.9	21.7

SOURCE: Hawaii State Data Book, 2004 – DBEDT, Honolulu

Of the population factors that might influence the results of this survey, beyond income and education, the likelihood that people will have telephone connections is critical. Over 90 percent of all households in Hawaii have telephones. Another important factor is a characterization of those who do not have telephones. In Hawaii it is estimated that in 2003, 6,029 persons were homeless[ii]. This estimate has been challenged by many in the State who point out that these are the visible homeless of the State. The invisible homeless are the ones who, in the face of adversity have chosen to return to their parental homes or move in with family across the islands. These persons are never captured in surveys such as the one that informed the above number.

The Instrument

Market Trends Pacific, in their November 2004 Technical Report[iii] states,

> "An essential component of this study is the capability to track changes, if any, in the attitudes and behavior specific to substance use and abuse. More specifically, data collected and analyzed for this study will compare results directly to the 1998 Adult Household Survey of Alcohol and Drug Abuse in Hawaii, make comparisons to the 1991 and 1995 adult household surveys of alcohol and drug abuse in Hawaii, and be comparable with the National Household Survey of Drug Abuse (NHSDA) and the Arrestee Drug Abuse Monitoring (ADAM) Program for the key variables that permit the establishment of credible trends in alcohol and other drug use, abuse and dependence in the State.(page 1)"

As a result, the 1998 State Treatment Needs Assessment Program Survey Instrument was the starting point for the instrument development. This was a major head start to the

process since the questions included in that survey had already been administered to 5,000 Hawaii residents and therefore the need to do a major pilot study of the instrument was reduced considerably. In addition, the Office of Technical Services (OTS) at the Substance Abuse and Mental Health Services Administration (SAMHSA) at the federal Department of Health and Human Services provided specific consultation regarding the establishment of nationally consistent measures of both alcohol and drug dependence and abuse using the categories and diagnostic procedures Diagnostic and Statistical Manual version IV Revised (DSM-IV R) of the American Psychiatric Association as the standard against which to assess treatment need. In addition, based on similar surveys across the nation, the OTS of SAMHSA was able to enhance our findings from the 1998 survey and offered some other suggested changes in questions and wording.

Because of the mandate to have the data also be comparable to the National Institute of Justice Arrestee Drug Abuse Monitoring (ADAM) system data, that program was also consulted and some items added to the interview schedule. Once again, since those items had already been in the field, the need for intensive pilot studies to test the questions was reduced. Finally, the study specifications asked for comparisons to the National Survey of Drug Use and Health data from SAMHSA and that program was consulted and some technical changes made in several questions to allow for the comparisons required.

Market Trends reports that:

> "The questionnaire consisted of nine major content areas: (1) gender, age, ethnicity, health, and health insurance; (2) tobacco use; (3) alcohol use; (4) use of 17 other substances including marijuana, powder cocaine, crack cocaine, heroin, methamphetamine, hallucinogens, etc.; (5) alcohol and drug problem symptoms; (6) other behaviors involving alcohol or drugs; (7) counseling or treatment for alcohol or drugs; (7) additional demographics; (8) questions concerning substance purchase and use; and (9) resident opinion concerning the drug use problem and responsibility for dealing with it.

> Gender, age, and ethnicity questions were placed first in the questionnaire to enable the quick determination of whether or not the interview was needed to fulfill an existing quota or whether the quota had been filled and the interview could be terminated. The calculation of the ethnicity of the respondent to meet the intended definition required the complex consideration of the ethnic identification of the individual and his or her parents. A programming algorithm computed this value automatically. The ethnic definitions used in this survey and the SPSS programming commands used to reproduce them from the survey data are found in the appendix to this report. (Page 3)"[iv]

A copy of the instrument used in the 2004 State Treatment Needs Assessment Survey is found in Appendix One. As can be seen from this 40 page document, the complexity imposed by the desire to be comparable with several other instruments makes for an awkward instrument to administer on a face-to-face basis. Fortunately, the instrument was to be administered using a telephone survey methodology known as CATI or Computer Assisted Telephone Interview in which the computer directs movement within the instrument based on responses to specific questions given by the respondent.

On average, an interview took less than 30 minutes to complete if there was no exceptional substance use involved. However, in some cases the interview exceeded an hour in order to complete all the questions pertaining to multiple substance use.

Sampling

The objective for the 2004 STNAP Survey was to produce a representative sample of respondents (about 5,000) that would able to be used to estimate substance use prevalence across the State of Hawaii. In addition, because there are known differences in substance use by age, gender and ethnicity, specific quotas were developed within the random sample of the population to assure adequate representation of these variables. Finally, because of a need to be able to examine substance use prevalence by County, additional quotas were imposed

on the sampling. The resulting sample is complex and had to be very carefully weighted after data cleaning and collection to allow for credible estimates of the population to be made.

Sample Design

Market Trends Pacific defined the sample design in this way:

> "The target population for the 2004 Statewide Telephone Household Survey to Assess Substance Abuse Treatment Needs among Adults in Hawaii was all non-institutionalized residents in the State of Hawaii, including those in military housing, rooming houses, and boarding houses throughout the State. This population includes all occupied housing units in the State, with the exclusion of the following: (1) all households on the island of Niihau; (2) the institutionalized population (e.g., military barracks, college dormitories, and institutions like mental hospitals, homes for the aged, and prisons); (3) shipboard populations; and (4) other unspecified group quarters.
>
> There were an estimated 1,244,898 residents living in Hawaii in 2002.[v] Hawaii's residential population occupies an estimated 403,240 households on all islands.[vi] "

The Sample

The more specific statement regarding the sample used in this study again comes from the Market Trends Pacific Technical Report of November 2004. In that report they state:

> "The survey utilized random stratified sampling. The Random Digit Dialing (RDD) sample was provided by county and selected proportional to the number of interviews to be completed in each. Of the intended 5,000 interviews, 2,000 were to be completed with residents of the City and County of Honolulu, and 1,000 each with residents from Maui, Kauai, and Hawaii counties.
>
> The sample design also featured quotas to provide valid statistical representation of six ethnic categories – Caucasian, Japanese, Hawaiian/part Hawaiian, Filipino, Other Asian and Other, and three age groups – 18-25, 26-45, and 46-65, with statistical precision for generalization and projection of the survey results.

> The table on the following page [Table 2.4] shows the sample sizes initially targeted for male and female age groups, ethnic categories, and counties in the sample design for the 2004 survey. The resulting precision of each sample size is also displayed. The sampling precision is for a survey result of 50% at the 95% level of confidence, with finite population correction (fpc).(page 4)[vii]"

In viewing this table, it is important to note the categories used to classify the various quotas. All population data were taken from the U.S. Census – Hawaii for 2000. Age was sub-divided in this manner because historically, young adults (18-24 years of age) tend to have very different consumption patterns than their older peers. In the same way, males and females exhibit differences in consumption for alcohol and most drugs as well as different behaviors in terms if seeking help.

Ethnicity was not dealt with in the same manner as the Department of Health in that the fourteen categories of ethnicity quotas that would result would be impossible to fill given the small sample size and other quotas in play in the sampling. Instead, the four largest groups, including Hawaiians/Part Hawaiians, and a group called "other Asian" and another called "Other" were used. Finally, so as to assure the possibility of county level analyses, data were subdivided into quotas with enough cases selected from even the smallest county to allow for these analyses.

Table 2.4. Sample Sizes and Estimated Sample Precision for the 2004 Statewide Telephone Household Survey to Assess Substance Abuse Treatment Needs among Adults in Hawaii

Age	Population	Sample	Precision [1]
Male			
18-25	71,134	833	3.4
26-45	185,743	834	3.4
46-65	132,291	833	3.4
Total	389,168	2,500	2.0
Female			
18-25	60,300	833	3.4
26-45	179,031	834	3.4
46-65	135,439	833	3.4
Total	374,770	2,500	2.0
Total			
18-25	131,434	1,666	2.4
26-45	364,774	1,668	2.4
46-65	267,730	1,666	2.4
Total	763,938	5,000	1.4
Ethnicity			
Caucasian	294,280	835	3.4
Japanese	192,966	835	3.4
Hawaiian/part Hawaiian	245,312	835	3.4
Filipino	164,059	835	3.4
Other Asian*	170,326	830	3.4
Other*	133,754	830	3.4
All groups	1,200,697	5,000	1.4
*estimated			
Note: Ethnic data from the Hawaii Health Survey			
County	July 1, 2002		
City and County of Honolulu	896,019	2,000	2.2
Hawaii County	154,794	1,000	3.1
Kauai County	59,946	1,000	3.1
Maui County [2]	134,139	1,000	3.1
State total	1,244,898	5,000	1.4

[1] plus or minus percentage points of error for a result of 50% at the 95% confidence level, corrected for finite population

[2] Including Kalawao County (Kalaupapa Settlement)

Data sources: Age by Sex for the State of Hawaii: 2000, U.S. Census Bureau, Summary File 1 Hawaii (July 25, 2001); compiled by the Hawaii State Department of Business, Economic Development and Tourism, Hawaii State Data Center

Table 1.36--ETHNIC STOCK BY COUNTIES: 2002, 2002 State of Hawaii Data Book

Table 1.06-- RESIDENT POPULATION, BY COUNTIES: 1980 TO 2002, 2002 State of Hawaii Data Book

The Data Collection

Data were to be collected over a period of 14 weeks but this was not possible. In fact, the pilot testing took place in the early spring of 2004, modifications to the instrument occurred mid-spring but the alterations necessary for the CATI system were delayed. Data collection began late spring 2004 and was completed by the end of the summer.

Computer Assisted Telephone Interviewing (CATI)

Because of the complicated nature of the data collection instrument and the decision to use telephone interviews with Random Digit Dialing, the Computer Assisted Telephone Interview was the only way that an efficient data collection could be undertaken. Market Trends Pacific, in the November 2004 Technical Report state:

> "The majority of calling stations used in the 2004 Statewide Telephone Household Survey to Assess Substance Abuse Treatment Needs among Adults in Hawaii featured Sawtooth Technologies' Ci3 CATI software, which is supported and used by the Center for Disease Control's (CDC) Behavioral Risk Factor Surveillance Survey (BRFSS), a nationwide study on the health status of the population.
>
> CATI programming of the questionnaire in the Ci3 program language was completed by a spec-writer proficient in Ci3. Programming included keying in question text, responses, and corresponding codes, as well as acceptable response range values, interviewer instructions, and skip patterns. The survey instrument programmed by MTP included approximately 500 questions and their skip patterns. A copy of the survey instrument is included in the appendices of this report.
>
> Results from the field pretest of the instrument identified refinements required in sequencing, phrasing and wording of questions. All features of the CATI system were tested by MTP, including the sampling, scheduling, interview management, data entry, data editing, data compilation, and control and delivery of all data. Each question and set of responses was tested with sample data for simulation.
>
> Prior to full implementation of the survey both management and survey staff "ran through" the full CATI survey in practice mode to test all branching and text screens for ease and clarity of use and to ensure that skips were

appropriate. Through this process a number of needed refinements were noted and sent to the CATI programmer for correction. (page 3) [viii]"

Random Digit Dialing

A major issue in the performance of any survey but especially for telephone surveys is that of the efficiency of the data collection effort. Reaching empty houses for face-to-face interviews adds additional time and money to the cost of the survey. In the same way, reaching business and disconnected telephone numbers increases cost and demoralizes the interview staff. As a result, regardless of the mode of the interview, striving to improve the efficiency of the data collection effort is a major focus in all surveys. For the 2004 survey, this issue was also a major one to be addressed by the vendor collecting the data, Market Trends Pacific. The decision had been made at the time the RFP was issued that the survey data would be collected by random digit dialed telephone interview. In addition, as had been the practice in the 1998 survey, to the extent possible, those included in the population of telephone numbers would be contacted by mail approximately one week ahead of the possible telephone contact to alert them to the fact that a state sponsored survey was in operation in their area.

Market Trends Pacific describes their efforts to generate an efficient, accurate data collection system in the flowing paragraphs from their November 2004 technical report:

"The sampling design for the 2004 Statewide Telephone Household Survey to Assess Substance Abuse Treatment Needs among Adults in Hawaii utilized Random Digit Dialing (RDD). The random digit dialing (RDD) residential sample was provided by a reputable national survey sampling firm, Genesys Inc. Genesys currently provides the samples for the Hawaii Department of Health Behavioral Risk Factor Survey System (BRFSS) surveys.

The Genesys-ID procedure takes a generated random digit dialing (RDD) sample and then identifies non-productive numbers prior to the sample being delivered to the vendor for use in survey data collection. The result is a sample that maintains its original statistical frame (providing full coverage of

telephone households), but approaches the efficiencies of listed household samples.

The Genesys-ID process purged business listings from the sample and also identified non-working/disconnected phone numbers. The generated RDD sample was first passed through a business number database and business numbers were purged. The remaining numbers were then compared with a database of all listed residential numbers and if matched were classified as valid working residential numbers. The phone numbers were then tested through a dialer and rejected if they were non-working. This procedure has been shown to increase data collection productivity by at least 10% and reduce data collection costs.

Based on the survey's design, particularly the effects of the screening requirement, and MTP's previous experience with the 1998 ADAD Substance Abuse and Treatment Needs Survey, the required initial sample size of residential numbers sufficient for the 2004 Statewide Telephone Household Survey To Assess Substance Abuse Treatment Needs Among Adults in Hawaii was determined to be approximately 50,000 prior to purging, ten times the targeted sample of 5,000. This "over-sample" allowed for unforeseen sampling and interviewing challenges and ensured that additional samples would not have to be generated during the course of the survey.

The sample firm Genesys also provided addresses for the listed (white page) residential numbers selected in the RDD sample. An advance letter was mailed to potential respondents in all counties to elicit their response and cooperation. This is a standard procedure in the BRFSS and Hawaii Health Surveys and was used in the 1998 survey MTP conducted. Out of the total generated sample of 49,950 residential numbers, 12,247 were found with listed addresses and were sent advance letters prior to the start of the survey.

The RDD sample was apportioned by county in proportion to the number of interviews to be completed. The sample within each county was managed by providing replicates to the fielding staff, thus ensuring that the available sample was properly utilized. (Page 6) [ix]"

The vendor subcontracted to Mattson and Sunderland Research and Planning Associates for the collection of data for Kauai County. That market research firm had the same basic CATI system as Market Trends and has a long history of performing community based telephone surveys in Hawaii. With the subcontract, direct supervision of that data collection effort was left to the subcontractor.

To best manage the data collection effort, each county was separately collected and the resulting data sets examined for consistency and quality. And so, in the final analysis, data sets for Honolulu (Oahu), Hawaii, Maui, and Kauai were each assembled, cleaned, examined and then combined into a total data set.

The Data Assembly for Analyses

Having completed the pre-test, the basic SPSS-PC syntax files were created when the data started to be assembled in Market Trend Pacific's Honolulu Office. Minor alterations to the syntax had to be made for adjustments made to the questionnaire after the pretest and then each file could be examined separately for consistency, cleanliness, proper scale construction, etc.

As each dataset became available for preliminary examination, all scales were assessed for reliability, all algorithms were executed and rates of dependence and abuse established for each county, and use patterns were examined to assure that prior to assembly into a full data set, everything in each part worked. Because of the staggered arrival of the datasets, with one being examined while another was being collected and a third being prepared for collection, ample time was able to be devoted to this task.

As a note, and additional comment will be made later in this chapter, the Kauai dataset did not accept the syntax in the same way as the other three datasets had. It was the last dataset received and the scales did not assemble in the same way and the outputs for the algorithm for dependence and abuse assessment did not produce rates similar to the other three counties.

The Data Cleaning and Initial Processing

As was mentioned, the datasets were initially assessed for range errors, entry errors, and consistency of results. Where discrepancies were found, the original source data were examined to see if it had been an entry or a translation problem. Since the CATI software used had range checking as well as error management in place there were few errors of this type detected. What was found were missing data from scales, and several consistency problems in the data fields (male who was pregnant, individual having never used a substance but currently using it, etc.) where these were found, corrections were made if it was an obvious entry error, if not both the reference data point and the subordinate data point were declared missing.

This became particularly important in the management of the DSM-IV R algorithm which had a very large number of contributing variables. For the DSM-IV algorithm, the consistencies of response for each contributing variable as well as all sub-scale calculations were verified before the final DSM-IV diagnoses were examined.

The Preparation of the Data for Analyses

As can be seen in Appendix Three, the codebook for the dataset, the number of scales operational in this dataset is fairly great. As a result, for each scale, the scale construction was assessed using sub-program "Reliabilities" from SPSS-PC. This program assesses the inter-item correlations used in the scale construction and produces a Cronbach's α if the scale is multiple response or a Kuder-Richardson score if it is binary in response category. In interpreting the results of these assessments, appropriate standard were applied and where

scales were not optimal they were either adjusted for content if that meant that they were more consistent or were omitted from further analyses.

In addition to assessing the extent to which the data are reliable, the validity of the data is always a concern. As mentioned previously, in the assembly of the instrument to collect the data, several real advantages emerged to the strategy of making the data comparable to previous state data collection efforts as well as existing national data. That advantage was that the questions asked had already been validated through previous use. The data collection instrument, it will be remembered, was a hybrid of the 1998 instrument, the STNAP national protocol, the ADAM and NSDUH surveys and several others that had been administered over the previous several years. As a result, the face validity, and well as the construct validity of the data were high.

A continual problem in collecting data about drug use in particular, but also with respect to alcohol use data, is the extent to which the respondent is telling the truth. Two separate and yet similar motivations are at play in this issue. On one hand, individuals are being asked to disclose illegal activities that to some degree are also socially unacceptable. The tendency is to depreciate the nature and extent of personal involvement in these behaviors. On the other hand, there is a tendency among some persons to aggrandize deviant behaviors with the intent to impress others. In this way use patterns are inflated and the true nature and extent of use is unknown. Were the issue one of acquiescence, there are many scales and measure to assess the extent to which these behaviors are present. However, with the tendencies potential moving the data in either direction (suppressing or aggrandizing) the ability to assess this behavior is not well developed. What has traditionally been done in the substance abuse methodology literature and in most surveys of this type is to have a series of

questions that are used to assess the consistency of responses from the individual. By placing these questions in different places through out the questionnaire and yet using them together to see if the individual is consistent (either in telling the truth or lying) some degree of comfort is attained with respect to this problem. In this survey, as with most large scale community surveys of this type, the threat to the validity of the data was found to be minimal.

As mentioned, the datasets of collected data were independently added to the full dataset after extensive review of the contents of each county's data. In doing so, the next step of assessment and preparation of the data for analyses became available and each of the major data points in the county data were compared to other county's data. In this way, relationships between and among variables were not just assessed for the full data set but also for each its contributing parts. Where discrepancies appeared they resulted in further examination of the county data to determine that the differences were real and not artifacts of the data collection effort.

Error in the Data

In every survey or any dataset there is inherent error in the data. Some of the error results from data collection methods, some from misunderstandings of the respondent regarding the questions asked, some in the data entry and even some in the actual processing of the data. Because it is impossible to find all error or even to calculate the impact of any specific type of error, surveys based on samples use an estimation of acceptable error as a way to let the reader of the survey results know that the results are not totally precise. That error estimate is known as the significance level or the precision of the sample. Table 2.4 shows the precision level for the data collected for this survey. Use of that measure as a plus

or minus estimate of the precise value of any statistic presents the reader with a sense of the range of possible values for the population estimates. So, in viewing the estimates shown in all tables of this report, using the ±method, a confidence interval (CI) results and that CI is the range of values for which a specific estimate is seen as reliable. When comparing estimates from tables, where the CI intersects the two values, the result could possibly have occurred by chance alone. Where the CI of the estimates are discrete the result is seen as robust and reliable and the result of the real difference in the data.

The Weighting of the Data

This survey employed a quota based sampling strategy in which various strata of the population characteristics were used to determine the content and numbers of specific types of cases within the various county samples. As a result, the results of the survey cannot be used directly to create estimations at either the county or the state level. To do so would result in rather skewed results because of the nature of the sample elements.

To correct the data or rather to return it to the desired representative sample needed to make estimates at the county and state level, the data must be adjusted to a standard population. In the case of the initial processing of the data collected by Market Trends Pacific, that standard was the U.S. Census of Hawaii from 2000. Assumptions were made about the composition of the sample based on information from the early data tables of the 2000 Census.

> "To make progress toward the objective of obtaining equal sample sizes for the three age and six ethnic categories for which survey estimates were required, it was necessary to establish target survey quotas for age, ethnicity, and gender combinations within each county. The 2004 survey aimed to fill quotas for 36 distinct population groups defined by ethnicity, age, and gender within each of the counties of Hawaii, including Honolulu, Hawaii (the Big Island), Maui, and Kauai. The procedure below describes how simple

population weights[1] were derived for each of the 36 quota groups within each county so that population estimates could be provided for results of the survey.

First, estimates of ages within ethnic groups were obtained for Hawaii as a whole from the Hawaii Health Survey.[2] This information was used to obtain estimates of age distributions within ethnic groups. For the purpose of these estimations the categories Chinese and Other (including don't know and refused) were combined. (See Table 2 on the following page.)

Next, ethnic distributions were estimated for each county using data from the Hawaii Health Survey in conjunction with Census data (see Table 3). Using these total ethnic counts for each county, the age groups within each ethnic group for each county were estimated by applying the statewide age distributions for ethnic groups to the ethnic groups within each county. Finally, gender estimates were made for each age group within each ethnic group within each county. The results of this estimation process can be found in Table 4.

These estimates were made with two simplifying assumptions: 1) The counts for the 18-25, 26-45, and 46-65 age groups required by the survey design were assumed to be approximately equivalent to the 18-24, 25-44, and 45-64 age estimates found in Table 2, and 2) There are equal numbers of males and females within each ethnic/age cell within each county.

The estimates in Table 4 provided the numbers that each of the 36 quota cells were "weighted up" to in order to provide projections of survey results. The weight for the respondents in each quota cell was the population estimate for the ethnic/age/gender group in each county divided by the number in the quota cell. (Pages 6-7) [x]"

However, as will be noted in the following table, assumptions made do not appear to reflect the actual demographic distribution of the state's population. In particular, the assumption of equal representation by gender expressed in Table 2.7 appears from even to most cursory of reviews of census tables to be in error. Quite

[1] The purpose of the weighting system described was to develop simple population projections. Further possible factors to adjust for include differential non-response, telephones in the household, and extreme weights in instances when the survey obtained a small empirical sample size for a particular county-age-gender-ethnic category, producing a very large weight. Since in the survey for each county the quota for each age-gender-ethnic cell never fell below 50 percent of the number called for in the sample design, no adjustment for extreme weights should be necessary.

[2] The Hawaii Health Survey is preferred for current estimates of ethnicity because the 2000 Census for Hawaii does not provide a unique identification of ethnicity for individuals.

extreme differences occur in the gender distributions for the neighbor island counties when categorized by age or ethnicity.

Table 2.5 Age Group as a Proportion of Ethnic Group in Hawaii, 2001

	Age [1]						
	0-14	**15-17**	**18-24**	**25-44**	**45-64**	**65-74**	**Total**
Ethnicity/ Race [1]							
Caucasian	36,640	6,732	20,454	86,022	76,446	19,181	261,001
Hawaiian	84,194	17,975	30,670	77,449	40,740	10,286	267,531
Chinese	11,162	2,000	3,083	13,646	16,154	4,698	57,328
Filipino	40,954	7,520	20,771	59,508	38,947	10,813	186,574
Japanese	30,703	7,939	14,454	56,766	63,025	31,270	234,392
Other Unk. Ref.	41,425	7,120	20,756	54,988	32,508	5,964	168,766
Ethnicity/Race							
Caucasian	36,640	6,732	20,454	86,022	76,446	19,181	261,001
Japanese	30,703	7,939	14,454	56,766	63,025	31,270	234,392
Hawaiian	84,194	17,975	30,670	77,449	40,740	10,286	267,531
Filipino	40,954	7,520	20,771	59,508	38,947	10,813	186,574
All others [2]	52,587	9,120	23,839	68,634	48,662	10,662	226,094
Total Population	245,078	49,286	110,188	348,379	267,821	82,213	1,175,595
Ethnicity/Race							
Caucasian	0.140383	0.025793	0.078368	0.329585	0.292895	0.073490	1.00
Japanese	0.130990	0.033871	0.061666	0.242184	0.268887	0.133409	1.00
Hawaiian	0.314707	0.067188	0.114641	0.289495	0.152281	0.038448	1.00
Filipino	0.219505	0.040306	0.111328	0.318951	0.208748	0.057956	1.00
All others	0.232589	0.040337	0.105438	0.303564	0.215229	0.047157	1.00
Total Population	0.208471	0.041924	0.093730	0.296343	0.227817	0.069933	1.00

[1] Age By Gender, and Ethnicity - Population of Hawai`i, Hawai`i Health Survey (HHS) 2001. Excludes Kalawao.

[2] Chinese plus Other Unknown/Refused

The reformulations of the weights for the survey are shown in Tables 2.8 – 2.10. Initially, Table 2.8 presents the demographic data from the sample of data collected for this survey. Even with the quota instruction of collecting equal numbers of males and females in the sample, there are quite a number of discrepancies. In Table 2.9, data from the U.S. Census (2000) is presented using the same cell structure as in Table 2.8.

Table 2.6. Ethnicity by Hawaii County, 2001

Ethnicity/Race [1]	**State**	**Honolulu**	**Hawaii**	**Kauai**	**Maui**
Caucasian	261,002	167,668	40,585	15,336	37,413
Japanese	234,394	182,662	25,971	8,528	17,233
Hawaiian	267,532	180,216	41,936	13,890	31,490
Filipino	186,575	132,463	17,165	12,925	24,022
Other Asian [2]	131,469	118,075	6,004	2,391	4,999
All Others	94,623	64,127	14,212	4,601	11,683
Total Population	1,175,595	845,211	145,873	57,671	126,840

[1] 1.1. Gender, Age, Ethnicity, and Poverty by County - Population of Hawaii, Hawaii Health Survey (HHS) 2001.
[2] Calculated from Table DP-1. Profile of General Demographic Characteristics: 2000, U.S. Census Bureau, 2000.

Table 2.7. Estimated Ethnicity, Age, and Gender Populations for Counties, 2001

	Age [1]					
	18-25		**26-45**		**46-65**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Honolulu County						
Caucasian	7,098	7,098	28,237	28,237	23,736	23,736
Japanese	6,207	6,207	22,780	22,780	23,666	23,666
Hawaiian	10,898	10,898	26,738	26,738	12,842	12,842
Filipino	7,791	7,791	21,604	21,604	13,179	13,179
Other Asian	6,597	6,597	18,349	18,349	12,130	12,130
All Others	3,583	3,583	9,965	9,965	6,588	6,588
Hawaii County						
Caucasian	1,356	1,356	5,946	5,946	6,587	6,587
Japanese	651	651	2,670	2,670	3,903	3,903
Hawaiian	2,162	2,162	5,304	5,304	3,858	3,858
Filipino	856	856	2,424	2,424	2,064	2,064
Other Asian	282	282	802	802	741	741
All Others	667	667	1,897	1,897	1,755	1,755
Kauai County						
Caucasian	414	414	2,305	2,305	2,464	2,464
Japanese	159	159	909	909	1,268	1,268
Hawaiian	626	626	1,809	1,809	1,255	1,255
Filipino	562	562	1,874	1,874	1,533	1,533
Other Asian	97	97	328	328	291	291
All Others	186	186	632	632	561	561
Maui County						
Caucasian	1,137	1,137	6,296	6,296	5,771	5,771
Japanese	380	380	2,147	2,147	2,451	2,451
Hawaiian	1,528	1,528	4,668	4,668	2,644	2,644
Filipino	1,126	1,126	3,915	3,915	2,695	2,695
Other Asian	220	220	776	776	577	577
All Others	513	513	1,814	1,814	1,349	1,349

Estimated from the 2001 Hawaii Health Survey and the 2000 Census.
[1] 18-25, 26-45, 46-65 assumed approximately equivalent to 18-24, 25-44, 45-64 estimates
Note: Male and female populations assumed to be approximately equal within cells.

In Table 2.9, the differences in gender between cells representing the same age group and ethnicity, by county, show considerable deviation from those shown in Table 2.8 or from the initial assumption of equal gender distribution across all other variables.

Table 2.10 shows the actual weights applied to the sample to bring them in line with the U.S. Census (2000) data. As can be seen, some cells receive very large weights, others minimal. One way to interpret this table is that the larger the number in a given cell, the greater the under-representation in the sample.

Weights were applied to the full dataset because it is at the statewide level of analysis that the weights are the most relevant.

Table 2.8: ADAD 2004 Sample Demographics

County	Ethnicity	Age Group	Female	Male
Honolulu	**White**	18-24	31	36
		25-44	63	55
		45-65	56	55
	Hawaiian/Part Hawaiian	18-24	49	45
		25-44	61	65
		45-65	60	60
	Japanese	18-24	35	33
		25-44	59	49
		45-65	61	59
	Filipino	18-24	37	21
		25-44	55	54
		45-65	54	53
	Other Asian	18-24	23	21
		25-44	40	34
		45-65	33	44
	Other	18-24	93	82
		25-44	116	113
		45-65	103	95
Hawaii	**White**	18-24	11	6
		25-44	45	36
		45-65	90	91
	Hawaiian/Part Hawaiian	18-24	38	20
		25-44	69	24
		45-65	60	25
	Japanese	18-24	8	9
		25-44	14	14
		45-65	25	30
	Filipino	18-24	6	9
		25-44	18	12
		45-65	17	13
	Other Asian	18-24	4	5
		25-44	7	5
		45-65	10	8
	Other	18-24	38	30
		25-44	56	56
		45-65	84	51
Maui	**White**	18-24	16	12
		25-44	50	27
		45-65	77	67
	Haw./Part Hawaiian	18-24	28	21
		25-44	43	31
		45-65	45	33
	Japanese	18-24	10	12
		25-44	17	17
		45-65	28	16
	Filipino	18-24	10	15
		25-44	24	14
		45-65	19	16
	Other Asian	18-24	6	1
		25-44	9	10
		45-65	12	9
	Other	18-24	50	38
		25-44	58	48
		45-65	54	56
Kauai	**White**	18-24	38	38
		25-44	40	49
		45-65	41	50
	Haw./Part Hawaiian	18-24	19	27
		25-44	37	30
		45-65	27	33
	Japanese	18-24	12	24
		25-44	37	37
		45-65	26	32
	Filipino	18-24	16	21
		25-44	36	31
		45-65	25	29
	Other Asian	18-24	12	16
		25-44	34	24
		45-65	28	21
	Other	18-24	8	10
		25-44	41	18
		45-65	24	30

SOURCE: 2004 Hawaii State Treatment Needs Assessment dataset, Hawaii State Department of Health, ADAD.

Table 2.9: Demographics by County, Census Data (2000)

County	Ethnicity	Age Group	Female	Male	County	Ethnicity	Age Group	Female	Male
Honolulu	**White**	18-24	7,752	13,901	**Maui**	**White**	18-24	1,083	1,441
		25-44	27,062	38,116			25-44	7,310	7,476
		45-65	21,801	24,472			45-65	6,783	7,635
	Haw./ Part Hawaiian	18-24	8,723	8,920		**Haw./ Part Hawaiian**	18-24	1,561	1,484
		25-44	21,795	21,030			25-44	4,246	4,285
		45-65	13,719	13,565			45-65	2,550	2,405
	Japanese	18-24	4,185	4,103		**Japanese**	18-24	154	233
		25-44	21,877	20,485			25-44	1,411	1,337
		45-65	25,480	23,663			45-65	1,860	2,021
	Filipino	18-24	6,085	6,291		**Filipino**	18-24	899	976
		25-44	20,962	19,616			25-44	3,551	3,325
		45-65	15,936	13,261			45-65	2,786	2,245
	Other Asian	18-24	10,270	10,394		**Other Asian**	18-24	1,053	1,209
		25-44	42,839	40,101			25-44	4,962	4,662
		45-65	41,416	36,924			45-65	4,646	4,266
	Other	18-24	3,047	5,045		**Other**	18-24	240	131
		25-44	3,958	854			25-44	1,655	1,145
		45-65	16,866	14,339			45-65	2,732	2,284
Hawaii	**White**	18-24	1,264	1,148	**Kauai**	**White**	18-24	387	489
		25-44	6,188	6,100			25-44	2,493	2,419
		45-65	8,390	9,135			45-65	3,083	3,292
	Haw./ Part Hawaiian	18-24	2,333	2,608		**Haw./Part Hawaiian**	18-24	531	813
		25-44	5,970	5,409			25-44	1,921	1,732
		45-65	3,616	3,464			45-65	987	1,064
	Japanese	18-24	439	506		**Japanese**	18-24	78	108
		25-44	2,251	2,360			25-44	742	823
		45-65	3,087	3,194			45-65	1,107	1,266
	Filipino	18-24	587	612		**Filipino**	18-24	424	439
		25-44	2,088	1,770			25-44	1,742	1,761
		45-65	1,874	1,633			45-65	1,481	1,097
	Other Asian	18-24	1,026	1,118		**Other Asian**	18-24	502	547
		25-44	4,339	4,130			25-44	2,484	2,584
		45-65	4,961	4,827			45-65	2,588	2,363
	Other	18-24	327	180		**Other**	18-24	50	119
		25-44	544	508			25-44	1,200	1,476
		45-65	2,562	2,301			45-65	1,702	1,452

SOURCE: Hawaii State Department of Business, Economic Development and Tourism, Census 2000, Release 3 dataset

Table 2.10: Weights (NEWQUOTA) – Population Divided by Sample

County	Ethnicity	Age Group	Female	Male	County	Ethnicity	Age Group	Female	Male
Honolulu	**White**	18-24	250.06452	386.13889	**Maui**	**White**	18-24	67.68750	120.08333
		25-44	429.55556	693.01818			25-44	146.20000	276.88889
		45-65	389.30357	444.94545			45-65	88.09091	113.95522
	Haw. / Part Hawaiian	18-24	178.02041	198.22222		**Haw./Part Hawaiian**	18-24	55.75000	70.66667
		25-44	357.29508	323.53846			25-44	98.74419	138.22581
		45-65	228.65000	226.08333			45-65	56.66667	72.87879
	Japanese	18-24	119.57143	124.33333		**Japanese**	18-24	15.40000	19.41667
		25-44	370.79661	418.06122			25-44	83.00000	78.64706
		45-65	417.70492	401.06780			45-65	66.42857	126.31250
	Filipino	18-24	164.45946	299.57143		**Filipino**	18-24	89.90000	65.06667
		25-44	381.12727	363.25926			25-44	147.95833	237.50000
		45-65	295.11111	250.20755			45-65	146.63158	140.31250
	Other Asian	18-24	446.52174	494.95238		**Other Asian**	18-24	175.50000	1209.00000
		25-44	1070.97500	1179.44118			25-44	551.33333	466.20000
		45-65	1255.03030	839.18182			45-65	387.16667	474.00000
	Other	18-24	32.76344	61.52439		**Other**	18-24	4.80000	3.44737
		25-44	34.12069	7.55752			25-44	28.53448	23.85417
		45-65	163.74757	150.93684			45-65	50.59259	40.78571
Hawaii	**White**	18-24	114.90909	191.33333	**Kauai**	**White**	18-24	10.18421	12.86842
		25-44	137.51111	169.44444			25-44	62.32500	49.36735
		45-65	93.22222	100.38462			45-65	75.19512	65.84000
	Haw. / Part Hawaiian	18-24	61.39474	130.40000		**Haw./Part Hawaiian**	18-24	27.94737	30.11111
		25-44	86.52174	225.37500			25-44	51.91892	57.73333
		45-65	60.26667	138.56000			45-65	36.55556	32.24242
	Japanese	18-24	54.87500	56.22222		**Japanese**	18-24	6.50000	4.50000
		25-44	160.78571	168.57143			25-44	20.05405	22.24324
		45-65	123.48000	106.46667			45-65	42.57692	39.56250
	Filipino	18-24	97.83333	68.00000		**Filipino**	18-24	26.50000	20.90476
		25-44	116.00000	147.50000			25-44	48.38889	56.80645
		45-65	110.23529	125.61538			45-65	59.24000	37.82759
	Other Asian	18-24	256.50000	223.60000		**Other Asian**	18-24	41.83333	34.18750
		25-44	619.85714	826.00000			25-44	73.05882	107.66667
		45-65	496.10000	603.37500			45-65	92.42857	112.52381
	Other	18-24	8.60526	6.00000		**Other**	18-24	6.25000	11.90000
		25-44	9.71429	9.07143			25-44	29.26829	82.00000
		45-65	30.50000	45.11765			45-65	70.91667	48.40000

SOURCE: 2004 Hawaii State Treatment Needs Assessment dataset

The Analyses

The logic of the analyses of the data was to begin with simple univariate analyses of the variables. In these analyses, the major focus was on the data ranges and the overall distribution of the variables. As a result, although not reported, all relevant statistics (Mean, Median, Mode, Variance, Maximum and Minimum Scores, Skewness, Kurtosis, and variation from a normal distribution) were examined and deviations noted.

Next, cross tabulations of relevance were prepared. This meant recoding data to fit a tabular analysis as well as the creation of new variables that related to the analyses being run. Again, a wide variety of statistics were run by the SPSS-PC program allowing for the analyses of the data for co relations and associations (in particular the χ^2 distribution and where appropriate Pearson *r*, Lambda (λ), Gamma (γ), and percent difference (*d*)). Here expected effect sizes were consulted from the literature as well as the previous data analyses from the 1998 survey.

Some very limited multivariate analyses were also executed on the data to see if predicted relationships might in fact exist in these data. In particular, use of the GLM to assess explained variance, Factor Analyses to assess concordance with other research using the same scales, and Discriminant Function Analyses to assess the extent to which the multiple dependent variables of the study could be predicted by the various independent variables expected to be predictive.

Because these data are cross-sectional, no assumptions of causality were analyzed. A much larger project involving the data collected from the 1995 and 1998 surveys (using the same basic variables) in a time series analyses could be completed were the issues of causality seen as important.

The results of the many of the analyses of the data are presented in the following seven chapters. The dataset is a strong one within the constraints of survey research. The only major caveat in the presentation of the results is that the data from Kauai do not seem to be directly comparable to those from the other three counties. Time and difficulties gathering more information on the process of data collection used for Kauai limit the ability to do more than warn of the possible problem.

Summary and Conclusions

This survey of the population of the State of Hawaii had as its central purpose the estimation of the need for treatment by those using various substances of abuse. However, in addition, the study is to compare 2004 results with those of the many surveys previously completed in the State as well as several Federal studies of alcohol and other drugs of abuse.

In executing the contract for data collection, Market Trends Pacific used a CATI survey system to make the collection of the 5,000 cases by telephone interview maximally efficient. Because of several internal factors at Market Trends Pacific as well as the complexity of the survey instrument, the anticipated 14 days data collected extended over nearly three months but resulted in all quotas being met and a dataset of 5,067 respondents.

The criteria used to assess the need for treatment was provided by the Office of Technical Services, SAMHSA and was derived from the DSM-IV R of the American Psychiatric Association. The collection instrument used the instrument from the 1998 STNAP survey in Hawaii as its start point, added the DSM-IV R algorithm data, the revisions SAMHSA had implemented across the country since 1998, added parts from the NSDUH of SAMHSA, and from ADAM of the NIJ to allow maximum comparison with other datasets.

Standard procedures were used to collect, clean, and prepare the dataset for analyses. The data were weighted to adjust for sampling decisions and assumptions and to bring it in alignment with the 2000 U.S. Census of Hawaii.

The following chapters present the data from the survey as well as provide the historical context for the presentation of results. In addition, data related to several state surveys and national surveys are compared to the Hawaii data. The chapter on needs assessment is held until all drug data were presented and is Chapter 9.

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[i] DBEDT, **Hawaii State Data Book, 2003**, Table 3.02, Department of Business, Economic Development and Tourism, Honolulu
[ii] Miyoshi, Sandra (2004). "A Solution to Chronic Homelessness", Presentation by HUD Hawaii to HRSA, 2004
[iii] Market Trends (2004). **Statewide Telephone Household Survey to Assess Substance Abuse Treatment Needs Among Adults in Hawaii**. Market Trends Pacific, Inc.: Honolulu
[iv] Ibid, page 3.
[v] U.S. Census Bureau, Federal-State Cooperative Program for Population Estimates, April 17, 2003.
[vi] U.S. Census Bureau, Census 2000 Summary File 1 Hawaii (July 25, 2001). Estimate for 2000 most recent obtainable.
[vii] Market Trends (2004). **Statewide Telephone Household Survey to Assess Substance Abuse Treatment Needs Among Adults in Hawaii**. Market Trends Pacific, Inc.: Honolulu.
[viii] Ibid, Page 3
[ix] Ibid, Page 6.
[x] Ibid, Pages 6-7.

SECTION TWO

LEGAL DRUGS

Section Two

Legal Drugs

A drug is any non-food substance that is ingested with a result that alters the functioning of the body in some way. In thinking about drugs, they are categorized in many different ways. Some are medications, made available through prescriptions from licensed providers of care and intended to reduce the symptoms of disease. Others, still classified as medications, are used under medical advice but not as originally intended (e.g., Minoxidil, aspirin, etc.). The point about these drugs is that regardless of the use to which they are put, they are legal and can be obtained through legal channels.

Two of the most common legal drugs are tobacco and alcohol, although the list of substances that meet the definition of being a "drug" and that are legally available in the United States is ever increasing. For those seeking to "alter the functioning of the body" and where the desired effects are mind altering or apparent relaxation and calming tobacco and alcohol have a reputation of meeting those desires.

Unfortunately, the costs of the relaxation and calming attributed to the drugs are high. Tobacco has, for nearly 50 years, been known as a carcinogen, advancing various cancers and heart diseases within the human organism. The history of tobacco in America has been a history of the social underclass of the nation who in many instances have been ostracized by the general population and treated as social pariah because of the addiction they have to this drug. Smoking is not illegal and the principles of free choice apply in theory but the rapid and extensive establishment of regulations barring the use of tobacco products in most public settings has had a much greater impact on smokers than prohibition had on drinkers.

The use of alcohol as a legal substance parallels that of tobacco in many ways but differs in several important ones. It is similar to tobacco in that the health effects of prolonged heavy alcohol use take decades to manifest into life threatening diseases. It is also similar in that the primary venue for the use of the substance was a public one with public taverns and drinking establishments being the most common places for consumption. It is a substance that is seen to enhance interaction among users. However, it differs from tobacco in that there are rigid regulations and laws about how much one may drink, at what age, in what settings, and with restrictions on what one can and cannot do if one exceeds those limits.

This section of the report is devoted to explaining the Hawaii experience with these two substances. The content of Chapter Three deals exclusively with tobacco and Chapter Four focuses on alcohol. Historical information on these two "drugs" is followed by descriptions of Hawaii data in comparison to national data of tobacco and alcohol use. The current 2004 data are then placed into the context of the preceding surveys of substance use in the State. The 2004 data are then presented and discussed followed by an assessment of the needs that users of these drugs have for treatment for alcohol use only, drug use only, alcohol or drug use, and alcohol and drug use. The chapters each finish with a summary of the major findings discussed within the chapter.

CHAPTER THREE

TOBACCO

Chapter 3

Tobacco

Historical Context of Tobacco – International and National

Four decades ago, the U.S. Surgeon General, Luther L. Terry, M.D., issued a report titled "*Smoking and Health: Report of the Advisory Committee of the Surgeon General* of *the Public Health Service."* The language of that report was clear and unambiguous –"Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking far outweighs all other factors." (Chapter 4, U.S. Surgeon General's Report, 1964) This, among many other conclusions created a scenario for action of the medical and public health community that continues today.

The history of tobacco use long precedes the report of Dr. Terry. It's use in North America is not well documented prior to 1500 A.D. The plant from which smokable tobacco is produced is indigenous to North America and was not heard of in Europe until 1490 when Columbus and other discoverers returned to Europe with word of a plant that had psychoactive properties. Tobacco's initial entry into the European market was met with great hostility and laws against its use and sale were passed and enforced. Nonetheless, within a hundred years its use was relatively common in the powdered form (snuff) and, it was used less frequently as a smokable product in pipes and cigars. In 1626, "a little treatise – *Tobacco, Universal Panacea*, written by a certain J. Leander – defended tobacco's capacity to "elevate in ecstasy and create a communication with the gods.[1]"

> "Smoking tobacco in its various forms is the second most popular form of recreational drug use in the Western world today [alcohol consumption is first]. . . . . The early European colonists in America grew tobacco for export to Europe and it rapidly became the chief commodity of their trade. . . . The

[1] Antonio Escohotado, *A Brief History of Drugs: From Stone Age to Stoned Age*, Park Street Press: Rochester, VT, page 57

cigarette, as a convenient, efficient, and disposable smoking device, was not common until the twentieth century. Cigarette smoking then rose dramatically in popularity, until more than half American men were regular smokers by mid-century, consuming an average of 15-20 cigarettes each day.[2]"

Data Related to Tobacco Use

Since the 1964 US Surgeon General's Report, efforts have been undertaken to monitor the effectiveness of prevention strategies against tobacco use. Among those monitoring efforts are the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBSS), the Hawaii Youth Tobacco Survey, and most health related surveys undertaken by federal and state governments.

Annually, the U.S. Government through its Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), produces a report from the National Survey on Drug Use and Health (NSDUH). The national data are usually available within a few months and the State level data is usually lagged by about a year. In the tables that follow, 2003 and 2004 data are presented to provide comparability with the data reported on by the major focus of this report, the 2004 Hawaii State Treatment Needs Assessment Survey.

Table 3.1: Tobacco Use by persons 12 years of age and older in Hawaii, 2004 (%)

NSDUH SURVEY HAWAII DATA	**Total 12 or Older**	**AGE GROUP (Years)**		
		12–17	**18–25**	**26 or Older**
Past Month Tobacco[4] Use	29.2	14.4	44.6	28.5
Past Month Cigarette Use	24.6	12.3	36.6	24.4
Perception of Great Risk of Smoking One or More Packs of Cigarettes Per Day	71.9	67.5	68.4	73.1

SOURCE: Tables 2.1B, Table 2.2B, Table 3.1B, and Table B.11, National Survey of Drug Use and Health, 2004, Substance Abuse and Mental Health Services Administration, Washington, DC.

Here we see that from the Hawaii subset of the national dataset of 2004, state level estimates for Hawaii show that nearly 30 percent of the state's population 12 years of age or

[2] Iverson, Leslie, *Drugs: A very Short Introduction*, Oxford: Oxford, England. page 12

older used tobacco during the month prior to the survey. In terms of cigarette use, the usual measure of tobacco use in America, nearly 25 percent of those 12 or older used cigarettes in the month prior to the survey. In both instances, the 18-25 year old group was the highest age-specific group. Finally, while over two-thirds of respondents acknowledge the risk associated with cigarette use, that perception is clearly greatest among the oldest age group and lowest among the youngest age group.

Table 3.2: A Cigarette Use in Lifetime, Past Year, and Past Month among Persons Aged 12 years or Older, by Demographic Characteristics: 2003 and 2004 (%)

NATIONAL DATA	**TIME PERIOD**					
	Lifetime		**Past Year**		**Past Month**	
Demographic Characteristic	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**
TOTAL	72.7	71.4	35.1	34.5	29.8	29.2
AGE						
12-17	31.0	29.2	19.0	18.4	12.2	11.9
18-25	70.2	68.7	47.6	47.5	40.2	39.5
26 or Older	73.6	72.3	27.6	27.3	24.7	24.1

Source: Table 2.21B, Table 2.2B, Table 2.23B, and Table 2.4B**,** National Survey of Drug Use and Health, 2004, Substance Abuse and Mental Health Services Administration, Washington, DC.

The national data of the NSDUH show us that the lifetime use of tobacco, as would be expected, increases with age. Past year use, on the other hand, shows a relative and a real decline in use as does the past month use. These findings suggest that over time, the real number and the proportionate number of smokers will decline, given whatever effort level is being used nationally to encourage such a movement. However, as soon as we begin to consider the other States, we find wide variation in rates of smokers by year.

Table 3.3 is from the Behavioral Risk Factor Surveillance System (BRFSS) and displays data related to current smoking from 1984 through 2005. This file is presented for all states to allow for the examination of Hawaii's data in comparison to all other states. While not the best, and not the lowest rate of smoking prevalence, the Hawaii data show consistency in the direction of the decreasing changes in smoking prevalence.

TABLE 3.3: CURRENT CIGARETTE SMOKING PREVALENCE (%) AMONG ADULTS AGED 18 AND OLDER, IN PARTICIPATING STATES, SELECTED YEARS, 1984-2003 (1)

	1984	1986	1988	1990	1992	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
STATE	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
ALABAMA	--	24.6	26.2	22.4	21.9	18.5	24.5	22.5	24.7	24.6	23.5	25.2	23.9	24.4	25.3	24.9	24.8
ALASKA	--	--	--	--	28.8	26.6	25.0	27.7	26.7	26.0	27.2	25.0	26.1	29.3	25.2	24.8	24.9
ARIZONA	27.7	24.4	23.5	20.7	19.5	20.7	22.9	23.8	21.1	21.9	20.0	18.6	21.5	23.4	20.8	18.5	20.2
ARKANSAS	--	--	--	--	--	26.4	25.2	25.4	28.5	28.0	27.2	25.1	25.6	25.3	24.8	25.6	23.5
CALIFORNIA	25.6	24.5	22.2	19.7	20.1	18.4	15.5	18.6	18.4	19.2	18.7	17.2	17.2	16.4	16.6	14.8	15.2
COLORADO	--	--	--	21.3	23.8	23.8	21.8	22.8	22.6	22.8	22.5	20.0	22.4	20.4	18.6	20.0	19.8
CONNECTICUT	--	--	26.7	22.2	22.3	20.6	20.8	21.9	21.8	21.1	22.8	19.9	20.8	19.4	18.6	18.1	16.5
DELAWARE	--	--	--	23.3	27.9	26.0	25.5	24.2	26.6	24.5	25.4	22.9	25.1	24.7	21.9	24.4	20.6
DISTRICT OF COLUMBIA	--	26..6	20.0	19.4	19.7	16.4	--	20.6	18.8	21.6	20.6	20.9	20.8	20.4	22.0	20.9	20.0
FLORIDA	--	27.9	23.9	23.6	22.5	22.0	23.1	21.8	23.6	22.0	20.7	23.2	22.5	22.0	23.9	20.2	21.7
GEORGIA	--	27.2	25.1	24.0	19.4	23.9	20.5	20.3	22.4	23.7	23.7	23.5	23.7	23.2	22.8	20.0	22.1
HAWAII	***--***	***24.4***	***23.6***	***21.1***	***19.9***	***18.9***	***17.8***	***--***	***18.6***	***19.5***	***18.6***	***19.7***	***20.6***	***21.0***	***17.2***	***-***	***17.0***
IDAHO	24.5	23.4	20.1	20.4	19.4	20.2	19.8	21.2	19.9	20.3	21.5	22.3	19.7	20.6	19.0	17.4	17.9
ILLINOIS	33.6	27.8	26.8	24.2	24.7	23.2	23.1	24.8	23.2	23.1	24.2	22.3	23.6	22.8	24.3	22.2	19.9
INDIANA	25.7	27.2	27.3	26.6	27.5	26.4	27.2	28.7	26.3	26.0	27.0	26.9	27.5	27.6	26.1	24.9	27.3
IOWA	--	--	22.3	21.7	20.0	22.0	23.2	23.6	23.1	23.4	23.5	23.2	22.2	23.2	21.7	20.8	20.4
KANSAS	--	--	--	--	23.0	20.3	22.0	22.1	22.7	21.2	21.1	21.0	22.2	22.1	20.4	19.8	17.8
KENTUCKY	--	34.7	34.2	29.1	28.4	30.1	27.8	31.6	30.8	30.8	29.7	30.5	30.9	32.6	30.8	27.5	28.7
LOUISIANA	--	--	--	24.9	24.7	22.4	25.2	25.9	24.6	25.5	23.6	24.1	24.8	23.9	26.5	23.5	22.6
MAINE	--	--	26.4	26.9	23.8	24.7	25.0	25.3	22.7	22.4	23.3	23.8	24.0	23.6	23.7	21.0	20.8
MARYLAND	--	--	25.1	22.0	20.8	19.7	21.2	21.0	20.6	22.4	20.3	20.5	21.3	21.9	20.1	19.5	18.9
MASSACHUSETTS	--	27.0	26.4	23.5	23.6	21.2	21.7	23.4	20.4	20.9	19.4	19.9	19.7	18.9	19.1	18.5	18.1
MICHIGAN	--	--	26.2	29.1	25.3	25.1	25.7	25.6	26.1	27.4	25.1	24.1	25.7	24.2	26.1	23.3	22.0
MINNESOTA	26.5	25.1	22.5	21.4	22.0	22.4	20.5	20.6	21.8	18.0	19.5	19.8	22.2	21.7	21.1	20.7	20.0
MISSISSIPPI	--	--	--	24.1	24.5	24.1	24.0	23.2	23.2	24.1	23.0	23.5	25.4	27.3	25.6	24.5	23.6
MISSOURI	--	25.7	26.0	25.2	23.7	26.6	24.3	27.8	28.7	26.3	27.1	27.2	25.9	26.5	27.2	24.1	23.4
MONTANA	28.9	23.0	19.7	19.4	19.3	20.4	21.1	21.7	20.5	21.5	20.2	18.8	21.9	21.2	20.0	20.4	19.2
NEBRASKA	--	--	20.9	22.7	17.7	22.0	21.9	22.0	22.2	22.1	23.3	21.2	20.4	22.7	21.2	20.3	21.3
NEVADA	--	--	--	--	30.7	30.0	26.3	28.2	27.7	30.4	31.5	29.0	27.0	26.0	25.2	23.2	23.1
NEW HAMPSHIRE	--	--	28.0	22.0	23.2	20.6	21.4	24.9	24.8	23.3	22.4	25.3	24.1	23.2	21.2	21.7	20.4
NEW JERSEY	--	--	--	--	20.2	18.9	19.2	22.8	21.5	19.2	20.7	21.0	21.3	19.0	19.4	18.8	18.0
NEW MEXICO	--	26.1	23.8	22.3	20.4	21.8	21.2	22.9	22.1	22.6	22.5	23.6	23.9	21.2	22.0	20.3	21.5
NEW YORK	--	27.0	23.9	22.5	22.9	23.5	21.5	23.3	23.1	24.3	21.9	21.6	23.4	22.3	21.6	19.9	20.5
NORTH CAROLINA	28.6	26.5	26.2	28.0	26.7	25.8	25.8	25.7	25.8	24.7	25.2	26.1	25.9	26.3	24.8	23.1	22.6
NORTH DAKOTA	--	26.0	22.1	20.3	23.2	19.6	22.7	23.4	22.2	20.0	22.2	23.2	22.1	21.5	20.5	19.9	20.1
OHIO	28.7	28.0	26.2	26.1	23.9	25.3	26.0	28.5	25.1	26.2	27.6	26.2	27.7	26.6	25.2	25.9	22.3
OKLAHOMA	--	--	24.2	26.6	26.7	26.6	21.7	24.1	24.6	23.8	25.2	23.3	28.8	26.6	25.1	26.1	25.1
OREGON	--	--	--	21.9	21.1	21.6	21.8	23.5	20.7	21.1	21.5	20.7	20.5	22.4	20.9	20.0	18.5
PENNSYLVANIA	--	--	--	23.6	24.7	22.6	24.2	24.5	24.3	23.8	23.2	24.3	24.6	24.5	25.4	22.7	23.6
RHODE ISLAND	31.3	30.2	24.3	25.7	22.5	23.3	24.7	22.5	24.2	22.7	22.4	23.4	24.0	22.4	22.4	21.3	19.8
SOUTH CAROLINA	26.2	26.5	25.6	24.9	27.8	24.2	23.7	24.5	23.4	24.7	23.6	24.9	26.2	26.6	25.5	24.3	22.5
SOUTH DAKOTA	--	--	21.1	20.7	22.4	21.1	21.8	20.7	24.3	27.3	22.5	21.9	22.4	22.6	22.7	20.3	19.8
TENNESSEE	25.1	28.0	29.8	26.7	26.9	26.3	26.5	28.0	26.9	26.1	24.9	25.7	24.4	27.7	25.6	26.2	26.7
TEXAS	--	--	23.7	22.9	22.4	23.8	23.7	22.9	22.6	22.0	22.4	21.9	22.5	22.9	22.1	20.5	20.0
UTAH	16.1	18.2	14.7	16.8	15.7	14.4	13.2	15.9	13.7	14.2	13.9	12.9	13.3	12.8	11.9	10.5	11.5
VERMONT	--	--	--	21.6	21.7	21.3	22.1	24.1	23.2	22.3	21.8	21.5	22.4	21.1	19.5	20.0	19.3
VIRGINIA	--	--	--	22.6	23.5	23.3	22.0	24.8	24.6	22.9	21.2	21.4	22.5	24.6	22.0	20.8	20.6
WASHINGTON	--	--	24.6	22.3	21.8	22.5	20.2	23.5	23.9	21.4	22.4	20.7	22.6	21.5	19.5	19.2	17.6
WEST VIRGINIA	32.8	29.1	26.7	26.6	24.8	26.8	25.7	26.7	27.4	27.9	27.1	26.1	28.2	28.4	27.3	26.9	26.7
WISCONSIN	27.4	26.0	24.3	24.7	23.8	22.9	21.8	24.9	23.2	23.4	23.7	24.1	23.6	23.3	22.0	21.9	20.7
WYOMING	--	--	--	--	--	--	22.0	24.6	24.0	22.8	23.9	23.8	22.2	23.7	24.6	21.7	21.3

(1) Current cigarette smokers were persons aged 18 years and older who reported ever smoking at least 100 cigarettes in their lifetime and currently smoke every day or some days.

SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 1984-2005 AND MMWR REPORTS

As previously noted and given that children over 12 years are smoking and that the largest number of smokers are in the 18 to 25 year old group, the efforts currently underway to assure that the laws of the state with respect to tobacco purchase, to promote non-smoking among youth, and to increase the likelihood that children in our schools will graduate as non-smokers need to continue to be supported and encouraged at the community level.

State Level Survey Data:

In Hawaii, the Hawaii Student Alcohol, Tobacco, and Other Drug Use Study states that:

> ***Cigarette*** use among adolescents was at an all-time high in 1996, both in Hawaii and nationwide. An encouraging decline in cigarette use started in 1998 and continued through 2002. In 2002, 10% of 6th graders, 28% of 8th graders, 42% of 10th graders, and 49% of 12th graders reported trying cigarettes. Lifetime cigarette prevalence reports in 2002 are nearly back to where they were in 1987. The continued decrease in prevalence reports of cigarette use corresponds to national trends and, like most substances, Hawaii cigarette prevalence reports remain lower than nationwide reports.
>
> Reports of ***regular cigarette use*** follow a similar trajectory as cigarette use in general. Decreases in regular cigarette use, however, are not noted among 6th-grade students, where regular cigarette use fell sharply from 1998 (6%) to 2000 (2%) and has since stabilized in 2002 (2%). In 2002, 2% of 6th graders, 9% of 8th graders, 15% of 10th graders, and 21% of 12th graders reported that they had used cigarettes on a regular basis at some point in their lifetimes. Half as many 8th-grade students in 2002 (9%) reported having ever used cigarettes on a regular basis as in 1996 (20%).
>
> **Source**: Ka Leo O Na Keiki, The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study (1987-2002) - Hawaii Adolescent Prevention and Treatment Needs Assessment - Executive Summary, Page 6.

Those findings seem to be supported by data from both the 2001 Youth Behavioral Risk Survey (YRBS) as well as the 2000 Hawaii Youth Tobacco Survey (See Tables 3.4 and 3.5). In the YRBS of 2001, the comparison of 1997, 1999, and 2001 data clearly show trends towards lower rates of cigarette smoking in middle schools. However, in the 2000 Hawaii Youth Tobacco Survey (HYTS), it would appear that as students progress through the educational system more and more try smoking, continue to smoke and in fact become frequent smokers. The choices by type of tobacco product consumed by boys and girls are also shown in this table. It would suggest that for both “any tobacco use” and “cigarette use”, girls are both more likely to smoke any tobacco product, especially cigarettes, while boys use more of the “other types” of tobacco products such as cigars, pipes, bidis, etc.

Table 3.4: 1997-2001 Middle School Smoking Data (%), Hawaii Youth Risk Behavioral Survey Results

Tobacco Use	1997 %	1999 %	2001 %
Ever tried cigarette smoking	49.9	41.5	32.1
First smoked whole cigarette before age 9	NA	4.3	NA
First smoked whole cigarette before age 11	NA	NA	9.2
Smoked cigarettes, past 30 days	20.1	12.3	9.1
Smoked cigarettes on 20 of past 30 days	NA	NA	1.2
Smoked 2 or more cigarettes on days smoked, past 30 days	9.2	5.1	2.5
Smoked 10 or more cigarettes on days smoked, past 30 days	NA	NA	0.2
Not asked to show proof of age when buying cigarettes in a store, past 30 days	NA	NA	2.1
Smoked cigarettes on school property, past 30 days	7.1	4.9	2.7
Ever tried to quit smoking	28.0	20.9	NA

SOURCE: 2001 Youth Risk Behavioral Survey, Department of Health and Department of Education

The data used to create the YRBS table (Table 3.4) was collected prior to the 2003 Hawaii Student ATOD Survey and while data were apparently collected in 2003, the Centers for Disease Control and Prevention (CDC) have not released them. Data were also collected for 2005 and the CDC has those data on their website (http://www.cdc.gov/healthyyouth/yrbs/). The data presented represent a sequence of years prior to the HSATOD Survey and will suffice for comparison purposes.

The Hawaii Youth Tobacco Survey is completed every other year in the State of Hawaii. The data presented in Table 3.5 shows the demographic breakdown of the nearly 20,000 student participating in 2003 Hawaii Youth Tobacco Survey.

Table 3.6 provides information on the smoking behaviors of youth including choice of brand, source of cigarettes, smoking behavior at school, content of class lessons on tobacco use, and factors associated with smoking cessation. The content of this table tell us that the smoking behaviors of middle school students and high school students differ with high school students having a more difficult time in acquiring cigarettes than middle school students based on the proportion of time that they are refused sales.

The relative successes of the Synar[3] project can also be seen in this table in that in 2000, 7.4 percent of Middle School youth purchased their cigarettes at stores whereas in 2003, that percent had dropped to 3.2 percent. A similar but more dramatic finding appears for high school youth of whom 25.9 percent purchased their cigarettes in stores in 2000. By 2003, that proportion had dropped to 9.3 percent. Giving someone else money to purchase cigarettes and borrowing cigarettes from friends remain fairly constant across time as well as across school type!

Table 3.5: Participant demographics by school type by sex, and grade (%), HYTS 2003

	Middle School Weighted %	High School Unweighted %
Total	100.0	100.0
Male	51.8	46.4
Female	48.2	53.6
Grade		
6th	33.6	
7th	33.2	
8th	33.1	
9th		29.5
10th		27.1
11th		23.6
12th		19.8

Note: Demographic totals may not add to survey participant totals due to skipped questions or unusable answers.
*****Based on the most often cited ethnicities given from a combination of two questions where the students were asked to pick **one** group to best describe themselves. They may not add up to the sample total. Hawaiian includes part-Hawaiian, whites are non-Hispanic, and a student may be Latino in conjunction with other ethnicities.
SOURCE: Table 1: Hawaii Youth Tobacco Survey Report, 2003. Hawaii State Health Department, Alcohol & Drug Abuse Division, page 6.

In general, the data presented in Table 3.6 appear to show an overall decreasing access to tobacco products and fewer behaviors that would seem to support the use of tobacco by youth. Finally, a very high proportion of smokers want to quit and feel fairly confident that they can do so.

[3] Synar is a project sponsored by SAMHSA in response to a 1992 congressional regulation. The regulation had as its purpose the enforcing of laws prohibiting the sale of tobacco products to persons under the age of 18 years. The regulation was named after its sponsor, Rep. Mike Synar of Oklahoma who died shortly after the regulation was adopted.

State Surveys

The State of Hawaii has conducted six surveys of substance use over the past 25 years. These surveys commenced with the **1979 Hawaii State Substance Abuse** Survey. In that survey, persons aged 12 through 65 years were interviewed about their use of legal and illicit drugs, including alcohol and tobacco. The community level data from that survey provides an interesting backdrop to our BRFSS data table. In 1979, 60.5 percent of the population had smoked at least 100 cigarettes in their lifetime. Males were more likely to have smoked than females (65.1% compared to 56.0%) and the cumulative effects of aging were clearly shown in the data with 35.2 percent of 12-17 year olds having smoked, 63.5 percent of 18 to 25 year olds with a lifetime use of tobacco and 64.9 percent of persons over the age of 26 having smoked at least 100 cigarettes in their lifetime.

The **1985 Behavioral Health Survey** focused primarily on the behavioral health of the population, the risks to which the population was exposed from various substances of abuse, and did not consider tobacco to be among those substances of abuse. As a result, no data were collected on tobacco use.

In **1991 the Hawaii Behavioral Health Survey** was conducted. In this survey, a section was devoted to tobacco use. The overall statewide current tobacco use was 23.5 percent in that survey. In Table 3.7, the various categories of the population are presented together with their respective current and lifetime percentages. The rates vary tremendously but form a picture of the tobacco user in the state as of 1991. The current smoker is more likely male, younger (< 35 years), separated, with a high school education, earning $30,000 to $50,000 per year, perhaps Korean (the number of cases is small) or Portuguese (same thing) or Hawaiian/Part Hawaiian or Caucasian, and employed.

Table 3.6: Prevalence of selected tobacco indicators by school type (%), Hawaii YTS 2000 and 2003

Tobacco Indicator	Middle School		High School		
	2000 HI %	2003 HI %	2004 US %	2000 HI %	2003 HI %
Usual brand of menthol cigarettes					
No usual brand	na	12.9		na	9.3
Kool	na	56.1		na	61.1
Salem, Newport, and generic brands	na	10.3		na	8.2
Other brand	na	20.8		na	21.4
Usual source of cigarettes for current smokers under 18 years of age					
Store purchase	7.4	3.2		25.9	9.3
Vending machines	2.2	2.1		3.2	1.9
Gave someone money to buy them	16.3	16.0		25.4	28.0
Borrowed them from someone	28.1	22.6		22.2	28.6
Given by someone >18 years	4.4	11.9		9.7	9.3
Took them from a store or family member	15.5	19.2		2.6	6.3
Some other way	25.9	25.1		10.8	16.6
Place of most recent purchase among current smokers under 18 years					
Gas station	10.7	11.5		25.5	27.5
Convenience store	8.0	11.0		29.6	20.3
Grocery store	2.7	6.7		14.1	11.2
Drugstore	4.0	8.8		4.4	5.5
Vending machine	5.3	4.4		1.5	1.7
Internet	2.7	1.2		0.7	1.2
Other	66.7	56.4		24.1	32.6
Asked for ID to buy cigarettes in past month	26.3	33.3	29.4	36.1	35.4
Refused sale in past month (under 18 years)	28.9	29.6	33.6	43.3	37.1
Smoked cigarettes at school in past month	5.8	2.5		12.2	6.9
Know school employees who smoke on campus	na	22.0		na	34.5
Were taught, this school year, in class about:					
Danger of tobacco use	79.9	55.6		50.9	41.6
Reasons young people smoke	67.7	43.2		43.5	31.3
That most young people do not smoke	na	25.2		na	13.4
Practiced ways to say no to tobacco	49.0	40.4		23.7	7.7
Participated in a community event to discourage tobacco use in past year	15.1	16.6		18.1	14.7
Want to stop smoking (current smokers)	70.2	62.6	ns	71.8	65.7
Tried to quit in past year (current smokers)	65.7	63.1		71.0	68.1
Last quit attempt lasted less than 30 days	37.0	37.3		45.1	44.1
Think they can quit (current smokers)	80.0	80.1		74.2	74.0
Think they can quit (frequent smokers)	43.5	--		58.4	57.7

SOURCE: Table 2. Hawaii Youth Tobacco Survey Report, 2003. Hawaii State Health Department, Alcohol and Drug Abuse Division, page 8

In terms of those who have ever smoked tobacco, they will most likely be male, older, divorced and with a high school education. They too will be earning between $30,000 and $50,000, may possibly be Korean, and will be employed.

The **1995 State Treatment Needs Assessment Program Survey** did not ask questions regarding tobacco use so could not be reported here.

The **1998 State Treatment Needs Assessment Program Survey** included a larger sample than the previous studies completed by the Alcohol and Drug Abuse Division. It therefore allowed for a much more detailed analysis of the data, including at the island level and by subgroup within that area. Overall findings from this survey were that in 1998, 51.8 percent of the population had used tobacco products at least once in their lifetime. In addition, 18.6 percent of the population was currently smoking and doing so at a rate of over ½ a pack per day.

In examining the data from the 1998 survey, we can see in the following table that the Big Island of Hawaii is the site of both the highest proportion of people who have ever used tobacco, and also of the highest proportion of current smokers. To characterize smokers in the state as of 1998, in terms of the ever used tobacco group, they are dominantly males, both younger and older (under 25 and over 35 years of age, and most likely to be Caucasian. In terms of those who are currently smoking, they are more likely to be young males and Hawaiian.

Table 3.7: Hawaii Behavioral Health Survey 1991 - Demographic Characteristics of Ever Smokers and Never Smokers (%)

Characteristic (sample size = 1985)	Ever Smoke %	Never Smoke %
Gender		
Male	57.2	26.7
Female	38.8	20.7
Age		
18-19	34.8	25.6
20-24	43.1	31.5
25-34	43.9	31.4
35-44	48.0	27.7
45-54	53.7	26.1
55-64	56.2	19.0
65+	42.4	9.9
Under 21	37.8	27.7
21 and Over	47.5	23.3
Marital Status		
Married	46.7	20.3
Single	46.5	32.9
Separated	52.0	44.8
Divorced	64.8	33.8
Widowed	36.1	12.6
Education		
Less than High School	44.4	23.0
High School	50.1	26.3
Some College to Post Graduate	45.7	21.4
Income		
Under $12000	43.2	25.8
$12000-$19999	45.0	22.4
$20000-$29999	49.1	21.9
$30000-$39999	52.0	28.1
$40000-$49999	52.2	29.5
$50000-$74999	49.7	23.9
Over $75000	43.0	18.7
Ethnicity		
Hawaiian/Part Hawaiian	52.9	34.2
Portuguese	47.1	28.0
Caucasian	57.7	27.3
Korean	62.1	45.3
Okinawan	15.9	11.0
Japanese	44.8	16.6
Filipino	31.9	16.7
Samoan	17.2	14.2
Puerto Rican	31.8	15.3
Chinese	31.6	12.0
Other	47.7	31.1
Employment		
Employed	47.9	26.2
Unemployed	46.1	19.0

SOURCE: 1991 Hawaii Behavioral Health Survey, Hawaii State Department of Health, Alcohol and Drug Abuse Division.

The **2004 State Treatment Needs Assessment Survey** replicates the data collected in previous surveys, as well as comparable data to the national surveys and other surveys completed within the state. We begin with the total population rates of "ever smokers." Unlike previous years, the proportion of the total population who has ever had even a single cigarette has dropped remarkably to 39.5 percent. When compared to all other reports we can see that this drop is approximately five to ten percent lower than the rates calculated in 1998 and 1991, and almost twenty percent lower than was found in the 1979 survey. There is a direct correlation with age and ever smoked, which makes sense since the older one is the more opportunity to accumulate this behavioral experience. For those 18-24 years of age the rate is 36.1 percent, for 25-44 year olds it escalates to 37.9 percent and for the oldest group (45-65 years) it is 42.2%. The ethnicity of those who have "ever smoked" is dominantly Caucasian (49.9%), followed by Hawaiian/Part Hawaiians (48.2%). Males are much more likely to have smoked part or all of a cigarette in their lifetime (44.6%) compared to Females (34.4%).

Table 3.8: Tobacco Use by County, Hawaii State Treatment Needs Assessment Project Survey, 1998 (%)

			County							
	Total		**Honolulu**		**Hawaii**		**Kauai**		**Maui**	
	N= 895,414		*N=668,524*		*N=99,941*		*N=41,304*		*N=85,645*	
	%	Std. Error	%	Std. Error	%	Std. Error	%	Std. Error	%	Std. Error
Ever used tobacco products in life?	51.8	0.7	50.8	1.1	56.6	1.6	51.7	1.6	54.2	1.6
Ever quit or tried to quit using tobacco?	43.5	0.7	42.1	1.1	49.9	1.6	44.6	1.6	46.0	1.6
Are you currently using tobacco?	20.8	0.6	20.5	0.9	23.9	1.4	17.9	1.3	21.3	1.3
Do you currently smoke cigarettes?	18.6	0.6	18.0	0.8	22.5	1.4	17.2	1.3	19.2	1.3
Smokes less than 1/2 pack per day (<10 cigarettes per day)?	5.3	0.3	5.5	0.5	4.8	0.7	5.3	0.8	4.7	0.7
Smokes 1/2 a pack or more per day (>10 cigarettes per day)?	13.3	0.5	12.6	0.7	17.7	1.3	11.9	1.1	14.5	1.1

SOURCE: 1998 Hawaii State Treatment Needs Assessment Program Database, Hawaii State Health Department, Alcohol and Drug Abuse Division

Where the individual's age is in the youngest age grouping (18-24 years) the age at which they started smoking was very recent, namely 16-20 years of age (39.5%), with 13-15 years of age closely following (35.2%). Where the age is in the second grouping (25-44), the same pattern emerges as it does for the oldest age group. Women respond that they start smoking a bit earlier than men (13-15 years old compared to 16-20 years) as is true for Caucasians and Hawaiian/Part Hawaiians who also start at 13-15 years compared to other groups starting in the 16-20 aged group.

Of those who have ever smoked, seventy-four percent have smoked at least 100 cigarettes. Males having smoked at least 100 cigarettes account for seventy-six percent of all males who smoked part or all of a cigarette and females are slightly lower at 70.9 percent of all females having ever smoked part or all of a cigarette.

Nearly 14 percent (13.5%) of all females currently smoke compared to 19.5 percent of all males. Younger respondents are more likely to be current smokers (21.8%) than older respondents (25-44 year olds = 17.4%) (45-65 years old = 13.9%). Hawaiian/Part Hawaiians (27.5%) are more often current smokers than other ethnicities although Caucasians also have quite high rates of current smoking (17.7%).

The rates for "ever smoke" are shown in the following table, as are the rates for current smoking. The relative size of the population of City & County of Honolulu heavily influences the overall state rate of both "Ever Smoke" and "Currently Smoke." Kauai County stands out in both the "Ever Smoke" and "Current Smoke" categories with rates a full ten percent higher for the "Current Smoker" question and fifteen percent higher for the "Ever Smoke" variable.

TABLE 3.9 : Ever Smoke and Currently Smoke by County and for State (%), Hawaii 2004

	Ever Smoke	Current Smoke
State	39.5	16.5
Hawaii County	38.5	17.1
Honolulu County	38.1	15.6
Kauai County	53.6	25.3
Maui County	42.5	17.7

SOURCE: 2004 Hawaii State Treatment Needs Assessment Database, Hawaii State Department of Health, Alcohol and drug Abuse Division.

For those who ever smoked or are current (past month) smokers, the needs for treatment for alcohol and/or drug use is presented in Table 3.10. This table separates the type of treatment needed into four separate categories. Need for Alcohol or Drug Treatment is the category where individuals classified with abuse of alcohol or other drugs using the DSM-IV criteria for abuse and dependence are considered as being in need of treatment for one or the other. Note that these persons are classified with the lesser diagnosis of abuse and not dependence, a consideration in terms of the severity of their substance abuse problem.

Table 3.10: Treatment Needs for Alcohol and/or Drugs, Ever Smoked and Current Smokers (%)

Needs for Treatment	County	Ever Smoke		Currently Smoke	
		Yes	No	Yes	No
Needs Alcohol *OR* Drug Treatment	**Oahu**	16.2	5.3	19.1	7.7
Needs Alcohol Treatment *Only*		15.5	5.1	17.6	7.5
Needs Drug Treatment *Only*		3.1	0.7	5.4	0.9
Needs Alcohol *AND* Drug Treatment		2.5	0.5	4.0	0.7
Needs Alcohol *OR* Drug Treatment	**Hawaii**	13.4	4.6	14.4	6.6
Needs Alcohol Treatment *Only*		11.6	3.9	11.8	5.9
Needs Drug Treatment *Only*		2.8	0.7	4.9	0.8
Needs Alcohol *AND* Drug Treatment		1.0	0.1	2.3	0.1
Needs Alcohol *OR* Drug Treatment	**Maui**	16.5	5.0	16.7	8.4
Needs Alcohol Treatment *Only*		15.3	4.6	16.2	7.6
Needs Drug Treatment *Only*		4.0	0.6	5.8	1.2
Needs Alcohol *AND* Drug Treatment		2.7	0.1	5.3	0.4
Needs Alcohol *OR* Drug Treatment	**Kauai**	28.1	4.5	38.4	9.9
Needs Alcohol Treatment *Only*		28.1	4.5	38.4	9.9
Needs Drug Treatment *Only*		5.8	0.4	11.3	0.6
Needs Alcohol *AND* Drug Treatment		5.8	0.4	11.3	0.6
Needs Alcohol *OR* Drug Treatment	**State Total**	16.8	5.2	19.9	7.7
Needs Alcohol Treatment *Only*		16.0	4.9	18.5	7.5
Needs Drug Treatment *Only*		3.4	0.6	5.9	0.9
Needs Alcohol *AND* Drug Treatment		2.6	0.4	4.5	0.6

SOURCE: 2004 State Treatment Needs Assessment Program Database, Hawaii State Health Department, Alcohol and Drug Abuse Division.

Those persons categorized as needing either Alcohol Treatment *Only* or Drug Treatment *Only* met the criteria for diagnosis for dependence of the respective substance of choice but not the other substance. Finally, those persons categorized as in need of Alcohol *AND* Drug Treatment met the criteria for diagnosis as dependent on both substance types.

In examining this table, it should be noted that treatment needs are expressed for each county as well as the state as a whole.

Conclusions

The use of tobacco, a legal substance causing many health disorders and complications, has occupied the time and efforts of both federal state agencies for the past 40 years. While the desired outcome of these efforts has been to eradicate or at least dramatically reduce the numbers of the population using tobacco, the reality is that approximately 1 in 20 people in Hawaii, and perhaps 1 in 12 are still using it nationally. In examining data from studies of youth in Hawaii it is encouraging to note that for the most part rates of "ever use of tobacco" seem stable or dropping. Current use remains a challenge in that the numbers seem to fluctuate considerably from study to study; however, the effects of "Legal Age" purchase programs, in-school health education and prevention programs and targeted media advertisements may be taking hold within this young group suggesting that starting smoking is not seen as a desirable activity for many of our school children.

In comparing the data from Hawaii to Adult data from other areas of the country, it is apparent that Hawaii is not in the lead for tobacco use reduction, but it is clearly in the leading twenty states in the nation. Again, the efforts of those dedicated to reducing the impact of this substance through targeted intervention and prevention programs may be yielding results. What is important to remember is that the State of Hawaii has consistently and systematically worked

on the Tobacco problem for twenty years now and over that time has successfully reduced the "Ever Used" rate by over fifteen percent and the "Current Smoker" rate by over seven percent.

CHAPTER FOUR

ALCOHOL

Chapter 4

Alcohol

Among the various drugs available around the world, fermented alcohol and its derivatives are probably used by more people than any other mood altering substance. Alcohol is used as a “pick me up”, to “calm me down”, to “ease my stress”, to “get me up and ready”, to “make me forget”, to “help me focus”, and on and on! It is almost a universal panacea for those who use it in moderation. For those who use alcohol in excess, it is the “devil incarnate”, an addiction that is very difficult to overcome, the cause of much violent and irrational behavior, the “ruination of society as we know it”, a “chronic disease”, a source of much unhappiness and misery.

Alcohol, unlike many substances of abuse, usually takes a long time to result in serious, negative health outcomes. For alcohol addiction to become established, years of abuse pass by with no sense of serious problem. It is estimated that for excessive alcohol use to result in cirrhosis of the liver[1], or Korsakoff’s syndrome[2] is measured in terms of decades of use and not years. In most societies, it is legal to purchase, consume and produce within certain legal parameters set by the society. The use of alcohol in our society is acceptable to a point. When that point is exceeded, social sanctions are imposed on the offender that range from social warning, to social separation and enforced treatment. Alcohol is one of the few substances of abuse that in the face of much evidence about its negative health consequences,

[1] Liver Cirrhosis - The liver filters unwanted substances and helps the body fight infection. Cirrhosis is a chronic, progressive liver disease that prevents the liver from functioning normally. This disease is most often caused by chronic **alcoholism**, but can also be caused by hepatitis infection and other illnesses. Damage to the liver from **alcoholism** or illness causes scar tissue to develop in the healthy liver tissue. Scar tissue prevents blood from flowing through the liver, preventing it from functioning properly. *(Dorland’s Medical Dictionary on line located at http://www.mercksource.com/pp/us/cns/cns_home.jsp).*

[2] **Korsakoff's syndrome.** a syndrome of anterograde and retrograde amnesia with confabulation associated with alcoholic or nonalcoholic polyneuritis described as “cerebropathia psychica toxemica” by Korsakoff; currently used synonymously with the term amnestic syndrome or, more narrowly, to refer to the amnestic component of the Wernicke-Korsakoff syndrome, i.e., an amnestic syndrome resulting from thiamine deficiency. Spelled also *Korsakov's s.* Called also *Korsakoff's psychosis.(Dorland’s Medical Dictionary on line located at http://www.mercksource.com/pp/us/cns/cns_home.jsp).*

is allowed to be promoted at the very same time as other substances of use and abuse with negative health consequences (tobacco use for instance) have quickly become socially unacceptable, are restricted in terms of locations of use, are heavily taxed by governments, cannot be promoted, and have been the subject of legal action with respect to product liability.

Historical Context of Alcohol – International and National

In a recent book by Leslie Iverson[3] the history of man's fascination with fermented and distilled alcohol is described. She says:

> "The recreational use of drugs seems to have been a part of human behaviour for many thousands of years. Alcohol was probably the first such drug – it is easily available from fruit and wild yeasts that are common in most parts of the world. It was a small step to discover how to control the process of fermentation to make wines and beer. There are records of organized drinking houses in ancient Babylon more than 3,000 years ago, and wine making was common in all parts of the Roman Empire. The production of alcoholic drinks in their almost infinite variety has become a huge industry, and their consumption, except in Islamic countries, is widespread around the world. Like many other recreational drugs, alcohol has also been widely used in medicine – as a rough and ready anaesthetic in an era before ether and chloroform and as an ingredient in amount patent medicines – including gripe water (a dilute sugary alcoholic drink) for restless babies with colic. Alcohol also plays a role in various religions, as in the communion wine of Christianity. The excessive use of alcohol and the liability to dependence came into special prominence in the deprived cities of the industrial era of the nineteenth and twentieth centuries, and most countries reacted by placing restrictive laws on the sale of alcohol and by taxing it heavily."

Harvey Siegel and James Incardi[4] tell us that:

> "The desire to temporarily alter how our minds process the information brought by our senses is perhaps one of the oldest and most pervasive of humanity's wishes. In fact, some researchers have suggested that the need to do so is as powerful and permanent as the in-born drives of self-preservation, hunger, and security[5] (Weil 1972). In its pursuit, people have, at various times and in various places, subjected their bodies to beatings and mutilation, starvation and sensory deprivation; they have focused their minds solely on a

[3] Iverson, Leslie (2001) Drugs: A Very Short History. Oxford University Press: Oxford, England. Page 11.
[4] Siegel, Harvey, and James A. Incardi, "A Brief History of Alcohol," Page 74, in Incardi, James A. and Karen McElrath (eds.), 2004. The American Drug Scene, Fourth Edition, Los Angeles, CA: Roxbury Press.
[5] Weil, A. (1972). The Natural Mind. Boston, MA: Houghton Mifflin.

> single object, or let consciousness expand without direction; and they have often pursued a more direct route, changing the brain's chemistry by ingesting a chemical substance. Of all of these, the chemical that has probably been used by more of the earth's people in more places and times is one of the by-products of a single organism's conversion of sugar and water into energy. It is ethanol, or beverage alcohol. Each year, countless millions of people experience, both positively and negatively, the effects of this domesticated drug we call alcohol."

In Falkowski's[6] "Dangerous Drugs" we are told that:

> "Alcohol is the most widely used drug in the United States, with an estimated 104 million current users in 2000 – about 47% of the total population over age 12[7]. Alcohol use is most common among people between the ages of eighteen and thirty-four, followed by those thirty-five and older, and lowest among twelve through seventeen year-olds. (Current use is defined as any use in the last thirty days).
>
> Binge alcohol use is defined as having five or more drinks (four or more for females) on the same occasion at least once in the past thirty days. An estimated 46.4 million Americans (20.6% of the population age twelve and older) were current binge alcohol drinkers in 2000, or 44% of all drinkers. Young people aged eighteen to twenty-five are the most likely to binge drink; 37.8% report it.
>
> Heavy drinking is defined as having five or more drinks on the same occasion on five or more days in the past month. It is also most common among people eighteen to twenty-five; 12.8% in this group report heavy drinking[8].
>
> In 2000, one in ten Americans reported driving a motor vehicle under the influence of alcohol at least once in the previous year. Yet among young adults age eighteen to twenty-five, nearly one out of five (19.9%) reported doing so[9]."

America is an alcohol-using nation. In almost all surveys completed over the past decade, the proportion of persons who have tried alcohol at some point in their lives is slightly above or below the 80th percentile. That is, 4 of 5 persons over the age of 12 have

[6] Falkowski, Carol L., (2003). Dangerous Drugs, page 18, Center City, MN: Hazelton.
[7] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Summary of Findings from the 2000 National Household Survey on Drug Abuse, NHSDA Series H-13, (Rockville, MD: DHHS, 2001). DHHS publication number (SMA) 01-3549.
[8] Ibid
[9] Ibid

had at least one drink of alcohol once or more in their lifetime. Without question, the consumption of alcohol is a normalized behavior in the America of the 20th and 21st centuries.

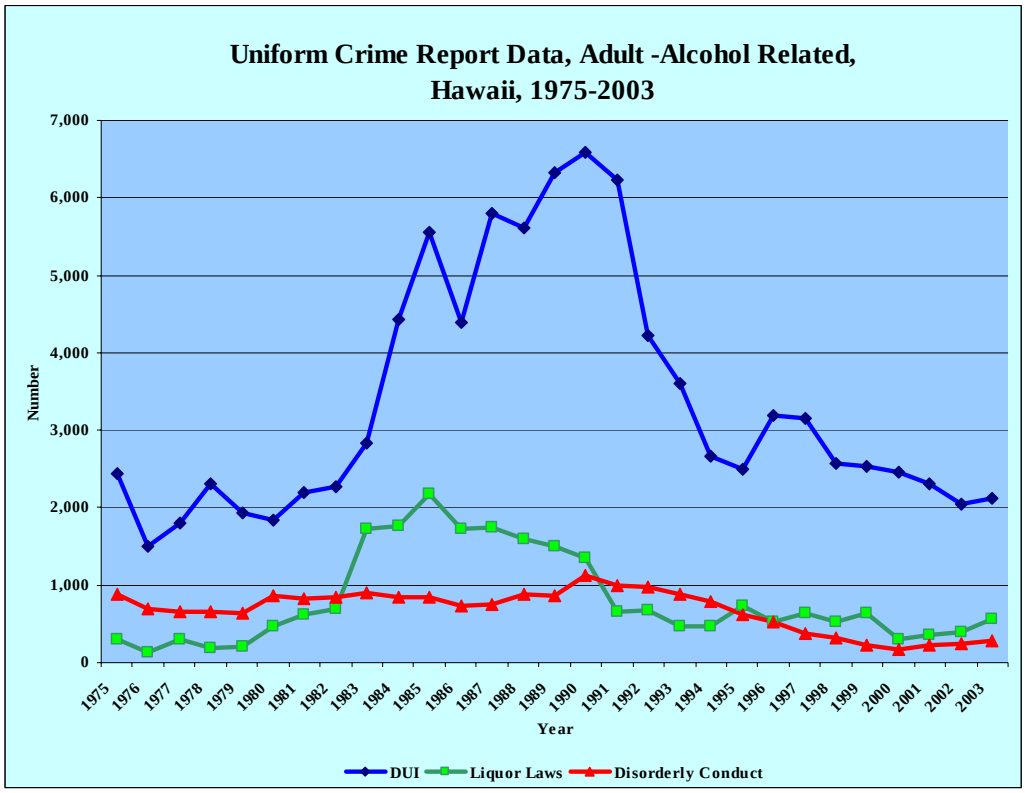
That some people consume more and some consume less is also expected. Of concern, however, is the extent to which people consume sufficiently large amounts of ethanol within relatively short periods of time, or when they place themselves at elevated risk of becoming dependent or of abusing alcohol and thus experiencing the negative sequelae of those acts. Further, we become concerned when people consume larger amounts of alcohol over extended periods of time, again placing themselves at greater risk for alcohol abuse or dependence. The exact thresholds for each of these elevations of risk is unclear, however, it is clear that it is a dose-response causation – the more you drink, the more at risk you are for becoming alcohol dependent and in need of treatment to overcome your addiction.

In examining the issue of responsible use of alcohol, data from the Uniform Crime Report (UCR) for the State of Hawaii are revealing. The UCR is routinely collected by all police departments in the nation and submitted to a national dataset. It has been collected for over 50 years and the data in Chart 4.1 present the past 28 years of data for the State.

In examining these data, it is clear that the number of arrests for **D**riving **U**nder the **I**nfluence (DUI), having peaked about a decade and a half ago (1991) are now among the lowest since the 1970s. For this offense, as well as for the other two mentioned in the chart (Liquor Law Violations and Disorderly Conduct) a conclusion from these data would be that the problem of alcohol in the community has lessened over the past 15 years and at present is relatively low. However, it is important to also note that arrests for these offences as with any offence is sensitive to the degree of effort and focus on the particular offence by the various police departments. With the manpower shortages in all of Hawaii's police departments and

the expanded roles they have been forced to play in security and in dealing with the many other drug-related activities, the issue of focus and attention may be accounted for by community priorities.

Chart 4-1: Uniform Crime Report Data on Adult Alcohol-Related Crimes. 1975-2003



SOURCE: Uniform Crime Reports, State of Hawaii, Department of the Attorney General, 2004.

National Data

Nationally, we have an opportunity to compare Hawaii data to National data through the collection efforts of the National Survey on Drug Use and Health (NHSDUH) [10] from which the tables in this section of the report have been abstracted.

In the United States, among those aged 12 years or older, at least 8 of 10 persons have consumed alcohol at some point in their lives. Table 4.1 shows that two-thirds of the population has consumed at least one drink in the past year and just over one-half have

[10] Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2003: Full Report, DHHS: Washington, DC.

consumed at least one drink in the past month. In prevalence data of this sort we expect to see higher rates for those who have had more opportunity in terms of time, to exhibit the measured behavior. In this case, that point is clearly made in looking at the lifetime panel where we see that the older the age groups the higher the proportion exhibiting drinking behavior. We also note a gender bias in favor of males, that is, more males have consumed at least one drink in their lifetimes than have females. The age sensitive pattern is disturbed when the time period is restricted to the past year or the past month suggesting that the 18-25 year old group consumed alcohol differently that the other groups. Unfortunately, all of the 12-17 year old group and a major part of the 18-25 year old group are below the legal drinking age in the United States as they report their lifetime, annual and monthly prevalence of ever drinking. The impact of reporting an illegal activity by those so young is not known.

Table 4.1: Alcohol Use in Lifetime, Past Year, and Past Month among Persons Aged 12 and Older, by Demographic Characteristics, NSDUH, 2004, (%)

NATIONAL DATA	TIME PERIOD					
	Lifetime		Past Year		Past Month	
Demographic Characteristics	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**
Total	83.1	82.4	65.0	65.1	50.1	50.3
Age						
12-17	42.9	42.0	34.3	33.9	17.7	17.6
18-25	87.1	86.2	78.1	78.0	61.4	60.5
26 and older	88.0	87.3	67.0	67.2	52.5	53.0
Gender						
Male	86.4	85.9	69.6	69.9	57.3	56.9
Female	80.1	79.2	60.8	60.7	43.2	44.0

SOURCE: Table 2.47B, National Survey of Drug Use and Health, 2004. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Washington, DC.

This point becomes all the clearer as we look at Table 4.2 showing that in spite of being below the legal drinking age, substantial proportions of the population are consuming alcohol regularly, in binge drinking episodes, and in a manner labeled as “Heavy Drinking”. Interestingly, in this table, the importance of the gender differences in alcohol consumption is

magnified. Among those who drink (Any Alcohol Use) the ratio of male drinkers to female drinkers is 1.4 indicating that there are about 1/3 more male drinkers than female drinkers. The ratio shifts to 2.1 when we look at Binge Drinking suggesting that twice as many males as females binge drink, and to 3.1 when we examine the data on Heavy Drinkers indicating that three times as many males as females drink heavily. The elevated rates of drinking in all categories of consumption by those under the legal drinking age should be a matter of national concern.

Table 4.2: Alcohol Use, Binge Alcohol Use, and Heavy Alcohol Use in Past Month among Persons Aged 12 or Older, by Demographic Characteristics (%)

NATIONAL DATA	TYPE OF ALCOHOL USE					
	Any Alcohol Use		Binge Alcohol Use		Heavy Alcohol Use	
Demographic Characteristics	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**
Total	50.1	50.3	22.6	22.8	6.8	6.0
Age						
12-17	17.7	17.6	10.6	11.1	2.6	2.7
18-25	61.4	60.5	41.6	41.2	15.1	15.1
26 and older	52.5	53.0	21.0	21.1	5.9	6.1
Gender						
Male	57.3	56.9	30.9	31.1	10.8	10.4
Female	43.2	44.0	14.8	14.9	3.4	3.5

SOURCE: Table 2.52B. National Survey of Drug Use and Health, 2004. Substance Abuse and Mental Health Services Administration, Washington, DC.

The NSDUH protocol collects data for use at the National Level, but also has some data available for state level analyses. The caveat regarding these data is, however, a reminder that the state data represent a small sample and are therefore less reliable that the estimates generated by the larger data set representing the 50 states together. Nonetheless, we are able, using the same collection protocol, to examine state in comparison to national data. The table below (Table 4.3) extends the analyses of these data by applying diagnostic criteria (DSM-IV) to them in order to determine the need for treatment. In this table we see that only a small proportion (<4%) meet the diagnostic criteria for alcohol dependence in this 2003

survey. That proportion more than doubles to 7.21 percent when specified by age, particularly the 18-25 years old group, however, when the category of abuse is added to that of dependence, the magnitude of the shift from the lowest age group (12-17 years) to this 18-25 year old group is a threefold shift. Further, the experience in getting treatment for this highest at risk age group (18-25 years) is very poor with only about 1 in 3 receiving treatment when the need is apparent.

Table 4.3. Selected Drug Use, Perceptions of Great Risk, Average Annual Rates of First Use of Marijuana, Past Year Substance Dependence or Abuse, Needing But Not Receiving Treatment, and Serious Mental Illness in *Hawaii*, by Age Group: Percentages, Annual Averages Based on 2002 and 2003 NHSDUHs

HAWAII	**Total**	**Age Group (in Years)**		
Measure	**12 or Older**	**12 - 17**	**18-25**	**26 or Older**
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT				
Alcohol Dependence	3.5	2.9	7.2	3.0
Alcohol Dependence or Abuse	7.5	6.4	18.1	5.9
Alcohol or Illicit Drug Dependence or Abuse	9.2	9.9	23.3	6.8
Needing But Not Receiving Treatment for Alcohol Ise	7.3	6.2	17.9	5.8

Source: National Survey of Drug Use and Health, 2003. Department of Health and Human Services, Substance Abuse and Mental Health Administration, Washington, DC

The next table (Table 4.4) is also from the national data related to type of alcohol use, except that it is for 2003 only. At the state level, we see that, like the nation, nearly ½ of the population use alcohol on a regular basis. The prevalence of Binge Drinking is about ¼ of the population with the national data only slightly lower. As far as Heavy Alcohol Use, the Hawaii data show us that there is nothing especially unique in this state compared to the data from the entire nation. About one resident in 15 over the age of 12 has a drinking pattern that is defined as Heavy Drinking. Unfortunately we are unable to directly compare the proportion of the Hawaii State population that have Lifetime, Annual and Monthly exposure to alcohol as it is not available from the NSDUH. Because of the relatively small sample size for Hawaii, estimation data such as these cannot be reliably produced.

Table 4.4: Type of Alcohol Use, Percent Population and by Age of Population (%), Hawaii, NSDUH Data 2003

HAWAII DATA	TYPE OF ALCOHOL USE		
	Any Alcohol Use	Binge Alcohol Use	Heavy Alcohol Use
Demographic Characteristics	2003	2003	2003
Total	48.7	23.7	6.8
Age			
12-17	17.9	11.9	2.7
18-25	58.6	41.1	15.2
26 and older	51.3	22.5	7.8

Source: National Survey of Drug Use and Health, 2003. Department of Health and Human Services, Substance Abuse and Mental Health Administration, Washington, DC

In summary, while some concerns about the reliability of the NHSDUH data for Hawaii exist, they do allow for a direct comparison with national data on many variables. In so doing we find that Hawaii residents over the age of twelve years have, in general, used alcohol less frequently than their mainland counter parts. However, in terms of problem drinking behaviors we see that Hawaii drinkers are marginally more likely to Binge Drink than their mainland peers and are involved in Heavy Drinking at about the same rate as others in the nation.

Next we turn to another national dataset and the Hawaii data associated with it. The Behavioral Risk Factor Surveillance System (BRFSS) has operated through the Centers for Disease Control and Prevention (CDC) since 1984. Hawaii joined the system in 1986. The BRFSS uses a random digit dialed telephone survey as its primary data collection instrument. Samples of approximately 2000 cases are annually collected across the US with local Departments of Health being the primary sources of data collection and data access to the system. In Hawaii, BRFSS data are presented from 1994 through 2003 on the Department of Health Website (www.hawaii.gov/health).

National data are available through the CDC and can be directly compared to the Hawaii Data, as is seen in the Table 4.5 below.

TABLE 4.5: Risk factors from Alcohol Consumption, 2003 (%) Behavioral Risk Factor Surveillance System Data, U.S. and Hawaii

Age Group	At least one drink in past 30 days		Binge Drinkers		Heavy Drinkers	
	U.S.	Hawaii	U.S.	Hawaii	U.S.	Hawaii
18-24 Years	60.2	59.0	31.8	23.3	10.5	8.3
25-34 Years	64.0	59.9	24.1	18.4	5.9	6.6
35-44 Years	63.2	50.4	18.2	17.5	5.4	6.5
45-54 Years	60.4	52.4	12.7	10.2	5.3	6.0
55-64 Years	54.7	47.5	8.3	9.3	4.6	7.1
Over 65 years	41.6	29.9	3.0	3.2	2.9	2.7

SOURCE: Centers for Disease Control and Prevention, 2003 Behavioral Risk Factor Surveillance System Data, .http://apps.nccd.cdc.gov/brfss/page.asp?cat=AC&yr=2003&state=HI#AC

In examining Table 4.5, it is important to note that the data are presented in percentages and that with some minor variances, reflect less risk, as the respondents get older. Those exceptions occur in both the national and Hawaii data for the youngest age and the lowest risk category, namely 18-24 year olds responding to questions about having had at least one drink in the past thirty days. The other difference to the pattern is in the Hawaii data related to Heavy Drinkers where we see that for the 55–64 year old category, the proportion of respondents at risk is higher than for younger respondents in the typology of drinkers. The other consistent observation across these data is that Hawaii rates are mostly lower than U.S. rates in all typology groups and all ages. Exceptions occur among the oldest of Hawaii's Binge drinkers and in the 55-64 year old heavy drinkers.

Hawaii State Surveys

As has been mentioned previously, several types of surveys are completed at the State level in Hawaii. Among these is the *Ka Leo O Na Keiki*[11] study of School students in the State of Hawaii. In that study the following data were reported:

[11] Alcohol and Drug Abuse Division, Hawaii State Department of Health, 2002. Ka Leo O Na Keiki: The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: Statewide Report. ADAD: Honolulu.

Table 4.6: Lifetime and Current (30 day use) Use of Alcohol by Students in Hawaii Schools, 2002 and 2003 (%), Ka Leo O Na Keiki Survey, 2002.

	6th Grade		8th Grade		10th Grade		12th Grade	
Subject	***2002***	***2003***	***2002***	***2003***	***2002***	***2003***	***2002***	***2003***
Lifetime Use								
Ever Used Alcohol	24.2	20.0	49.2	42.5	67.1	64.7	77.2	75.4
Ever Used Beer or Wine	23.3	19.3	47.2	41.1	64.5	62.5	74.9	72.5
Ever Used Hard Liquor	5.1	5.1	25.5	23.6	51.0	49.6	66.3	65.6
Ever Been Drunk in Lifetime	2.9	3.3	17.3	17.1	37.5	37.8	53.0	53.5
Current Use								
30 Day Alcohol (all types)	9.1	7.8	22.1	20.4	32.5	33.9	43.2	43.0
30 Day Beer or Wine	8.7	7.5	20.3	19.2	28.9	30.4	39.1	38.1
30 day Hard Liquor	3.2	2.2	14.8	11.6	26.7	24.4	35.5	32.6

SOURCE: Alcohol and Drug Abuse Division, Hawaii State Department of Health, 2002. Ka Leo O Na Keiki: The 2002 Hawaii Student Alcohol, Tobacco, and Other Drug Use Study: Statewide Report. ADAD: Honolulu

The unfortunate part of the data displayed in the above Table is that all respondents are under the legal age to drink in the State of Hawaii. Further, if the data are to be believed, then our students, upon graduation from high school, have a higher rate of having ever used alcohol than the rest of the population. It will be recalled that the general population of Hawaii has a lifetime prevalence rate of between 50 and 60 percent depending on the demographic characteristics; however, the students in grade 12 are already claiming a prevalence rate of lifetime use of alcohol of over 75 percent. In terms of current use rates, our children in the schools of the State are using alcohol at rates of about one-half that of the general population. For those involved with school based substance abuse education, this should be a priority focus.

Other surveys of substance use and abuse have been carried out in the State since 1979. In fact the surveys of 1979, 1985, 1991, 1995, 1998 and 2004 provide us the opportunity to examine the historical trends of substance abuse in Hawaii. In the following sections, each of these six surveys will have alcohol data extracted and presented for the reader.

1979 Hawaii State Survey of Behavioral Health

TABLE 4.7: Lifetime and Current Use of Alcohol by Age Group and Gender (%), 1979 Hawaii State Substance Abuse Survey

Statewide

	Lifetime Use					
	12-17	**18-25**	**26+**	**Males**	**Females**	**Statewide**
Alcohol	52.1	87.2	82.8	84.5	74.6	79.2
	30 Day Current Use					
	12-17	**18-25**	**26+**	**Males**	**Females**	**Statewide**
Alcohol	27.4	68.2	57.3	64.7	45.5	55.1

SOURCE: State of Hawaii, Department of Health, 1979 Hawaii State Survey of Behavioral Health

The 1979 Hawaii State Substance Abuse Survey examined alcohol as one of the substances that were seen to possibly be a problem for the people of the State of Hawaii. In so doing they revealed that 79.2 percent of the people of the State had consumed at least one drink at some point in their lives. They also reaffirmed that males were more likely to have consumed alcohol than females, and that younger persons (18-25 years) had lifetime prevalence rates above all others. In terms of current consumption of alcohol, a similar pattern emerged with 55.1% of the people of the State currently consuming alcohol, with more males than females in this status, and the youngest of the legal drinking age groups (18-25) most likely to consume alcohol.

1985 Survey of Mental Health and Substance Abuse

The 1985 Survey of Behavioral Health produced the following table classifying the State's drinkers. The same general trends appear in that males are more often drinkers, and more often problem drinkers.

Table 4.7: Percentages of Sample in Categorical Alcohol Use by Selected Demographics: 1985

	Non-Drinkers / Infrequent Drinkers	Light Drinkers	Moderate Drinkers	Moderately Heavy Drinkers	Heavy Drinkers	Total (n)
Statewide	**47.3**	**24.4**	**12.9**	**7.3**	**8.1**	**2501**
Gender						
Males	32.2	21.8	17.5	11.5	13.9	1078
Females	56.4	26.4	9.4	3.4	4.1	1412
Age Groups						
18-24	42.7	25.6	15.3	7.5	8.9	426
25-34	37.5	29.2	15.6	7.5	8.9	426
35-44	44.5	28.6	13.8	6.1	7.1	479
45-54	51.5	24.2	9.2	6.8	8.3	326
55-64	55.3	19.1	10.9	7.1	7.6	367
65-74	61.5	13.7	11.5	7.5	5.8	226
75+	67.1	14.6	3.7	6.1	8.5	82

SOURCE: State of Hawaii, Department of Health, 1985 Hawaii State Behavioral Health Survey

1991 Hawaii State Survey of Behavioral Health

Table 4.8 is divided between the third and fourth columns to show the different ways that the categories of drinkers can be presented. On the left is the categorization that presents only Social Drinkers and Heavy Drinkers but on the right, the category of Heavy Drinker is further subdivided as either Binge Drinkers or Chronic Drinkers. Since at the time both methods of describing drinkers were in use, this allowed the reader to better understand the data as presented. The lower part of the Table does not make these distinctions.

The 1991 Hawaii Behavioral Health Survey provided additional demographic information on the drinkers of its day (see Table 4.8 following). The most salient findings for this table are that gender is somehow related to the categorization of drinking level (females are most likely to be a social drinker; men are the main group in all other categories). Age seems to be related to the proportions in all of the groups with social drinkers increasing with age and most other decreasing with age. The anomaly to this statement is the group aged 54-64 (born 1940 – 1950) which represents the “baby boomers”. Along with the youngest age group (under the age for legal drinking), the “baby boomers” differ from those older and younger than

themselves. In the social drinker group, they represent a lower proportion than their older or younger social drinkers. Among the heavy drinkers, they represent a higher proportion than either their younger or older group members.

That between one-third and two-thirds of the drinkers are less than 21 years of age, the legal drinking age, should be of major concern for those involved in prevention efforts. Further, that single and divorced drinkers are over represented in the heavy drinking category, those with lower educational attainment, and those earning less than $30,000 per year are also among the highest sub-groups in the heavy drinker category should also be a focus of preventive activities. Finally, those in the heavy drinking group tend to consume more beer than those in the social drinking group and if they are binge drinkers, that characteristic is by far the most important in terms of what the members of the binge drinking group consume.

Table 4.8: Demographic Characteristics of Drinkers (%), Hawaii Behavioral Health Survey 1991 (sample size = 1985)

Characteristic	Social Drinker %	Heavy Drinker* %	Social Drinker %	Binge Drinker %	Chronic Drinker %
Gender					
Male	58.4	41.6	58.4	12.9	28.7
Female	80.8	19.2	80.8	7.7	11.5
Age					
18-19	27.7	72.3	27.7	61.7	10.6
20-24	55.3	44.7	55.3	19.2	25.4
25-34	61.6	38.4	61.6	16.5	21.9
35-44	76.2	23.8	76.2	8.2	15.6
45-54	75.7	24.3	75.7	6.0	18.3
55-64	59.5	40.5	59.5	7.5	33.0
65+	70.7	29.3	70.7	1.4	28.0
Under 21	32.6	67.4	32.6	43.7	23.6
21 and Over	68.5	31.5	68.5	9.9	21.6
Marital Status					
Married	71.7	28.3	71.7	7.3	21.0
Single	54.3	45.7	54.3	19.5	26.2
Separated	81.6	18.4	81.6	9.7	8.7
Divorced	68.7	31.3	68.7	10.3	21.0
Widowed	82.2	17.8	82.2	6.3	11.5
Education					
Less than High School	58.6	41.4	58.6	12.8	28.6
High School	54.0	46.0	54.0	16.6	29.4
Some College to Post Graduate	75.8	24.2	75.8	7.5	16.7
Income					
Under $12000	69.6	30.4	69.6	15.0	15.5
$12000-$19999	63.5	36.5	63.5	16.0	20.4
$20000-$29999	58.6	41.4	58.6	15.1	26.3
$30000-$39999	65.1	34.9	65.1	9.9	25.0
$40000-$49999	72.0	28.0	72.0	5.2	22.7
$50000-$74999	75.8	24.2	75.8	7.4	16.8
Over $75000	73.4	26.6	73.4	7.4	19.2

SOURCE: State of Hawaii, Department of Health, 1985 Hawaii State Behavioral Health Survey dataset.

* Heavy Drinker is a category used in several National and State Surveys and means a person who regularly consumes large quantities of alcohol, often through binge drinking (5 or more drinks [4 for females] on a single occasion more than once a week) and with monthly drink consumption of more than one drink per day.

Table 4.8: Demographic Characteristics of Drinkers (Continued) Hawaii Behavioral Health Survey 1991, (sample size = 1985)

Characteristic	Social Drinker %	Heavy Drinker* %	Social Drinker %	Binge Drinker %	Chronic Drinker %
Ethnicity					
Hawaiian/ Part Hawaiian	45.3	54.7	45.3	25.5	29.2
Portuguese	55.2	44.8	55.2	18.9	25.9
Caucasian	74.9	25.1	74.9	7.0	18.1
Korean	17.0	83.0	17.0	21.8	61.3
Okinawan	90.7	9.3	90.7	0.0	9.3
Japanese	70.7	29.3	70.7	4.5	24.8
Filipino	65.2	34.8	65.2	15.3	19.5
Samoan	40.6	59.4	40.6	50.0	9.4
Puerto Rican	93.1	6.9	93.1	6.9	0.0
Chinese	79.1	20.9	79.1	2.6	18.3
Other	55.1	44.9	55.1	23.7	21.3
Employment					
Employed	68.4	31.6	68.4	11.3	20.3
Unemployed	64.9	35.1	64.9	9.4	25.7
Type of Alcohol					
Beer	25.4	48.7	25.9	9.2	16.8
Wine	56.2	40.8	3.0	0.8	2.2
Distilled Spirits	56.1	36.4	7.5	3.5	4.1
All Types		67.5	32.5	10.8	21.7

SOURCE: State of Hawaii, Department of Health, 1991 Hawaii State Behavioral Health Survey
*Heavy Drinker is a category used in several National and State Surveys and means a person who regularly consumes large quantities of alcohol, often through binge drinking (5 or more drinks [4 for females] on a single occasion more than once a week) and with monthly drink consumption of more than one drink per day.

1995 Hawaii State Treatment Needs Assessment Project.

The 1995 State Treatment Needs Assessment Project contracted with Gallup Survey Research to complete the data collection and analysis for the ADAD. The table below (Table 4.9) is from that study and shows that with the use of the DSM-II-R criteria for diagnosis of mental health and substance abuse problems as the tools, considerable information regarding the nature and extent of the alcohol problems in the State can be seen. The diagnosis of Alcohol Dependence occurs more frequently on the neighbor islands than on Oahu. However, the diagnosis of Alcohol Abuse occurs more often on Oahu (Honolulu County) than on other islands.

Finally, the most severe of the categories of Alcohol Dependence severity occurs more often on neighbor islands, with Maui the highest, compared to Oahu. At the same time, the most common category of severity of Alcohol Dependence is that rated as Moderate. Here, Kauai is the highest with Maui a close second.

Table 4.9: Estimates of Dependence and Abuse in Hawaii, 1995 (%), 1995 Hawaii State Treatment Needs Assessment Project

	Total Statewide *N=885,002*		Hawaii County N=98,036		County Honolulu County N=663,473		Kauai County N=40,740		Maui County N=82,754	
	%	S.E.	%	S.E.	%	S.E.	%	S.E.	%	S.E.
Diagnosis of Alcohol Dependence	4.9	0.4	5.4	0.6	4.6	0.5	5.8	0.9	6.2	0.9
Indeterminate Diagnosis of Alcohol Dependence	0.2	0.1	0.4	0.2	0.1	0.1	0.7	0.4	0.6	0.3
Diagnosis of Alcohol Abuse	2.9	0.3	2.7	0.5	3.1	0.4	2.2	0.5	3.0	0.6
Severity of Alcohol Dependence										
Severe	0.9	0.2	1.7	0.4	0.7	0.2	1.1	0.3	1.7	0.5
Moderate	3.2	0.3	3.1	0.5	3.2	0.4	3.8	0.8	3.6	0.7
Mild	0.7	0.1	0.6	0.2	0.7	0.2	0.9	0.4	0.8	0.3

SOURCE: 1995 State Treatment Needs Assessment, Household dataset. State of Hawaii, Departmentof Health, Alcohol and Drug Abuse Division.

1998 Hawaii State Treatment Needs Assessment Project

In 1998, yet another survey of treatment needs in Hawaii was conducted and the following table is from that study. In this study, the highest rates of lifetime use of alcohol were recorded at 90.1 percent of the State's population. While the current use (past 30 days) rates were comparable with other studies, this lifetime rate was not. There has been no ready explanation for this finding. The diagnosis rates for alcohol dependence were also elevated across the state and again, there is no ready explanation for this finding. In these data, alcohol problem indicators are more clearly focused on the City and County of Honolulu than any of the other counties. The other counties are not free from indicators of problems with alcohol but their rates of prevalence are much lower across most indicators (see Table 4.10).

Table 4.10: **Lifetime and Current (30 days) Alcohol Use by County (%), Hawaii State Treatment Needs Assessment Project, 1998**

	Total Statewide *N=895,414*		Hawaii County *N=99,941*		Honolulu County *N=668,524*		Kauai County *N=41,304*		Maui County *N=85,645*	
	%	S.E.	%	S.E.	%	S.E.	%	S.E.	%	S.E.
Ever had a drink in lifetime	90.1	0.0	89.9	0.1	92.3	0.1	91.2	0.1	88.5	1.0
No alcohol in past month	52.4	0.1	53.0	1.1	49.2	1.6	52.8	1.6	51.4	1.6
Had even a little to drink in the last 18 months	64.9	0.7	65.0	1.0	65.5	1.6	65.1	1.6	64.1	1.5
Drunk any alcohol in last month	47.6	0.7	47.0	1.1	50.8	1.6	65.5	1.6	65.1	1.6
Binge Drinking:										
Ever gone 2 or more days without sobering up?	4.0	0.3	3.5	0.4	5.5	0.7	3.2	0.6	4.5	0.7
Ever had more than 5 drinks in one day in the last 18 months	19.6	0.6	18.9	0.8	22.4	1.4	18.2	1.2	21.9	1.3
Chronic Drinking:										
Ever consumed >60 drinks per month in last 18 months	8.2	0.4	7.7	0.6	10.6	1.0	8.	0.9	9.6	0.9
Ever consumed > 60 drinks in the last month	4.8	0.3	4.5	0.4	6.4	0.8	4.6	0.7	5.2	0.7
Heavy (binge or chronic) Drinking	21.0	0.6	20.3	0.9	24.2	1.4	19.9	1.3	23.1	1.3
Lifetime DSM III R diagnoses										
Diagnosis of alcohol dependence	5.3	0.2	5.2	0.3	6.7	0.6	4.1	0.5	5.8	0.5
Indeterminate diagnosis of alcohol dependence	0.7	0.1	0.7	0.2	0.8	0.3	0.3	0.2	0.5	0.2
Diagnosis of alcohol abuse	2.8	0.3	2.6	0.5	3.7	0.8	2.5	0.7	3.2	0.8

SOURCE: 1998 State Treatment Needs Assessment Program, Household dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division

This report was generated in response to the completion of the 2004 State Treatment Needs Assessment Project. Data pertaining to that Survey follow. In these tables we will review the lifetime prevalence of alcohol use, the age at which individuals first started to use alcohol, alcohol dependence according to DSM-IV criteria, Alcohol Abuse according to the same criteria, and the extent to which people feel they need and are criterion defined as needing Alcohol treatment. While these data are reported as statewide data, tables will, where possible, contain other county data as well.

In Table 4.11, data pertaining to the Lifetime Prevalence of Alcohol Use are presented. In viewing the table it is important to note that the rates for Hawaii are considerably lower than those for the nation and even for the youth still in our schools. In fact, the national rate of 83% is fully 15% above the highest age specific rate for the state. The 75% rate of use for students in grade 12 also is notably higher than was found among the adults in this survey. As a marginal note, the rates for males and females are as expected with more males having ever used alcohol than females.

Table 4.11: Lifetime Prevalence of Alcohol Use by Age and Sex, Hawaii 2004

Have you ever, even once, had a drink of any type of alcoholic beverage?	Statewide	Hawaii County	Honolulu County	Kauai County	Maui County
Age Group					
18-24 Years	58.0	61.0	57.8	76.6	47.5
25-44 Years	69.2	66.7	69.0	77.7	69.0
45-65 Years	67.9	64.5	68.1	78.0	65.4
Gender					
Males	72.0	69.8	72.6	65.7	82.4
Females	62.3	60.3	61.5	73.0	64.7

SOURCE: 2004 State Treatment Needs Assessment dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division

In considering the lifetime prevalence of Alcohol Use in the State of Hawaii a natural question emerges about how old people were when they first used Alcohol. Table 4.12 provides information on that topic. The modal category of age at first use is the 16-20 year grouping. In spite of the fact that the legal drinking age in Hawaii is 21 years, youth between 1 and 5 years younger have begun to use Alcohol. This leads to many questions such as where are they getting the alcohol? How and where are they able to consume alcohol? Clearly none of these questions were the focus of the 2004 survey but nonetheless, they emerge as we look at the extent to which our youth are committing unlawful acts. The youngest new user group that appears worthy of comment is in Kauai and is the 10-12 year old group at 6.8%when that proportion is added to the

next two older cohorts, we see that fully 74 percent of drinkers started prior to the legal age for drinking in the state.

Table 4.12: Age at First Use of Alcohol (%), Hawaii State Needs Assessment Data, 2004

Age at First Use of Alcohol	Statewide	Hawaii County	Honolulu County	Kauai County	Maui County
5 to 9 Years	1.5	1.0	2.0	0.0	0.7
10 to 12 Years	3.3	4.0	2.8	6.8	2.9
13 to 15 Years	11.0	7.4	10.6	10.4	17.5
16 to 20 Years	49.1	50.0	48.0	54.9	50.7
21 to 24 Years	20.8	12.6	24.2	12.8	15.5
25 to 29 Years	3.4	10.4	2.0	4.7	2.7
30 Years and older	10.9	14.7	10.4	10.4	9.8

SOURCE: 2004 State Treatment Needs Assessment dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division

Of perhaps the greatest importance of all these data is the following table (Table 4.13) that deals with the extent to which there is alcohol dependence and abuse among the respondents to this survey. The establishment of the dependence and abuse categories required extensive manipulation of the data because of the relative complexity of the DSM-IV diagnosis algorithm. As a result, there is now an ability in data such as these to create credible diagnoses for the use, abuse and dependence on alcohol and other drugs of abuse.

Table 4.13: Alcohol Dependence and Alcohol Abuse by Age and County, Hawaii, 2004

	Statewide	Hawaii County	Honolulu County	Kauai County	Maui County
Alcohol Dependence					
Lifetime					
Age Group					
18-24 years	7.6	5.3	8.2	10.5	3.8
25-44 years	5.7	3.8	5.4	10.4	6.5
45-65 years	2.5	2.5	1.7	7.5	5.1
18-24 years	7.6	5.3	8.2	10.5	3.8
25-44 years	5.7	3.8	5.4	10.4	6.5
45-65 years	2.5	2.5	1.7	7.5	5.1
Past 12 Months					
18-24 years	5.7	4.2	6.0	8.1	3.8
25-44 years	2.0	1.8	2.1	2.7	1.8
45-65 years	0.7	0.7	0.7	2.3	0.0
Alcohol Abuse					
Age Group					
18-24 years	6.3	2.7	6.5	13.1	6.1
25-44 years	9.1	5.7	8.9	19.4	8.9
45-65 years	5.7	5.7	5.3	9.0	7.3

SOURCE: 2004 State Treatment Needs Assessment dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division

In calculating the dependence and abuse rates, the issue of time is relevant. For the dependence diagnosis the determination of whether the dependence is a long-term dependence or a short-term dependence has implications for treatment possibilities. In this table, both are presented, broken out by age group. Statewide, the lifetime dependence rate varies inversely with age. That is, the older you are the less likely you are to be dependent on Alcohol. That pattern is replicated in the past year dependence rate as well. In terms of the rates of alcohol abuse in the state, we can see that a more mixed relationship between age and abuse rate exists. Here the middle age group, (25-44 years of age) is the highest for alcohol abuse. That pattern is reflected in the county level data as well.

Table 4.14: Thought to be In Need and Defined as in Need of treatment by Age and County, Hawaii 2004

	Statewide	Hawaii County	Honolulu County	Kauai County	Maui County
Problem with Alcohol?					
Age Group					
18-24 years	7.0	7.5	7.1	5.4	5.8
25-44 years	6.5	9.7	4,8	9.1	12.7
45-65 years	8.9	12.0	8.1	8.8	11.1
Need for Treatment*					
Age Group					
18-24 years	12.0	6.9	12.5	21.2	9.8
25-44 years	11.2	7.5	11.0	22.1	10.7
45-65 years	6.5	6.4	5.9	11.3	7.3

SOURCE: 2004 State Treatment Needs Assessment dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division.
*Determined by criterion

Table 4.14 is about the extent to which our respondents felt they might have a problem with alcohol and the degree to which the DSM-IV criteria identify those in need of treatment. Here we see that the presentation of the potential problem of whether or not the respondent feels there is a problem with alcohol is again directly related to the age of the respondent. In applying the criterion based needs assessment to these data, we can see a rather different picture with the youngest showing with greatest need to treatment.

The next two tables (Table 4.15 and Table 4.16) specify the nature of alcohol use and the need for treatment. In the first table (Table 4.15) the need for treatment of those who have ever consumed alcohol (and by definition, those who have never consumed alcohol) and those who currently consume alcohol are presented by county of residence. In viewing this table it is important to note that those classified as “Current Drinkers” are a subset of those who have ever had a drink. That is, to consume alcohol currently, one had to have consumed it at some point in their lives.

The difference in the need for treatment between those who have and have not ever consumed alcohol is notable. Whether it is for alcohol and drug treatment or even drug treatment only, the differences between those who have consumed alcohol and who have not is extreme. Among those who have ever consumed alcohol, residents of Kauai have the highest rates of need

for all types of treatment. However, as has been mentioned, the Kauai data need to be viewed with caution. A point of that caution is that, according to these data no one who had not consumed alcohol had any need for any form of treatment be it alcohol treatment which makes sense, or drug treatment, which is not seen in any other county. Since the data for ever versus never used alcohol is full population data (all respondents are included) it would appear that on Kauai there are no respondents who have not consumed alcohol at some point in their lives. At the same time, from Table 4.13 it was reported that only 65 percent or males and 73 percent of females had ever consumed alcohol at some point in their lives.

Table 4.15: Needs for Treatment by Treatment Type (%) for Ever versus Current Drinkers, Hawaii 2004

Needs for Treatment	County	Ever Drink		Current Drink	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	14.0	0.3	22.6	1.7
Needs Alcohol Treatment ***Only***		13.6	0.0	22.2	1.3
Needs Drug Treatment ***Only***		2.2	0.3	3.0	0.7
Needs Alcohol ***AND*** Drug Treatment		1.9	0.0	2.7	0.4
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	11.5	1.4	15.8	2.8
Needs Alcohol Treatment ***Only***		10.6	0.0	15.5	1.2
Needs Drug Treatment ***Only***		1.6	1.4	0.9	1.9
Needs Alcohol ***AND*** Drug Treatment		0.7	0.0	0.6	0.4
Needs Alcohol ***OR*** Drug Treatment	**Maui**	15.1	0.1	20.0	2.5
Needs Alcohol Treatment ***Only***		14.0	0.0	19.2	1.8
Needs Drug Treatment ***Only***		3.0	0.1	3.7	0.8
Needs Alcohol ***AND*** Drug Treatment		1.9	0.0	2.9	0.0
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	22.1	0.0	26.9	9.0
Needs Alcohol Treatment ***Only***		22.1	0.0	26.9	9.0
Needs Drug Treatment ***Only***		4.3	0.0	5.0	1.9
Needs Alcohol ***AND*** Drug Treatment		4.3	0.0	5.0	1.9
Needs Alcohol ***OR*** Drug Treatment	**State Total**	14.3	0.4	21.7	2.2
Needs Alcohol Treatment ***Only***		13.8	0.0	21.3	1.7
Needs Drug Treatment ***Only***		2.4	0.4	3.0	0.9
Needs Alcohol ***AND*** Drug Treatment		1.9	0.0	2.6	0.4

SOURCE: 2004 State Treatment Needs Assessment dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division.

Other findings from this table would show a ratio of almost 36 to 1 (35.75) of ever drinkers to never drinkers across many of the categories of treatment. Kauai County, as

mentioned, was the most prominent in this finding with Maui County and Oahu ranked lower but still high.

In terms of current use of alcohol, a similar split between those who are actively using alcohol and those who are not appears. Current drinkers have much greater need for treatment than those who have used alcohol but are no longer consuming it. Kauai County again has the highest rates of need followed by Oahu and Maui with Hawaii County having the lowest need for treatment among current users of alcohol.

Table 4.16: Needs for Treatment by Treatment Type (%) for Ever versus Current Binge Drinkers, Hawaii 2004

Needs for Treatment	County	Ever Binge		Current Binge	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	17.7	5.8	46.1	5.3
Needs Alcohol Treatment ***Only***		17.3	5.5	45.5	5.0
Needs Drug Treatment ***Only***		2.4	1.3	7.5	0.9
Needs Alcohol ***AND*** Drug Treatment		2.0	0.9	6.8	0.6
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	13.3	5.7	28.3	5.2
Needs Alcohol Treatment ***Only***		12.0	4.7	28.2	4.0
Needs Drug Treatment ***Only***		1.3	1.6	2.0	1.5
Needs Alcohol ***AND*** Drug Treatment		0.0	0.6	1.9	0.3
Needs Alcohol ***OR*** Drug Treatment	**Maui**	18.5	5.4	33.4	5.4
Needs Alcohol Treatment ***Only***		16.9	5.1	32.9	4.6
Needs Drug Treatment ***Only***		4.2	0.9	6.5	1.2
Needs Alcohol ***AND*** Drug Treatment		2.6	0.5	6.0	0.3
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	30.0	9.4	43.8	10.4
Needs Alcohol Treatment ***Only***		30.0	9.4	43.8	10.4
Needs Drug Treatment ***Only***		7.3	0.9	11.3	1.3
Needs Alcohol ***AND*** Drug Treatment		7.3	0.9	11.3	1.3
Needs Alcohol ***OR*** Drug Treatment	**State Total**	18.1	6.0	41.8	5.6
Needs Alcohol Treatment ***Only***		17.5	5.6	41.3	5.1
Needs Drug Treatment ***Only***		2.8	1.2	7.0	1.0
Needs Alcohol ***AND*** Drug Treatment		2.2	0.9	6.5	0.6

SOURCE: 2004 State Treatment Needs Assessment dataset. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division.

Table 4.16 focuses on the Binge Drinkers and in particular those who are current Binge Drinkers and those who have consumed alcohol in this way but no longer do so. It will be remembered that Binge Drinking is defined as consuming five or more drinks [four for females] on a single occasion more than once a week and with monthly drink consumption of more than

one drink per day. In this table, all respondents answered positively that they had, at some pointing their lives, consumed alcohol, even just a sip.

Current Binge Drinkers are clearly at much greater risk for needing treatment services of all kinds. Former Binge Drinkers (had participated in the practice but were not current binge drinkers) seemed to almost receive some protection from their experience in that the respondents self identifying as not being current binge drinkers were at lower risk for needing treatment than those who had never experienced binge drinking for all state respondents and each county except for Kauai County. So, for most respondents having experienced binge drinking but not currently doing so placed them at the lowest level of risk for needing treatment of any sort, followed by those who had never experienced binge drinking, then those who had experienced binge drinking at some point and finally those who were currently binge drinkers (the group at greatest risk).

Summary:

In viewing the data on alcohol use in Hawaii and nationally multiple data points from multiple studies have been presented, but all with essentially the same message. We have an alcohol problem that is very easy to identify yet extremely hard to resolve. While our prevalence rates for lifetime use remain noticeably lower than the rest of the nation, it is not something that we can ignore. There are still a large number of persons who drink on a regular basis and, to make matters worse, a significant number of them are under the legal age to drink within the State. We have a noticeable proportion of our population who binge drink, that is consume five (if male) or four (if female) drinks in one session at least once per month. These individuals are constantly at risk and place others at risk if they decide to partake in other risky behaviors such as driving while under the influence of alcohol. We also have a significant population who are classified as heavy drinkers, in that they consume five or more drinks on one occasion five or

more times per month. These individuals also place others lives at risk by driving after heavy consumption, they also endanger their own health and well being while ingesting large amounts of alcohol in short periods of time.

The State of Hawaii has a serious shortage of treatment beds for persons with dependence on alcohol or who regularly abuse alcohol. By estimation from the 2004 study, there is a need for over 80,000 treatment spaces to meet the current need for treatment. Unless the situation is addressed, the number of untreated alcohol dependent persons in Hawaii is a crisis waiting to explode.

SECTION THREE

STIMULANTS

Section 3

Stimulants

Introduction

In the preceding section of this report information regarding the "legal" substances of abuse was presented. These "drugs" are not often seen as problematic; however these so-called "harmless" or "lesser risk" drugs results in much more death and carnage than all the illicit drugs combined. Between the cancers associated with tobacco and the accidents and injuries associated with alcohol the cost to society is staggering. Those costs are not including the long-term effects of tobacco and alcohol on the human organism, in terms of the respiratory, neurological and endocrinological diseases from prolonged use and abuse. Here, the suffering and impact on society of these legal drugs is without question. For many, the effect of the illicit drugs consumed by a relatively small proportion of the population is minimal.

However, alcohol, nicotine, chocolate, sugar, and caffeine are not seen as being as socially harmful as cocaine, marijuana, heroin, or methamphetamine and other illicit drugs of abuse. In terms of psychoactive drugs, an old problem now has gained greater salience in our society as prescription drugs have now been noted as drugs that are being abused and used in ways for which they were not prescribed. However, even though the potency of an Oxycontin[1] or Adderall XR[2] is often higher than that of similar drugs available in the illicit

[1] Oxycontin is the prescription name for oxycodone which is a central nervous system depressant available in various strengths and also in a time release form. Oxycodone is a potent and addictive opioid analgesic medication synthesized from thebaine. Its name is derived from codeine - the chemical structures are very similar. The strength of oxycodone is approximately 10 times that of valium of similar concentration and amount.

[2] Adderall is made up of four separate amphetamine salts said to dissipate at different rates. These are: 1/4 Dextro-amphetamine Saccharate; 1/4 Dextro-amphetamine Sulfate; 1/4 Levo-amphetamine Aspartate; and, 1/4 Levo-amphetamine Sulfate.

drug market place, these drugs are thought to be safer because they are prescribed by physicians.

General Statement on Stimulants

In Darryl Inaba's book Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs, stimulants are described as follows:

> "Uppers are central nervous systems stimulants. All of these substances act by increasing the neurotransmitter and electrical activity in the central nervous system. This results in the user becoming more alert, awake, assertive, anxious, and restless: more stimulation than normally experienced[i]."

These changes in the "mood", sensations, and behaviors are very attractive to many in this world of increased stress, decreased time for recreation, and added burdens of responsibly this new millennium has brought to us all. For many in Hawaii, the weak economy of the early 2000s coupled with a sense of despair over the rising price of housing, the increased prices of just about everything has led many to seek solutions in the form of uppers. For others, the ready availability of most stimulants has made the temptation to experiment hard to resist.

Andrew Weil, M.D., the well known "wellness expert" tells us about what he describes as an innate and normal drive on the part of humans to alter consciousness periodically. He suggests that this desire "is analogous to hunger or the sexual drive." He is careful to distinguish his hypothesis from those discussing the desire to alter consciousness by means of chemical agents." Weil further suggests that "drugs are merely one means of satisfying this drive; there are many others." (Weil, in Inciardi and McElrath, 2004, p.5)

In a chapter in James Inciardi's book, The American Drug Scene (2004) he states

> "In particular, the omnipresence of the phenomenon argues that we are dealing not with something socially or culturally based, but rather with a biological characteristic of the species. Furthermore, the need for periods of

> non-ordinary consciousness begins to be expressed at ages far too young for it to have much to do with social conditioning. Anyone who watches very young children without revealing his presence will find them regularly practicing techniques that induce striking changes in mental states. Three- and four-year olds, for example, commonly whirl themselves into vertiginous stupors. They hyperventilate and have other children squeeze them around the chest until they faint. They also choke each other to produce loss of consciousness."
>
> He continues,
>
> "To my knowledge, these practices appear spontaneously among children of all societies, and I suspect they have done so throughout history as well. It is most interesting that children quickly learn to keep this sort of play out of sight of grownups, who instantly try to stop them…"

As adults, many participate in "extreme" sports such as mountain climbing, "B.A.S.E. (**B**uilding, **A**ntennae, **S**pan, and **E**arth) jumping," "back country" skiing, automobile racing, to name a few of the more dangerous, and scuba diving, surfing, the Tantalus 24-hour run, or riding a bicycle in Honolulu traffic as some of the less dangerous. Lives are lost, health is damaged for life and yet people continue to participate. Seeking the serotonin or dopamine "high" consumes the life activities of many in today's hurried society. Doing things that excite is clearly a part of the modern age!

However, in our society, that tendency is often most vividly expressed in our consumption of chemical stimulants. We consume an average of over 22.1 gallons (4.1 kilograms of beans) of coffee per person per year, tea consumption (also a caffeine based stimulant) accounts for an average of 1.76 pounds (slightly less than one kilogram) of tea per person per year, and consumption of sugar sweetened sodas is 46 gallons per person per year or nearly one gallon per week. Our consumption of sugar in its various forms has never been higher and currently hovers around 142 pounds per person per year. These "legal" stimulants take a terrible toll on our health with exacerbation of heart and circulatory, respiratory

problems, the development of diabetes, liver and kidney dysfunction, and many other problems.

Of course all of the above are legal and available to all with only minimal social stigma and relatively complete freedom to use and do when and where ever the individual chooses. However, this chapter is not really about all types of stimulants. The chapter will focus on those stimulants that are misused through deliberate acts even though legally obtained as prescriptions, and those stimulants that are illegally obtained, used and abused.

Historical Statement on Stimulants

While the evidence is not strong, it is clear that the role of stimulants in many societies has been a pervasive one. The desire to be “up” as opposed to “down” the need to extend one’s capabilities and energies to levels not previously experienced, the need to create aggressive, indefatigable soldiers and defenders has placed stimulants high on the order of preference of mood and behavior altering substances for mankind for many centuries.

The modes of ingestion of stimulants are as diverse as the types of stimulants available. Stimulants are smoked, inhaled, swallowed, injected, rubbed on, used subcutaneously, inserted, or by any other means imaginable. The effects range in intensity from mild and invigorating to explosive and frightening, the duration of effects range from momentary to several days, the side effects range from virtually none to paranoia and aggressivity, and the preparation of the stimulants range from none to intensive chemical processes. The frequency of use range from continuously to sporadic and the risk for addiction ranges from none to extremely high. The social stigma associated with stimulant use also ranges from none to extreme with that end of the spectrum usually resulting in the application of social controls often as strong as long term incarceration.

Historical reports trace the history of stimulants to well before the third century B.C. in terms of herbal or food based stimulants. The history of stimulant use is also linked to that of loss of sensibility and inhibition making it a natural substance for sexual enhancement and ultimately exploitation. The use of stimulants is referenced in the works of Plato but not near so often as the mentions of wine and other intoxicants. The chewing of Coca leaves has been documented by archeologists in South America and the chewing of Betel has its roots in the antiquities of India and the Indian subcontinent as well as Oceania[ii].

Suffice it to say that stimulants have been with us for a long, long time and their use has provided both pleasurable and painful results. This section of the report looks at stimulants, their use in America and in particular in Hawaii.

Organization of the Section

Two major chapters will form the core of this Section. Following this introduction on where stimulants fit into our overall consideration of substances of abuse, information specific to the nation's most used illicit stimulant, cocaine, will be provided (Chapter 5). That information will follow the basic format already presented for Alcohol and Tobacco and will place the data from the 2004 survey regarding Hawaii's use of cocaine in a context that is both historical and national. Information about Hawaii's most often used stimulant, methamphetamine, will follow the cocaine presentation and will also use the same format (Chapter 6). The Section will conclude with a brief discussion of the data about other stimulants that were collected in this survey.

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[i] Inaba, Darryl S., and William E. Cohen (1994). Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs. CNS Productions, Inc. : Ashland, OR., page 52.

[ii] Escohotado, Antonio (1999). A Brief History of Drugs: From Stone Age to the Stoned Age. Pine Street Press: Rochester, VT, Chapters 1-3.

CHAPTER FIVE

COCAINE

Chapter 5

Cocaine

Beyond the use of sugar, chocolate, nicotine, caffeine, and the rather wide variety of other artificial stimulants, the use of cocaine is probably the most common stimulant used worldwide. Initially, in America, cocaine was a legal and prescribed drug being used for a variety of purposes by the medical community.

Cocaine, a derivative of the coca leaf, has been refined in a variety of ways since its "discovery" and transport back to Europe in the 16th century. Initially chewed, the effects were seen as mild to moderate with a slight sense of euphoria and extra energy. As the leaf was increasingly processed, the intensity of the effects also increased. Cocaine hydrochloride, the powdered refined form of the coca leaf has been revered and demonized for at least three centuries. The most refined, and among many, the most popular form of the drug is called "crack" which is a further refinement of the powder into a form that allows the drug to be more easily and rapidly released into the body through smoking.

Historical Context of Cocaine

The discovery of cocaine is synonymous with the discovery of the Americas. The attractiveness of the substance for use and abuse by wide segments of European society is well documented. Some of the excerpts below describe its place as the 'premier' stimulant of the past half millennium.

International

> "When the Spaniards first came to South America in the 16th century, they were fortunate to arrive while the Inca Empire was in the midst of a civil war. Had they arrived at any other time, some historians believe, they would have been quickly wiped out. But sheer luck – as well as a considerable amount of courage, boldness, and treachery – allowed a small group of conquistadors to destroy one of the greatest of the ancient civilizations. The conquerors took

away vast amounts of gold and silver that established Spain as a global power. They took away another product too – one that proved to have an even greater global impact that has lasted to the present day.

Knowledge of coca chewing was first brought to Europe by one of the great explorers, Amerigo Vespucci … who had found the mouth of the Amazon and determined that South America was a separate continent. On his second voyage in 1499, he described the native Indians chewing a green leaf mixed with a white powder. The leaf was from the coca plant, a shrub growing in the highlands of the Andes. The white powder was made from ground seashells. Centuries later, it was discovered that the leaves contained cocaine, and the shells provided lime to make the leaf mixture sufficiently alkaline to allow its cocaine to be absorbed."[1]

" For centuries, little notice was taken of coca outside South America. Leaves shipped to Europe lost their potency during the long voyages and aroused little interest, unlike coffee and tobacco, which had become increasingly popular. That changed in 1859 when Paolo Mantegazza, an Italian neurologist, published an essay raving about the wonderful qualities of coca, claiming that it gave him "pleasure by far superior to all other physical sensations previously known to me."[2]

" Mantegazza's essay was widely read and people took notice. Within a year, a German graduate student, Albert Nieman, isolated pure cocaine hydrochloride from coca. By the 1880s, the white powder was known to be a useful local anesthetic, and in 1884 Dr. Karl Koller began to use it in eye surgery. Cocaine is particularly useful in surgery on the face, eyes, nose, and throat because it constricts blood vessels and limits bleeding and swelling, and the new drug was quickly adopted by physicians. The general public, however, was much more interested in its other properties."[3]

National

During the late 19th century in the United States, several different yet related entrepreneurial activities were underway with cocaine as the focal point. Vin Mariani, (coca wine) was on sale throughout France and contained 6 mg of cocaine per ounce of wine. When that wine was exported to the United States (1870) the concentration of cocaine was increased to 7.2 mg per ounce to compete with the higher cocaine content of its American competitors. At the same time, Parke-Davis, a pharmaceutical manufacturer was making a fluid - extract of coca, the pharmaceutical company Merck was producing cocaine in three-quarter pound lots, and cocaine was being used as a local anesthetic in eye surgery.

In 1886, John Pemberton, first introduced Coca-Cola® containing a cocaine laced syrup and caffeine. The legitimate popularity of the drug in America was high. Its social acceptability was without question, and by the turn of the century it was seen to have many medicinal purposes as well as being a mood elevator and energizer.

Early in the 20th century, the temperance movement as well as evidence introduced from the medical fields showed that the glamour of cocaine had a "downside". Coca-Cola® removed coca from their formula, and while the practice of snorting cocaine became popular, the first cases of nasal damage attributable to cocaine snorting were written up in a medical journal. By 1912, the U.S. government was reporting 5,000 cocaine-related fatalities in a single year. In 1914, cocaine was banned in the United States.

Local

In Hawaii, cocaine does not appear as a drug of abuse until the latter part of the 20th century. The use of cocaine as a stimulant gained popularity during World War II among the troops and came to Hawaii with those military posted here, temporarily billeted here en route to battle zones, and those troops who returned to Hawaii en route home to America. The use of cocaine within the community grew after the war with the advent of tourism and changes in transportation from cruise ship to airplane, affording easier and faster importation of the drug.

Except for that short sojourn during World War II in Hawaii, part of the reason that cocaine was not "picked up" as a drug of choice, involved its mode of administration (injecting and snorting) and the fact that it was a stimulant. The history of Hawaii and the history of drug use in Hawaii is that of central nervous system depressants and not stimulants. As will be discussed in the chapter on the marijuana, the smoking of the local variety known as *pakalolo*, the continued presence of opium brought in by the Chinese plantation workers,

and the general popularity of mood "mellowers" made it difficult for a new drug, a stimulant, to initially be accepted.

After the 1950s, alcohol far exceeded all other drugs combined in terms of use and abuse. In the 1960s and 70s Hawaii's status as a newly established state and the attempt of the local community to try to become part of the cultural revolution that was underway on the mainland United States resulted in new drugs, new ways of using drugs, and a new acceptance of these deviations from the norms of society. This meant that as the youth of the state experimented with many different drugs the rest of the population of the state stood by and watched. A strong California influence offered new lifestyles, new jobs, and investment dollars, as well as the uppers, downers and all rounders described in Inaba's book[4] came to the people of this previously isolated state.

The introduction of crack cocaine to Hawaii in the 1970s was readily accepted making it a very popular drug among many of the state's drug users. The fact that crack was smoked made it familiar in the sense of marijuana, yet the energy and synergy of the drug itself allowed people to experience a very different "high" than was previously available within the state.

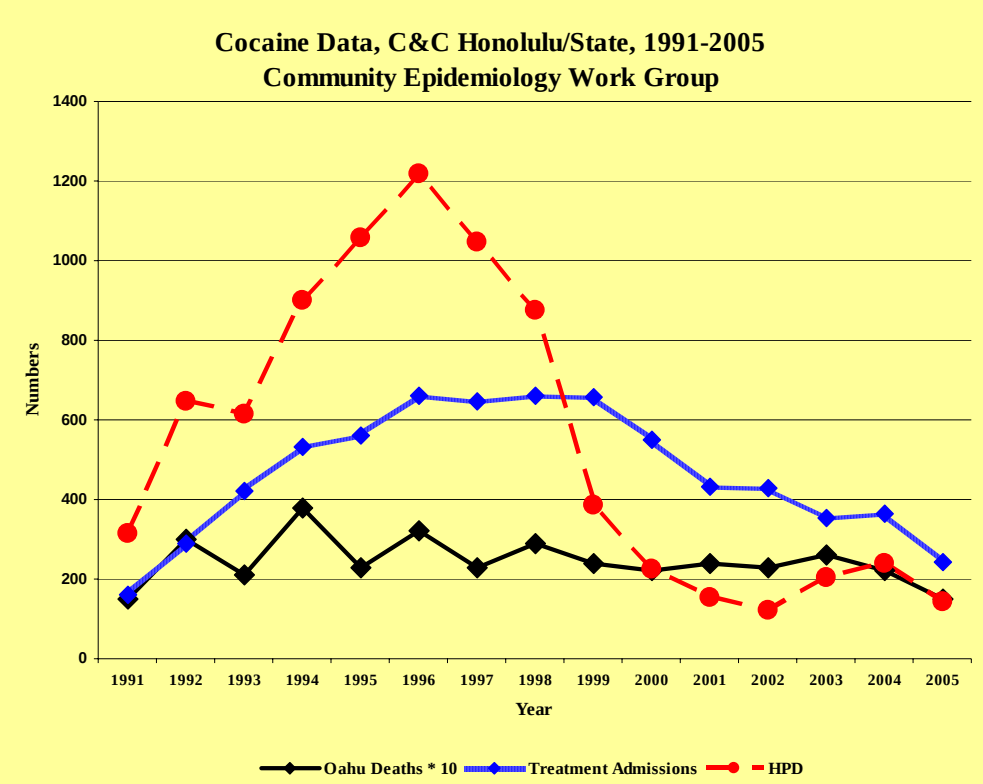
The confluence of several contextual events cast the direction for the next wave of drug use in the state. With *pakalolo* firmly established, crack cocaine heavily used, and in spite of the "war on drugs," the mid-1980s saw a new stimulant appear in the community that was known as "*batu*" and "shabu." Shortly following hurricane Iniki's devastating romp through the State[1] (1992), crystal methamphetamine emerged as a new, cheap, potent, long-

[1] Hurricane Iniki struck the State of Hawaii on September 11, 1992 causing major damage to the Leeward coast of Oahu but almost totally devastating the Island of Kauai. Winds on the island of Kauai were documented to have reached 223 miles per hour before the gauge measuring the wind speed on Kauai broke.

lasting, and smokable drug. With the introduction of "ice," crack cocaine use has declined somewhat although there remains a core of truly dedicated "crackheads."

The use of cocaine in Hawaii, over the past decade and one-half has been well documented through the Community Epidemiology Work Group (NIDA, 2006). A time-based, prevalence of use graphic chronicles the use of cocaine since 1991 using data from the Alcohol and Drug Abuse Division, the County Medical Examiner, and the Honolulu Police Department (See Graph 5-1).

Graph 5-1: Cocaine Data from Medical Examiner, Treatment Sources, and Honolulu Police Department, City and County of Honolulu/State, 1991 - 2005



Source: Community Epidemiology Work Group Databases
*** Medical Examiner data are multiplied by 10 to allow them to be displayed on the same scale.**

Users of Cocaine in Hawaii and Nationally

There are a variety of data resources that help us to understand who, what, where and when cocaine is being used in America and specifically in Hawaii. The previous graphic is

one of these data resources and as comparative data, the National Institute on Drug Abuse produces a monograph tracking these changes across 21 cities of the country every six months. (http://www.drugabuse.gov/about/organization/cewg/Reports.html)

In addition, data related to the national use of drugs appears annually in the form of the National Household Survey on Drug Use and Health (NSDUH), available from the Substance Abuse and Mental Health Services Administration (SAMHSA). The Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and their Youth Risk Behavior Survey (YRBS) also contain both national and state level data. These resources as well as others, more specific to Hawaii, are presented in the following pages.

Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS is a data system established by the Centers for Disease Control and Prevention in 1991. Data are collected in the high schools of America from students in grades 9 - 12. The data collected record a wide variety of health risks ranging from general health, diet, exercise, and of particular interest for this report, the use of specific drugs of abuse. The data from the 2005 iteration of the YRBSS are presented below.

Table 5.1: Comparisons for Lifetime and Current (30 day) consumption of Cocaine (%), 2005 Youth Risk Behavior Survey,

	Lifetime Use		Current Use	
	Hawaii	**USA**	**Hawaii**	**USA**
Total	6.5 (±2.1)	7.6 (±1.0)	3.0 (±1.0)	3.4 (±0.6)
Males	7.5 (±2.2)	8.4 (±1.3)	3.6 (±1.4)	4.0 (±0.9)
Females	5.2 (±2.5)	6.8 (±1.0)	2.3 (±1.4)	2.8 (±0.7)
Grade 9	5.3 (±1.4)	6.0 (±1.4)	3.1 (±1.8)	3.0 (±1.0)
Grade 10	5.7 (±2.6)	7.2 (±1.4)	2.3 (±1.5)	3.1 (±0.8)
Grade 11	5.7 (±4.8)	8.7 (±1.6)	2.4 (±2.1)	3.6 (±1.0)
Grade 12	10.1 (±3.0)	8.9 (±1.5)	4.3 (±2.0)	3.8 (±1.0)

SOURCE: Centers for Disease Control and Prevention, (2006). Youth Online, http://apps.need.cdc.gov/ybrfs/

In these data we see that in general, Hawaii's lifetime prevalence and current use (last 30 days) prevalence data are relatively consistent in their being lower than national data. However, there are some rather notable exceptions, especially for the grade 12 respondents who have higher percentages, though not statistically significant, than their national counterparts. The other anomaly in this table is for respondents in grade 9 who report their current use of cocaine as being higher than that of their national counterparts.

Monitoring the Future (MTF)

Another federal data collection effort in the area of drug use, and specifically focused on students in schools is the Monitoring the Future (MTF) studies of the University of Michigan under contract from the Substance Abuse and Mental Health Services Administration (SAMHSA). This survey is completed annually with youth in grades 8, 10, and 12 (13 to 18 years of age). However, because of the absence of a local sample, the MTF is not useful to monitor the drug use of youth in Hawaii. As a comparison for local surveys, however, its national focus allows for some limited comparisons between what is occurring locally and what is happening nationally.

Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey (HSATODU)

Using the same or similar questions to the MTF studies, the State of Hawaii's Alcohol and Drug Abuse Division of the Department of Health has administered the HSATODU every other year for the past several years. While the methodologies for the collection of the data differ from the MTF survey, comparability in many of the questions allows the following table to be created (See Table 5.2).

The same general finding as the YRBSS data was revealed in the HSATODU survey, namely that Hawaii youth tend to have lower levels of reported use of cocaine for lifetime

and current prevalence than their national counterparts. The HSATODU data cannot be generalized due to the insistence by Hawaii State Department of Education that an active consent rather than a passive consent be used with the resulting major decline in respondents all of which suggests that the HSATODU survey is likely a very conservative estimate of the drug use of youth in Hawaii's schools.

Table 5.2: Comparisons for Lifetime and Current (30 day) Cocaine Use (%), 2003 Hawaii Student ATOD Use Survey and the Monitoring the Future Study,

	Lifetime Use		Current Use	
	Hawaii	**USA**	**Hawaii**	**USA**
Grade 6	0.5	---	0.4	
Grade 8	1.2	3.6	0.7	0.9
Grade 10	3.0	5.1	0.9	1.3
Grade 12	4.5	7.7	1.5	2.1

SOURCE: University of Michigan, 2003. Monitoring the Future, 2003, as reported in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey, 2003, Chapter 4.

National Survey of Drug Use and Health (NSDUH)

Annually, the federal government's Substance Abuse and Mental Health Services Administration, part of the U.S. Department of Health and Human Services, assesses the extent of illicit drug use across the nation. It has done so since 1979. While the sample for Hawaii is quite small (900 individuals), the national data provide a good and stable basis for comparisons of drug use in Hawaii and the nation. In the table below, only data from the NSDUH of 2003 and 2004 are presented (See Table 5.3). As can be seen in the table, the youngest category, 12 to 17 years (equivalent to students in grades 6 through 12) show very low use patterns for cocaine. In the next age group however, the rates of use for all categories (lifetime use, last year use, and last month use) increases dramatically.

In considering these data several factors arise. This is a survey that is not conducted in the schools and that uses a formal consent process with a representative sampling strategy. That means that rates will probably be higher in this study than in the school-based surveys

for several reasons. In the schools, the heavier drug using students may have already dropped out of school, or may have been away on the survey day and are therefore not available to answer the school surveys. In addition, the use of the active consent in the school survey in Hawaii may have meant that parents of students who were using drugs may never have received the consent form from their children, may have decided that because of the known drug use of their children decided to not allow their children to answer the survey, and finally, because of their own drug use may have decided not to allow participation. If any of these factors are true and significant biases to the sampling for the HSATODU survey, results will naturally be skewed towards lower levels of reported drug use. In the national surveys, some biases no doubt exist in the sampling however, the fact that the sample was random and the consents were collected directly from either respondents or their parents at the time of the interview suggests a more representative dataset.

The respondents to the NSDUH consistently report that: the amount of available exposure to cocaine results in higher proportions of the population reporting lifetime use than past month use with past year use in between (Table 5.3). Further, they consistently report higher use of cocaine by males than females with the difference in rates increasing as more time passes for the use to occur. Some discrepancies occur when age is the variable considered. As mentioned, a much higher proportion of persons aged 18 and above have used cocaine as compared to those in the 12-17 year old group.

TABLE 5.3: Cocaine Use in Lifetime, Past Year, and Past Month among persons Aged 12 years and older, for 2003 and 2004 (%), National Survey of Drug Use and Health Data.

	Lifetime		Past Year		Past Month	
	2003	**2004**	**2003**	**2004**	**2003**	**2004**
TOTAL	14.7	14.2	2.5	2.4	1.0	0.8
Gender						
Males	18.3	17.7	3.4	3.2	1.3	1.2
Females	11.3	11.0	1.6	1.6	0.6	0.5
AGE						
12-17	2.6	2.4	1.8	1.6	0.6	0.5
18-25	15.0	15.2	6.6	6.6	2.2	2.1
26 or Older	16.3	15.6	1.9	1.7	0.8	0.7

SOURCE: National Survey of Drug Use and Health, 2003 and 2004, SAMHSA

When the time frame is restricted to past year use or even to 30 day use (past month) it is apparent that cocaine use may be related to age in a different way with those in the 18-25 year age group using the drug more often than any other group. Anecdotal reports from across the U.S. suggest that in general cocaine use is in the decline right now and that older users are no longer using because of the long term use health effects of the drug.

Adult Surveys of Drug Use in Hawaii

The State of Hawaii, through its Alcohol and Drug Use Division (ADAD) of the Hawaii State Department of Health, conducted surveys of drug use in 1979, 1985, 1991, 1995, 1998, and most recently in 2004. While each of those surveys has focused on slightly different aspects of substance abuse and had different sample sizes, all were based on similar methodologies and, at least for the 1998 and 2004 surveys, had similar questions. All surveys in this set are generalizable, meaning that with the appropriate sample weighting, the results are representative of the population of the state. In the following sections, data from those surveys are presented and at the end of that presentation, some conclusions and trend analyses are presented.

1979 Survey of Behavioral Health

The 1979 Survey of Behavioral Health had as its focus the need for mental health and substance abuse services. As a needs assessment, it focused on both diagnosed need and apparent need for services, but because of the time period in which the survey was administered, the definitions of abuse and dependence used in this survey are not the same as those used in later surveys.

This survey collected data from across the State and used a sample size of 3,127 persons 12 years of age and older, using a stratified random sampling method to allow for proportional representation of all areas of the state. In Table 5.4, it is clear that the use of cocaine in the State of Hawaii in 1979 is age sensitive. Particularly, those in the age range between 18 to 25 years who claimed to have used cocaine at some point in their lives are different than others. Older individuals have a lower lifetime prevalence rate in spite of their longer opportunity for exposure to the drug and younger individuals have much lower lifetime prevalence. In the same column of the table, the lifetime prevalence rate from males almost doubles that for females. In terms of use of cocaine in the past year, the same basic pattern occurs. The difference between males and females is less, while the difference between the 18 to 25-year-old group and those 26 years of age or older is considerably greater.

TABLE 5.4: Lifetime, Past Year, and Current Cocaine Use by Age and Sex (%), 1979 Hawaii State Survey of Behavioral Health

Characteristic	% Ever Used	% Past Year Use	% Past Month Use (Current)
12-17 Years of Age	5.1	2.0	2.5
18-25 Years of Age	27.1	6.0	13.0
26+ Years of Age	10.2	1.5	3.0
Males	15.8	2.7	6.2
Females	9.6	2.2	3.2
Total State Data	12.6	2.4	4.7

Source: 1979 Hawaii State Survey of Behavioral Health report. State of Hawaii, Department of Health, Alcohol and Drug Abuse Division

The reported current use of cocaine among respondents to the survey, is more like the reports of past year use than of lifetime use and that both current use and past year use are substantially lower than lifetime use. This suggests that the accumulation effect, the more years that pass the greater the opportunity to be among those who report ever using the drug, has done as planned and noted that cocaine use in Hawaii as of 1979 was not a new phenomenon. It is also interesting to note that the past month or current use of cocaine is higher than the past year's use of cocaine across all indicators. Again, this suggests that there may be a changing pattern of cocaine use within this sample of the population. The direction of the change would seem to be towards more use more often and not the other way.

The raw data generated by this study are not available from the Department of Health and so we are dependent on the report and tables produced by the researchers for our secondary analysis. Interesting questions about the socio demographic characteristics of the users must remain unanswered due to this limitation.

1985 Survey of Mental Health and Substance Abuse

The 1985 Survey of Mental Health and Substance Abuse, commissioned by the Mental Health Division of the Department of Health, continued the multiple focus on both mental health needs and those specific to substance abuse. The survey collected data from 2,503 persons 18 years of age or older, distributed across the eight mental health catchment areas of the State. Each catchment area had a minimum of 300 respondents as quota, meaning that the data had to be subsequently weighted to be relevant at the statewide level of analysis.

The survey also took a considerably different approach to the assessment of substance use than previous or subsequent surveys. In the 1985 State Survey of Mental Health and

Substance Abuse, data related to the direct rates of lifetime use, annual use, and current use of any particular drug of the 19 drugs included in the data collection were not analyzed. Instead, a scale of severity of use of all substances was created by applying severity scores to specific drugs and then creating a scale by multiplying the severity score by the frequency of use of all drugs. The index of drug use created by this process allowed for categorization of drug use and was adjusted for the "seriousness" of the drug being consumed, a sort of severity of drug use measure. The data set, while rich in information, like the 1979 data, cannot be located and therefore the reported results are not specifically comparable to any survey prior to or after 1985 and unfortunately afford no information on the prevalence of specific drug use and abuse.

In Table 5.5, the proportion of the population using drugs is presented by selected demographic characteristics. In this table, which uses the previously mentioned drug use index to categorize the nature of drug use (ranging from no use through heavy use across 5 categories) used that information to identify selected socio demographic characteristics of respondents within each category of use. We see that 57.0 percent of the respondents said they were non-users of drugs. Of the 2503 respondents, 30.8 percent were categorized as Moderate Users and 3.1 percent as Heavy Users. Females, at 31.7 percent, were the dominant group of Moderate Users, while Males dominated all other categories of use. Females also outnumbered Males as Non-Users of drugs in this survey.

Persons who self-identified as being married were most likely Non-Users of drugs, while divorced/separated persons dominated all other categories except the Light User of drugs in which persons identified as single were dominant. Filipino respondents were most likely to be non-users of drugs while Caucasians were most likely to be the Heavy Users, and

it should be noted that of all ethnicities included, Caucasians are the lowest proportion of Non-Users. The Hawaiian/Part-Hawaiian ethnic group attains the highest proportion of the Light Users; Caucasians dominate the Moderate and Moderate Heavy User categories as well. The older the respondent, the more likely they will be Non-Users and, without exception, the youngest age group (18-24 years of age) dominates all user categories.

Table 5.5: Categorical Drug Use by Selected Demographics (%), 1985 Hawaii State Survey of Mental Health and Substance Abuse

		Non-User	Light	Moderate	Mod. Heavy	Heavy	N
Statewide		57.0	6.5	30.8	2.6	3.1	2503
Sex	**Males**	55.7	8.1	29.9	2.7	3.5	1073
	Females	57.8	5.2	31.7	2.5	2.8	1411
Marital Status	**Married**	61.4	5.2	29.5	1.8	2.0	1628
	Single	45.1	11.4	34.3	4.2	5.0	481
	Divorced/ Separated	39.0	8.5	37.7	5.8	9.0	223
	Widowed	72.9	1.3	23.2	1.9	0.7	155
Ethnicity	**Hawaiian /Part Haw**	57.8	8.9	28.0	2.3	3.0	471
	Caucasian	40.0	7.0	43.8	4.4	5.2	713
	Japanese	70.0	3.3	23.9	1.1	1.9	539
	Filipino	75.0	6.7	16.2	1.1	1.1	284
	Chinese	67.0	3.3	27.5	2.2	0.0	91
Age	**18-24**	41.7	12.5	38.0	3.5	4.3	424
	25-34	42.0	0.9	35.0	3.0	4.0	231
	35-44	57.0	6.3	32.6	1.5	2.7	479
	45-54	66.3	6.9	35.0	2.9	3.1	174
	55-64	73.0	1.6	21.0	1.9	2.5	367
	65-74	76.4	0.0	21.3	1.3	0.9	225
	75+	63.4	0.0	34.2	1.2	1.2	82

SOURCE: Raymond, Jonathan S., Sharon Murakami, and Frank Ahern, "Toward an Epidemiology of Mental Health and Alcohol and Drug Use in Hawaii, December 1984, Table 11, Page 33.

1991 Hawaii State Survey of Behavioral Health

The 1991 Hawaii State Survey of Behavioral Health was administered to a stratified random sample of 2,200 persons 18 years of age and older, using a two-stage cluster design to yield a minimum of 200 respondents for each of the ten mental health catchment areas of the State. An additional quota sample of 200 cases self-identified as being Hawaiian or Part-

Hawaiian were also collected to assure there would be enough of this group for subsequent group-specific data analyses. In this way the sample was representative of the state population, county population and service area population through the application of differential statistical weights to the data.

In Table 5.6, lifetime and current use prevalence data for cocaine use are presented by selected socio-demographic characteristics. In 1991, between 3.6 percent and 10.2 percent of the State population had used cocaine at least once in their lifetime. For those 18-24 years of age, 8.6 percent had used cocaine, for those 25-34 years of age, 10.2 percent had used the drug, and for those in the oldest age group (over 35 years of age) 3.6 percent had used cocaine. In terms of current use, 0.7 percent of the youngest group of the State population currently (last 30 days) used cocaine; 1.6 percent of the 25-34 year old group was current users; and, 0.1 percent of those over 35 years of age were current users of cocaine.

The distribution of lifetime users by island also varies by age and sex. For Oahu, the mid-age group is the dominant one for the total of respondents as well as both for males and females. On Kauai, however, the youngest group reports the highest rates of lifetime use for both males and females, as well as for the total Kauai respondent group. Those respondents from Maui replicate the Kauai findings, and for those from Hawaii, it is again the mid-group that has the highest lifetime prevalence of cocaine use for males and females, as well as all Hawaii respondents. Of all respondent groups, Maui females in the youngest age group have the highest proportion of lifetime users (37.5%). For those in the mid-age group (25-34 years of age), males from the Big Island have the highest lifetime prevalence of cocaine use. For those in the oldest age group, it is the Maui males that have the highest lifetime prevalence.

Current use patterns are different and obviously much lower than lifetime prevalence rates. For cocaine, Hawaii females in the youngest and mid-age group have the highest rates at 7.1 percent.

TABLE 5.6: Lifetime and Past Month Cocaine Use by Age, Sex, and Island of Residence (%), 1991 Hawaii State Survey of Behavioral Health

		Lifetime			Past Month		
Island	**Gender**	**18-24**	**25-34**	**35+**	**18-24**	**25-34**	**35+**
Oahu	**Total**	4.2	7.6	3.3	0.6	1.0	0.2
	Male	3.5	10.8	4.9	0.0	1.7	0.2
	Female	4.9	5.5	1.9	1.2	0.6	0.2
Kauai	**Total**	17.7	8.8	1.3	0.0	0.0	0.0
	Male	14.3	5.9	2.8	0.0	0.0	0.0
	Female	20.0	11.8	0.0	0.0	0.0	0.0
Maui	**Total**	29.4	9.8	4.8	0.0	0.0	0.0
	Male	22.2	5.9	7.3	0.0	0.0	0.0
	Female	37.5	12.5	2.6	0.0	0.0	0.0
Hawaii	**Total**	16.1	22.7	5.2	3.2	6.1	0.0
	Male	17.7	26.3	6.1	0.0	5.3	0.0
	Female	14.3	17.9	4.5	7.1	7.1	0.0
State	**Total**	8.6	10.2	3.6	0.7	1.6	0.1
	Male	7.5	13.0	5.1	0.0	1.6	0.2
	Female	9.7	8.0	2.4	1.8	1.2	0.1

SOURCE: International Center for Health Promotion and Disease Prevention, Hawaii Survey of Behavioral Health, 1991. Data extracted from dataset

1995 Hawaii State Treatment Needs Assessment

The 1995 Hawaii State Treatment Needs Assessment was conducted by the Gallup Organization for the Department of Health, Alcohol and Drug Abuse Division. The survey was to have a representative sample of approximately 5,500 respondents. In total, 5,716 respondent surveys were collected from individuals over the age of 18 years. The sample, however, was not representative of the population and had to be adjusted statistically to make it representative. The original sample was highly overrepresented by both sexes in the 25-44 year old group for the state. In addition, for both sexes, it was greatly underrepresented at the oldest age group (over 45 years of age). The same sampling problem existed for each county sampled in the survey and in the same way. In statistically adjusting the data, the underrepresented case contribution to the overall results became greater than their

representation in the sample and the mid-aged group contribution to the overall results was depreciated in magnitude. When the data were weighted to the 1990 Census data, many of the results found in analyzing the raw data reversed, and many also changed from the corrective adjustment made to the data to establish the quotas that should have been present in the initial raw data.

TABLE 5.7: Lifetime and Current Prevalence (%) of Cocaine Use by Age, Sex, and Island of Residence, (Weighted) 1995 Hawaii State of Treatment Needs Assessment Program.

		Age Sex Specific Lifetime %			Age Specific Current Use %		
Island	**Gender**	**18-24**	**25-44**	**45+**	**18-24**	**25-44**	**45+**
Oahu	**Total**	4.9	15.4	7.5	0.0	0.6	0.2
	Male	6.5	19.5	11.9	0.0	1.1	0.2
	Female	3.1	11.7	4.0	0.0	0.2	0.2
Kauai	**Total**	13.2	22.7	12.9	0.0	0.8	0.0
	Male	13.9	25.6	15.2	0.0	0.9	0.0
	Female	12.5	20.3	11.2	0.0	0.7	0.0
Maui	**Total**	7.5	21.5	12.8	0.8	3.3	0.2
	Male	8.3	22.7	14.3	1.6	3.1	0.0
	Female	6.6	20.4	11.5	0.0	3.5	0.4
Hawaii	**Total**	9.8	23.3	12.1	0.9	0.3	0.1
	Male	13.5	26.8	16.1	1.2	0.0	0.3
	Female	6.8	20.6	9.5	0.7	0.6	0.0
State	**Total**	5.9	16.9	8.9	0.2	0.9	0.2
	Male	7.4	20.6	12.8	0.2	1.2	0.2
	Female	4.2	13.7	5.8	0.1	0.6	0.2

SOURCE: The Gallup Organization. Substance Treatment Needs Assessment Program Survey, 1995. Data extracted from the Survey Datasets.

A consistent pattern of lifetime use across the age groups appears in these data (Table 5.7). The age group between 25 and 44 years by far has the highest proportion of drug users. Regardless of gender or county, this finding persists, suggesting that a generational shift has occurred in lifetime drug use across age cohorts of the population with the oldest group usually being higher than the youngest group (the exception being the total use proportion for Kauai and for female use on Kauai).

In terms of current or past 30 day use, the results need to be viewed with some caution since they are based on very small numbers and could be quite unstable. Still, the use

rates for the older cohort are often the highest when compared to those of the youngest age cohort, the exceptions being the total populations' rates for Maui and Hawaii, which are driven by the rates of use of males and are reversed with the youngest group higher than the oldest.

1998 Behavioral Health Survey for Hawaii

The 1998 Behavioral Health Survey for Hawaii interviewed a total of 5,050 respondents stratified by county and quota sampled with gender, ethnicity and age as the specified quotas. In this way the sample was representative by county, age, gender and ethnicity and had sufficient cases at the county level to allow for county analyses of the data. Interestingly, and without clear explanation in the report from the 1998 survey, rates of cocaine use were found to be very low across all age-gender-ethnicity-county comparisons. While this may have been an artifact of the data collection effort, the difference in both lifetime and past 18 month prevalence of cocaine use is much lower than any similar data collect before of after this survey.

In examining Table 5.8, a similar finding to that in the 1995 data occurs. The lifetime prevalence of cocaine use is greatest for those in the middle age group, followed by the oldest group and then the youngest group. While there are some instances of prevalence rates that do not follow those of the 1995 data exactly, for the most part the finding is consistent. A difference occurs for males on Maui (and therefore for the total score) and for statewide rates for males (also a result of the Maui data). In examining the current or past 18 month rates, it is important to remind the reader that these are rates related to the last 18 months of use and not the past 30 days as is the case with most other tables. The only really consistent finding

in this portion of the table is that the oldest age group claim to not be users of cocaine in the past 18 months.

TABLE 5.8: Lifetime and 18 Month Prevalence (%) by Age, Sex and Island of Residence (weighted), 1998 Hawaii State of Treatment Needs Assessment Program.

		Age Sex Specific Lifetime %			Age Sex Specific Past 18 Months %		
Island	**Gender**	**18-24**	**25-44**	**45+**	**18-24**	**25-44**	**45+**
Oahu	**Total**	0.93	3.21	2.28	0.31	0.00	0.00
	Male	1.23	4.13	3.59	0.00	0.00	0.00
	Female	0.62	2.29	1.00	0.62	0.00	0.00
Kauai	**Total**	0.93	3.85	1.49	0.00	0.48	0.00
	Male	0.00	4.69	2.30	0.00	0.52	0.00
	Female	1.85	3.13	0.87	0.00	0.45	0.00
Maui	**Total**	1.57	2.23	3.07	0.00	0.45	0.00
	Male	1.59	2.38	5.50	0.00	0.95	0.00
	Female	1.56	2.09	0.90	0.00	0.00	0.00
Hawaii	**Total**	0.00	3.32	2.99	0.00	0.51	0.00
	Male	0.00	5.35	5.29	0.00	0.53	0.00
	Female	0.00	1.47	0.83	0.00	0.49	0.00
State	**Total**	0.92	3.15	2.45	0.15	0.26	0.00
	Male	0.92	4.10	4.14	0.00	0.36	0.00
	Female	0.92	2.27	0.91	0.31	0.17	0.00

SOURCE: University of Hawaii, School of Public Health, Hawaii Behavioral Health Survey, (1998). Data extracted from Survey Datasets.

Table 5.8 differs from the tables in the rest of this section in terms of the magnitude of the rates included in the table. In fact, a review of all tables in this chapter shows quite a wide variation in the proportion of the population using cocaine currently, over an 18 month period, and as a lifetime prevalence rate.

2004 Hawaii Statewide Survey of Substance Use

The most recent data collected by the Alcohol and Drug Abuse Division is that from the 2004 Statewide Survey of Substance Use. In this survey 5,067 respondents over the age of 18 years were interviewed using a telephone survey with a sampling design to match that of the 1998 study, namely, a stratified random sample based on quotas by age, sex, ethnicity, and island of location.

Comparable findings from the 2004 data are presented in Table 5.9. In this table, the age-sex specific lifetime prevalence rate and the current use prevalence rates for cocaine use are presented. The findings are presented by county of residence, age group, and gender. Although the total sample is reasonably large, care needs to be taken in the interpretation of findings for the neighbor islands because when the county specific data are subdivided by age group, and sex the sample size becomes small and potentially unstable. These data are not weighted to demonstrate the effect that the application of the 2000 Census population weights have on the data.

The lifetime prevalence panel of this table shows that age has defined the nature of the relationship for lifetime use of cocaine. In many of the rows of the lifetime panel the most prevalent category is not the one with the greatest opportunity to accumulate cocaine use experience but is the middle group (25-44 years of age). In addition, lifetime prevalence of cocaine use for the most part is clearly higher in Kauai County than in any of the other larger counties of the State. This finding seems to be true for most age groups and gender categories. However, caution is advised regarding the Kauai data due to the factors previously mentioned.

The findings for the prevalence of current use of cocaine are obviously lower than the lifetime rates. In thinking about these data it is important to remember that in order to be a part of the current use group; an individual had to declare that they had used cocaine at least once in their life and that they had used cocaine within the past month. That declaration is socially more acceptable than to acknowledge that one is currently using cocaine in that the social sanctions for the use of the drug are also targeted on current and not past use. In that

sense there may be some suppression of the true magnitude of current use of the drug making this a conservative estimate of current use.

TABLE 5.9: Lifetime and Current Cocaine Prevalence Rates (%) Unweighted Data, 2004 Hawaii State Treatment Needs Assessment Program

		Age Sex Specific Lifetime Use			Age Specific Current Use		
Island	**Gender**	**18-24**	**25-44**	**45+**	**18-24**	**25-44**	**45+**
Oahu	**Total**	8.9	11.9	12.7	0.6	0.3	0.5
	Male	9.2	18.1	19.7	0.8	0.5	0.5
	Female	8.6	6.1	5.7	0.4	0.0	0.5
Kauai	**Total**	13.7	23.7	15.6	0.4	0.0	0.0
	Male	10.3	30.7	18.5	0.0	0.0	0.0
	Female	18.1	17.8	12.3	1.0	0.0	0.0
Maui	**Total**	7.3	20.7	18.1	0.5	0.3	0.2
	Male	12.1	27.2	24.4	0.0	0.7	0.5
	Female	3.3	15.9	12.8	0.8	0.0	0.0
Hawaii	**Total**	12.0	23.0	14.5	0.5	0.0	0.0
	Male	15.2	33.3	20.6	0.0	0.7	0.0
	Female	9.5	15.8	9.8	1.0	0.0	0.0
State	**Total**	10.1	18.2	14.8	0.5	0.2	0.2
	Male	10.9	25.1	20.6	0.4	0.5	0.3
	Female	9.4	12.5	9.4	0.7	0.0	0.2

Source: Market Trends Research and Department of Health, Alcohol and Drug Abuse Division, 2004, Hawaii State Survey of Substance Use. Data from Survey Datasets

Table 5.10 presents exactly the same data but weighted to correct for variations of the sample from the 2000 Census. The findings remain consistent, acknowledging that the sample drawn was relatively representative of the population from which it came. What variations there are simply emphasize the importance of the 25-44 year old group in establishing the overall prevalence rates and suggests that this age cohort may have had a different drug exposure than the one that precedes it in age. In other words, those who have used cocaine in their lifetime have done so more recently than when the oldest cohort was exposed to high use of the drug (1970s). For the youngest cohort, the lower rates of lifetime use likely are perhaps just reflections of the time they have had available to accumulate the cocaine use experience. The findings with respect to Kauai also remain after statistical

adjustment. This robustness suggests that the rates on Kauai were not likely caused by the sampling and that the elevated rates, compared to other counties, are from within the data.

The prevalence rates for current use of cocaine did change after the statistical weighting. The relative rate of the changes in some cases is large but the overall rates remain quite low. Data for Oahu changed considerably, suggesting that there may have been an under representation of current users aged 25-44 and an over representation of current users aged 18-24 and aged 45 years of age and older. As additional tables are reviewed this possible bias will be assessed.

For the rest of the tables on cocaine, the weighted data will be used.

TABLE 5.10: Lifetime and Current Cocaine Prevalence Rates (%) Weighted Data, 2004 Hawaii State Treatment Needs Assessment Program

		Age Sex Specific Lifetime			Age Specific Current Use		
Island	**Gender**	**18-24**	**25-44**	**45+**	**18-24**	**25-44**	**45+**
	Total	9.0	9.6	12.3	0.3	0.7	0.3
	Male	8.6	14.4	20.1	0.3	1.3	0.3
	Female	9.6	4.8	5.1	0.4	0.0	0.3
Kauai	**Total**	15.8	27.8	18.9	0.0	0.0	0.2
	Male	20.0	39.5	20.0	0.0	0.0	0.3
	Female	12.6	16.3	17.8	0.0	0.0	0.0
Maui	**Total**	6.0	21.0	15.8	0.0	0.1	0.3
	Male	11.1	24.7	20.1	0.0	0.1	0.5
	Female	1.3	17.2	11.3	0.1	0.0	0.0
Hawaii	**Total**	5.0	19.9	6.2	0.9	0.0	0.0
	Male	5.2	27.8	8.6	0.0	0.0	0.0
	Female	4.8	11.6	3.7	1.9	0.0	0.0
State	**Total**	8.6	13.1	11.5	0.4	0.5	0.2
	Male	8.9	18.5	17.3	0.2	1.0	0.2
	Female	8.4	7.6	6.0	0.6	0.0	0.2

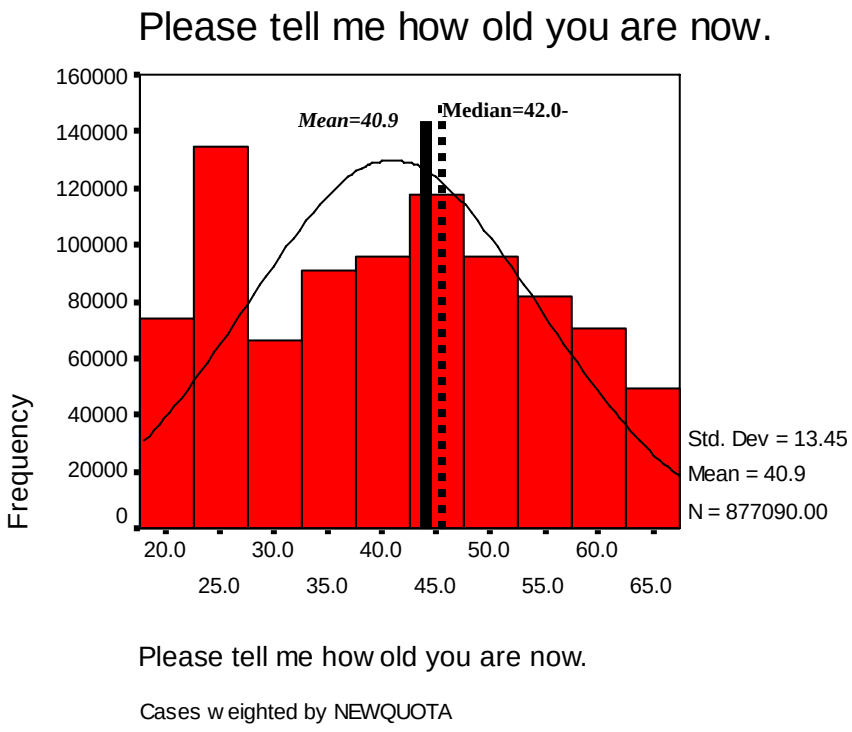
Source: Market Trends Pacific and Department of Health, Alcohol and Drug Abuse Division, 2004, Hawaii State Survey of Substance Use. Data from Survey Datasets

Table 5.11 provides a demographic profile of the lifetime and current users of cocaine. Included in the table, are the standard descriptors of the population namely, age, gender, ethnicity, marital status, education level, income level, and employment status. In addition, other characteristics are introduced such as: age at first use; military service; health insurance

status; current school enrollment; place of birth; pregnancy; and county of residence; and, whether or not the individual has ever injected any drug.

Initially the data pertaining to the lifetime users of cocaine are presented. Males outnumber females almost three to one. The distribution of age among lifetime users of cocaine is not normal. The average age of 40.8 years is lower than the median age of 42 years. This suggests that there are a number of users of cocaine with higher ages since the ages of 50 of the lifetime users will be below 42 years of age whereas, the average age of a user is 40.8 years.

Chart 5-1: Age Distribution for Lifetime Users of Cocaine, 2004 Hawaii State Treatment Needs Assessment



Remembering that we are dealing with weighted data, and that the data have been weighted to the 2000 U.S. Census, the distribution of ethnicity among lifetime users of cocaine shows that Caucasians (16.3%) are the largest group of lifetime users followed by the "other" ethnicities (12.5%), followed by individuals identifying themselves as being

Hawaiian or part Hawaiian (11.9%). In the general population, Caucasians represent 23.9 percent of the population, “other” groups represent 5.5 percent, and Hawaiians and part Hawaiians represent 11.2 percent. The Japanese, at 6.9 percent of the lifetime users are the fourth largest group; however, in the general population they represent 15.4 percent of the population and attain the third highest ranking. “Filipinos” and the “other Asians” group are also dramatically underrepresented among those that have used cocaine during their lifetime with the Filipino at 4.8 percent of the lifetime users and 14.7 percent of the population, and “other Asians” at 6.8 percent of the lifetime users and 29.0 percent general population.

A total of 40.6 percent lifetime users of cocaine are represented in the two marital status groups living common-law and divorced. In the general population those two categories represent only 13.3 percent general population. Married individuals, representing 59.5 percent of the general population, only represent 7.8 percent of the lifetime users of cocaine. And individuals who are single, the second largest group in the general population of 24.2 percent, are represented at 10.8 percent of the lifetime user group.

It appears that cocaine use (lifetime) is most popular with individuals who have some college but no degree. The second most popular group is those with some high school but no diploma. The third most popular group is those that have high school graduation or a GED. Other groups are considerably lower in their proportional distribution of lifetime users of cocaine. In the general population, however, individuals with some college but no degree are ranked as the third highest group at 17.6 percent. Those with some high school but no diploma only rank at 3.5 percent of the general population whereas they rank at 11.8 percent of the lifetime users. And those who have high school graduation or a general education diploma (GED) are the second-highest group in the general population at 24.8 percent but are

the third-highest group in the lifetime users at 10.3 percent. Among those individuals responding to the survey 26.7 percent of the respondents were college graduates with a four-year degree. Among lifetime users of cocaine, only 8.4 percent are college graduates with a four-year degree.

The use of cocaine during one's lifetime seems to be somewhat related to income level. The highest percentage of lifetime users is less than $29,999 per year. It is a tie for the second highest ranking among those individuals earning more than $100,000 per year, in between $49,999 per year and $60,000 per year. The portion of respondents earning over $100,000 per year is the largest group of all respondents at 16.3 percent. This is followed closely to those individuals earning between $60,000 and $99,999 per year. The bimodal distribution of income among respondents has its second mode, those earning more than $30,000 per year but less than $39,999. All other groups are lower.

Most lifetime users of cocaine were working full-time (11.1%). The next highest proportion of lifetime users was working part-time, an average of zero to 19 hours per week (9.5%). In the general population 65.4 percent of the population is employed full time. The proportion working part-time (zero to 19 hours) is only 2.5 percent the second highest grouping of respondents being 23.3 percent of the population interviewed.

In examining the continuation of Table 5.11 the first entry of importance is the age at first use. Among lifetime users the average age at first use of powdered cocaine was 21.5 years. The average age at first use of crack cocaine was 30.1 years of age. In examining these data, this nine-year differential between the commencement of use of powdered cocaine and commencement of use of crack cocaine may indicate an opportune time for prevention programs to take effect. Throughout the survey, the respondents clearly indicated that

individuals did not begin their use of cocaine with crack cocaine so much as with powdered cocaine.

In asking about those currently in active military services, 8.1 percent indicated that they had used cocaine at some point in their lifetime. Of those lifetime users none indicated that they were currently using the drug. In terms of the state population, 3.5 percent of the residents are currently in active military service.

Health insurance status was another area included in the survey. In the general population 91 percent indicated that they have health insurance. Among those who had used cocaine during their lifetime, 9.2 percent indicated that they have health insurance. Another piece of information obtained was the percentage of individuals who are currently enrolled in school. In the general population that percentage was 9.1 and among those individuals who ever used cocaine during their lifetime it was 8.5 percent.

The place of birth of respondents was also asked and 81.9 percent of those asked indicated that they were born in the United States. Among those ever used cocaine during their lifetime, that percent was only 11.9. Females were asked if they were pregnant at the time of this survey. In the general population 4.8 percent of those females when asked said that they were indeed pregnant but among those who had ever used cocaine during their lifetime that percentage was 6.6 percent.

The distribution of the population in the State of Hawaii shows 71.7 percent of our respondents living in the City and County of Honolulu, 11.7 percent in Hawaii County, 11.2 percent of Maui County and 5.8 percent on Kauai County. Among those individuals who indicated that they had used cocaine during their lifetime, 8.4 percent resided in the City and

County of Honolulu, 14.7 percent resided in Maui County, 11.6 percent in Hawaii County and 8.6 percent indicated that they resided in Kauai County.

TABLE 5.11: Demographic Characteristics Lifetime and Current Users of Cocaine (%) Weighted Data, 2004 Hawaii State Treatment Needs Assessment Program

Characteristic	Lifetime Users	Current Users	Total
Gender - Percent Male	4.5	0.6	50.0
Percent Female	1.2	0.2	50.0
Age - Average Age in years	41.8	39.4	40.9
- Median Age in years	44.0	42.0	42.0
Ethnicity - Percent by Category			
Caucasian/White	16.3	0.5	23.9
Hawaiian/Part Hawaiian	11.9	0.2	11.2
Japanese	6.9	0.0	15.4
Filipino	4.8	0.0	14.7
Other Asian	6.8	0.5	29.0
Other	12.5	0.6	5.5
Marital Status			
Married	7.8	0.2	59.5
Living Common Law	20.4	0.1	2.8
Divorced	20.2	0.3	10.5
Widowed	2.8	0.0	2.5
Single	10.8	1.2	24.2
Education Level			
None	0.0	0.0	0.2
1st thru 8th grade	7.5	0.0	1.2
Some HS, No Diploma	11.8	0.0	3.5
HS Grad or GED	10.3	0.2	24.8
Some College, No Degree	14.2	0.2	17.6
Associate Degree (2 Yr.)	8.7	0.1	12.5
College Grad (4 Yr.)	8.4	0.1	26.7
Advanced Degree (MA+)	8.3	0.0	13.1
Income Level			
Percent less than $9,999	10.3	0.0	3.6
Percent less than $19,999	9.4	0.0	7.3
Percent less than $29,999	15.1	1.27	11.1
Percent less than $39,999	5.3	1.65	11.4
Percent less than $49,999	11.6	0.1	10.0
Percent less than $59,999	11.6	0.0	10.2
Percent less than $79,999	9.5	0.0	11.3
Percent less than $99,999	7.9	0.32	12.9
Percent $100,000 and over	11.6	0.34	16.3

Source: Market Trends Research and Department of Health, Alcohol and Drug Abuse Division, 2004, Hawaii State Survey of Substance Use. Data from Survey Datasets

TABLE 5.11: Demographic Characteristics Lifetime and Current Users of Cocaine (%) Weighted Data (Continued), 2004 Hawaii State Treatment Needs Assessment Program

Characteristic	Lifetime Users	Current Users	Total
Employment Status			
Percent working full time	11.1	0.5	65.4
Percent part-time (20-34 hrs)	8.2	0.0	8.6
Percent part-time (0-19 hrs)	9.5	1.0	2.5
Percent not working	6.5	0.1	23.3
Age at First Use			
Average Age Powder Cocaine	21.5	17.7	
Average Age Crack Cocaine	30.1	31.1	
Military Service			
Percent currently in military	8.1	0.0	3.5
Health Insurance Status			
Percent with Health Insurance	9.2	0.3	91.0
Current School Enrollment			
Percent currently in school	8.5	0.1	9.1
Place of Birth			
Percent Born in the U.S.	11.9	0.5	81.9
Pregnancy			
Percent pregnant	6.6	0.0	4.8
County of Residence			
Percent C&C Honolulu	8.4	0.5	71.7
Percent Hawaii County	11.6	0.3	11.7
Percent Kauai County	8.6	0.1	5.8
Percent Maui County	14.7	0.2	11.2
Ever Injected any Drug			
Percent Yes	71.1	2.8	na
Percent No	9.4	0.4	na

Source: Market Trends Research and Department of Health, Alcohol and Drug Abuse Division, 2004, Hawaii State Survey of Substance Use. Data from Survey Datasets

The final piece of information regarding the characteristics of individuals who have used cocaine during their lifetime is whether or not they have ever injected a drug. A total of 71.1 percent of those individuals who indicated that they had used cocaine at some point during their lives also indicated that they had injected a drug. Only 9.4 percent of those asked this question indicated that they had not injected any drug at any point in their lives. The

discrepancy between those who indicated they had injected a drug and those who indicated that they had not was in the relatively large proportion that refused to answer this question or said they simply did not know.

Turning now to the current users of cocaine (Table 5.11), not all the previously presented data will be provided in detail. Rather, a short summary of the demographic characteristics of the current users of cocaine in the State of Hawaii as of 2004 will be presented followed by the specific other characteristics of current cocaine users. As with the lifetime use group, who are Male outnumber those who are Female roughly three to one.

The average age of those currently using cocaine is much younger (39.4 year compared to 41.8 years) than those who have ever used cocaine. The median age is also younger than for the ever using individuals suggesting that many of these "current users' do not have long histories of cocaine use. As with the lifetime use group, current users are most likely to be either "Caucasians" or "Other Asians" with the "Other" group, the catch all for what was not already categorized, having an even higher prevalence rate!

Unlike the lifetime use group, the current users have a somewhat different pattern of marital attachments with being single at the top of the list followed by being divorced. Working less than 19 hours per week is the dominant category of employment status.

Those responding to a lifetime use (which includes the current users) have an older age at which they started using cocaine than did those who are current users. Because of the overlap in the two variables, the age at which the lifetime users started using cocaine is even higher than shown in the table. A negligible proportion of current users have health insurance, suggesting that they either feel extremely healthy or have decided to spend their funds on things other than health insurance. Since their dominant employment status is under 19 hours

per week, they are, for the most part not receiving health benefits from their place of employment.

The distribution of current users reflects the relative distribution of the general population, unlike the Lifetime users who are seriously over represented on Maui, Hawaii, and Kauai.

Assessment of Need for Treatment

In reviewing Table 5.12, it is important to understand what the various categories of treatment combinations and permutations mean. The term *"Need for Alcohol OR Drug Treatment"* is based on the Diagnostic and Statistical Manual of the American Psychiatric Association, Revision IV (DSM-IV) classification of the behaviors of the individual as having abuse of either alcohol or drugs but no dependence on either. This is the most encompassing category of individuals using alcohol or drugs. The category *"Needs Alcohol Treatment Only"* means just that. The individuals in this group have a DSM-IV diagnosis of dependence for alcohol and may have a diagnosis of abuse of drugs or may simply have indicated use of drugs at some point in their lives. The opposite is true for the category of *"Needs Drug Treatment Only"* in that these individuals have DSM-IV diagnosis of dependence on drugs with either abuse of alcohol or use of alcohol as the other diagnosis. The final group is the smallest and least restrictive category, *"Needs Alcohol AND Drug Treatment."* Individuals categorized in this group meet DSM-IV criteria for dependence of alcohol **and** drugs.

An additional point to note on this table is that there are two distinct panels of data. On the left are data about those who are lifetime users, have used cocaine at some point in their lives, and who may not be using cocaine right now. Within that panel are data on those

who use powder cocaine only, crack only, both crack and powder cocaine, and those who use neither. The right hand panel replicates the internal contents of the left hand panel but relates to those who are categorized as current users of cocaine. To be categorized this way the respondent must have answered yes to the lifetime use question (have you ever, at any point in your life used cocaine), and answered again that they had used the drug within the past 30 days. The form of the drug used (powder or crack or both) is asked separately.

The highest proportion of respondents answering that they had not ever used any form of cocaine is resident to Kauai. Next highest non-user group is from Oahu, followed by Hawaii County. Remembering the caveats regarding Kauai data, it should be noted that the pattern of responses referenced earlier is repeated here (same proportion for need for alcohol treatment only and alcohol or drug use treatment, and the same number, though different from the previous one, for drug use treatment only and alcohol and drug use treatment). Hawaii County had only one response to the question about the use of crack only and Maui County had responses but they were negative. Extremely high rates of response regarding the indicators of need for alcohol and for alcohol or drug treatment came from Kauai, as did very high proportions of respondents with positive responses to indicators of need for drug treatment only and drug and alcohol treatment.

Ignoring the Kauai data for a moment respondents from Maui were the highest proportion of treatment need by lifetime users of powder cocaine of all counties, and across all types of treatment except for need for Alcohol AND Drug Treatment where Oahu was higher. For those using crack only Kauai had the highest rates by far, followed by Oahu. No one from Maui or Hawaii Counties indicated that they only used crack cocaine. Users of both

Table 5.12: Need for Treatment by Type of Treatment by Form of Cocaine (%) Weighted Data, 2004 Hawaii ADAD Survey of Treatment Need and Drug Use

Needs for Treatment	County	Ever Used Cocaine				Current Use Cocaine			
		Powder Only	Crack Only	Both	Neither	Powder Only	Crack Only	Both	Neither
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	27.8	22.5	36.0	7.6	89.7	86.9	100.0	9.1
Needs Alcohol Treatment ***Only***		26.6	11.4	27.7	7.5	74.2	86.9	100.0	8.8
Needs Drug Treatment ***Only***		10.4	13.1	25.5	0.4	89.7	86.9	100.0	1.2
Needs Alcohol ***AND*** Drug Treatment		9.2	2.1	17.2	0.3	74.2	86.9	100.0	0.9
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	19.1	-	26.1	6.2	100.0	0.0	-	7.9
Needs Alcohol Treatment ***Only***		17.4	-	21.5	5.4	100.0	0.0	-	6.8
Needs Drug Treatment ***Only***		3.7	-	11.5	0.9	100.0	0.0	-	1.4
Needs Alcohol ***AND*** Drug Treatment		2.0	-	6.9	0.1	100.0	0.0	-	0.3
Needs Alcohol ***OR*** Drug Treatment	**Maui**	38.4	0.0	30.9	5.2	42.7	-	-	9.8
Needs Alcohol Treatment ***Only***		35.1	0.0	18.3	5.2	42.7	-	-	9.0
Needs Drug Treatment ***Only***		10.7	0.0	19.3	0.3	14.5	-	-	2.0
Needs Alcohol ***AND*** Drug Treatment		7.4	0.0	6.8	0.2	14.5	-	-	1.2
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	38.2	61.8	63.2	10.7	100.0	-	-	17.1
Needs Alcohol Treatment ***Only***		38.2	61.8	63.2	10.7	100.0	-	-	17.1
Needs Drug Treatment ***Only***		3.4	54.8	11.8	1.8	100.0	-	-	3.3
Needs Alcohol ***AND*** Drug Treatment		3.4	54.8	11.8	1.8	100.0	-	-	3.3
Needs Alcohol ***OR*** Drug Treatment	**State Total**	29.4	32.8	37.1	7.3	85.3	74.5	100.0	9.5
Needs Alcohol Treatment ***Only***		27.9	25.4	29.8	7.2	72.8	74.5	100.0	9.0
Needs Drug Treatment ***Only***		9.0	24.5	21.2	0.5	82.2	74.5	100.0	1.4
Needs Alcohol ***AND*** Drug Treatment		7.4	17.1	13.9	0.4	69.7	74.5	100.0	1.0

Source: Market Trends Research and Department of Health, Alcohol and Drug Abuse Division, 2004, Hawaii State Survey of Substance Use. Data from Survey Datasets

powder cocaine and crack cocaine had higher rates of treatment need from Kauai (first place) followed by Oahu, then Maui and finally Hawaii County.

In examining the right hand panel of this table there should be no doubt that current use of cocaine in any form has a tremendous impact on need for treatment of any kind. If respondents currently used both powder and crack cocaine all were rated as in need of treatment of all types. If the persons were in the neither group, (had used cocaine of some sort at some point but were not currently using it) there was a need for treatment that was higher than for those who had never used the drug but also a large difference (lower) between those who were currently using and those who were not.

Summary and Conclusions:

In this chapter, a short world history of cocaine use was presented with a focus on the use of this drug in America and especially in the State of Hawaii. It appears that extensive cocaine use in Hawaii did not occur until the smokable form of cocaine (crack) was evolved. At that point the use of cocaine, both powder and crack, in the State increased dramatically.

Records of the Honolulu Police Department (HPD), the Honolulu Medical Examiner, and the Alcohol and Drug Abuse Division show that from 1991 to 2005 cocaine use rose and then fell to a point where the number of deaths with positive toxicology screens for cocaine was less than twenty per year. The numbers of persons admitted to treatment had, by 2005, fallen to about 250 per year from a high in 1996-1998 of about 625 per year, and the number of HPD cases with cocaine involved had dropped from a high of 1200 in 1996 to about 175 in 2005.

According to national surveys, use of cocaine in the schools of Hawaii is slightly lower than on the mainland of the United States with the exception of the oldest of the

student body surveyed where it was slightly higher. From other surveys, both local and national, Hawaii's rates of cocaine use by school children is consistently lower than for the same age cohorts in the nation. National surveys of adults in the State show that rates of use are fairly stable and that males are more likely to be using the drug than females, and that older persons are more likely to have used cocaine at some point in their lives than younger persons, but that when the time frames are shortened to past year, the age group 18-25 emerges as the one most likely to be using the drug, the same being true for current use of the drug.

From the six surveys administered to representative samples of the State's population over the past 25 years, changes in use patterns are noted. Higher use of cocaine occurred during the late 1970s and the 1980s but declines in use were notable in the 1990s. As such, those persons responding to the 2004 survey of treatment needs in the State not only should but do show an age effect to the patterns of use. That is, those who were alive and of an age to use the drug in the late 70s and 80s have higher rates of lifetime use than those who were not alive during that time and the differences are consistent. Equally consistent across these surveys is that the age group most likely to be currently using the drug is those between the ages of 18 and 25 years.

As a stimulant, cocaine has a reputation of being an effective "upper". In terms of the impact of the drug on the user, long term heavy use is recognized as being very damaging to the ability of the user to maintain any sort of normalcy in their lives. For the recreational user and those who use the drug in moderation, the negative effects are less but are still present and the addiction to the drug almost invariably leads to greater use and more traumatic problems. Compared to other stimulants available in the 21st century, cocaine is not the most

devastating, but it still places the user at a very much elevated risk for legal, social, and interpersonal difficulties compared to those who do not use the drug.

Cocaine has been a drug of choice for many and has persisted in its presence in the illicit formularies of the nation. It will likely remain a drug of concern for the foreseeable future.

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[1] Gahlinger, Paul M. (2001). Illegal Drugs: A Complete Guide to Their History, Chemistry, Use and Abuse. Sagebrush Press: Las Vegas, NV. Page 37

[2] U.S. Drug Enforcement Administration." Los Angeles Times, Dec. 20, 1994, p.A21

[3] Gahlinger, Paul M. (2001). Illegal Drugs: A Complete Guide to Their History, Chemistry, Use and Abuse. Sagebrush Press: Las Vegas, NV. Page 38

[4] Inaba, Darryl S., and William E. Cohen (1994). Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs. CNS Productions, Inc. : Ashland, OR.

CHAPTER SIX

METHAMPHETAMINE

Chapter 6

Methamphetamine

In thinking about methamphetamine, especially for Hawaii, it is especially important to distinguish this drug from its related but not nearly as powerful predecessor, amphetamine. In so doing, the reader will be clear as to which of the two drugs this chapter addresses and of the major differences between the two drugs.

Amphetamine is a prescription stimulant used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and as an appetite suppressant to control weight gain. The drug is legally available under the brand name Adderall® and Dexedrine®. The chemical composition of amphetamine is $C_9H_{13}N$ and its most common form for prescription is in tablet or injection form. The effects of the drug are to decrease appetite, increase stamina, increase sexual drive, and for patients with ADHD, greater concentration, and increased confidence and social responsiveness. Since tolerance to amphetamine develops rapidly, increasing dosages may be required for the attainment of the same effects as were found with small doses initially.

Methamphetamine, on the other hand, is also available by legal prescription under the name Desoxyn® and is mainly prescribed for the treatment of ADHD when all other stimulants have failed. The chemical composition of methamphetamine is $C_{10}H_{15}N$ and its form of prescription distribution is by tablet. The effect of the drug, while similar to amphetamine, are dramatically more intense and includes euphoria, increased energy and attentiveness, loss of appetite, insomnia, agitation, compulsive fascination with repetitive tasks, and increased sexual drive. As with amphetamine, methamphetamine tolerance develops rapidly and addiction to the drug is quite probable.

This chapter, while briefly mentioning amphetamine is focused on methamphetamine as the drug currently seen as being of extreme risk to the people of the State of Hawaii. In the pages that follow, the history and general information about the drug are presented followed by information on the use of methamphetamine in the schools of Hawaii and then information about the use of methamphetamine by adults in the State. The chapter ends with a discussion of the need for treatment by users of methamphetamine and a summary and concluding section.

Historical Context of Methamphetamine – International and National

Amphetamines were first synthesized in Germany at the Universität Berlin by Romanian chemist Lazar Edeleanu (1861-1941) in 1887[1]. In 1919, methamphetamine was first synthesized by Japanese scientist A. Ogata. The effects of the new drugs were slowly uncovered and in 1930 amphetamine was discovered to increase blood pressure[2]. The first commercial production of the drug was by Smith, Kline & French, who marketed 'benzedrine' as an over-the-counter inhaler to treat congestion[3]. By 1935, it was being used by physicians for the treatment of narcolepsy and two years later was approved by the American Medical Association for the treatment of ADHD (Attention Deficit Hyperactivity Disorder). In 1940, the pharmaceutical manufacturer Burroughs-Wellcome began to market methamphetamine under the trade name “Methedrine” and over the next few years dextro-amphetamine and methamphetamine were popularized as safe “pick me ups” and sales soared. During the 1940s the Japanese government distributed amphetamine pills to soldiers, sailors and pilots as well as to firearms factory workers, to mobilize all their reserves for the war effort. Pilots routinely used the drug to remain awake and alert for long periods on long distance bombing missions[4]. The same was true for the United States (U.S.) and the other

Allied Forces as well as for the German military. From 1950-1953, the US military issued amphetamines and methamphetamines to troops during the Korean War.

After 1945, large stocks of the drug from looted military supplies flooded the market in Japan and Europe. The drug's other medicinal property, appetite suppression, no doubt contributed to its popularity and use by some people to suppress hunger during the starvation periods of those chaotic years. In 1952, the drug became illegal in Japan and instantly became a reliable source of cash for the *yakuza* gangs. By 1954, an estimated two million Japanese were regular users of amphetamines in the total population of about 88 million people[5]. As an illegal drug in the 1950s, as many as 55,000 Japanese per year were arrested for amphetamine possession, sales and use. Because of this history, *shabu*[1] is still associated with the shame of the lost war by the older generation. This has contributed to the general national denial of the existence of these illegal drugs and has relegated the topic of illegal drugs as a taboo subject in an otherwise fairly non-puritanical Japan.

In the 1960's amphetamine use increased in the U.S. and, as Marissa Miller tells us (2004):

> "Amphetamines rapidly became popular in the United States. Amphetamine tablets could be legally obtained without prescription until 1951, and amphetamine inhalers were available until 1959. Amphetamines and methamphetamine were widely marketed during the 1950's and 1960's for obesity, narcolepsy, hyperkinesis, and depression. Housewives were prescribed amphetamines for weight loss; others, including students, businessmen, and truck drivers, used them for their anti fatigue effects. Their popularity was bolstered by low cost long duration of effect…." (p. 253)

After 1963, illegal "speed" production soared in California (during the period when the state law banning injectable ampoules came into effect). By 1967, physicians were

[1] "*Shabu*" is the Japanese street name for methamphetamine. The literal translation of the word is "swish" which makes little sense, however, the word is also used as an insult.

writing 32 million prescriptions per year for the drugs. The rapid increase in the "improper" and illegal use of the drugs prompted federal intervention. In 1970, Congress passed the U.S. Drug Abuse Regulation and Control Act of 1970 making amphetamines a Schedule II drug[2] and illegal, except when prescribed by a physician. "Speed" or "crank[3]" was now an illegal drug of choice for many who had previously been able to receive it with little fuss from their physicians. The main route of administration was by injection and the purity levels were very low.

The geographic distribution of the drug's use was uneven across the nation but the Bay Area (San Francisco) and the west coast of the U.S. were major regions of high use. As the 60's became the 70's, methamphetamine (speed) began to replace hallucinogens as the drugs of choice in the Haight Ashbury district and elsewhere in northern California. "Speed freaks" and other intravenous users of this drug became fully addicted and the target of police interdiction, health promotion, and harm reduction activities. In the 1980's, "ice" or crystal methamphetamine was introduced and smoking became the new and favored route of administration. In a 1994 study, University of California, Berkeley researcher Patricia Morgan (Morgan, 1994), studied the routes of administration of methamphetamine in Honolulu, San Francisco, and San Diego. The dominant mode of administration for each

[2] Schedules of Drugs are put in place by the federal Drug Enforcement Administration (DEA) with drugs with the highest abuse potential placed in Schedule I and those with the lowest potential in Schedule 5. Specifically, the Schedules currently in place are:

- Schedule I — drugs with a high abuse risk. These drugs have NO safe, accepted medical use in the United States. Some examples are heroin, marijuana, LSD, PCP, and crack cocaine.
- Schedule II — drugs with a high abuse risk, but also have safe and accepted medical uses in the United States. These drugs can cause severe psychological or physical dependence. Schedule II drugs include certain narcotic, stimulant, and depressant drugs. Some examples are morphine, cocaine, methadone, aspirin and oxycodone (Percodan®), methylphenidate (Ritalin®), and dextroamphetamine (Dexedrine®).
- Schedule III, IV, or V — drugs with an abuse risk less than Schedule II. These drugs also have safe and accepted medical uses in the United States. Schedule III, IV, or V drugs include those containing smaller amounts of certain narcotic and non-narcotic drugs, anti-anxiety drugs, tranquilizers, sedatives, stimulants, and non-narcotic analgesics. Some examples are anabolic steroids, acetaminophen with codeine (Tylenol® No.3), paregoric, hydrocodone with acetaminophen (Vicodin®), diazepam (Valium®), alprazolam (Xanax®), propoxyphene (Darvon®), and pentazocine (Talwin®).

[3] "Crank" is so named because the motorcycle gangs of the west coast transported amphetamine and methamphetamine in the crankcases of their motorbikes. The lack of consistency in this version of the drug was high with only about 1/3 actually being methamphetamine and rest, combinations of everything from caffeine to phenylpropanolamine (PPA), ephedrine, etc.

was: Honolulu - smoked; San Francisco - injected; and, San Diego - snorted or intranasal. Twelve years later, smoking has become the dominant mode in all three of these cities and the spread of the use of the drug has crossed the continent.

Hawaii Specific History of Methamphetamine[6]

In the mid 1980s, law enforcement and other government officials in Hawaii began issuing warnings about a new drug threat spreading through the five major islands of the 50th State. It was a smokable form of crystal methamphetamine arriving from Korea and the Philippines. It was variously known as "batu" or "shabu" or most commonly as "ice" since that was what it resembled. There were dire warnings that this scourge, sometimes known as the poor man's coke, would soon spread to the U.S. continent.[7] In fact, as had been the case with crack, it took almost fifteen years for methamphetamine to spread from its strongholds in Hawaii and the west coast to the Midwest and east coast, but now "meth" is found in nearly every state. The media, it seems, has just awoken to the problems posed by methamphetamine and in 2005, "meth" or "ice" has finally attained the status of the latest substance to be deemed "the most dangerous drug in America." Although there is now heavy competition for the dubious distinction, Hawaii is arguably still the number one state in the nation for the incidence and prevalence of methamphetamine abuse.

Since the 1980s, the use of ice has spread at an alarming rate in Hawaii to a point where many observers consider it an epidemic. But in the early days, its true nature wasn't recognized and it attracted many naïve users who were unfamiliar with the "speed kills" mantra of the 1970s California drug scene. And even if they knew this slogan, they may not have recognized this substance as essentially the same drug, in part because it was smokable. Smoking has always been the most common means of drug-taking in Hawaii, including

marijuana, crack, and heroin. Since before 1990, when the state enacted the first legal syringe exchange program, HIV/AIDS campaigns have been extremely high profile in Hawaii. Their educational messages about clean needles, and the dangers that injection posed, helped to make a smokable drug like ice far more appealing than one that had to be injected.

Of course, as in the rest of the United States, there has always been a drug of choice at any given time. During Hawaii's plantation era of the 1850s and later, it was homemade fermented liquor. Workers from various nations, primarily China, Japan, the Philippines, and Portugal were shipped under contract to work in the sugar plantations. Most often, the male workers had left their families behind and were grouped together, according to their ethnic group, in plantation camps. Backbreaking hours of labor were the rule and the homebrew (fermented liquors) was one way to bond, forget their troubles and relax.

During the Second World War commercial alcohol was more readily available and became the intoxicant of choice in the Territory of Hawaii. During this period, many islanders served in the U.S. armed forces and for the first time were exposed to some of the more refined intoxicants that the "mainland" and the larger world offered.

With statehood in 1959, and then the advent of mass tourism in the 1960s, Hawaii became less isolated from the U.S. mainland. During the Vietnam era, with Honolulu used as an "R & R" ("Rest and Recreation") destination for the troops based in Southeast Asia, heroin became readily available in the islands. Marijuana, already used recreationally among virtually all ethnic groups throughout the islands, became even more widely used. The latter easily adapted to growing in the semi-tropical climate and was of better quality than that found in Southeast Asia. The island of Hawaii in particular (*a.k.a*. the Big Island), became famous among the counterculture for the abundance and high quality of its homegrown

products “Kona Gold” and “Puna Butter”. “Maui Wowie” entered the parlance too, and the 1960s brought an influx of both hippies and Vietnam Veterans to Hawaii. For many of them, the *pakalolo* (“crazy weed”) of the islands was their drug of choice.

President Nixon initiated “the war on drugs” in the 70s with marijuana as a specific target due to its identification with the counterculture and the antiwar movement. This anticipated the national and state change that was seen during the 1980s. The Reagan era reflected the growing conservatism of the country and ushered in a crack down on drug use, with the simplistic “Just Say No” message as its slogan. In Hawaii as elsewhere in the nation, drug use of all types became re-stigmatized in what some observers regarded as a backlash against the 60s and 70s.

The harm reduction efforts of the newly energized HIV/AIDS groups played a role as well by effectively spreading the message about the dangers of injecting drugs. This educational outreach had the effect of further stigmatizing the use of needles and syringes.[*] With the exception of the relatively short period of the “Vietnam Conflict,” heroin never became widely used in the state and the likelihood that methamphetamine would ever be used by injection was unlikely, given this trend.

In the late 1970’s, massive eradication efforts had begun in Hawaii targeting the cannabis under cultivation throughout the state. Known as “Green Harvest” and later as “Operation Wipeout,” these campaigns were conducted by helicopters utilizing combined federal, state, and county resources along with personnel from the DEA, the National Park Service, the U.S. Coast Guard, the state Narcotics Enforcement Division, and the county police departments. (There was a two year hiatus to these raids in the 1990s when Big Island

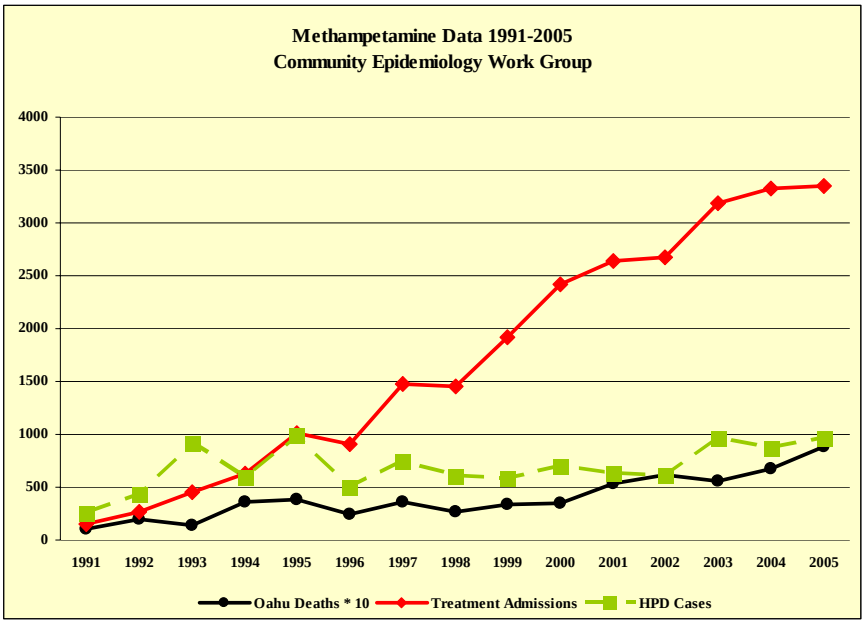
[*] Due in part to these early efforts, including needle exchange, Hawai`i has one of the lowest rates of injection related HIV infections of any state.

residents protested their use of county funds, but they were then reinstated) For many, marijuana remained the substance of choice in spite of the eradication campaign's success in driving the price of marijuana up in the islands and making the drug harder to find. These factors as well as the increased stigmatization of cannabis users, fueled by the Partnership for a Drug Free America efforts, and the ambivalent feelings of ex-hippies now turned parents, resulted in a major reduction in the popularity of marijuana, at least as seen in popular culture.

For the past 20 years crystal methamphetamine, or "ice," has wreaked havoc on the social structure of this State. The drug has consumed the Alcohol and Drug Abuse Division's (ADAD) treatment slots at a rate unprecedented in the history of the State. This drug has been responsible for high numbers of child apprehensions, large numbers of incarcerations, and a general change in the family structure and stability within the State. Few families are left unaffected. The impact on the next generation of state residents is most vividly seen by examining both the frequency and magnitude of *in utero* exposure to the drug[8]. A generation of children, now well immersed in the educational system of the state, is struggling to keep pace with their non-drug exposed peers. In addition, and not the subject of this report, are the many health-related problems and costs that emerge as result of long term "ice" use, including heart attack, oral health problems, mental health problems, respiratory problems, accidents and injuries, etc. Methamphetamine use is not often listed as contributing to the cause of death for methamphetamine users with these health conditions, although there is now a substantial body of research makes a clear linkage to these outcomes for prolonged users.

The criminal justice system of the state is also struggling to keep ahead of the large numbers of drug and drug-related arrests. As of this writing the system has exceeded its carrying capacity of 5,000 inmates by over 1,500 prisoners who are housed in correctional facilities on the mainland. Arrestees by Honolulu Police Department (HPD) were examined from 2001-2003 through a National Institute of Justice (NIJ) program known as ADAM (Arrestee Drug Abuse Monitoring) which was conducted in the Central Receiving Division of the main HPD station. In using a urine test as validation of stated drug use status, it was found that 40 to 50 percent of arrestees tested positive for methamphetamine, well above other national sites participating in the study. In addition, it was learned that the majority of these arrestees were not picked up for drug offenses but rather for bench warrants and misdemeanor offenses. Finally, although there are no data to substantiate or refute the claims, Child Protective Service has indicated in the media and elsewhere that 95 percent of their activity is due to the presence of crystal methamphetamine in the home. The reaction and

Graph 6-1: Methamphetamine Data from Medical examiner, Treatment Sources and Honolulu Police Department, City & County of Honolulu/State, 1991 - 2005



SOURCE: Community Epidemiology Work Group Reports, National Institute on Drug Abuse 1991-2005

effect of all of these reports of the presence of this drug in the community places incredible stress on the responders and taxes the system of care and support. The long-term consequences of this drug's presence in the state are unknown.

Data regarding the use of methamphetamine in Hawaii over the past decade and a half has been well documented through the Community Epidemiology Work Group (NIDA, 2006). The data from the Alcohol and Drug Abuse Division, the County Medical Examiner, and the Honolulu Police Department (See Graph 6-1) are presented as a time-based, prevalence graphic that chronicles the prevalence of methamphetamine use since 1991.

As seen in the above graphic the number of deaths with methamphetamine found in toxicological screens, the number of arrests by the Honolulu Police Department, and the number of admissions to treatment services tracked by the Alcohol and Drug Abuse Division have all increased dramatically from 1991 to 2005. The rates of those increases may differ across the data points but the end result suggests a minimum of a twofold increase over the 15 year timeframe. For treatment admissions alone, the increase is much closer to a tenfold increase.

In examining other data related to the use of methamphetamine in the State of Hawaii, several additional data sets will be consulted. The first dataset is the Youth Risk Behavior Survey (YRBS) completed in the State of Hawaii every other year. That survey, designed by the Centers for Disease Control and Prevention (CDC), is administered in the schools to children in grades 9, 10, 11 and 12. Questions in the survey relate to a broad array of behavioral risks but also include those related to specific lifetime use of drugs. Data regarding lifetime prevalence of methamphetamine use from the 2005 Youth Risk Behavioral

Survey are shown in Table 6.1 below and are compared with those from the national dataset as a benchmark for Hawaii data.

Table 6.1: Lifetime Methamphetamine Use for Hawaii and the U.S. (%), 2005 Youth Risk Behavioral Survey

	Lifetime Use	
	Hawaii	**U.S.**
Total	4.3 (±1.1)	6.2 (±0.9)
Males	4.9 (±1.5)	6.3 (±1.0)
Females	3.4 (±1.5)	6.0 (±1.9)
Grade 9	4.0 (±2.5)	5.9 (±1.4)
Grade 10	3.9 (±1.3)	6.7 (±1.4)
Grade 11	3.4 (±2.7)	6.4 (±1.5)
Grade 12	5.9 (±2.9)	6.0 (±1.3)

SOURCE: YBRS Data from the "Online Youth" website, Centers for Disease Control, **http://apps.nccd.cdc.gov/yrbss/,** June 15, 2006

The table statistics suggest that rates of lifetime use of methamphetamine among high school students in the State of Hawaii are lower than the rates found nationally. However, when the standard errors are applied to the state and national data, there is no statistically significant difference in the two sets of percentages. In fact, it is quite possible that the upper limits of the lifetime use of Hawaii high school students (5.4%) is virtually equivalent to the lower limit of national high school students (5.3%) because of the standard error adjusted numbers overlap each other. These findings are true on most of the percentages in the table suggesting that there are not significant differences between students in Hawaii and those in the mainland U.S. in terms of their lifetime use of methamphetamine.

Table 6.2 provides statistics from the Hawaii State Alcohol Tobacco and Other Drug Use Survey. Until recently, this survey was completed every odd-numbered year, however, a reconceptualizing of the survey is being done at this time and the survey will not be administered in 2005. When it is reoffered in 2007, is not clear if the data will be comparable to those collected in previous surveys.

Table 6.2: Lifetime and Current (30 day) Use of methamphetamine for Hawaii and the U.S. (%), 2003 Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey and the Monitoring the Future Study

	Lifetime Use		Current Use	
	Hawaii	**USA**	**Hawaii**	**USA**
Grade 6	0.2	---	0.2	---
Grade 8	0.9	3.9	0.8	1.2
Grade 10	2.7	5.2	1.2	1.4
Grade 12	4.2	6.3	0.6	1.7

SOURCE: Substance Abuse and Mental Health Services Administration, 2003. Monitoring the Future, 2003, as reported in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey, 2003, Chapter 4.

As previously mentioned, the Monitoring the Future study uses a different sampling methodology and does not contain any subjects from the state of Hawaii. However, in Table 6.2 data from the Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey and from the Monitoring the Future study can be compared, with the latter study as the U.S. mainland reference group. Again, the Hawaii data are benchmarked to mainland U.S. data.

In this table, lifetime use comparisons between Hawaii and the mainland U.S. produces the same results as did the YRBS, suggesting the lifetime use of methamphetamine is lower in the State of Hawaii among children in grades 6, 8, 10 and 12 than are found in the mainland U.S. surveys. The same finding holds true for current use (30 day) of methamphetamine: students in Hawaii are using methamphetamine within the last 30 days at a lower rate than those in the mainland U.S. It is also interesting to note that for lifetime use the older the students are more likely they have a higher rate of lifetime use. However, in the current use panel of the table, it appears that this finding is not necessarily true, especially for the students in the State of Hawaii.

For Hawaii's high school seniors, the rate of current use of methamphetamine is lower than for juniors and sophomores. That finding is not replicated in the national data.

By way of comparison between Hawaii and the continental United States, Table 6–3 provides information from the National Survey of Drug Use and Health (NSDUH). As will

be recalled, the NSDUH user telephone survey administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal Department of Health and Human Services (DHHS). The survey is administered by telephone to individuals aged 12 years of age and older across the United States using a stratified random sampling design proportional to the population of the states within which the respondent lives. As such, the size of the sample for any particular state differs. For Hawaii, the size of the annual sample is less than a thousand individuals. However, since the questionnaire is very stable and does not change much from year to year, combining multiple years does provide an opportunity to gain a large enough sample with which to make synthetic estimates of the number of users of particular drugs in each state. That is the message given in Table 6.3.

In viewing the table, it is clear that Hawaii, although relatively high in terms of lifetime use (7.0%) and for current use (0.5%) does not have the highest rates in the country. Nevada and Wyoming rank highest (10.2%), followed closely by Alaska (10.0%). In terms of current use of methamphetamine (30 day use), Nevada (0.9%) ranks high followed by Montana (0.8%). Hawaii is ranked somewhere in the upper middle of all of the states for current use of methamphetamine (0.5%).

Table 6.3: Methamphetamine Use by State,2002-2004, NSDUH Data Base

Methamphetamine use by State

Methamphetamine Use by State aged 12 or older: *Sample Based* annual averages based on SAMHSA's combined 2002-2004 National Surveys on Drug Use & Health (Numbers in thousands & Percent)

NUMBERS (IN THOUSANDS)	Lifetime	Past Year	Past Month
Alabama	117 (3.2%)	28 (0.8%)	15 (0.4%)
Alaska	50 (10.0%)	3 (0.6%)	1 (0.2%)
Arizona	304 (6.8%)	58 (1.3%)	29 (0.6%)
Arkansas	108 (4.8%)	28 (1.2%)	14 (0.6%)
California	2,092 (7.3%)	338 (1.2%)	171 (0.6%)
Colorado	336 (9.1%)	41 (1.1%)	16 (0.4%)
Connecticut	101 (3.5%)	1 (<0.1%)	1 (<0.1%)
Delaware	35 (5.2%)	2 (0.3%)	0 (0.0%)
District of Columbia	16 (3.4%)	2 (0.4%)	1 (0.1%)
Florida	578 (4.1%)	52 (0.4%)	19 (0.1%)
Georgia	383 (5.5%)	33 (0.5%)	16 (0.2%)
Hawaii	70 (7.0%)	11 (1.1%)	5 (0.5%)
Idaho	96 (8.7%)	13 (1.2%)	5 (0.4%)
Illinois	379 (3.7%)	23 (0.2%)	9 (0.1%)
Indiana	225 (4.5%)	40 (0.8%)	10 (0.2%)
Iowa	157 (6.4%)	28 (1.1%)	13 (0.5%)
Kansas	139 (6.3%)	19 (0.9%)	7 (0.3%)
Kentucky	164 (4.8%)	32 (0.9%)	17 (0.5%)
Louisiana	113 (3.1%)	17 (0.5%)	4 (0.1%)
Maine	55 (5.0%)	2 (0.1%)	1 (<0.1%)
Maryland	167 (3.7%)	7 (0.2%)	*
Massachusetts	269 (5.0%)	9 (0.2%)	3 (0.1%)
Michigan	342 (4.1%)	33 (0.4%)	11 (0.1%)
Minnesota	327 (7.8%)	41 (1.0%)	19 (0.4%)
Mississippi	85 (3.7%)	21 (0.9%)	6 (0.2%)
Missouri	333 (7.1%)	44 (0.9%)	19 (0.4%)
Montana	66 (8.6%)	11 (1.5%)	6 (0.8%)
Nebraska	89 (6.3%)	18 (1.3%)	10 (<0.1%)
Nevada	185 (10.2%)	40 (2.2%)	17 (0.9%)
New Hampshire	71 (6.6%)	2 (0.2%)	0 (0.0%)
New Jersey	263 (3.7%)	9 (0.1%)	1 (<0.1%)
New Mexico	117 (7.7%)	20 (1.3%)	9 (0.6%)
New York	564 (3.5%)	18 (0.1%)	3 (<0.1%)
North Carolina	203 (3.0%)	8 (0.1%)	1 (<0.1%)
North Dakota	29 (5.6%)	6 (1.2%)	3 (0.6%)
Ohio	330 (3.5%)	25 (0.3%)	4 (<0.1%)
Oklahoma	211 (7.4%)	27 (0.9%)	8 (0.3%)
Oregon	297 (10.0%)	31 (1.1%)	15 (0.5%)
Pennsylvania	479 (4.6%)	14 (0.1%)	3 (<0.1%)
Rhode Island	39 (4.4%)	2 (0.3%)	1 (0.1%)
South Carolina	104 (3.1%)	20 (0.6%)	6 (0.2%)
South Dakota	37 (6.0%)	8 (1.3%)	3 (0.5%)
Tennessee	113 (2.3%)	12 (0.3%)	3 (0.1%)
Texas	833 (4.8%)	115 (0.7%)	52 (0.3%)
Utah	123 (6.7%)	18 (1.0%)	6 (0.3%)
Vermont	35 (6.6%)	1 (0.2%)	0 (0.0%)
Virginia	228 (3.8%)	15 (0.3%)	5 (0.1%)
Washington	397 (7.9%)	58 (1.1%)	23 (0.5%)
West Virginia	44 (2.9%)	7 (0.4%)	2 (0.1%)
Wisconsin	193 (4.2%)	14 (0.3%)	2 (<0.1%)
Wyoming	43 (10.2%)	6 (1.5%)	2 (0.5%)

*Low precision; no estimate reported.
-- Not available.

SOURCE: National Survey of Drug Use and Health, 2002 and 2004, SAMHSA. Found as Table 4 at the SAMHSA – OIS website at - http://www.drugabusestatistics.samhsa.gov/methTabs.htm#State, September 10, 2006.

State Level Data

As mentioned elsewhere, the State of Hawaii has systematically collected data on behavioral health and substance use since 1979. Those data, while not all in electronic form, at least have reports to verify and quantify their findings with respect to behavioral health

and substance use. This section reports the findings for stimulant use for 1979, general drug use for 1985 and then specifically for methamphetamine or ice use for 1991, 1995, 1998 and 2004.

1979 State Survey of Behavioral Health

The 1979 Hawaii State Survey of Behavioral Health did not ask about methamphetamine or amphetamine use specifically. Instead, it asked about the use of prescribed stimulants and non-prescribed stimulants. Data using those categories are presented in Table 6.4 below. In this table, the clear difference between use of prescribed medications and non-prescribed drugs is obvious in a lifetime, past year, and past month's use. Without question, prescribed medications are used far more often than drugs that are not prescribed, according to the respondents to the 1979 survey. In fact, with the exception of past month use by the youngest two categories of age, the use of non-prescribed rates of use do not come close to the rates of use of prescribed medications. From the history of stimulants and amphetamines in particular, already presented, this is not an unexpected finding. Similar questions in more recent surveys would probably find the reverse situation to be true.

TABLE 6.4: Stimulant Use (%) by Age and Sex, 1979 State Survey of Behavioral Health

	Lifetime Use %		Past Year Use %		Past Month Use %	
	Prescribed	Non-Prescribed	Prescribed	Non-Prescribed	Prescribed	Non-Prescribed
12-17 years	6.1	1.7	1.2	0.5	0.9	0.7
18-25 years	21.3	12.2	3.8	1.7	3.0	3.0
26+ years	12.9	5.6	0.8	---	2.0	0.7
Males	16.5	8.2	1.9	0.5	1.9	1.4
Females	10.8	4.4	0.9	0.3	2.0	0.8
Total State Data	13.5	6.3	1.4	0.4	1.9	1.1

Source: 1979 State Survey of Behavioral Health, Table 10.

As mentioned above, while a direct relationship between the lifetime use and age of respondent would be expected, it does not occur. Younger individuals do indeed have the

lower lifetime prevalence rates when compared to the other two age categories. For past year and past month use, the relationship between age and drug use is also not direct. For all categories of prevalence (lifetime, past year and past month) males are more likely to use methamphetamine than females.

1985 Survey of Mental Health and Substance Abuse

The information contained in Table 6.5 is similar to the Table 5.5 as the 1985 Survey of Mental Health and Substance Abuse did not specify the exact drug used when it presented its data on light, moderate and heavy use by demographic characteristics. The table is being repeated here merely to remind the reader of the overall findings of the 1985 survey. Without the actual data set from the survey, it is impossible to do more with these data. This table will not be presented in other chapters.

Table 6.5: Categorical Drug Use (%) by Selected Demographics, 1985 State Survey of Mental Health and Substance Abuse

		Non-User	Light	Moderate	Mod. Heavy User	Heavy User	N (100.0%)
Statewide		57.0	6.5	30.8	2.6	3.1	2503
Sex	Males	55.7	8.1	29.9	2.7	3.5	1073
	Females	57.8	5.2	31.7	2.5	2.8	1411
Marital Status	Married	61.4	5.2	29.5	1.8	2.0	1628
	Single	45.1	11.4	34.3	4.2	5.0	481
	Divorced/ Separated	39.0	8.5	37.7	5.8	9.0	223
	Widowed	72.9	1.3	23.2	1.9	0.7	155
Ethnicity	Hawaiian/ Part Hawaiian	57.8	8.9	28.0	2.3	3.0	471
	Caucasian	40.0	7.0	43.8	4.4	5.2	713
	Japanese	70.0	3.3	23.9	1.1	1.9	539
	Filipino	75.0	6.7	16.2	1.1	1.1	284
	Chinese	67.0	3.3	27.5	2.2	0.0	91
Age	18-24	41.7	12.5	38.0	3.5	4.3	424
	25-34	42.0	0.9	35.0	3.0	4.0	231
	35-44	57.0	6.3	32.6	1.5	2.7	479
	45-54	66.3	6.9	35.0	2.9	3.1	174
	55-64	73.0	1.6	21.0	1.9	2.5	367
	65-74	76.4	0.0	21.3	1.3	0.9	225
	75+	63.4	0.0	34.2	1.2	1.2	82

SOURCE: 1985 Hawaii Survey of Mental Health and Substance Abuse, Table 11

1991 Hawaii State Survey of Behavioral Health

The 1991 Hawaii State Survey of Behavioral Health included a large number of mental health questions. While these data have never been examined, they hold a wealth of information regarding the relationship between substance abuse and mental health services and are probably worthy of examination at some later point in time. In reviewing the data pertinent to substance abuse, and particularly methamphetamine use, Table 6.6 presents the lifetime prevalence rates for methamphetamine use in the State of Hawaii in 1991. In examining this table, it is important to point out that the age range of the highest age group, (45 to 91 years of age), differs from the categorizations used in many of the other tables in this report. It appears that when the data were collected no maximum age was specified and therefore some individuals in their 60s, 70s, 80s and 90s responded to the survey. Rather than segregate out the senior citizens, they have been left in the grouping, which may suppress the age-specific results for the highest age group.

TABLE 6.6: Lifetime Use of Methamphetamine (%) by Age, Sex and Island of Residence, 1991 State Survey of Behavioral Health.

		Age-Sex Specific Lifetime %		
		18-24 years	25-44 years	45-91 years
Honolulu	**Total**	4.3	6.7	1.0
	Male	4.7	9.0	2.2
	Female	3.8	5.0	0.0
Hawaii	**Total**	4.0	7.6	2.5
	Male	6.7	8.5	5.3
	Female	0.0	6.4	0.8
Maui	**Total**	6.3	5.4	1.8
	Male	16.7	5.6	3.8
	Female	0.0	5.3	0.0
Kauai	**Total**	18.8	7.0	3.0
	Male	11.1	7.7	0.0
	Female	28.6	6.4	5.7
State	**Total**	5.4	6.8	1.5
	Male	6.1	8.5	2.7
	Female	4.7	5.4	0.7

SOURCE: 1991 Hawaii State Survey of Behavioral Health databases

Table 6.6 shows the lifetime prevalence of methamphetamine use in the State of Hawaii as of 1991. Unlike many prevalence tables of lifetime use, this one does not conform to the usual understanding that with age comes accumulated experience in the use of drugs. In fact, the middle-aged group (25–44 years of age) appears to be the group that has accumulated the most experience in the use of methamphetamine. Exceptions to that statement are with males in Maui who are 18 to 24 years of age, and males and females in Kauai also in the 18 to 24 years old group. In spite of its relatively small population, Kauai appears to have a unique relationship with the use of methamphetamine. Males and females in the youngest age group have the highest lifetime use rates for methamphetamine. However, the next youngest group, at 25 to 44-year-olds, also has relatively high rates of use at some point in their lifetime compared to the other counties of the state.

1995 Hawaii State Treatment Needs Assessment Program

In 1995, the Hawaii State Treatment Needs Assessment Program subcontracted with the Gallup Organization for the collection of data. The difficulties with the weighting of the sample data have been mentioned elsewhere, and will not be discussed in this context. Data have been weighted to what the required sample size should have been for the 1995 survey.

Table 6.7 displays these data for methamphetamine use and includes lifetime, and past month or current use of the drug. This sample, like the 1991 data, did not have a maximum age specification in its sampling design. As a result, individuals in their 60s, 70s, 80s and 90s were allowed to respond to the questionnaire, and that may have suppressed the true prevalence rate for the oldest age group (45-95 years of age).

TABLE 6.7: Lifetime and Current Prevalence of Methamphetamine Use (weighted) (%), 1995 Hawaii State of Treatment Needs Assessment Program

		Age-Sex Specific Lifetime Use %			Age-Specific Past Month Use %		
		18-24 years	25-44 years	45-95 years	18-24 years	25-44 years	45-95 years
Honolulu	**Total**	3.2	8.9	1.6	0.5	0.3	0.0
	Male	3.2	12.0	3.4	0.5	0.5	0.0
	Female	3.2	6.2	0.2	0.5	0.2	0.0
Hawaii	**Total**	4.1	12.9	3.5	0.5	0.0	0.0
	Male	4.1	16.0	4.2	0.0	0.0	0.0
	Female	4.0	10.7	3.0	0.8	0.0	0.0
Maui	**Total**	5.3	14.9	4.6	0.0	0.0	0.0
	Male	4.8	17.4	5.9	0.0	0.0	0.0
	Female	5.7	12.9	3.7	0.0	0.0	0.0
Kauai	**Total**	8.5	10.7	5.1	0.8	0.0	0.0
	Male	9.4	12.6	6.5	1.6	0.0	0.0
	Female	7.6	9.3	3.8	0.0	0.0	0.0
State	**Total**	4.5	11.1	3.2	0.5	0.1	0.0
	Male	4.6	13.9	4.6	0.5	0.2	0.0
	Female	4.4	9.0	2.1	0.5	0.1	0.0

SOURCE: 1995 Substance Treatment Needs Assessment Program databases, ADAD

In examining Hawaii's lifetime prevalence of methamphetamine use in 1995, we see the same pattern seen in the 1979 and 1991 lifetime prevalence tables. While much higher in prevalence, the oldest age group is not the highest on the table. Instead, it is the third-highest in most instances and is outpaced by those in the 25 to 44-year-old age group. This middle aged age group appears to have had the greatest accumulation of lifetime use of methamphetamine regardless of county of residence or gender. For many of the respondents in this middle-age group, their lifetime experience with methamphetamine almost triples that of the younger age group and the oldest age group. This finding suggests two things, the age cohort 25 to 44 years of age may have been heavy users of methamphetamine for many years. Also, the high prevalence of that middle-age group will probably continue given the relatively high levels of use in the youngest age group as those respondents age and become part of the older group.

In terms of current use rates, the 1995 data show that there are many real differences across the counties when examining the current prevalence of methamphetamine use. In

particular, Kauai appears to have higher rates of lifetime use and current use of methamphetamine than the other counties, which appears to occur for the youngest age group in particular.

1998 Hawaii State Treatment Needs Assessment Program

Data from the 1998 Hawaii State Treatment Needs Assessment Program dataset produced Table 6.8 which shows the lifetime and current prevalence for methamphetamine use in the State. The 1998 survey was a stratified random sampling of 5050 households and was administered by telephone. During the collection of these data, the age of the respondent was to be between 18 and 65 years of age. However, approximately 10 percent of respondents were over 65 years of age, with the oldest reporting an age of 99 years. The data presented are from the weighted dataset[4] and shows the young Kauai males appear to be the highest subgroup of respondents who have used methamphetamine during their lifetime. With nearly a quarter of the young, male population of Kauai having experienced methamphetamine, the implications for prevention as well as interdiction programs are obvious. In 1998, males 25-44 years of age, who are residents of the County of Hawaii, have the highest prevalence in the use of methamphetamine during their lifetime. Here, just over one quarter of the males said that they had used methamphetamine at some point in their lifetime. Again, the implications for prevention and interdiction are obvious. Kauai also has a high lifetime use of methamphetamine by females aged 25 to 44 years in 1998. For the oldest age groups (45 to 99 years of age), nearly 20 percent of Kauai males and 19 percent of Kauai females had used methamphetamine at some point in their lifetime.

[4] The sample was weighted to a hybrid of the 1990 Census data, Population Estimations by the State Department of Business, Economic Development, and Tourism, and the Hawaii Health Department Household Survey.

TABLE 6.8: Lifetime and Current (30 Day) Prevalence for Methamphetamine Use (%), 1998 Hawaii State of Treatment Needs Assessment Program.

		Age-Sex Specific Lifetime %			Age-Specific Current (30 Day) Use %		
		18-24 years	25-44 years	45-99 years	18-24 years	25-44 years	45-99 years
Honolulu	**Total**	5.7	12.3	6.1	1.0	0.2	0.0
	Male	7.0	14.7	9.0	1.9	0.2	0.0
	Female	4.3	9.8	3.4	0.0	0.2	0.0
Hawaii	**Total**	9.4	20.1	12.1	0.0	0.0	0.0
	Male	15.6	26.6	17.6	0.0	0.0	0.0
	Female	2.5	14.1	6.9	0.0	0.0	0.0
Maui	**Total**	11.2	11.5	12.1	0.0	0.2	0.0
	Male	11.8	15.6	13.0	0.0	0.5	0.0
	Female	10.6	8.0	11.5	0.0	0.0	0.0
Kauai	**Total**	17.2	19.6	13.9	0.0	0.7	0.0
	Male	24.6	20.8	19.0	0.0	0.9	0.0
	Female	9.8	18.7	9.4	0.0	0.4	0.0
State	**Total**	9.4	14.9	10.2	0.5	0.3	0.0
	Male	12.4	18.0	13.7	1.0	0.4	0.0
	Female	6.2	12.0	7.0	0.0	0.2	0.0

SOURCE: 1998 Hawaii Behavioral Health Survey databases, ADAD

Because of the restriction of time to the past 30 days, current use of methamphetamine rates are very low. However, the City and County of Honolulu has the highest rate of methamphetamine use for male youth aged 18 to 24 years at 1.9 percent, and Kauai has the highest rate for males aged 25 to 44 years of age at 0.9 percent. All other prevalence rates for the current use of methamphetamine approach zero.

2004 Hawaii State Treatment Needs Assessment Program

In 2004, methamphetamine use in the State of Hawaii was rumored to be the highest ever, and as is seen in the chart from the Community Epidemiology Work Group (Graph 6-1), there was a lot of basis for that statement. In Table 6.9, the 2004 lifetime and current prevalence rates of methamphetamine use in the State of Hawaii are displayed. Looking at these data, the County of Kauai has the highest proportion of methamphetamine use among all counties.

Among the youngest age category, the total county lifetime methamphetamine use prevalence for Kauai nearly quadruples that of its nearest neighbor, the City and County of Honolulu. For males, the Kauai rate is nearly five times that of the City and County of Honolulu, nearly six times the lifetime use rate for males in Maui County, and nearly 250 times higher than the rate for young males in Hawaii County. The lifetime use prevalence rate for females in Kauai County is nearly double that for females in the City and County of Honolulu, is nearly 10 times as high as for females in the County of Hawaii, and is nearly double that for females in Maui County. The reader is again cautioned regarding the nature of the Kauai data and reminded to not make broad generalizations about the Kauai results.

The same pattern holds true for the 25 to 44 age group, as well as the 45 to 65 age group. In examining the data for current use (last 30 days), Kauai County remains the hot spot of methamphetamine use activity. According to these data, however, it appears that the youth on Kauai are using methamphetamine somewhat less often than those in the 25 to 44 age group. The heaviest, consistent, cross gender use of methamphetamine among those in the oldest age group (45 to 65 years of age) was on Kauai, where 2.7 percent of males and 2.0 percent of females indicate they have used methamphetamine in the 30 days prior to being surveyed.

TABLE 6.9: Lifetime and Current Prevalence (%), Methamphetamine Use (Weighted), 2004 Hawaii State Treatment Needs Assessment Program

		Age-Sex Specific Lifetime Use %			Age-Specific Current (30 Day) Use %		
		18-24 years	25-44 years	45-65 years	18-24 years	25-44 years	45-65 years
Honolulu	**Total**	5.4	4.5	2.9	0.1	0.1	0.1
	Male	5.0	5.3	4.7	0.3	0.3	0.2
	Female	6.0	3.6	1.3	0.0	0.0	0.0
Hawaii	**Total**	0.6	6.0	2.4	0.0	0.0	0.0
	Male	0.1	6.0	4.0	0.1	0.0	0.0
	Female	1.2	6.1	0.8	0.0	0.0	0.0
Maui	**Total**	4.9	6.2	2.0	0.0	0.1	0.0
	Male	3.9	7.0	3.3	0.0	0.1	0.0
	Female	6.0	5.4	0.7	0.0	0.0	0.0
Kauai	**Total**	19.3	12.9	8.0	0.5	1.6	2.3
	Male	25.8	17.0	8.0	0.8	3.0	2.7
	Female	11.1	8.6	8.0	0.0	0.3	2.0
State	**Total**	5.4	5.3	3.1	0.1	0.2	0.2
	Male	5.2	6.2	4.6	0.2	0.4	0.3
	Female	5.6	4.4	1.6	0.0	0.0	0.1

SOURCE: 2004 Hawaii State Treatment Needs Assessment Program dataset, Alcohol and Drug Abuse Division, State of Hawaii, Department of Health.

If the data from Kauai are ignored, and the rest of the data in the table examined, the City and County of Honolulu (Oahu) has the largest proportion of young people using methamphetamine at some point in their lives. For the 25 to 44 age group, the highest proportion of lifetime users is found in the County of Maui, with 7.0 percent of the males and 5.4 percent of the females having used methamphetamine at some point in their lives. For the oldest age group, excluding Kauai, the City and County of Honolulu again contains the largest proportion of lifetime users. In considering current use of methamphetamine, those in the City and County of Honolulu are the next largest group to County of Kauai residents.

The more specific demographic characteristics of lifetime and current users of methamphetamine are shown in Table 6.10. Here, the data from the Hawaii State Treatment Needs Assessment Program database are separated in terms of lifetime users, current users (based on total population), and current users (based on being part of the lifetime user group). These are important distinctions because they provide the reader with an estimation of the

total prevalence of current use, as well as the total prevalence of current users as part of the group of individuals who had used methamphetamine at some time in their life. That is, this last group is only made up of individuals who have ever used methamphetamine and continued to do so.

In Table 6.10, approximately three times more males in the total population were current users than females in 2004. However, in terms of lifetime use, the differential between males and females is much less. This would seem to indicate that while many females had tried methamphetamine at some point in their life, fewer are now using methamphetamine as a proportion of all females compared to males. This point is made clearer when examining the third column of the table, the proportion of current users to ever users of methamphetamine rather than of current users as part of the total population. Here we see that the difference in ratios between female current users and male current users is nearly four to one indicating that of those who have used methamphetamine at some point in their lives, continued use by females is much less likely than for males.

Respondents answering to questions regarding the use of methamphetamine over their lifetime tended to be somewhat younger than those responding to the current use of methamphetamine. This would indicate that people currently using methamphetamine are somewhat older than the general population, who may have used methamphetamine but no longer use it.

TABLE 6.10: Demographic Characteristics of Lifetime and Current Users of Methamphetamine (Weighted) (%), 2004 Hawaii State Treatment Needs Assessment Program

		Lifetime Use	Current Use (total pop. base)	Current Use (Lifetime user as base)
Gender	Male	5.4	0.3	5.8
	Female	3.3	0.1	1.7
Age	Average Age in Years	36.9	43.7	43.7
	Median Age in Years	39.0	42.0	42.0
Ethnicity	Caucasian	4.3	0.1	2.0
	Japanese	2.4	0.1	4.1
	Hawaiian/Part Hawaiian	8.9	0.2	2.2
	Filipino	4.1	0.5	11.9
	Other Asian	3.0	0.2	5.7
	All Others	4.8	0.1	1.7
Marital Status	1 Married	2.2	0.0	1.8
	2 Living as married	16.6	0.7	3.9
	3 Never married	6.7	0.6	8.4
	4 Divorced or separated	8.3	0.0	0.0
	5 Widowed	1.4	0.2	15.9
Education	None	0.4	0.0	0.0
	Grade 1 - 8	5.4	0.0	0.0
	Some High School, no Diploma	14.2	1.3	9.4
	High School Graduate or GED	6.2	0.3	4.0
	Some Collage, no Degree	6.6	0.3	3.8
	Associate Degree (2-Yr)	3.2	0.0	0.0
	College Graduate (4-Yr)	1.6	0.1	7.1
	Advanced Degree (Masters or Higher)	1.9	0.0	0.0
Income	<$10,000	8.1	0.1	1.4
	$10,000+ <$20,000	5.7	0.7	11.5
	$20,000+ <30,000	6.2	0.0	0.0
	$30,000+ <40,000	4.3	0.0	0.0
	$40,000+ <50,000	6.1	0.5	8.6
	$50,000+ <60,000	4.6	0.1	1.1
	$60,000+ <80,000	1.9	0.0	0.0
	$80,000+ <100,000	4.3	0.0	0.0
	$100,000+	1.5	0.0	0.0
Employment Status	Full-time, 35+ hrs/ week	4.5	0.1	3.3
	Part-time, 20-34 hrs/week	4.5	0.0	0.2
	Part-time, <19 hrs/week	13.6	1.0	7.7
	Not working at present	3.0	0.3	9.0

SOURCE: 2004 Hawaii State Treatment Needs Assessment Program dataset, Alcohol and Drug Abuse Division, State of Hawaii, Department of Health.

TABLE 6.10 (continued): Demographic Characteristics of Lifetime and Current Users of Methamphetamine (Weighted) (%), 2004 Hawaii State Treatment Needs Assessment Program

		Lifetime Use	Current Use (total pop. base)	Current Use (Lifetime user base)
Age at First Use	Average Age	22.3	25.8	25.8
	Median Age	21.0	29.0	29.0
In the Armed Forces	1 YES	0.3	0.0	0.0
	2 NO	4.5	0.2	4.2
Health Insurance	1 YES	3.8	0.2	5.0
	2 NO	10.6	0.2	1.6
Attending School	1 YES	7.3	0.0	0.0
	2 NO	4.0	0.2	5.1
Born in the United States	1 YES	5.0	0.2	3.1
	2 NO	1.5	0.3	21.7
Pregnant	1 YES	4.5	0.0	0.0
	2 NO	4.0	0.0	0.2
County	1 Honolulu	4.0	0.1	2.9
	2 Hawaii	3.7	0.0	0.2
	3 Maui	4.2	0.0	0.6
	4 Kauai	11.3	1.9	16.4
Ever Injected a Drug	1 YES	56.0	2.1	3.8
	2 NO	3.9	0.2	4.3

SOURCE: 2004 Hawaii State Treatment Needs Assessment Program dataset, Alcohol and Drug Abuse Division, State of Hawaii, Department of Health.

Of the Hawaiian/Part Hawaiian respondents in the survey, 8.9 percent reported having used methamphetamine at some point in their life. Of those, 2.2 percent of the Hawaiian/Part Hawaiian respondents reported that they were also current users of the drug. However, these respondents represent only 0.2 percent of the total population in the State of Hawaii. For Caucasians, 4.3 percent indicated that they had used methamphetamine at some point in their lives and of those, 2.0 percent continued to be current users of the drug. While the lifetime use prevalence rate for Filipinos is somewhat lower at 4.1 percent, 11.9 percent of Filipinos who have ever used methamphetamine in their lifetime continue to use the drug.

This group represents the largest proportion of the total population using the drug within 30 days of responding to the survey.

A large proportion of the respondents to the questionnaire who indicated that they were “living as married” also reported they used methamphetamine at some point in their lives (16.6%). Of this group, 3.9 percent continued to use the drug in the 30 days prior to responding to the survey. This group also represents the largest proportion of individuals in the total population currently using the drug (0.7%). Those “divorced” or “separated” accounted for 8.3 percent of all lifetime users, but accounted for 0.0 percent of the total population for current usage. “Widowed” respondents who reported using methamphetamine at some point in their lives (1.4%) also reported being current users of the drug in 15.9 percent of the total population. The second-highest proportion of individuals who had used methamphetamine at some time their lives and were continuing to be users identified themselves as “never married” (6.9%). That group reported that 8.4 percent of them were current users of methamphetamine.

Reinforcing this theme, the low reported rates of lifetime use of methamphetamine in the Hawaii schools survey might be attributable to the high drop out rate. Respondents who indicated methamphetamine use at some point in their life (14.2%) also indicated that their highest educational attainment had been “Some High School but No Diploma.” Of this group, 9.4 percent reported being current users of methamphetamine. The second-highest proportion of individuals indicating methamphetamine use at some point in their lives was those who reported “Some College, but no Degree” (6.6%). Of this group, 3.8 percent indicated they were current users of the drug. Of the total population, current use of

methamphetamine was highest for those who self-reported “Some High School, no Diploma” (1.3%).

For income, the highest proportion of current meth users in the total population report incomes between $10,000 and $20,000 per year (11.5%). However, the highest proportion of respondents abusing methamphetamine at some point in their lifetime reported incomes under $10,000 per year. Individuals reporting annual incomes between $40,000 and $50,000 represented 6.1 percent of the lifetime methamphetamine users in the survey. Of those who were lifetime users of methamphetamine and members of the $40,000 to $50,000 income group, 8.6 percent indicated continued use of the drug. They also represent the second-highest proportion of current users in the total population.

More part-time workers (less than 19 hours per week) indicated lifetime use of methamphetamine (13.6%) than any other employment category. Of this group, the percentage indicating continued use of the drug was 7.7 percent. While only 3.0 percent of the respondents indicated they were not working at the time of the survey, 9.0 percent of these individuals indicated they were current users of methamphetamine. The average age of first use of methamphetamine for those who had ever used the drug was 22.3 years and the median age was 21.0 years. For individuals indicating current use of methamphetamine, the average age at first use was 25.8 years and the median age was 29.0. This suggests that people who have tried methamphetamine at some point in their lives were younger than the individuals who had continued to use the drug and were now current users.

The final piece of information from Table 6.10 is whether respondents have ever injected a drug. Of those reporting the use of methamphetamine at some point in their lives 56.0 percent indicate they have injected a drug at some time in their lives. Of this group, 2.1

percent indicated current use of methamphetamine and injecting a drug at some point in their lifetime.

Finally, Table 6.11 relates to an individual's need for treatment and the type of treatment needed. Table 6.11 reports on treatment need and type of treatment by lifetime and current methamphetamine use.

In viewing Table 6.11, it is important to understand the methods used to determine treatment need. Recalling previous chapters, the Diagnostic Statistics Manual, Revision IV (DSM-IV) of the American Psychiatric Association, was the primary source of diagnostic criteria. In particular, the diagnoses for dependence and abuse of alcohol and drugs were essential in order to assess the extent of substance use and the likely need for treatment. Later, in Appendix B, the SPSS syntax used to generate the necessary codes are provided. It is important to note if an individual is using alcohol, it does not necessarily indicate dependence on alcohol or alcohol abuse. If respondents were found to be dependent on alcohol this indicated a need for alcohol treatment services. If respondents using crystal methamphetamine were found to have a dependence on any drug, or were determined to be experiencing drug abuse, this indicated a need for drug treatment services. If respondents met the criteria for a diagnosis of alcohol abuse or a diagnosis of drug abuse, this indicated a need for alcohol or drug treatment. If respondents met the criteria for a diagnosis of alcohol dependence and either drug dependence or drug abuse, this indicated a need for alcohol and drug treatment. In this way, four mutually exclusive categories were created: in need of alcohol treatment only; in need of drug treatment only; in need of alcohol or drug treatment; in need of alcohol treatment and drug treatment.

Table 6.11 represents the need for treatment data based on the use of methamphetamine at some time in their lives and current methamphetamine use, by county of residence. The data used for this table have been statistically adjusted to match the 2000 census data.

Table 6.11: Need for Treatment by Type of Treatment for Methamphetamine Use (Weighted Percents), 2004 Hawaii ADAD Survey of Treatment Need and Drug Use

Needs for Treatment	County	Ever Used Methamphetamine		Current Use Methamphetamine	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	33.9	8.4	100.0	9.4
Needs Alcohol Treatment ***Only***		26.8	8.4	17.4	9.1
Needs Drug Treatment ***Only***		25.3	0.6	100.0	1.5
Needs Alcohol ***AND*** Drug Treatment		18.2	0.5	17.4	1.2
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	31.2	7.1	100.0	8.0
Needs Alcohol Treatment ***Only***		24.1	6.2	100.0	6.9
Needs Drug Treatment ***Only***		14.7	1.0	100.0	1.5
Needs Alcohol ***AND*** Drug Treatment		7.6	0.2	100.0	0.4
Needs Alcohol ***OR*** Drug Treatment	**Maui**	44.1	8.4	100.0	9.9
Needs Alcohol Treatment ***Only***		33.4	8.0	0.0	9.1
Needs Drug Treatment ***Only***		26.3	0.9	100.0	2.0
Needs Alcohol ***AND*** Drug Treatment		15.5	0.6	0.0	1.2
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	56.2	12.2	68.3	16.2
Needs Alcohol Treatment ***Only***		56.2	12.2	68.3	16.2
Needs Drug Treatment ***Only***		22.1	0.9	64.8	2.2
Needs Alcohol ***AND*** Drug Treatment		22.1	0.9	64.8	2.2
Needs Alcohol ***OR*** Drug Treatment	**State Total**	37.9	8.5	82.8	9.6
Needs Alcohol Treatment ***Only***		31.3	8.3	44.9	9.2
Needs Drug Treatment ***Only***		23.9	0.7	81.0	1.6
Needs Alcohol ***AND*** Drug Treatment		17.4	0.5	43.1	1.2

SOURCE: 2004 Hawaii State Treatment Needs Assessment Program dataset, Alcohol and Drug Abuse Division, State of Hawaii, Department of Health.

In Table 6.11, the county with the highest percentage of lifetime users in need for alcohol or drug treatment was Kauai at 56.2 percent. Maui County was second at 44.1 percent followed by Hawaii County and the City and County of Honolulu (Oahu) at 31.2 percent and 33.9 percent respectively. Kauai again was highest for alcohol treatment only (56.2%) followed by Maui County (33.4%), the City and County of Honolulu (26.8%), and finally Hawaii County (24.1%). For respondents indicating methamphetamine use at some

point in their lifetimes the county with the greatest percent need for drug treatment only was Maui County (26.3%) followed by the City and County of Honolulu (25.3%), Kauai County (22.1%) and Hawaii County (14.7%). For those lifetime users in need of alcohol and drug treatment, Kauai County was highest (22.1%), then the City and County of Honolulu (18.2%), Maui County (15.5%), and Hawaii County (7.6%).

Current users of methamphetamine, all of whom were represented in the left hand panel of the table, are shown in the right columns of this table. Not surprisingly, respondents who currently use methamphetamine are much more likely than those who had previously used the drug but were not currently using it. Among the current users, the highest proportions identified as in need of alcohol or drug treatment were from the City and County of Honolulu, Hawaii County, and Maui County where all current users were categorized as in need (100.0%). Kauai County was lower at 68.3 percent. Among the current users, the highest proportion in need of alcohol treatment only were from Hawaii County (100.0%) followed by those from Kauai County (64.8%) and then the City and County of Honolulu (17.4%). Maui County had no respondents who were current users of methamphetamine and in need of alcohol treatment only. For the category of Need Drug Treatment Only, Hawaii County residents, those from the City and County of Honolulu, and those from Maui County were all in need of this type of treatment if they were current users of methamphetamine (100.0%). Kauai County respondents who were current users of methamphetamine were the lowest group identified as in need of drug treatment only (64.8%). Finally, respondents determined to need alcohol and drug treatment are most likely residents of Hawaii County (100.0%), followed by those in Kauai County (64.8%), and the City and county of Honolulu

(17.4%) Maui County had no respondents who were current users of methamphetamine and categorized as in need of alcohol and drug treatment.

In considering these results, it is important to remind the reader that while those who have ever used or are currently using methamphetamine have needs for various combinations of treatment types, the data presented on this table do not include respondents whose drug of choice is not methamphetamine, and so a full picture of alcohol and drug treatment need is not presented here. From these data, however, the continued reference to needs for treatment for respondents from Kauai is important since the number of facilities and the variety of treatments available in that county are limited.

Summary and Conclusions

In the preceding chapter, information on the history and spread of the use of methamphetamine has been discussed. Data from multiple local and national datasets have been presented with the overall conclusion that methamphetamine has and remains as a drug of choice for many in the State of Hawaii, often with devastating consequences for themselves, their families, and their communities.

A tenfold increase in deaths for decedents having a toxicological screen identifing methamphetamine in the blood and tissue of the decedent over a fifteen-year period was paralleled with HPD data showing a similar pattern of increase in cases where methamphetamine was the focus of the case (possession, trafficking, thefts, assaults, etc.). These were shown with a footnote indicating that the rate of increase was less in the last year. Those data were amplified with the twenty fold increase in treatment admissions where methamphetamine was identified by the client on admission as their primary drug of use and

abuse. Treatment space utilization went from 152 admissions in 1991 to 3,253 admissions in 2005.

Details of use by youth were shown to compare favorably with national data across multiple studies with a further note that use was sensitive to the age and gender of the user (older respondents and male respondents had higher use rates than younger and female ones).

For adults, the expected finding that Hawaii's adult lifetime, annual and current use rates for methamphetamine were highest in the nation was not supported. In fact, several states out paced the use rates for Hawaii by a high degree in the 2002-2004 time period (twelve states had higher lifetime prevalence rates, eleven states had higher annual use rates, three others equaled the Hawaii annual rate, seven states had higher rates, and six other states equaled Hawaii's current use rates for methamphetamine).

The historical data collected in Hawaii showed that in the 1979 Hawaii State Survey of Behavioral Health, lifetime stimulant use, while high was driven to a large extent by prescription use of the drugs. For "past year use" a similar pattern was found though at a much lower rate and for current use, both overall use rates and prescription use rates were higher than annual use rates, whether by prescription or illicit in terms of source of the drugs. Six years later, in the 1985 Hawaii State Survey of Mental Health and Substance Abuse, no specific use data were available for stimulants or methamphetamines but overall use rates for various categories of drugs showed that 57 percent of the respondents were non users of any drug, an additional 37.3 percent were categorized as light or moderate users, and 5.7 percent were categorized as moderate heavy or heavy users of drugs.

By the 1991 Hawaii State Survey of Behavioral Health, data collection was becoming more standardized by the use of nationally accepted measure of dependence and abuse with

drug-specific data collected across different time in use categories that were also nationally accepted. Methamphetamine lifetime (ever used) use was highest among males throughout the State with the exception of Kauai where young females had used the drug at much higher rates than their male counterparts. The data also showed a differential use pattern specified by the age of the user. In viewing most lifetime prevalence data the expectation is that the older the subject the higher the rate simply based on the opportunity available to accumulate the life experience of drug use. However, in the Hawaii data for 1991, the youngest age group (18-24 years) and the middle age group (25-44 years) had higher prevalence rates than those in the oldest age group. In addition, lifetime prevalence data for Kauai County were highest of all counties for the youngest age group, and high but not the highest for other age groups.

The 1995 Hawaii State Treatment Needs Assessment produced lifetime and current prevalence data on methamphetamine. Lifetime prevalence rates were much lower across all counties for the youngest age group, were higher across all counties for the middle age group (showing the effects of the accumulation hypothesis since many of these people were in the youngest group in the 1991 survey), and about the same level or slightly lower for the oldest age group. Current use prevalence rates were uniformly low across all age, gender, and county groups suggesting that the actually numbers of current users of methamphetamine in 1995 were not high.

By the time of the 1998 Hawaii State Treatment Needs Assessment, the youngest age group from the 1991 survey had all aged into the middle age grouping. Although not at the proportions seen in the 1991 survey, the persons who aged out of the 18-24 year old group were replaced by other high lifetime use individuals 18-24years old at or near the levels seen

in the 1991 data. The lifetime prevalence rate of the middle age group is mostly higher than the youngest age group with a few exceptions (Maui females and Kauai males) and the oldest age group, while generally lower in lifetime prevalence than either the youngest or the middle age group (except for Maui females). In general, Kauai County respondents had the highest lifetime prevalence rates for methamphetamine use.

Current prevalence of the use of methamphetamine shows very low rates throughout the State. No respondents in the oldest age group report use of the drug within the last 30 days (current use). Kauai and Maui males who were in the middle age group had the highest current use prevalence rates but they were less than one percent (0.9 and 0.5 percent respectively). Only males in the youngest age group and residing on Oahu reported a current use of methamphetamine. Because of these extremely low current prevalence rates the results should be viewed cautiously. When the sample is disaggregated to the county level and then further examined by age and sex, there may not be sufficient numbers of cases to generate stable estimates of prevalence.

The most recent data collected was from the 2004 Hawaii State Treatment Needs Assessment survey. As will be recalled, the findings with respect to Kauai County showed very high use rates but cautions were suggested because of potential problems with the data collection efforts. However, when these data are put in the context of the past 28 years of data collection, Kauai County prevalence rates have almost always stood out from all other counties. So, the caveats with regard to Kauai County may not be totally appropriate.

The findings with respect to males in the youngest age group of Kauai County's lifetime prevalence of methamphetamine use were exceptional in that they were five times as high as the rate for males on Oahu, six times as high as for males in Maui County, and nearly

250 times higher than the rate for young males in Hawaii County. The rates for young female respondents from Kauai County were also higher than all others although not quite as extreme as for young males. Similar patterns were found for the other two age groupings.

As with previous surveys, current prevalence rates are very low and probably unstable due to the sample size. Kauai County had the highest rates for the youngest, middle and oldest age groups at 0.5, 1.6, and 2.3 percent respectively for the total prevalence of current use of methamphetamine. Next highest was the City and County of Honolulu at 0.1, 0.1, and 0.1 percent for the three age groupings. Almost all other cells in the table displaying these data were empty reaffirming the notion that the current use patterns of methamphetamine are not being captured with the methodologies of these surveys.

The details of the demographics of the lifetime and current users of methamphetamine by county were displayed within the chapter. Rather than simply repeating the findings already presented, suffice it to say that in 2004, males were more likely than females to be lifetime users of the drug and were much more likely to remain as current users of the drug. There was a bias towards users being younger rather than older in both the lifetime and current use findings. In addition, the importance of ethnicity as a factor in use seems to identify Hawaiian/Part Hawaiian respondents to have a much higher lifetime prevalence rate than other groups. Filipino were much more likely to continue their lifetime prevalence as current methamphetamine use prevalence than other groups with “other Asian” and “Japanese” as the next two groups to be found among the current users. While “Living as Married” was the highest of the marital status categories the “never married” and “divorced or separated” followed closely. “Widowed” were least likely to be lifetime users of methamphetamine. The continuation of the use of the drug seems to also differentially appear

among the marital status groups with the “widowed” and “never married” as most likely to be found in the current use group. Education may also be a factor in lifetime use of methamphetamine. Those beyond grade eight education but not completing their high school diploma are the highest group as well as the group most likely to continue use of the drug.

Employment status seems to be a serious risk factor for lifetime and in particular if that status is part time (less than 19 hours per week) and this group also is most likely to continue use into the current use time frame. The average age of lifetime users to start using was 22.1 years and for current use it was 25.8 years.

Need for treatment among those who had used methamphetamine even once in their lives (lifetime users) was apparent and varied across counties. While 25.3 percent of lifetime users on Oahu were classified as in need of drug treatment only, 33.9 percent of the lifetime users were classified as in need of alcohol or drug treatment and 26.8 percent of them were classified as in need of alcohol treatment only. The proportion of the lifetime users classified as in need of alcohol and drug treatment and from Oahu was 18.2 percent. That pattern of need for treatment prevailed across the various counties although at different levels. For the state as a whole, the percentages in need of alcohol or drug treatment was 37.9 percent, in need of alcohol treatment only was 31.3 percent, in need of drug treatment only was 23.9, and those in need of both alcohol and drug treatment was 17.4 percent.

The main consideration with respect to the types of treatment needed for those using methamphetamine is that depending on the polydrug experience of the individual, the types of treatment will vary for those who are defined as lifetime users. However, for those who classify themselves as current users of methamphetamine, the need for treatment is almost uniform, high and focused on drug treatment only.

This chapter should be considered as a recommendation for the types of treatment needed and the degree to which treatment will be needed for both lifetime and current users of methamphetamine. The City and County of Honolulu, Maui County and Hawaii County data point to a universal need for treatment for any current user of methamphetamine. For those resident in Kauai County, the proportion of current users in need of treatment is about two in three current users.

The earliest data presented in this chapter described the extremely high demand for treatment spaces for methamphetamine users. Because those admissions have increased tenfold over the past 15 years it is important to closely monitor the indicators of methamphetamine use in order to assure sufficient spaces for those in need and those actively pursuing treatment, not just for methamphetamine but for all drugs of abuse including alcohol.

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[4] Amphetamines – Speed Country, internet article found at http://www.a1b2c3.com/drugs/amp04.htm September 7, 2006.
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[6] This portion of the text relies heavily on the content of a paper prepared by Pamela Lichty and D. William Wood for the First National Conference on Methamphetamine, HIV and Hepatitis, August 19–20, 2005 / Salt Lake City and entitled, "'We're Number One!' - Policy Responses to Ice in Hawai`i."
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SECTION FOUR

NARCOTICS

Section Four

Narcotics

Narcotics represent the class of drugs most commonly used over the past three millennia. As depressants, narcotics relax and slowdown body functions and provides a sense of mild euphoria yet security and comfort to the user. They give the user a sense of removal from their immediate environment yet allow them a current view of the world around them. For many users, narcotics in any of their various forms, administered in any of the several favored routes, are the "perfect high.[i]"

In fact it is the extent to which their narcotic is a synthetic substance that is used to classify types of narcotics.

> "In pharmacology, a science that focuses on the chemical nature, structure, and action of drugs, *narcotics* include the natural derivatives of *Papaver somniferum L.* is – the opium poppy –having both analgesic and sedative properties, and any synthetic derivatives of similar pharmacological structure and action. Thus, the range of substances that can be properly called narcotics is quite limited and encompasses four specific groups:[ii]"

Four Groups of Narcotics[iii]

Natural Narcotics	**Opium**, derived directly from *Papaver somniferum L.*
	Morphine and Codeine, derived from Opium
Semi-synthetic Narcotics	**Heroin**
	Hydromorphone (Dilaudid®)
	Oxycodone (OxyContin®, Percocet®)
	Hydrocodone (Vicodin®)
	Etorphine
	Fentanyl
Synthetic Narcotics with High Potency	**Methadone**
	Meperidine (Demerol®)
Synthetic Narcotics with Low Potency	**Propoxyphene** (Darvon®)
	Pentazocine (Talwin®)

The botanical classification of the opium poppy, *Papaver somniferum L.* in fact describes both what the plant is and does. "The genus is named from the Greek noun for a poppy, the species from the Latin word meaning 'sleep inducing'.[iv]"

The history of narcotics is, to a large extent, a history of drug use throughout the world. Opium, the father of the opiate family has long been described as one of the earliest drugs used by man.

> "The most likely origin of opium is in a hot, dry, Middle Eastern country several millennia ago, when someone discovered that for 7 to 10 days of its yearlong life *Papaver somniferum L.* produced a substance that when eaten, eased pain and suffering."[v]

Opium, because of its pain relieving properties as well as its ability to relax and remove concerns from the minds of its users was likely quite quickly adopted as a "drug of choice" by many. To this day, in specific populations groups, opium is still regularly consumed and is still highly valued for its properties. Recent discussions with members of the Hmong community in Minneapolis, MN revealed that not only does use continue, supply is stable and the numbers of users regularly ingesting the drug cross all age and gender categories.

> "Opium has been used by man since prehistoric times and was arguably the first drug to be discovered. Being naturally occurring, it almost certainly predates the discovery of alcohol which requires a knowledge of fermentation." [vi]

In all likelihood, the use of opium will continue regardless of attempts to interdict, treat, and prevent. It is a significant aspect of being Hmong and will likely remain so.

Types of Opiates:

> "Opium, made from the opium poppy, contains morphine and codeine and is medically prescribed in the treatment of acute diarrhea. It is also used medicinally in other cultures as a remedy for a variety of ailments and is eaten or smoked."[vii]

The effects of opium on the user are specific to the time of use, and while withdrawal does occur the cessation of use, it does not appear to be problematic for the user to maintain a level of opioid in the blood such that full withdrawal never occurs. Among more traditional societies opium is seen as a "safe" drug causing few social and personal problems.

The most common derivative of opium is heroin which is usually thought of as a white powder that is dissolved in water, taken into a hypodermic needle and injected into a vein in order to "get high." Purified in a different manner, black tar heroin, so named because it is a thick, tar like substance, black or dark brown in color is easily dissolved in water for injection. In the past several decades, synthetic opiates have been developed, often initially as substitutes for heroin in that they are said to not be as addictive as heroin, and most recently as treatments for intractable pain.

The use of synthetic opiates has now become a major area of concern for those involved in the prevention, interdiction, treatment and rehabilitation of abusers of opiates. The drugs have gained popularity among existing users because they are of known purity and strength and are also attracting new users because they are thought to be safe because they are prescribed by physicians. The previously described "safety" of these drugs because of the absence of addictive properties has been shown to be false, especially if they are used improperly over extended periods of time and in dosages that exceed those recommended for therapy.

The following chapter, while mainly focused on heroin use and abuse also presents information on methadone, hydrocodone, and oxycodone. As will be seen, these late "prescription drugs" are proving to be as problematic if not more so that was heroin over the past few centuries.

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[i] "User experiences." (2006) http://www.erowid.org/experiences/subs/exp_Opiates_General.shtml, October, 2006.
[ii] Inciardi, James A. and Karen McElrath (Eds). (2004). The American Drug Scene: An Anthology, Fourth Edition. Roxbury: Los Angeles, CA. (Page 149).
[iii] Table adapted from Inciardi, James A. and Karen McElrath (Eds). (2004). The American Drug Scene: An Anthology, Fourth Edition. Roxbury: Los Angeles, CA. (Page 149).
[iv] Booth, Martin (1998). Opium: A History, St. Martin's Press: New York, NY. (Page 1).
[v] Ksir, Charles, Carl L. Hart, and Oakley Ray (2006). Drugs, Society, and Human Behavior, McGraw-Hill: New York, NY. (Page 311)
[vi] Booth, Martin (1998). Opium: A History, St. Martin's Press: New York, NY. (Page 15).
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CHAPTER SEVEN

HEROIN

Chapter Seven

Heroin

Heroin is, without much doubt, the most vilified of all illegal substances used in the United States In part because of the intense relationship between user and drug, perhaps because of the stigma of the most common route of administration of heroin in America (injection), perhaps because of the near absolute destruction of self, family and community, heroin is seen as a "bad drug," a "dangerous drug" by most in American society. It is seen as the end of the road for drug abusers! All this in the face of noted reductions in the numbers and proportion of heroin users in society, in spite of the aging of the heroin users, in spite of the forced movement of many heroin users from the newly gentrified inner core of U.S. cities to peripheral sites where they can be left alone with their habit!

Falkowski tells us that:

> "Heroin, which is not approved for medical use in the United States, is the most commonly abused street narcotic. Derived from the opium poppy, heroin is a white, brown, or tan powder. Black tar heroin is the exception; it appears as black, glasslike chunks or tarry balls because of its different processing method.… Heroin can be injected intravenously, intramuscularly, or subcutaneously (beneath the skin, known as skin popping). It may also be snorted or smoked. A relatively new route of heroin administration involves squirting or dripping heroin that has been dissolved in water up the nose from a small plastic bottle, a process known in Texas as 'shebanging.' Smoking heroin is known as 'chasing the dragon.' Powdered heroin is laid in a line on a piece of tin foil, heated from beneath; the vapors are then inhaled. Intravenous injection of heroin produces an intense euphoric rush in less than 10 seconds. Intramuscular injection produces a rush within five to eight minutes, and the effects of sniffing can be felt within 10 to 15 minutes."[1]

A geographic division, somewhat similar to that described for methamphetamine, exists for white powder versus black tar heroin. That division is approximately the Mississippi River and to the west is dominated by the use of Mexican black tar heroin and to

the east is dominated by the use of South American white powder heroin. While some South Asian and Southeast Asian heroin does find its way to America, the majority of heroin in the United States is either from South America or Mexico.

Map 7.1: 2004 Geographical Presence of Heroin

Recently, increased diversion of prescription narcotics has been noticed by drug enforcement officials as well as by treatment agencies. While some of the diverted prescription narcotics are being regularly used by individuals addicted to heroin, many new populations of opiate users has also emerged. With the advent of "pain clinics", many more prescription narcotics have been developed and are now available on the street. The fact that these drugs are medical prescription grade, gives the user a sense of security in terms of the purity of the drug, and because they are packaged in known strength quantities, affords the user some sense of control over the amount of drug they ingest.

> "Prescription Narcotics used medically for pain relief include codeine (Tylenol with codeine), hydrocodone (Vicodin), hydromorphone (Dilaudid), oxycodone (Oxycontin, Percodan, Percocet), pentazocine (Talwin), propoxyphene (Darvon), meperidine (Demerol), and morphine (MS-Contin). Prescription narcotics are administered orally, injected, or taken as suppositories." [2]

A nasty side effect of opiates is that they are addictive. That addiction is not easily overcome by many opiate users. In fact, opiate addiction has led to much social disruption and social disintegration for many opiate users. The choice to become "clean", or free of the

dependence on opiates while strong for many, is quickly reduced as the symptoms of withdrawal take over. As a result, the recidivism rate of those undergoing treatment can be very high and the success rates for opiate addiction treatment can be extremely low. As a way too increase success and to reduce pain caused by withdrawal, scientists and addiction specialists sought optional treatment modalities.

> "Methadone is used in the treatment of narcotic addiction. For many years methadone, itself a narcotic, has been used as a prescription medication in the treatment of heroin addiction. It blocks the euphoric effects of heroin without itself producing a comparable "high," reduces craving, and suppresses withdrawal for more than 24 hours."[3]

The use of medical methadone has been rigidly controlled since its introduction. Recently, in the past decade, the restrictions on who can prescribe and administer methadone have been reduced. One result of these actions has been an increased number of individuals that can access this method of replacement therapy and free themselves from the debilitating effects of opiate addiction. However, an unintended consequence of the liberalizing of methadone treatment has been a diversion of methadone prescribed for opiate withdrawal into the opiate user community. During times of shortages of heroin, and other opiates, many users turn to street methadone as a way to keep their "habit" manageable. Since all opiates have analgesic properties, methadone is also been a drug of choice for the many new pain clinic's that emerged over the past decade. Through these clinics, once again, increased amounts of diverted methadone have reached the street population of opiate users. While the relative purity of the methadone available on the street and the relative inexperience of street users with drugs of this potency and an elevation in the number of deaths with methadone showing up on toxicology screens may be related, another important factor is clearly implicated in these deaths, many of which occur among individuals in active treatment for

pain control or in active treatment for opiate addiction. That factor is that methadone does not metabolize in the human organism in the same manner and at the same rate as opiates. If the user has liver damage or is already heavily prescribed with pharmaceuticals that metabolize in the liver, methadone may accumulate or metabolize much more slowly than anticipated. Since the signs of methadone toxicity closely resemble those of opiate withdrawal, the pending crisis of the toxicity may be missed by medical professionals and opiate users and death results.

Later than the synthesis of methadone and its alternate use as a pain control medication, other synthetic opiates were synthesized by various pharmaceutical companies. These synthetic opiates bear names like hydrocodone, oxycodone, meperidine, propoxyphene, pentazocine, and fentanyl. The purity and power of these drugs to address the effects of chronic pain is not challenged here. However, the addictive properties of these drugs, a fact initially denied by their manufacturers, are now without question. These compounds are branded by the pharmaceutical companies or combined with other medications to form the specific prescription drugs of Vicodin® (hydrocodone and acetaminophen), and Oxycontin® (oxycodone HCl) and Percocet® (oxycodone and acetaminophen), Demerol® (meperidine), Darvon® (propoxyphene), Talwin® (pentazocine), and Fentanyl® fentanyl) all of which have been diverted for street use. Here again, an increased number of deaths with positive toxicology screens for hydrocodone, oxycodone, and other synthetic opiates have resulted.

History of Opiates

To a large extent the history of opiates until the mid-1990s, is a history of methadone and heroin. During the 1990s to the present day that history has taken a turn that moves it more clearly into synthetic opioids and less to do with semi-synthetic opioids. That is, in the

late 1990s and the beginning of the 21st century, opiates and other synthetic narcotics have tended to be from classes of drugs that are primarily derived as painkillers rather than as prescription opiates used as substitutes for heroin and other addicting opiates.

In now focusing on the history of opiates, our discussion begins with methadone, the synthetic opiate developed to deal with increasing addictions associated with morphine and heroin use. We are told that:

> "Methadone was synthesized during World War II by German chemists when the supply lines for morphine were interrupted. Although chemically unlike morphine or heroin, it produces many of the same effects. Methadone was introduced in the United States in 1947 and quickly became the drug of choice in the detoxification of heroin addicts."[4]

Methadone clinics were initially tried in the 1970s and by the 1980s as the primary points of access for heroin and opium addicts wanting to detoxify themselves of their drugs of addiction. Because heroin and other opiate addicts were seen as unreliable and continually at risk for dropping out of treatment programs, it was felt that methadone could not be dispensed directly to them but rather that they had to take the drugs in the presence of health professionals. As time passed and experience with the methadone treatments increased, that aspect of most methadone treatment programs disappeared.

The development of heroin as a drug with medicinal properties was quite different than that of methadone and preceded it by many years.

> "In 1874, British chemist C.R.A. Wright described a number of experiments he had carried out at London's St. Mary's Hospital to determine the effect of combining various acids with morphine. Wright produced a series of new morphine-like compounds, including what became known as in the scientific literature as diacetyl–morphine. His discovery of *acetylmorphine* has been the outgrowth of an enduring search for more effective substitutes for morphine. This interest stemmed not only from the painkilling qualities of opiate drugs but also from their sedative effects on the respiratory system. Wright's work went for the most part unnoticed, however."[5]

The social and political turmoil of the late 19th century meant that there was a continuing need for painkillers and for sedatives to soothe the ills presented to the medical professions in the form of respiratory diseases as well as those caused by the many wars that engulfed the world during that time. The search for the morphine alternatives reinvigorated interest in the works of Wright and we are told that:

> "Some 24 years later, in 1898, pharmacologist Heinrich Dreser reported on a series of experiments he had conducted with diacetylmorphine for Frederick Bayer & Co. of Elberfeld, Germany. He noted that the drug was highly effective in the treatment of coughs, chest pains, and the discomfort associated with pneumonia and tuberculosis. Dreser's commentary received immediate notice, for it had come at a time when antibiotics were still unknown and pneumonia and tuberculosis were among the leading causes of death. He claimed that diacetylmorphine had a stronger sedative effect on respiration than either morphine or codeine, the therapeutic relief came quickly, and that the potential for a fatal overdose was almost nil. In response to such favorable reports, Bayer & Co. began marketing diacetylmorphine into the trade name of heroin – so named from the German *heroisch*, meaning heroic and powerful."[6]

Up to the point of Dreser's report on heroin, the primary drug used to alleviate pain was morphine. Morphine, a derivative of opium, has highly addictive properties. It was most commonly used for people with injuries, surgeries, or other trauma.

> "Although Bayer's heroin was promoted as a sedative for coughs and as a chest and lung medicine, it was advocated by some as a treatment for morphine addiction. This situation seems to have arisen from three somewhat related phenomena. First was the belief that heroin was nonaddicting. Second, since the drug had a greater potency than morphine, only small dosages were required for the desired medical effects, thus reducing the potential for rapid onset addiction. And third, at the turn of the 20th century, the medical community did not fully understand the dynamics of cross-dependence. Cross-dependence refers to the phenomenon that among certain pharmacologically related drugs, physical dependence on one will carry over to all others. As such, for the patients suffering from the unpleasant effects of morphine withdrawal, the administration of heroin would have the consequence of one

> or more doses of morphine. The dependence was maintained and withdrawal disappeared, with the two combining to give the appearance of a "cure"."[7]

At the turn of the century, in the United States, we are told that heroin use was very high.

> "Given the endorsement of the medical community, with little mention of its potential dangers, heroin quickly found its way into routine medical therapeutics and over-the-counter patent medicines. However, the passage of the Pure Food and Drug Act in 1906 and the Harrison Act in 1914 restricted the availability of heroin, and the number of chronic users declined."[8]

The use of heroin during wartime was very common according to many historians. The resulting addictions to the drug are then left to be dealt with in the postwar era. This was certainly the situation that faced America during and after the Vietnam War with many individuals serving at the front using heroin extensively. While it was anticipated that there would be a need for a large number of heroin treatment programs on return of the veterans from the Vietnam War, no such need emerged. An illicit drug culture existed in the United States at the time of the return of the Vietnam veterans and heroin was already a part of that culture. Heroin was cheap, potent, and easy to obtain. While many Vietnam veterans did not maintain their "heroin habit," many did and found a subculture willing to accept them and allow them to continue their drug use.

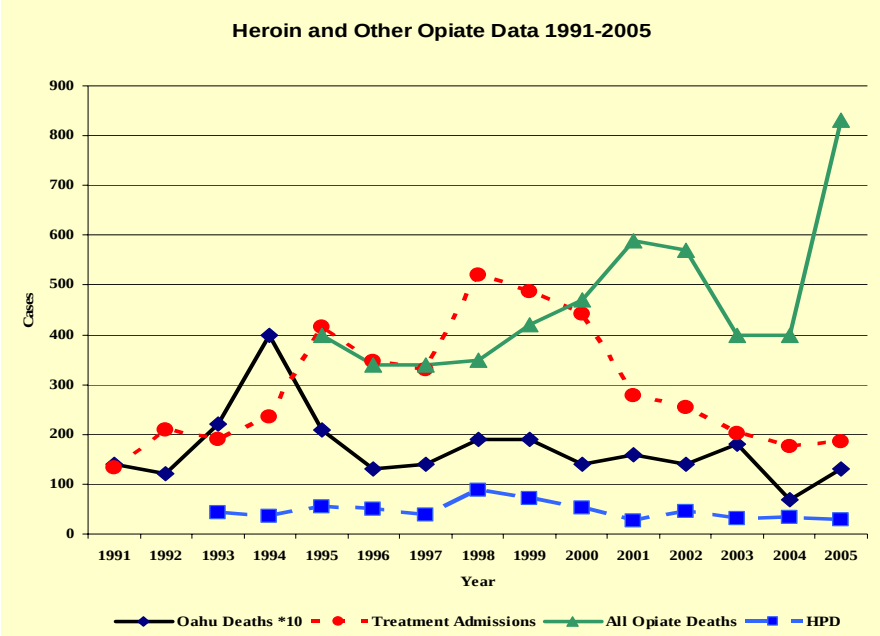
> "Heroin use in the United States increased dramatically throughout the 1990s. Traditionally depicted as a problem of the inner cities, heroin use and availability have spread to rural and suburban areas across the nation. With the introduction of high purity South American (SA) heroin at the retail level in the early 1990s, users were able to snort rather than inject to effectively administer the drug. The practicality of snorting heroin created a new user population that may not have considered using the drug intravenously due to the fear of AIDS and diseases such as hepatitis C that are spread by sharing contaminated needles. While the purity of heroin from all source countries increased at the retail level throughout the 1990s, prices fell. The combination

of high purity, lower-priced, and ready availability increased the number of new, younger heroin users while simultaneously supplying older customers."[9]

Opiate Use in Hawaii

"Much of the heroin used in Hawaii is black tar heroin, although there is some smuggling and distribution of Southeast Asian heroin. Hawaii reports Mexican heroin trafficking groups recruit local distributors to lease houses, cars, and cellular telephones for their operations and periodically replace their personnel to avoid detection.[10]"

Figure 7-1: Community Epidemiology Work Group Data, 1991-2005 Medical Examiner, Treatment, and HPD Data on Heroin Use in Hawaii



SOURCE: Community Epidemiology Work Group report June 2006. National Institute on Drug Abuse, Washington, DC.

The patterns of use are primarily "chasing the dragon" among younger users and injection for the older users. Older heroin users are well known to the local police and anecdotal reports from users are that the police don't hassle these users much as long as they are quiet and don't make their use a public display. Heroin users are heavy users of the State's needle exchange program with reports of "Some 96 percent [of program users] said they had shot up heroin in the previous month, compared to 31 percent who injected

cocaine."[11] Subsequent reports from the Department of Health's Needle Exchange Program report similar user patterns and also indicate that heroin users are entering treatment through this program and have adopted safer injection practices as a result of their association with the program.

Hawaii Youth Risk Behavior Survey

As with all other drugs described in this report, heroin data begins with the Youth Risk Behavior Survey (YRBS) data from 2005. In Table 7.1 a comparison between Hawaii and U.S. data are presented. In terms of lifetime use, for the youth represented by this table, those resident in Hawaii report very similar lifetime use as those from across the country. Males out number females, and the youngest subgroup are the highest lifetime use of all included. In most lifetime use tables the expectation is that rates rise with age since older individuals have a longer time to accumulate experiences. However, the cumulative experiences of those in grade eleven in 2005 differ from the pattern found in the rest of the table. Rates are lower in both the Hawaii and national samples. The difference between the scores of grade eleven students in Hawaii and nationally, and the differences in scores within the Hawaii sample are present but not statistically reliable.

Table 7.1: Heroin Use in Hawaii and the U.S. (%), 2005 Youth Risk Behavior Survey

	Lifetime Use	
	Hawaii	**U.S.**
Total	2.5	2.4
Males	3.1	3.3
Females	1.5	1.4
Grade 9	2.9	2.8
Grade 10	2.4	2.5
Grade 11	1.5	1.8
Grade 12	2.7	2.0

SOURCE: Centers for Disease Control and Prevention, (2006). Youth Online, http://apps.need.cdc.gov/ybrfs/

Table 7.2 presents data from the Hawaii Student Alcohol, Tobacco and Other Drug Use Survey (HSATODU) and the federal Monitoring the Future Study (MTF) for lifetime and current use of heroin. The Hawaii study includes students in grade 6 although the Monitoring the Future (MTF) study does not, in fact the MTF study has no students from Hawaii in their sample. The ratio of lifetime to current use differs across the two samples suggesting a different experience for each of the samples. For the Hawaii sample, between two and five times the number of persons reporting current use (past month) of the drug compared with the MTF national sample where between four and five times the proportion of current users is found in the lifetime use data. This suggestion of a different life experience becomes all the more puzzling when just the current data are examined. The U.S. mainland data show that a lower proportion of respondents report current use compared to the Hawaii sample. Further, in all grades with current use data except those in grade 12, Hawaii results are higher than mainland results. The differences are, however, not statistically reliable. The opposite finding is found in the lifetime use data suggesting that perhaps a greater problem in heroin use exists in current use patterns in Hawaii than the mainland but that a greater impact of heroin use has occurred in the past on the mainland.

Table 7.2: Comparisons for Lifetime and Current (30 day) Consumption of Heroin (%), 2003 Hawaii Student ATOD Use Survey and the Monitoring the Future Study

	Lifetime Use		Current Use	
Grade	**Hawaii**	**USA**	**Hawaii**	**USA**
Grade 6	0.2	--	0.1	--
Grade 8	0.7	1.6	0.5	0.4
Grade 10	1.1	1.5	0.6	0.3
Grade 12	1.7	1.5	0.3	0.4

SOURCE: Substance Abuse and Mental Health Services Administration, 2003. Monitoring the Future, 2003, as reported in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey, 2003, Chapter 4.

In Table 7.3, data on lifetime heroin use by age and route of administration are presented for both 2003 and 2004 from the National Survey of Drug Use and Health (2004).

Smoking appears to be a less desirable route of administration for all lifetime users. Needle use remains high among lifetime users over the age of 18 but is low for the youngest age group. In part, this could be attributed to any of a number of factors including the ease of access to needles, fears of HIV infection, paraphernalia laws, and more. However, it needs to be remembered that all of the lifetime data for the youngest age group are likely low because they simply have not had much time to accumulate these behavioral experiences.

TABLE 7.3: Heroin Use in Lifetime, Past Year, and Past Month among persons Aged 12 years and older (%), 2003, 2004, National Data

	Needle Use		Smoked		Sniff or Snort	
	2003	**2004**	**2003**	**2004**	**2003**	**2004**
TOTAL	0.7	0.8	0.5	0.5	1.1	0.9
AGE						
12-17	0.3	0.3	0.2	0.2	0.2	0.2
18-25	1.6	1.6	0.6	0.6	1.1	1.1
26 or Older	1.7	1.4	0.6	0.5	1.2	1.0

SOURCE: Table 1.128B, National Survey of Drug Use and Health, 2003 and 2004, SAMHSA,

DATA COLLECTION IN HAWAII

1979 Hawaii State Survey of Behavioral Health

The 1979 survey considered the possibility that persons could have heroin legally prescribed as part of a heroin withdrawal program. Given the relatively recent ending of the Vietnam War to the collection date for this survey and the reported high addiction rates to heroin as part of the military experience serving in that conflict, the potential for heroin addiction and the need for withdrawal programs as part of treatment regimens was seen as real and was a factor that was measured. The data presented in Table 7.4 seem to confirm the relative wisdom of that decision.

Table 7.4 shows the 1979 survey data. It is noted that the difference between the prescribed and non-prescribed data changes depending on the timeframe under consideration. The difference is greatest for lifetime use data which seems to confirm the original rationale

for the collection of the data and the hypothesis underlying that decision (veterans in need of withdrawal programs). The differences diminish as the timeframe becomes more current. However, in the same table we see yet another finding unfolding. In looking at the prescribed heroin reports over time we see a relatively rapid drop in the proportion of users. For those reporting illicit use of heroin we see an expected pattern of a drop between lifetime and annual use of the drug. The increase between annual use of the drug and current (last month) use is unexpected and suggests a change in use of the drug in the community. Unfortunately, the lack of a viable dataset makes further investigation of this finding impossible.

TABLE 7.4: Heroin Use for Lifetime, Past Year and Current Use by Age and Sex(%), 1979 State Survey of Behavioral Health

	Lifetime Use %		Past Year Use %		Past Month Use %	
	Prescribed	Non-Prescribed	Prescribed	Non-Prescribed	Prescribed	Non-Prescribed
12-17 years	6.1	1.7	1.2	0.5	0.9	0.7
18-25 years	21.3	12.2	3.8	1.7	3.0	3.0
26+ years	12.9	5.6	0.8	---	2.0	0.7
Males	16.5	8.2	1.9	0.5	1.9	1.4
Females	10.8	4.4	0.9	0.3	2.0	0.8
Total State Data	13.5	6.3	1.4	0.4	1.9	1.1

Source: Table 10, 1979 Hawaii State Survey of Behavioral Health, Hawaii Department of Health, Alcohol and Drug Abuse Division.

1985 Survey of Mental Health and Substance Abuse

As has been mentioned in other chapters, analyses of drug-specific patterns of the use of heroin, or for that matter any other drug, is not possible because of the lack of a dataset to reanalyze making reporting simply a repeating of tables assessing the overall seriousness of drug use (a weighted scale of severity) in the community.

1991 Hawaii State Survey of Behavioral Health

Table 7.5 presents data from the 1991 State Survey of Behavioral Health. This survey had a sample size of 1,985 cases and was collected using a scientific sampling frame and so is representative of the state population when data are weighted as in this table.

The first finding from this table is that in 1991, there were very few respondents in this survey (Face to Face) who reported lifetime use of heroin. Among those who did report heroin use, almost twice as many males as females reported having used heroin at some point in their lives. In addition, while the greatest proportion of users is within the 25-34 year age group, the highest number of users is in the oldest age group.

Table 7.5: Lifetime Heroin Use in Hawaii by Age and Sex (%), 1991 State Survey of Behavioral Health (Sample)

Statewide	Lifetime Use	
	%	n
Total	2.3	46
Age Group		
18-24	3.4	6
25-34	3.9	16
35+	1.7	24
Gender		
Male	1.6	32
Female	0.7	14

SOURCE: Table 3.19 and 1991State Behavioral Health Survey dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division

1995 Hawaii State Treatment Needs Assessment Program

The 1995 Hawaii State Treatment Needs Assessment Program (STNAP) survey, had a sample size of approximately 5,716 cases weighted to approximate the population of the state and was completed by The Gallup Organization. In Table 7.6 we see data specifically focused on treatment need for reported users of heroin. It is important to note that the need for treatment is the result of the application of an algorithm for behavioral variables that approximate the diagnosis of dependence on a substance as defined in the Diagnostic and Statistical Manual of the American Psychiatric Association, version III (DSM III). For details on the use of that algorithm the reader is referred to the final report b the Gallup Organization filed with the Hawaii State Department of Health, Alcohol and Drug Abuse Division.

In viewing Table 7.6 the first observation is that in terms of current use (30 day) of heroin, few people are users. In fact of all the cells in the table related to current use, males

on Maui between the ages of 25 and 44 appear to be the most prevalent of current users of heroin. Immediately behind them are males aged 25 to 44 years, in Kauai County. Otherwise, there are virtually no current users of heroin as reported in this survey.

Table 7.6: Age Specific Need for Treatment among Lifetime and Current Users of Heroin (%), 1995 Hawaii State of Treatment Needs Assessment Program.

		Age-Sex Specific Lifetime %			Age-Specific Past Month %		
		18-24 years	25-44 years	45-95 years	18-24 years	25-44 years	45-95 years
Oahu	**Total**	0.3	3.5	0.7	0.0	0.1	0.0
	Male	0.5	5.4	1.6	0.0	0.0	0.0
	Female	0.0	2.0	0.0	0.0	0.2	0.0
Hawaii	**Total**	1.8	5.1	1.6	0.5	0.0	0.0
	Male	2.1	7.8	2.3	0.0	0.0	0.0
	Female	1.6	3.1	1.0	0.8	0.0	0.0
Maui	**Total**	2.1	5.2	0.7	0.0	0.5	0.0
	Male	2.4	8.7	1.7	0.0	1.0	0.0
	Female	1.9	2.4	0.0	0.0	0.0	0.0
Kauai	**Total**	4.6	3.7	1.7	0.0	0.2	0.0
	Male	4.7	3.2	2.4	0.0	0.4	0.0
	Female	4.5	4.2	1.1	0.0	0.0	0.0
State	**Total**	1.6	4.2	1.1	0.1	0.1	0.0
	Male	1.8	6.0	1.9	0.0	0.2	0.0
	Female	1.4	2.8	0.5	0.2	0.1	0.0

SOURCE: 1995 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

The story is quite different when it comes to the lifetime users of heroin, however. Several observations become relevant to this discussion. Most notable was the fact that Kauai County appears to have the heaviest concentration of heroin users of all islands in the state. Variations to this statement occurred in the aged 25 to 44 age group. This age group is the one that in 1970 would have been 20 years of age or slightly younger. This group is the prime group who were drafted for Vietnam service. Across all counties of the State this age group of males is the highest lifetime users of heroin across gender, or age group. Remembering our discussion of the 1979 table regarding heroin use, these 1995 data seem to confirm the fact that these users are likely still present in the State.

Table 7.7: Age-Sex Specific Lifetime and Current Use of Heroin by Age, Sex, and County (%), 1998 Hawaii State Treatment Needs Assessment Survey

		Age-Sex Specific Lifetime			Age-Specific Past Month		
		18-24 years	25-44 years	45-99 years	18-24 years	25-44 years	45-99 years
Honolulu	**Total**	6.0	6.4	1.1	0.3	0.4	0.0
	Male	7.6	8.8	1.5	0.6	0.7	0.0
	Female	4.3	4.0	0.7	0.0	0.0	0.0
Hawaii	**Total**	2.4	4.8	2.5	0.0	0.0	0.0
	Male	2.2	8.5	4.0	0.0	0.0	0.0
	Female	2.5	1.5	1.2	0.0	0.0	0.0
Maui	**Total**	2.0	5.5	1.2	0.0	0.2	0.0
	Male	3.9	7.3	2.3	0.0	0.5	0.0
	Female	0.0	4.0	0.4	0.0	0.0	0.0
Kauai	**Total**	4.9	6.0	2.4	3.3	0.2	0.0
	Male	6.6	8.5	4.5	4.9	0.5	0.0
	Female	3.3	3.7	0.4	1.6	0.0	0.0
State	**Total**	4.6	5.9	1.7	0.8	0.3	0.0
	Male	6.0	8.4	2.8	1.3	0.5	0.0
	Female	3.1	3.5	0.7	0.3	0.0	0.0

SOURCE: 1998 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

In Table 7.7, one of the first and most striking findings repeats those from the 1995 survey where Kauai appears to have much higher rates of current (30 day) heroin use than any other county. In fact, the rate for 18 - 24 year old males nearly equals the sum of all other current user groups combined. Perhaps more notable in terms of future planning for heroin user services is that the age group on Kauai with the highest rates of heroin use is the youngest age group. All other current user data show very low use rates by age group and county.

While examination of the Age-Specific Lifetime rates of heroin use for the statewide data (Table 7.7) shows patterns that are expected, with more male users than females, the age related data do not. In most prevalence tables of this sort the expectation is that with age comes the greatest opportunity to accumulate the experience under examination. However, in the 1998 data, we see that the mid-age group (25-44 years) tends to be the largest group

across most sub-categories. Unique patterns of use appear for Kauai with high rates of lifetime use as well as very high rates for the mid-age group. Maui County, with the exception of 25-45 year old males, tends to have more modest rates and Oahu (City and County of Honolulu) appears to have the highest rates of lifetime heroin use.

These findings would seem to suggest that there has been a high drop off of the more elder heroin users which is consistent with the associated life style of heroin use (transient nature, premature death rates, etc.). Further, it suggests that in Hawaii County, either a resurgence of heroin use may have occurred among the mid-age users or resurgence occurred a few years ago. Given the findings from the 1979 data, some 20 years prior to these data, it is conceivable that the upswing in heroin use noted in that report is still being seen in the data for 1998.

2004 Hawaii State Treatment Needs Assessment Program

In Table 7.8, data directly from the 2004 Hawaii State Treatment Needs Assessment are shown for lifetime heroin use only. Current use data were not directly available from the database as they were apparently not collected in that form. As a result, a surrogate method for determining current use of heroin was derived from a question that asked “When you used heroin in the last 30 days, on how many days did you use it?” The assumption underlying the data is that if they answered this question they were acknowledging that had used heroin in the last 30 days.

Important to the understanding of Table 7.8 is the knowledge that for lifetime use, percentages use the total age-sex population as the denominator. That is, of all males aged 18-25 in the City and County of Honolulu (48,654), 2.5 percent (about 1200) have used heroin at some point in their lives. Of those users, 1.0 percent (<12) have used heroin in the

past month. In the entire state, 1.3 percent of all 18-24 year olds have ever used heroin and 0.6 percent used it in the last month. Interesting to note in the table is that there are no current users (last 30 days) of heroin in any of the age – sex groups in Kauai County. When compared to other drug use in that county, the results seem odd and perhaps are an artifact of the collection of data on that island. In this table, the county with the highest lifetime use of heroin is the City and County of Honolulu and the highest current use occurs in Hawaii County.

Table 7.8: Age-Sex Specific Lifetime Use of Heroin by Age, Sex, and County (%), 2004 Hawaii State Treatment Needs Assessment Survey

		Age-Sex Specific Lifetime %			Age-Sex Specific Last Month %		
		18-24 years	25-44 years	45-65 years	18-24 years	25-44 years	45-65 years
Honolulu	**Total**	1.4	1.2	1.4	0.5	0.4	0.6
	Male	2.5	2.1	2.5	1.0	0.8	1.0
	Female	0.0	0.3	0.3	0.0	0.0	0.3
Hawaii	**Total**	1.6	1.6	7.7	1.1	0.5	1.3
	Male	2.2	2.5	14.8	2.2	0.9	2.0
	Female	0.9	0.5	0.6	0.0	0.1	0.6
Maui	**Total**	0.8	0.9	2.3	0.8	0.6	2.3
	Male	1.4	0.2	2.4	1.4	0.2	2.4
	Female	0.1	1.5	2.1	0.1	1.1	2.1
Kauai	**Total**	0.0	0.0	3.2	0.0	0.0	0.0
	Male	0.0	0.0	0.3	0.0	0.0	0.0
	Female	0.0	0.0	6.0	0.0	0.0	0.0
State	**Total**	1.3	1.3	2.9	0.6	0.5	1.4
	Male	2.3	1.8	4.0	1.1	0.7	1.2
	Female	0.1	0.8	1.7	0.0	0.4	1.7

SOURCE: 2004 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

Recently, an increase in the use of synthetic opiates for pain relief has been reported across the nation. While these medications are most often prescribed by physicians for legitimate treatment of pain conditions, reports of their illicit sale and use have also circulated throughout the nation. Table 7.9 reports on the reported lifetime and current use of pain relievers and other opiates in Hawaii in 2004.

These “by prescription only” medications are available throughout the United States and, because of their synthetic opioid base are both powerful and highly addictive. For those

accustomed to heroin or other natural opioids, use of these substances has many advantages. Most importantly, they are of known purity and potency and because they are prescribed as part of medical treatment are often perceived as safe.

Table 7.9: Age-Sex Specific Lifetime Use of Pain Relievers and other Opiates by Age, Sex, and County (%), 2004 Hawaii State Treatment Needs Assessment Survey

		Age-Sex Specific Lifetime %			Age-Specific Past Month %		
		18-24 years	25-44 years	45-65 years	18-24 years	25-44 years	45-65 years
Honolulu	**Total**	3.1	5.0	5.1	0.0	1.4	0.4
	Male	4.2	6.0	4.1	0.0	1.1	0.7
	Female	1.8	4.0	6.1	0.1	1.6	0.2
Hawaii	**Total**	3.2	6.5	8.4	1.1	2.1	2.4
	Male	3.3	8.1	7.2	2.1	3.9	0.8
	Female	3.1	5.0	9.7	0.0	0.4	3.9
Maui	**Total**	4.0	7.4	5.7	0.6	0.9	0.4
	Male	4.9	8.8	7.9	0.0	1.2	0.5
	Female	3.1	6.0	3.6	1.4	0.5	0.2
Kauai	**Total**	1.5	5.1	3.7	0.0	0.8	0.1
	Male	2.7	4.4	1.8	0.0	0.5	0.3
	Female	0.0	5.7	5.4	0.0	1.2	0.0
State	**Total**	3.1	5.5	5.6	0.2	1.4	0.7
	Male	4.1	6.5	4.8	0.2	1.4	0.7
	Female	2.0	4.4	6.2	0.2	1.3	0.7

SOURCE: 2004 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

In Table 7.9, the distribution of reported use of the pain relievers and the opiates is presented. It is clear in this table that these substances are often used by females. It is also apparent that life experience with these drugs is both cumulative and fairly high. What is also interesting is that use rates across all counties vary only a little. Mid-age and older Maui males are the highest group of males but Big Island (Hawaii County) females are also heavy users of these drugs with almost 1 in 10 females over the age of 45 reporting lifetime use.

Current (30 day) use is also relatively high across the islands with older females and mid-age (25-44 years) males on the Big Island the highest groups at 3.9 percent. Mid-age range males and females on Oahu (City and County of Honolulu) along with young males on the Big Island also use these drugs more often in the past 30 days than did others.

The long-term impact of the new synthetic opiates is unknown. Short-term experience, however, seems to suggest that: a) these drugs are readily available in the community and are not “by prescription only”; b) these drugs have high levels of lifetime prevalence and little variability across counties, meaning that the users have received the drugs quite easily and the social sanctions for their use are likely minimal; and, c) these drugs are continually used by many of the lifetime users suggesting that they may be on long-term prescription for pain, addiction or other reasons or may be being used illicitly and are readily available in the community. The survey did not ask questions regarding the use of these drugs by prescription or not (as with heroin in the 1979 survey) and so the above comments are purely speculative.

The next table in this chapter (Table 7.10) relates to treatment need. Table 7.10 uses the same definitions as similar tables from previous chapters. The Diagnostic and Statistical Manual of the American Psychiatric Association version IV-R (DSM-IV-R) was used to produce a series of questions relating to the diagnoses of “dependence” and “abuse”. These questions were asked of all participants in the 2004 STNAP survey and the results examine by the use of an algorithm prepared by SAMHSA. That algorithm was programmed into the SPSS analyses file and produced the data from which this table was derived. If an individual was a user of heroin, and scored as being either dependent or abusing alcohol or drugs, they became part of the table.

The determination of need for treatment is not dependent on the use of any one specific drug or the use of alcohol but is related to the use of drugs and/or alcohol **and** the use of a specific drug, whether or not the person is labeled as abusing or dependent of the specific drug. The algorithm also only considers those current users of a drug from the group that indicated that they had ever used the specific drug. In the case of this survey and current

heroin use, as mentioned previously, problems exist with the dataset in terms of the clear and direct determination of current users of the drug from the cohort acknowledging that they had ever used the drug and so this aspect of the table is empty of cases.

Table 7.10 shows that about thirty percent (29.4%) of the lifetime users of heroin in the State of Hawaii are in need of alcohol or drug treatment at the time of the survey. This compares to about nine percent (9.1%) of those who were not lifetime users of heroin being classified as in need of alcohol or drug treatment. On Oahu, that number is fully 1/3, in Hawaii County it is just over 10 percent, Maui users report about 4 percent in need of alcohol or drug treatment, but over 70 percent of those ever using heroin on Kauai are in need of this treatment grouping.

Users of heroin appear to need alcohol and/or drug treatment more often than users of other drugs such as cocaine or marijuana. In part, one might expect that because of the extremely dependent nature of the drug itself, but also because many of them have also developed addictions and dependencies on other substances when heroin is not available. More than most substances of abuse, heroin abuse is all about getting the next “fix”. The need for the drug leads many to try to find substitutes, to use any available drug to ease the withdrawal from heroin. The hierarchy of drugs also may contribute to the high rates of need for treatment among heroin users. Heroin is not often the first drug of choice of users. Drug users evolve towards heroin as a “special” kind of high, one that has a lot of problems associated with it but nonetheless, a high that is sought after.

It is important to note also that a comparison between those who have been users of heroin and those who have not is also possible from this table. It is interesting to note the many places where higher proportions of survey respondents are rated as having higher needs

for various combinations of treatment than those who are users of heroin. Maui's needs for Alcohol treatment are one such instance but the needs for drug treatment on Kauai cannot be ignored either. Statewide, levels of need for treatment appear to be high for those who have used heroin with a ratio of about three to one reflective of the difference between heroin users and non users.

Table 7.10: Need for Treatment by Type of Treatment for Heroin - Percents (Weighted Data) (%), 2004 Hawaii ADAD Survey of Treatment Need and Drug Use

Needs for Treatment	County	Ever Used Heroin		Current Use Heroin	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	33.7	9.1	-	9.5
Needs Alcohol Treatment ***Only***		29.4	8.8	-	9.1
Needs Drug Treatment ***Only***		20.5	1.4	-	1.6
Needs Alcohol ***AND*** Drug Treatment		16.2	1.0	-	1.2
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	10.1	7.9	-	8.0
Needs Alcohol Treatment ***Only***		9.5	6.9	-	6.9
Needs Drug Treatment ***Only***		4.0	1.5	-	1.5
Needs Alcohol ***AND*** Drug Treatment		3.4	0.4	-	0.5
Needs Alcohol ***OR*** Drug Treatment	**Maui**	4.0	10.0	-	9.9
Needs Alcohol Treatment ***Only***		2.0	9.2	-	9.1
Needs Drug Treatment ***Only***		4.0	2.0	-	2.0
Needs Alcohol ***AND*** Drug Treatment		2.0	1.2	-	1.2
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	73.7	16.3	-	17.2
Needs Alcohol Treatment ***Only***		73.7	16.3	-	17.2
Needs Drug Treatment ***Only***		0.0	3.4	-	3.3
Needs Alcohol ***AND*** Drug Treatment		0.0	3.4	-	3.3
Needs Alcohol ***OR*** Drug Treatment	**State Total**	29.7	9.5	-	9.7
Needs Alcohol Treatment ***Only***		26.4	9.0	-	9.3
Needs Drug Treatment ***Only***		15.3	1.5	-	1.7
Needs Alcohol ***AND*** Drug Treatment		12.0	1.1	-	1.3

SOURCE: 2004 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

Summary and Conclusions

Heroin and the use of opiate pain relieving drugs has not been recognized as a major issue in Hawaii, being overshadowed by the many needs associated with other drugs and with alcohol. This chapter has shown that both historically and as a background drug that seems to always be present in the State, heroin use and abuse needs to be more closely monitored. This is particularly true in terms of the general problem associated with opiate use

in the State. While not as prevalent as methamphetamine, data from the Medical Examiner's office suggests a serious potential for abuse, addiction and death associated with prescription opiates. The fact that methadone is now appearing in street samples collected by the police and is also appearing in medical examiner toxicology reports suggests that there is need for some focused interdiction and prevention efforts.

Heroin in Hawaii has its place in history and highlights the fact that this drug, like many to follow, was not common in the islands prior to the occurrence of specific events, in the case of heroin, the Vietnam War and the use of Hawaii as an R&R (Rest and Recreation) base. That event has had long lasting effects in the islands, in part introducing injection as a route of administration for drugs. Fortunately, in light of the subsequent AIDS epidemic, that route did not persist in any major way as it did in Guam and Saipan and the population looked for other ways to use this drug.

As we look at the data from Hawaii's schools we see that heroin is present. The routes of administration are not mentioned but are most likely snorting or smoking since again, the aversion to injection seems to be well established. School data shows lower "ever use" rates than the mainland but higher "current use" rates, suggesting a possible resurgence of the drug's popularity among younger users. However, rates are low and the evidence is not replicated in other studies.

Finally, as we look at the need for treatment data it is apparent that persons who use heroin in Hawaii have relatively high needs for alcohol and drug treatment. However, that treatment need may not be directly related to the use of heroin, since it is the lifestyle that surrounds heroin use that places the user at greater risk for the use of other drugs, now

including synthetic opiates such as oxycodone, hydrocodone, methadone, and others, as well as co-occurring drugs of choice for heroin users such as cocaine.

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SECTION FIVE

CANNABIS

Section 5

Cannabis

Cannabis sativa L has a long and rich history as a plant of many uses for mankind. The cultivation of this plant predates the discovery of America by centuries and the multiple uses of the plant, as we have seen with other currently illicit substances in America, is wide and varied. Marijuana or hemp, the more common names for the plant, has a large number of industrial uses and has been valued by industry as a cheap, effective and easily produced source of ropes and coarse cloth. The plants used for the manufacture of these fibrous products are high in fiber and low in THC (TetraHydroCannabinol). It is this latter attribute of the plant that creates a in the higher concentrations of this substance called *delta-9-tetrahydrocannabinol* has psychotropic properties when ingested in sufficient concentrations. If there is high THC, then the fiber content of the cannabis plant tends to be low.

> "*Cannabis sativa L*. is an annual plant that flourishes in most warm or temperate climates and varies in height from three to ten feet or more. The leaves are long, narrow, and serrated, and form a fan-shaped pattern; each fan has anywhere from three to fifteen leaves, but typically only five or seven leaves. These leaves are shiny and sticky, and their upper surfaces are covered with short hairs. The psychoactive preparations derivative of cannabis are three:
>
> 1. *Marijuana*. The crushed and dried twigs, leaves, and flowers
> 2. *Hashish*. The resinous extract obtained by boiling in a solvent those parts of the plant that are covered with the resin, or by scraping the resin from the plant
> 3. *Hashoil*. A dark viscous liquid produced by a process of repeated extraction of cannabis material
>
> The active ingredient in cannabis is Delta-9-tetrahydrocannabinol, or simply THC. Whereas the THC content of most marijuana ranges from one to ten percent, in hashish this figure can be as high as 15 to 25 percent, and twice that for hashoil."[i]

Because of the psychoactive properties of cannabis, it was made illegal in the United States in 1937 with the passage of the Marihuana Tax Act and made subject to the Harrison Act of 1917, making it a narcotic along with heroin and cocaine. The effect of this law made the cultivation or production of cannabis illegal in the United States. The industrial uses of hemp were taken over by “near-hemp” cultivars such as manila hemp and sisal hemp which were grown on Asia and imported to the United States. With the beginning of World War II and the invasion of these “near-hemp” producing nations, severe shortages of ropes and coarse cloths became matters of national security.

As a solution to this problem, and without mentioning the psychoactive properties of cannabis, the U.S. Department of Agriculture began a program of hemp cultivation in the U.S. In 1943, they produced a short documentary called “Hemp for Victory” in which the cultivation of hemp is described in detail including the need for obtaining a Marihuana Tax Certificate. In the opening of the movies, we are told:

> “Long ago, when these ancient Greek Temples were new, hemp was already old in the service of mankind. For thousands of years even then, this plant had been grown for cordage and coarse cloth in China and elsewhere in the east. For centuries prior to 1850 all the ships that sailed the western seas were rigged with hempen rope and sails. For the sailor, no less than the hangman, hemp was indispensable”[ii]

Recently (1998), the Government of Canada, after many years of petitioning by Canadian Residents, allowed the cultivation of specific seeds of Cannabis for Industrial Hemp Production. In their fact sheets we are told:

> “Hemp and marihuana are different names for the same plant species, *Cannabis sativa L.* The term industrial hemp is used to refer to strains of cannabis that have low levels of THC (delta-9 tetrahydrocannabinol), the prohibited substance that produces a psychotropic effect or "high" when marihuana is consumed. The *Industrial Hemp Regulations* specify that industrial hemp refers to varieties of cannabis with less than 0.3 per cent THC. Marihuana refers to varieties or strains of *Cannabis sativa L.* with a high THC

> content. Low-THC hemp strains or varieties are also called non-psychoactive hemp, because they have such a low level of THC that virtually no psychotropic effect can be produced.
>
> Under identical growing conditions, it is hard to distinguish between industrial hemp and marihuana. When hemp is grown for fibre, the plants are seeded closer together, resulting in tall, upright, slender plants and a high density of plants per acre. When grown for grain or seed, however, industrial hemp is seeded more sparsely, resulting in bushier, more compact plants that more closely resemble marihuana as it is usually grown. Due to this resemblance to marihuana, which is of course a prohibited crop, the cultivation of industrial hemp must be regulated."[iii]

In one form or another, the use of cannabis is probably greater and has a longer history than any other single drug on earth. The family of plants from which the drug comes is plentiful and useful in its legal form and without it, the history of man would likely be radically different. In the following chapter, marijuana is discussed as a drug of choice by residents of Hawaii and in the context of national trends and other data.

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[ii] U.S. Department of Agriculture (1943). **Hemp for Victory**, Raymond Evans, Director..

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CHAPTER EIGHT

MARIJUANA

Chapter 8

Marijuana

In the opening frames of the classic 1936 movie *Reefer Madness*[1], we are told that

> "The motion picture you're about to witness may startle you. It would not have been possible, otherwise, to sufficiently emphasize the frightful toll of the new drug menace which is destroying the youth of America in alarmingly increasing numbers. Marijuana is that drug -- a violent narcotic -- an unspeakable scourge -- the real Public Enemy Number One!"

Now some 70 years later we find the use of this drug to be relatively common around the world and the "scourge" it was supposed to be, reinterpreted in terms of legalized medicinal use, with minimal enforcement of laws intended to eradicate the cultivation of the drug, and minimal interdiction of the laws intended to incarcerate its users and sellers. Several states have now passed laws allowing the possession of quantities of the drug for personal use.

History of Marijuana

Marijuana has been around a long, long time with the properties of the plant, its parts and it cultivation well understood before coming to North America. Iversen tells us:

> "In India and in the Arab world, smoking the burning leaves of another plant, *cannabis sitiva*, has been widely practiced for thousands of years. The dried leaves ('marijuana') and the more potent female flowering heads of the plant ('sinsemilla') or the sticky cannabis resin can be smoked or consumed in a variety of foodstuffs. In the Hindu religion cannabis plays an important ritual role, and in Islamic countries, where the use of alcohol is forbidden, cannabis use -- which is not explicitly mentioned in the Koran -- has tended to take its place."[2]

Inciardi elaborates and suggests medicinal uses for the substance or its originating plant form. He suggests that the earliest descriptions of marijuana call it hemp and that:

> "-- -- hemp relates to China. The first remains of hemp fibers (dated about 4000 B.C.) have been found there, and from a century later in Turkestan. A

Chinese medical treatise -- written in the first century, even though based on material going back to the legendary Shen Nung, composed 30 centuries before -- affirms that 'hemp taken in excess makes one see monsters, but if used over a long time, you can establish contact with spirits and lighten the body."[3]

Faupel's work on drugs suggests that hemp, later known as marijuana arrived in America as early as 1611 and that:

" It was also introduced into North America in Jamestown in 1611, where it was cultivated for its fiber. It became to be a fairly important part of the agricultural economy in the colonies. One writer has pointed out that 'Virginia awarded bounties for hemp culture and manufacture, and imposed penalties upon those who did not produce it (Boyce, 1900, p.35; in Brecher, 1972, p. 403). Even George Washington grew hemp on his Mount Vernon estate, and while he was no doubt growing it for its fibrous content, evidence from his diaries suggests that he was also interested in its pharmacological properties:

May 12-13, 1765:	Sowed hemp at Muddy hole by swamp
August 7, 1765:	-- began to separate the Male from the Female Hemp. . . rather too late (Andrews and Vinkenoog, 1967, p. 34; cited in Brecher, 1972, p. 403)

The assertion that Washington was concerned about the pharmacology of the hemp rests on the recognition that even at that time, the potency of the marijuana resin was enhanced if the male and female plants were separated before they had the opportunity to pollinate.

Marijuana had clearly found a place early on in American life. By the mid-nineteenth century, it was being touted as a remedy for a variety of ills, and later in the century, extracts of marijuana were marketed by major pharmaceutical firms of that day. Its use as a recreational drug was also discovered by this time, particularly during prohibition, when alcohol was illegal, marijuana became a drug of choice among tens, even hundreds of thousands of Americans."[4][5][6]

Inciardi helps to clarify the circumstances in America around the early twentieth century and tells us that:

"Although marijuana is one of the oldest psychoactive drugs, its use in the United States is relatively recent. At the beginning of the 20th-century, what

was referred to in Mexico as “marijuana” (also “marihuana” and “mariguana”) began to appear in New Orleans and a number of Texas border towns. By 1920, the use of marijuana had become visible among members of minority groups -- blacks in the South and Mexicans in the Southwest. Given the social and political climate of the period, it is not surprising that the use of the drug became a matter of immediate concern. The agitation for reform that resulted in the passage of the Pure Food and Drug Act in 1906 and the Harrison Act in 1914 was still active, and the movement for national prohibition of alcohol was at his peak. Moreover, not only was marijuana “an intoxicant of blacks and wetbacks” that might have a corrupting influence on white society, but it was considered particularly dangerous because of its alien (spelled “Mexican”) and un-American origins.”[7]

He continues by suggesting that the social environment of the 1920s and 1930s in America,

> “ ----- resulted in the signing into law of the Marijuana Tax Act on August 2, 1937, classifying “the scraggly tramp of the vegetable world” as a narcotic and placing it under essentially the same controls to which the Harrison Act had subjected opium and coca products.” Page 113

Iversen concludes that

> “The use of cannabis as a recreational drug was virtually unknown in the West until the mid-twentieth century, when it became popular with the beat and hippie generation of the 1960s and 1970s. Since then it has become firmly embedded in the western youth culture, as the third most widely consumed recreational drug after alcohol and tobacco.” [8]

Using data from recent national surveys of substance use and abuse, Inciardi elaborates that

> " Currently, marijuana is the most widely used illegal drug in the United States. Government statistics estimate that almost 95 million Americans aged 12 and over (40 percent) have tried it, and of that number, there were 14 million current users of the drug. In 2002, marijuana was used by 75% of illicit drug users.
>
> From 1960 through the end of the decade, the number of Americans who had used marijuana at least once had grown from a few hundred thousand to an estimated 8 million. By the early 1970s, marijuana use had increased geometrically throughout all strata of society, but by the onset of the 1980s evidence indicated that marijuana use was declining. In 1975, for example, the surveys showed that some 30 million people were users. By the early 1980s, this figure had dropped to 20 million, the most significant declines among people ages 25 and under. . . . Over the period from 1979 through the

> beginning of 1990, the proportion of seniors in American high schools who saw ‘great risk’ in using marijuana even once or twice rose from 9.4 percent to 24.5 percent, while the proportion who had ever experimented with marijuana declined from 60.4 percent to 32.6 percent. However, beginning in 1992 national surveys reflected an upswing in marijuana use among youth and a corresponding decrease in perceived harmfulness. Prevalence rates peaked in the late 1990s, and although there has been a modest decline in use among youth since then, the perceived risk associated with using marijuana has continued to decline. The general public's opinion regarding marijuana has also shifted over time: one-third of Americans favor legalization of marijuana, nearly double the percentage since 1986. Further, according to a 2002 Time/CNN poll, 80 percent of Americans believe that adults should be allowed to use marijuana for medicinal purposes."[9]

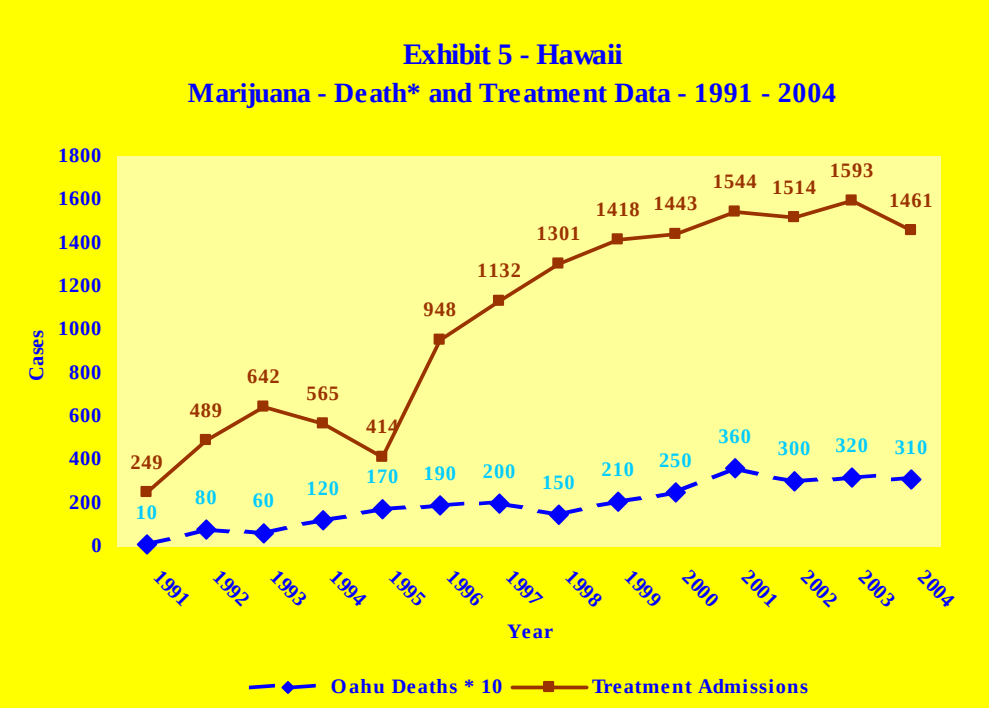
Recent use patterns in Hawaii show that marijuana use is common, normalized, and not the subject of intense interdiction activities by authorities. Seizures of marijuana under the “Operation Green Harvest” joint program of the various island police forces and the National Guard continue though at a somewhat lesser rate because much of the manpower and equipment used for that purpose has been sent to Iraq for the war. In the following pages, marijuana use since 1979 is chronicled through surveys and reports completed by various researchers and under various authorities.

Marijuana Use in Hawaii

Figure 8.1 provides an over view of the activities of the Medical Examiner’s Office and the Alcohol and Drug Abuse Division with respect to marijuana. The Medical Examiner’s data requires explanation. In stating that a decedent had marijuana found in the toxicology screen of body fluids the Medical Examiner (ME) is not attributing cause of death, merely indicating the presence of the substance. Further, since the numbers of deaths are so much lower than the numbers of treatment admissions, to show the two sets of data on the same chart is difficult without using a log-linear presentation. Therefore the ME data has been multiplied by 10 so as to keep the two entries somewhat proximate to one another. So,

in 1991 there was actually one death with marijuana (actually THC) found in the toxicology screen. In 2004, there were 31 cases with the same finding. This suggests that many more decedents have consumed marijuana in the 72 hours prior to their death in 2004 compared to 1991.

Figure 8.1: Community Epidemiology Work Group Data, 1991-2004 – Medical Examiner and Treatment Data for Marijuana Use in Hawaii*



SOURCE: Community Epidemiology Work Group datasets for Honolulu, Hawaii, 2005
* Honolulu Police Department data are not included in this figure because the reliability of the reports cannot be verified for several years.

The second line on Figure 8.1 represents the numbers of treatment admissions to ADAD-reporting treatment facilities (over 85% of all treatment facilities in the State). In 1991, there were 249 admissions identifying marijuana as their primary drug and in 2004 that number was 1,461, almost a 600 percent increase in admissions. While only preliminary and anecdotal information are available, a large proportion of the 2004 admissions are young (under 21 years of age), still in school and referred from either their school or the courts. In addition, many users claim that prolonged use of the stronger forms of marijuana available

on the street (mainly hydroponics varieties such as "BC Bud") have more complicated side effects than the cheaper local "weed" often available to younger persons. Whatever the reason, a 600 percent increase in service admission over a fourteen year period is remarkable and worthy of additional investigation.

Hawaii Youth Risk Behavior Survey

The Centers for Disease Control and Prevention (CDC) describe the Youth Risk Behavioral Survey (YRBS) as follows:

> "The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity. In addition, the YRBSS monitors general health status and the prevalence of overweight and asthma. YRBSS includes a national school-based survey conducted by CDC and state and local school-based surveys conducted by state and local education and health agencies."[10]

In Table 8.1, the Hawaii results from the 2005 YRBS are presented showing Lifetime and Current (30 day) use of Marijuana comparing Hawaii data to that of the United States. In that table, an examination of the lifetime panel for Hawaii respondents shows that having used marijuana at some time in one's life is somewhat more likely for females than males and clearly related to grade of school, which only makes sense since those in higher grades have more time to accumulate the experience. The national panel of lifetime use data show higher rates of use in all categories, more males than females, and the same pattern of increased use with higher grade in school (a surrogate for age).

Table 8.1: Lifetime and Current Use of Marijuana, Hawaii and the United States (%), Youth Risk Behavioral Survey, 2005

	Lifetime Use		Current Use	
	Hawaii	**USA**	**Hawaii**	**USA**
Total	34.6(±3.9)	38.4(±2.5)	17.2(±3.4)	20.2(±1.6)
Males	34.1(±4.5)	40.9(±2.6)	17.1(±4.5)	22.1(±1.9)
Females	35.1(±4.7)	35.9(±2.9)	17.1(±3.3)	18.2(±1.9)
Grade 9	24.3(±5.4)	29.3(±2.9)	14.3(±3.8)	17.4(±2.3)
Grade 10	31.8(±7.4)	37.4(±3.3)	15.7(±3.7)	20.2(±2.5)
Grade 11	38.6(±4.5)	42.3(±3.7)	18.7(±5.3)	21.0(±2.4)
Grade 12	49.4(±8.4)	47.6(±3.9)	22.4(±8.4)	22.8(±2.4)

SOURCE: Centers for Disease Control and Prevention, (2006). Youth Online, http://apps.need.cdc.gov/ybrfs/

In viewing the current use data, the same pattern of higher national rates than Hawaii rates prevails. For Hawaii respondents, gender is essentially equal and thus not a factor, but for the national sample the difference in favor of use by males is clear. Age is also the same across the two samples in that with increased age (grade level) increased current use occurs. Also worth noting is that by the grade 12 data, there is no appreciable difference between the national sample proportion of current users and the Hawaii sample, although the Hawaii sample does appear to have a wider range of values which may be a function of the sample sizes.

Hawaii Alcohol, Tobacco and Other Drug Use Survey, 2003 and the Monitoring the Future Survey, 2003

Table 8.2 shows lifetime and current consumption of marijuana in Hawaii and the mainland using the Hawaii Alcohol, Tobacco and other Drug Use Survey (HATODUS) and the Monitoring the Future data of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Here again, rates of use are lower in Hawaii than on the mainland. As has been pointed out elsewhere, the Monitoring the Future survey has no respondents from Hawaii and so is not a really appropriate comparison. However, the finding is consistent with the YRBS data.

Table 8.2: Lifetime and Current (30 day) consumption of marijuana, Hawaii and US (%), 2003 Hawaii Student ATOD Use Survey and the Monitoring the Future Study

	Lifetime Use		Current Use	
	Hawaii	**USA**	**Hawaii**	**USA**
Grade 6	1.5		1.0	
Grade 8	12.1	17.5	6.6	7.5
Grade 10	30.5	36.4	14.8	17.0
Grade 12	44.4	46.1	18.4	21.2

SOURCE: Substance Abuse and Mental Health Services Administration, 2003. Monitoring the Future, 2003, as reported in the Hawaii Student Alcohol, Tobacco, and Other Drug Use Survey, 2003, Chapter 4.

Table 8.3 shows the lifetime, past year, and past month (current) use of marijuana from the SAMHSA National Survey of Drug Use and Health (NSDUH) for 2003 and 2004. The data presented are national data but since the age range for this survey is from 12 years of age and older, the table is a relevant comparison to those presented so far.

TABLE 8.3: Marijuana Use in Lifetime, Past Year, and Past Month for persons Aged 12 years and older (%) 2003, 2004, National Data

	Lifetime		Past Year		Past Month	
	2003	**2004**	**2003**	**2004**	**2003**	**2004**
TOTAL	40.6	40.2	10.6	10.6	6.2	6.1
AGE						
12-17	19.6	19.0	15.0	14.5	7.9	7.6
18-25	53.9	52.8	28.5	27.8	17.0	16.1
26 or Older	41.2	41.0	6.9	7.0	4.0	4.1
GENDER						
Males	45.6	45.4	13.2	13.1	8.1	8.0
Females	36.0	35.4	8.2	8.2	4.4	4.3

SOURCE: Table 1.128B, National Survey of Drug Use and Health, 2003 and 2004, SAMHSA

Of importance here are the overall prevalence rates for each condition (lifetime, annual, and current) as well as the gender difference and the difference in prevalence rates with age. The latter point is of interest in that the age distributions are not arranged as they are elsewhere. The table has divided the ages across youth (12-17 years), young adult (18-25 years) and adult (over 26 years). This means that the first group (youth) are in some ways comparable in age to our school children in grades 9-12 (ages 15-18 roughly). The data in the YRBS table show that their estimate of prevalence among these age groups is very much

higher than the national sample for the NSDUH study (38.4 % compared to 19.6%). Further, the YRBS estimates prevalence of current use to be 20.2 percent compared to the NSDUH estimate of 7.9 percent. In part the discrepancy can be explained by differences in the sampling frames and specification of the questions asked. But the size of the discrepancy is somewhat surprising.

DATA COLLECTION IN HAWAII

1979 Hawaii State Survey of Behavioral Health

In reviewing Table 8.4, Lifetime, Past Year and Past Month use of marijuana from the 1979 Hawaii State Survey of Behavioral Health, it is important to note that the database for this survey is unavailable and so no additional analyses other than those published in the report can be completed. The findings in this table are not in keeping with those in other prevalence tables for this drug for different years. First, more females than males report using marijuana at some point in their lives; second, the rate of use by past year users is very high for the youngest age group, a finding not otherwise reported, and third, the increase in past month use over past year use seems high, even for the youngest age group who have likely not been using the drug for long.

TABLE 8.4: Marijuana Use for Lifetime, Past Year and Current Use by Age and Sex(%), 1979 Hawaii State Survey of Behavioral Health

	Lifetime Use %	Past Year Use %	Past Month Use %
12-17 years	31.8	10.9	17.9
18-25 years	55.7	2.6	31.0
26+ years	24.7	0.9	9.0
Males	30.6	2.5	16.7
Females	36.0	2.7	12.1
Total State Data	33.2	2.6	14.4

Source: Table 10, 1979 Hawaii State Survey of Behavioral Health, Hawaii Department of Health, Alcohol and Drug Abuse Division.

These questions and others would be interesting to pursue, were the dataset available for additional analyses.

1985 Hawaii Survey of Mental Health and Substance Abuse

As has been mentioned in other chapters, analyses of drug-specific patterns of the use of heroin, or for that matter any other drug, is not possible because of the lack of a dataset to reanalyze. This makes reporting simply a repeating of tables assessing the overall seriousness of drug use (a weighted scale of severity) in the community.

1991 Hawaii State Survey of Behavioral Health

Table 8.5: Lifetime Marijuana Use in Hawaii by Age and Sex (%), 1991 Hawaii State Survey of Behavioral Health (Sample)

		Age-Sex Specific Lifetime %		
		18-24 years	25-44 years	45-91 years
Honolulu	**Total**	47.0	50.5	9.9
	Male	52.9	57.0	13.9
	Female	40.5	45.6	6.7
Hawaii	**Total**	52.0	62.8	17.7
	Male	60.0	70.2	26.3
	Female	40.0	53.8	12.6
Maui	**Total**	50.0	51.4	12.8
	Male	16.7	58.3	13.2
	Female	70.0	44.7	12.5
Kauai	**Total**	50.0	48.8	12.0
	Male	55.6	53.8	19.1
	Female	42.9	44.7	5.7
State	**Total**	48.0	52.7	11.9
	Male	52.2	59.8	16.5
	Female	43.4	46.7	8.4

SOURCE: 1991State Behavioral Health Survey dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division

The 1991 Hawaii State Survey of Behavioral Health dataset was the source for the lifetime use of marijuana data presented in Table 8.5. Current data were not directly available in the dataset and so could not be included in this table. Extremely high levels of lifetime use are reported in several instances, most notably for Hawaii County males aged 18-24 and 25-44 years, and for Maui County females aged 18-24 years. The male-female differences,

particularly for Maui County is yet another interesting point in this table. Explanation of these findings is not the focus of this report. However, the very high percentages for lifetime prevalence among those 18-24 and somewhat higher rates among those aged 25-44 years across males and females and across all counties would seem to show that marijuana use, during this period was a relatively normalized behavior. The rapid fall off among the 45-91 year olds may be an artifact of the large age spread for the age category. Were the data restricted to 45-64 year olds it is possible that the overall rates might be higher. It is a well established point that elders (aged 65 years and older) tend to be infrequent users of any drugs other than those prescribed by their physicians. Since these data are lifetime prevalence data an alternate explanation is that when these older respondents were younger, marijuana was not as popular as it was among younger potential users in 1991.

1995 Hawaii State Treatment Needs Assessment Program

Where the previous survey found such high lifetime prevalence rates among residents of Hawaii and Maui Counties, the 1995 Hawaii State Treatment Needs Assessment Program completed by The Gallop Organization found much lower rates across all counties. However, Maui County still reported higher lifetime prevalence rates for the age 25-44 age group followed closely by Kauai County and then Hawaii County. With the exception of 18-24 year olds males in Maui County and Kauai County, and 25-44 year old males in Hawaii County, current use prevalence data suggests that marijuana use in the State of Hawaii in 1995 was a phenomenon of the youth (18-24 year olds).

Table 8.6: Age Specific Need for Treatment among Lifetime and Current Users of Marijuana (%), 1995 Hawaii State of Treatment Needs Assessment Program.

		Age-Sex Specific Lifetime %			Age-Specific Past Month %		
		18-24 years	25-44 years	45-95 years	18-24 years	25-44 years	45-95 years
Oahu	**Total**	18.8	33.8	13.2	7.5	2.6	0.8
	Male	18.7	41.3	19.6	8.0	4.2	1.2
	Female	18.9	27.2	8.4	7.0	1.2	0.5
Hawaii	**Total**	27.1	37.6	15.6	8.1	8.3	2.3
	Male	32.0	40.4	23.4	9.3	13.3	3.7
	Female	23.4	35.6	10.1	7.3	4.8	1.3
Maui	**Total**	24.2	42.6	13.5	9.5	7.2	1.8
	Male	26.2	45.1	16.9	16.7	9.2	3.4
	Female	22.6	40.6	11.0	3.8	5.6	0.6
Kauai	**Total**	26.9	39.5	12.1	9.2	6.0	4.0
	Male	23.4	45.8	15.5	10.9	6.3	7.1
	Female	30.3	34.7	9.1	7.6	5.7	1.1
State	**Total**	23.0	37.1	13.7	8.2	5.4	1.9
	Male	9.7	7.5	3.4	9.7	7.5	3.4
	Female	6.8	3.7	0.8	6.8	3.7	0.8

SOURCE: 1995 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

1998 Hawaii State Treatment Needs Assessment Program.

Table 8.7 presents the data from the 1998 Hawaii State Treatment Needs Assessment Program for lifetime and current marijuana use across age and sex groups as well as by county. The table supports the previous table findings in that for the age group 25-44 years, Maui males and males living on the Big Island have the highest lifetime prevalence rates for marijuana use of any age or sex category displayed on the table. However, it is important to note that data from Kauai and Oahu are very close in number to those for the other two counties. Gender differences in lifetime use are mixed in the table but suggest that for neighbor island residents, women have used marijuana nearly as often as their male counterparts. It is also important to note that among Maui 18-24 year olds and Maui 45-99 year olds, and among Kauai 18-24 year olds and 25-44 year olds, and Big Island 18-24 year olds, females use marijuana more often than males.

Table 8.7: Age-Sex Specific Lifetime and Current Use of Marijuana by Age, Sex, and County (%), 1998 Hawaii State Treatment Needs Assessment Survey

		Age-Sex Specific Lifetime			Age-Specific Past Month		
		18-24 years	25-44 years	45-99 years	18-24 years	25-44 years	45-99 years
Honolulu	**Total**	21.1	39.2	21.6	8.7	2.5	0.7
	Male	22.2	44.0	27.4	13.9	3.0	1.0
	Female	19.9	34.3	16.1	2.8	2.1	0.5
Hawaii	**Total**	34.1	46.8	24.7	12.9	5.1	5.1
	Male	33.3	54.3	30.8	15.6	8.0	9.3
	Female	35.0	40.0	19.1	10.0	2.4	1.2
Maui	**Total**	33.7	41.6	24.0	10.2	6.5	2.4
	Male	29.4	44.8	22.6	17.6	12.0	4.0
	Female	38.3	38.9	25.1	2.1	1.8	1.3
Kauai	**Total**	22.1	42.2	24.5	17.2	7.5	3.3
	Male	19.7	42.0	32.5	18.0	11.3	4.0
	Female	24.6	42.3	17.4	16.4	4.1	2.7
State	**Total**	25.2	41.5	23.3	11.3	4.6	2.6
	Male	24.4	45.5	28.3	15.6	6.9	4.0
	Female	26.0	37.8	18.9	6.6	2.5	1.2

SOURCE: 1998 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

In terms of current (30 day) use, in all instances, the youngest group has the highest prevalence and the rates decline with age. Also, it is important to note that the differences between the current use rates of the youngest age group and any older age group is quite pronounced. Specification of the user on the basis of gender reveals mixed findings with more males than females as current users in several age-sex groupings but just the opposite is true in many others. That finding is more applicable for neighbor island residents than for residents of Oahu.

2004 Hawaii State Treatment Needs Assessment Survey.

Table 8.8 presents the age-sex specific lifetime and current prevalence rates of marijuana use by age, sex and county. In examining the lifetime prevalence rates it is important to note that in the youngest age group between 1 in 20 and 1 in 2 respondents have used marijuana at some point in their lives, regardless of the county in which they live or their gender. For the City and County of Honolulu respondents aged 18-24 years more males

than females have used marijuana. For Hawaii County respondents in the same age group, the opposite is true (more females than males). The next age group (25-44 years) has even higher rates of lifetime use in most instances, and the oldest group, while somewhat lower than their like county and sex respondents are still very high.

Respondents who reported use of marijuana within the past month are found on the right hand panel of the table. Here we see, as expected, much lower rates of use. Young Kauai County males are more often current users than others in the table. Hawaii County males are the only group where the mid-age group (25-44 years) is higher than the youngest group, suggesting a pattern of declining current use of marijuana with age. Exceptions here are, as mentioned, Hawaii County males aged 25-44, and also older males (45-65 years) residing in Maui or Kauai Counties.

Table 8.8: Age-Sex Specific Lifetime and Current Use of Marijuana by Age, Sex, and County (%), 2004 Hawaii State Treatment Needs Assessment Survey

		Age-Sex Specific Lifetime %			Age-Sex Specific Last Month %		
		18-24 years	25-44 years	45-65 years	18-24 years	25-44 years	45-65 years
Honolulu	Total	26.3	25.7	22.8	5.2	2.0	1.1
	Male	29.3	30.4	29.2	6.3	2.6	1.6
	Female	22.6	21.0	16.8	3.8	1.4	0.6
Hawaii	Total	24.8	41.2	33.3	6.7	4.1	2.4
	Male	18.9	46.1	40.7	4.5	6.3	2.6
	Female	30.9	36.6	25.8	8.9	2.0	2.3
Maui	Total	23.3	40.5	32.8	5.9	2.9	5.5
	Male	24.4	42.8	39.0	8.0	2.6	8.5
	Female	22.2	38.3	26.7	3.6	3.2	2.6
Kauai	Total	46.1	45.1	33.8	11.7	4.7	4.3
	Male	52.0	48.2	40.8	16.4	4.9	7.1
	Female	38.6	42.0	27.1	5.6	4.6	1.7
State	Total	26.6	30.2	25.9	5.7	2.5	1.9
	Male	28.8	34.4	32.5	6.7	3.1	2.8
	Female	24.1	25.9	19.6	4.5	1.8	1.1

SOURCE: 2004 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

Table 8.9 presents demographic information on marijuana users in the State of Hawaii at the time of the 2004 survey. The two right hand columns need explanation. It is most common to present current use data as a part of the overall dataset and with the necessary filters in place to generate the number of cases. That is, it is not logically possible for someone to be a current user of marijuana unless they are also an "ever user." The extreme right hand column represents these cases.

Most people, on encountering a table with both lifetime and current prevalence assume that the data are the result of using the total sample as the denominator for the calculation of the rate. Those calculations are presented in the middle of the three columns of data presented in this table. Two exceptions to this rule occur in the table. Regardless of whether or not the source of cases is the total sample or those who have ever used marijuana, the average age and median age of the users in the table remains constant.

The ratio of lifetime prevalence rates of males versus females who have ever used marijuana is 1.4:1 meaning that about 40 percent more males than females have used marijuana at some point in their lives. That ratio changes when applied to current users of marijuana where we find the male to female ratio to be 1.9:1 when the total population is the numerator and 1.4:1 when only those who have ever used marijuana is used as the denominator. The importance of choosing the correct denominator is shown clearly in this example. Using the total population there are about 90 percent more males than females as current users of marijuana whereas when the ever user sample is used as denominator it is apparent that the same ratio of males to females exists for current users as for ever users.

The prevalence rates differ as well with the total population rates being somewhat lower than those created with the ever user group as the denominator. The ordering of rates

within categories of the independent variables remains the same regardless of method of calculation of the rate. So the question remains, which rate calculation should we us?

The answer, unfortunately, is “it depends”. It depends on what you are trying to present. If the purpose of presenting the rates is to explain what the current use rate of marijuana in the total population is, then the choice is obvious, the rate that uses the total population as denominator is the choice. However, if the intention is to discuss the extent to which those who have ever used marijuana are currently still using it, the other rate calculation is appropriate.

To summarize this table (Table 8.9), more males than females have used marijuana at some point in their lives. Those who have ever used marijuana have an average age of 40.1 years and a median age of 42.0 years. Caucasians and Hawaiians/Part Hawaiians have used marijuana more than other ethnic groups. Being divorced or separated is more typical of those who have ever used marijuana than being in any other marital status category. Those who have ever used marijuana are more likely to have some college but no degree than other categories of educational attainment. The distribution of income among those who have ever used marijuana is trimodal with the income groups “over $100,000”, “$50,000 to $60,000”, and incomes of $20,000 to $40,000 being the three modes. Among those who have ever used marijuana, the greatest proportion are in the work category of “Part-time (not more than 19 hours/week in any job.” More of the ever users are not in the active military, and are uninsured. Finally, of those who have ever used marijuana, 91 percent report that they have injected any drug in order to get high.

While current users of marijuana also have injected drugs to get high, the proportion is much lower at 22.3 to 24.4 percent. Males outnumber females as current users of

marijuana. Average age is 35.5 years with Caucasians and Hawaiians/Part Hawaiians as the most frequent groups of current users. More ‘never married’ persons are current users of marijuana and “some high school but no diploma is the primary educational attainment of the current users. Current users are more likely to earn less than $10,000 per year, to be employed “part time (less than 19 hours/week in any job).” Current users first used marijuana at the age of 15.3 years while ever users first used it at the age of 17.0 years.

Table 8.9: Demographic Characteristics, Marijuana Users, (%), 2004 Hawaii State Treatment Needs Assessment Survey

Variable	Categories	Ever Users	Current User (total population)	Current (among Ever users)
Gender	Male	32.8	3.5	10.7
	Female	22.9	1.8	7.9
Age	Average Age in Years	40.1	35.5	35.5
	Median Age in Years	42.0	32.0	32.0
Ethnicity	Caucasian	40.3	4.4	10.9
	Japanese	23.5	1.4	5.9
	Hawaiian/Part Hawaiian	39.6	4.3	10.9
	Filipino	18.6	0.8	4.5
	Other Asian	17.3	1.7	10.0
	All Others	28.5	3.1	10.9
Current Marital Status?	Married	23.6	1.7	7.2
	Living as married	34.1	3.0	8.9
	Never married	33.0	5.2	15.8
	Divorced or separated	43.2	2.5	5.8
	Widowed	12.7	0.6	4.9
Education Level	None	0.4	0.0	0.0
	First through 8th Grade	12.2	1.3	10.7
	Some High School, no diploma	27.7	7.4	26.7
	High School Graduate or GED	27.9	3.0	10.8
	Some College, no degree	34.8	4.3	12.3
	Associate Degree (2-Year)	27.9	2.4	8.6
	College Graduate (4-Year)	25.0	1.4	5.7
	Advanced Degree (Masters or higher)	27.2	1.6	5.9
Income	<$10,000	27.8	4.5	16.2
	10000+ <20000	24.4	3.7	15.1
	$20,000+ <$30,000	30.6	4.3	14.1
	$30,000+ <$40,000	30.8	3.5	11.5
	$40,000+ <$50,000	26.0	2.1	8.0
	$50,000+ <$60,000	31.6	1.6	5.1
	$60,000+ <$80,000	28.6	2.0	6.9
	$80,000+ <$100,000	27.1	1.6	5.8
	$100,000+	30.0	2.1	7.0
Current Work Status	Full-time (35+ hrs. per week, at least one job	29.3	2.8	9.5
	Part-time (20-34 hrs. per week, at least one job	30.0	2.8	9.3
	Part-time (not more than 19 hrs/week - any job)	38.4	6.1	15.9
	Not working at present	22.1	2.0	9.0
Age at first Use	Average Age	17.0	15.3	15.3
	Median Age	16.0	15.0	15.0
Currently on active duty in the armed forces	Yes	24.4	1.6	6.4
	No	28.0	2.7	9.7
Health Insurance Coverage	Yes	26.6	2.3	8.8
	No	40.5	5.8	14.4

Table 8.9: Demographic Characteristics, Marijuana Users, 2004 State Treatment Needs Survey (Cont.)

Variable	Categories	Ever Users	Current User (total population)	Current (among Ever users)
Attending or Enrolled in School?	Yes	30.1	3.8	12.5
	No	27.7	2.5	9.2
Born in the United States	Yes	31.3	3.0	9.5
	No	12.4	1.2	9.7
Pregnant now	Yes	26.3	2.3	8.7
	No	24.9	2.1	8.6
County	Honolulu	24.6	2.1	8.4
	Hawaii	35.5	3.6	10.2
	Maui	35.3	4.4	12.3
	Kauai	40.1	5.2	13.0
Ever injected any drug in order to get high, even just once	Yes	91.5	22.3	24.4
	No	27.3	2.5	9.1

SOURCE: 2004 Substance Treatment Needs Assessment Program dataset. Hawaii State Health Department, Alcohol and Drug Abuse Division.

The final table for this chapter is Table 8.10. This table presents data related to the types of treatment needed by users of marijuana. The classification into the four types of treatment (Needs Alcohol ***OR*** Drug treatment, Needs Alcohol Treatment ***ONLY***, Needs Drug Treatment ***ONLY***, and Needs Alcohol ***AND*** Drug Treatment) is generated by an algorithm based on the DSM-IV-R for abuse and dependence and is explained elsewhere in the text.

The data presented in this table are quite complex and require some explanation for their interpretation. The dependent variable in the table is the type of treatment needed by the respondent as calculated from the DSM-IV classifications. Within each type the independent variable (use of marijuana) is used to create the percents of respondents in each cell. That is, of all residents in the State who are lifetime users of heroin, twenty-three percent (23.2%) were classified as in need of alcohol or drug treatment. This compares to four percent (4.5%) of those who stated that they had never used marijuana in their lifetime being classified as in need of alcohol or drug treatment. From that same group of lifetime users of marijuana, twenty-one percent (21.8%) were classified as in need of alcohol treatment only compared with four percent (4.4%) of those who said they had never used marijuana. The proportion of

lifetime users of marijuana who were classified as in need of drug treatment only was about six percent (5.9%) compared with the less than one percent (0.1%) of those who had never used marijuana. Finally, at the State level, four percent (4.5%) of lifetime users of marijuana needed alcohol and drug treatment compared to none of the never users. With that as a guide to the table, it is noted that respondents from Kauai who were lifetime users of marijuana has the highest percentage of needs in all four categories of treatment with respondents from Oahu being the second highest.

Within the State respondents who were current users of marijuana, forty-six percent (46.6%) needed alcohol or drug treatment while only about nine percent (8.7%) of non-users were similarly classified. Alcohol treatment only was needed by thirty-nine percent (39.0%) of the current users of marijuana compared to needs by eight percent (8.5%) of the non-users. Drug treatment only was needed by thirty-four percent (33.9%) of the current users and by less than one percent (0.8%) of the non-users. Finally, twenty-six percent (26.5%) of the current users of marijuana needed alcohol and drug treatment compared to less than one percent (0.6%) of the non-users. Residents of the City and County of Honolulu (Oahu) contained the group of current users most in need of all four of the types of treatment and at proportions much higher than all other counties. However, for non-users of marijuana, it was Kauai County that had the highest proportion of persons classified as in need of alcohol or drug treatment and alcohol and drug treatment (16.3%).

Table 8.10: Need for Treatment by Type of Treatment for Lifetime and Current Marijuana Users (%), 2004 Hawaii ADAD Survey of Treatment Need and Drug Use

Needs for Treatment	County	Ever Used Marijuana		Current Use Marijuana	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	23.7	4.8	60.8	8.4
Needs Alcohol Treatment ***Only***		22.5	4.7	55.8	8.1
Needs Drug Treatment ***Only***		6.2	0.1	44.8	0.7
Needs Alcohol ***AND*** Drug Treatment		5.1	0.0	39.8	0.4
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	16.6	3.2	28.4	7.2
Needs Alcohol Treatment ***Only***		14.3	2.8	9.3	6.8
Needs Drug Treatment ***Only***		3.5	0.4	22.6	0.7
Needs Alcohol ***AND*** Drug Treatment		1.3	0.0	3.5	0.3
Needs Alcohol ***OR*** Drug Treatment	**Maui**	22.0	3.3	26.6	9.1
Needs Alcohol Treatment ***Only***		19.8	3.3	17.4	8.7
Needs Drug Treatment ***Only***		5.7	0.0	21.8	1.1
Needs Alcohol ***AND*** Drug Treatment		3.5	0.0	12.7	0.7
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	34.1	5.9	32.6	16.3
Needs Alcohol Treatment ***Only***		34.1	5.9	32.6	16.3
Needs Drug Treatment ***Only***		8.3	0.0	15.0	2.7
Needs Alcohol ***AND*** Drug Treatment		8.3	0.0	15.0	2.7
Needs Alcohol ***OR*** Drug Treatment	**State Total**	23.2	4.5	46.4	8.7
Needs Alcohol Treatment ***Only***		21.8	4.4	39.0	8.5
Needs Drug Treatment ***Only***		5.9	0.1	33.9	0.8
Needs Alcohol ***AND*** Drug Treatment		4.5	0.0	26.5	0.6

SOURCE: 2004 Hawaii State Treatment Needs Assessment Program dataset, Hawaii State Department of Health, Alcohol and Drug Abuse Division.

Summary

In this chapter, data related to marijuana use has been reviewed across the many surveys that have been completed in the State of Hawaii over the past 30 years. Several themes emerge. For the most part, prevalence rates for marijuana use, whether lifetime or current, are high and have been so for some time. The use of treatment resources for marijuana users appears to be a relatively recent phenomenon beginning about a decade ago. The rates of treatment admission now are quite high in comparison to other more dangerous drugs.

Other than the seizure of marijuana plants within the State, interdiction activities for marijuana use or possession are not consistently administered. Marijuana is a difficult drug to plan prevention or treatment programs around because of its popularized status among its users. The perception of the danger of the drug is low and the consequences of using the drug are not seen as serious, with mandatory treatment as the most often outcome. However, the drain that this drug places on the treatment system of the state is high and some level of priority needs to be placed on the methods to be employed in treating abuse of this drug. To find a solution to this dilemma will release a considerable amount of resource for the treatment of other drugs already discussed in this report.

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[1] **Reefer Madness** (1936). Rated PG. Starring Kenneth Craig. Directed by Louis G. Gasnier. 67 minutes. Public Domain.
[2] Iversen, Leslie. (2001) **Drugs: A Very Short Introduction**. Oxford: New York. Pages 12-13.
[3] Escohotado, Antonio. (1999) **A Brief History of Drugs: From Stone Age to the Stoned Age**. Park Street Press: Rochester, VT, page 6-7.
[4] Faupel, Charles E., Alan M. Horowitz, and Greg S. Weaver. (2004) **The Sociology of American Drug Use**. McGraw-Hill: New York.
[5] Brecher, Edward M.. (1972). **Licit and Illicit Drugs**. Little Brown and Company: Boston
[6] Boyce, S.S. (1900) **Hemp, A Practical Treatise on the Culture of Hemp for Seed and Fiber with a sketch of the History and Nature of the Hemp Plant**. Orange Judd; New York.
[7] Incairdi, James A. and Karen McElrath (2004) **The American Drug Scene: An Anthology**. Roxbury Publishing: Los Angeles, CA. Page 112.
[8] Iversen, Leslie. (2001) **Drugs: A Very Short Introduction**. Oxford: New York. Pages 12-13.
[9] Incairdi, James A. and Karen McElrath (2004) **The American Drug Scene: An Anthology**. Roxbury Publishing: Los Angeles, CA. Page 113.
[10] Centers for Disease Control and Prevention. (2006). **Youth Risk Behavior Surveillance – United States, 2005**. Surveillance Summaries, [Date]. MMWR 2006;55(No. SS-5).

SECTION SIX

NEEDS ASSESSMENT

Section 6

Needs Assessment

The many questions surrounding substance abuse all ultimately focus on two central responses. Substance abuse can be addressed by effective, active and aggressive prevention programs so as to keep the problem from occurring, or substance abuse can be addressed by treating those who are abusing or are dependent on the drugs and rehabilitating them to a more normalized life. The aspect of substance abuse that is not in question is that society cannot arrest its way to a solution to this social problem.

Prevention and treatment are acknowledged as the most desirable way to address the social problem of substance abuse and are seen as the only way enduring positive change in the status of the social problem can occur. It is acknowledged by those directed to "enforce" the laws and social controls of society that we cannot arrest our way out of this problem. There are not enough prison beds, not enough police officers, nor enough court rooms to handle the population who would be caught in a fully operational interdiction system.

That there is a need for aggressive and consistent interdiction against those producing, selling, trading or otherwise supplying drugs is great and this is seen as necessary condition for any prevention or treatment program to have a chance of success. But the arrest of the users of the various substances discussed in this report is not sufficient to solve the problem at hand. Putting substance users in jail does little except create excessive numbers of prisoners who do not spend their time in rehabilitation or treatment programs because of the lack of availability of these programs in most prison systems. They also do not have access to the many excellent efforts in community prevention of drug abuse. Instead, they spend their time in the company of other, more serious offenders or are locked up without meaningful

interaction with anyone. On release they most often return to the environments from which they went to jail, because they have gained no skills that will allow them options to do otherwise.

In the short run, prevention programs face tremendous criticism because their results cannot be seen. That is the nature of prevention. Because the effort of prevention is to avoid a situation or behavior, it is incredibly hard to measure the non-occurrence of that behavior, even if the window of observation is extended beyond the five or ten year period. Further, our efforts to identify the most effective ways of prevention are slow in coming and often are effective within specific contexts and not generally applicable or easily transferable to other contexts.

Treatment programs, on the other hand, do have the opportunity to identify success and failure at least at the point where the client leaves the program and often, through follow-up services, for many months and years following services. The opportunity to identify what works and what does not is somewhat more possible than in prevention programs and the ability to develop the programs in a more modular format has allowed clients to be treated with a matrix of modules, more specifically designed for their own personal needs. Treatment, however, is very expensive and the resources available for the delivery of effective treatment programs are scarce. The resources available to pay for treatment are not able to be used by all, and the relative constraints placed on those payment options often do not cover the full cost of treatment and certainly administratively direct providers to terminate treatment when the money runs out. Further, treatment takes time, often a lot of time, and that time is not easily determined prior to the entrance into the treatment program. The ability to schedule clients into treatment is more of an art form than a science.

So in considering treatment as an option for those dependent or abusing the many substances available in the community, the issue is the planning and management of a scarce resource, in a dynamic context of growing need and demand, within limited and often restrictive funding possibilities, and for relatively indeterminate use periods. Not all of these variables are readily measurable, yet many can, with an understanding of the context and criteria for the determination of need, be estimated for planning purposes. That is the role of the needs assessment presented in this report, to estimate the need for services for alcohol and drug treatment in the State of Hawaii. In so doing, recognized procedures of identification of the population using these substances of abuse were employed. Data were collected that allowed for an estimation of the degree to which these users were abusing or were dependent on the substances of abuse. Finally, recognized criteria of classification were employed to determine who was in need of service and who was not, and to classify the nature of that need into four distinct categories that relate to the combinations of treatment types available.

In the chapter that follows, great detail on the process of needs assessment will be provided as will the specification of how individuals were classified into the various need groups. That chapter will discuss need as a product of the drug used and as a factor based on location of residence.

CHAPTER NINE

STATE NEEDS ASSESSMENT

Chapter Nine

State Needs Assessment

Introduction

The assessment of need for treatment for substance abuse is a very complex process requiring credible measures of diagnosis and relating those diagnoses to the need for treatment. In part, the problem is exacerbated by the fact that the use of any substance of abuse is usually quite low in the general population. As such, the determination of substance-specific need would require an extremely large general sample from the population, something that was not possible given the current costs associated with survey research in the 21st Century.

Therefore, a research decision was made to assess the need for treatment of any drug and of alcohol using the more affordable and smaller survey sample. The two types of need are separate because the prevalence of alcohol use is so much higher that a reasonable chance exists of having enough users of alcohol in our sample of 5,067 persons to determine need for treatment for problems with alcohol use. In the same sense, if all problematic drug use is the focus of establishing drug treatment need, that too can be detected within the sample used for the 2004 State Treatment Needs Assessment survey. To credibly establish treatment need, the Diagnostic and Statistical Manual version IV (DSM-IV) of the American Psychiatric Association (APA, 2000) was used to initially derive questions that would be later used in the diagnostic algorithm used to classify both dependence and abuse of alcohol and any drug (See Chart 9.1).

Chart 9.1: DSM-IV Criteria for Substance Use Disorders and Substance-Induced Disorders

***Reprinted from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Copyright 2000 American Psychiatric Association**

Substance Use Disorders

Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. tolerance, as defined by either of the following:
    a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    b. markedly diminished effect with continued use of the same amount of the substance.
2. withdrawal, as manifested by either of the following:
    a. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for withdrawal from the specific substances)
    b. the same (or a closely related) substance is taken to relieve or avoid symptoms.
3. the substance is often taken in larger amounts or over a longer period than was intended.
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance, or recover from its effects.
6. important social, occupational, or recreational activities are given up or reduced because of substance use.
7. the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Specify if:

With Physiological Dependence: evidence of tolerance or withdrawal (i.e., either Item 1 or 2 is present)

Without Physiological Dependence: no evidence of tolerance or withdrawal (i.e., neither Item 1 nor 2 is present)

Substance Abuse

a. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
    1. recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
    2. recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
    3. recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
    4. continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)
b. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Substance-Induced Disorders

Substance Intoxication

a. The development of a reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. Note: Different substances may produce similar or identical syndromes.
b. Clinically significant maladaptive behavioral or psychological changes that are due to the effect of the substance on the central nervous system (e.g., belligerence, mood lability, cognitive impairment, impaired judgment, impaired social or occupational functioning) and develop during or shortly after use of the substance.
c. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Substance Withdrawal

a. The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.
b. The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
c. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

In considering the possible options for treatment need as derived from the assessment of dependence and abuse of alcohol and drugs, the possible conditions are those who are dependent on alcohol and abusing drugs or are abusing alcohol and dependent on drugs. These individuals are in the group called "Needs Alcohol ***OR*** Drug Treatment." Those who are dependent on alcohol but are not abusing drugs are in the group called "Needs Alcohol Treatment ***Only***." Those who are dependent on drugs but are not abusing alcohol are in the group called "Needs Drug Treatment ***Only***." Those who are dependent on Alcohol and dependent on Drugs are in the group called "Needs Alcohol ***AND*** Drug Treatment."

To focus the treatment need data, the following tables present substance of use rates of need by county of residence. Following that presentation, the same data are presented for each county, showing age specific rates of need prevalence for all drugs. That is, Table 9.1 is about tobacco users and their documented need for treatment for alcohol and/or drug treatment by county, and presence or absence of lifetime and current tobacco use.

Tobacco Use. In this table (Table 9.1), several interesting findings emerge. First, in looking at the statewide data, the ratio of treatment need between those who have ever smoked and those who have not is about 3:1 suggesting that if one has ever smoked, they are considerably more likely to find themselves in a situation of abuse or dependence on alcohol or drugs than persons who have never smoked. That is not to suggest that smoking tobacco causes dependence on alcohol or drugs, merely to note that, in these data, there is a co-relation between the status of having ever smoked and being diagnosed as in need of alcohol or drug treatment. Further, in examining other typologies of treatment need, the same finding holds true for those who have ever smoked and being in need of alcohol treatment only. The other two typologies of treatment need, while showing a smaller proportion of people who need

drug treatment only or who need alcohol and drug treatment, the ratio between those who have ever smoked and who have never smoked is higher at 5:1 and 6:1 respectively.

In turning our attention to current smokers, defined here as those who have ever smoked and who report smoking within the past 30 days, the ratios between smokers and non-smokers prevail but at slightly different strengths. The ratio for "Needs Alcohol ***OR*** Drug Treatment" is 2.6:1 (compared with 3.2:1 for the ever vs. never smoked ratio), for the "Needs Alcohol Treatment ***ONLY***" is 2.5:1 (compared with 3.3:1 for the ever vs. never ratio). The ratio for "Needs Drug Treatment ***ONLY***" is 6.5:1 (5.6:1 for the ever vs. never ratio) and for "Needs Alcohol ***AND*** Drug Treatment" is 7.5:1 (6.5 for the ever vs. never).

TABLE 9.1: Tobacco User Need for Alcohol and Drug Treatment, by Lifetime and Current Smokers, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Smoked		Current Smoker*	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	16.2%	5.3%	19.1%	7.7%
Needs Alcohol Treatment ***Only***		15.5%	5.1%	17.6%	7.5%
Needs Drug Treatment ***Only***		3.1%	0.7%	5.4%	0.9%
Needs Alcohol ***AND*** Drug Treatment		2.5%	0.5%	4.0%	0.7%
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	13.4%	4.6%	14.4%	6.6%
Needs Alcohol Treatment ***Only***		11.6%	3.9%	11.8%	5.9%
Needs Drug Treatment ***Only***		2.8%	0.7%	4.9%	0.85
Needs Alcohol ***AND*** Drug Treatment		1.0%	0.1%	2.3%	0.1%
Needs Alcohol ***OR*** Drug Treatment	**Maui**	16.5%	5.0%	16.7%	8.4%
Needs Alcohol Treatment ***Only***		15.3%	4.6%	16.2%	7.6%
Needs Drug Treatment ***Only***		4.0%	0.6%	5.8%	1.2%
Needs Alcohol ***AND*** Drug Treatment		2.7%	0.1%	5.3%	0.4%
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	28.1%	4.5%	38.4%	9.9%
Needs Alcohol Treatment ***Only***		28.1%	4.5%	38.4%	9.9%
Needs Drug Treatment ***Only***		5.8%	0.4%	11.3%	0.6%
Needs Alcohol ***AND*** Drug Treatment		5.8%	0.4%	11.3%	0.65
Needs Alcohol ***OR*** Drug Treatment	**State Total**	16.8%	5.2%	19.9%	7.7%
Needs Alcohol Treatment ***Only***		16.0%	4.9%	18.5%	7.5%
Needs Drug Treatment ***Only***		3.4%	0.6%	5.9%	0.9%
Needs Alcohol ***AND*** Drug Treatment		2.6%	0.4%	4.5%	0.6%

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

* Current Smoker is the proportion of Lifetime Smokers (Ever Smoked) who report that they have smoked in the past 30 days.

As with much of the data reported for this study, those representing the County of Kauai again differ from all other counties in that it is substantially higher than any other county across all measures. That is, 28.1 percent of all who have ever smoked are categorized as in need of alcohol or drug treatment. The next highest in the state is the county of Maui at 16.5 percent of those who have ever smoked being classified this way. That pattern continues across all other categories of treatment need with Maui County often being the next highest in the state. Also different in this table is the fact that both "Need for Alcohol ***OR*** Drug Treatment" and "Need for Alcohol Treatment ***Only,***" and "Need for Drug Treatment ***Only***" and "Need for Alcohol ***AND*** Drug Treatment" have exactly the same proportions of those who have ever smoked and who are current smokers categorized as being in need of those types of treatment services seems improbable. Again, the data from Kauai are suspect, particularly because of the similar concerns expressed elsewhere through the report.

Alcohol Use. Table 9.2 presents data on Alcohol Users. In this table, ratios similar to those calculated for Table 9.1 are found. Examining the State panel of these data, the ratio of "Ever Drink" to "Never Drink" for the four categories of treatment need are: "Need for Alcohol ***OR*** Drug Treatment" – 37:1; "Need for Alcohol Treatment ***ONLY***" – infinite; "Need for Drug Treatment ***ONLY***" – 6:1; and, "Need for Alcohol ***AND*** Drug Treatment" – infinite. The two "infinite" ratios are caused by the absence (no non-drinkers) of cases in the category. Also important to note are the size of the initial rates, which for the "Need for Alcohol ***OR*** Drug Treatment" and "Need for Alcohol Treatment ***ONLY***" are relatively high.

TABLE 9.2: Alcohol User Need for Alcohol and Drug Treatment, by Lifetime and Current Drinkers, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Drink		Current* Drink	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	14.0	0.3	22.6	1.7
Needs Alcohol Treatment ***Only***		13.6	0.0	22.2	1.3
Needs Drug Treatment ***Only***		2.2	0.3	3.0	0.7
Needs Alcohol ***AND*** Drug Treatment		1.9	0.0	2.7	0.4
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	11.5	1.4	15.8	2.8
Needs Alcohol Treatment ***Only***		10.6	0.0	15.5	1.2
Needs Drug Treatment ***Only***		1.6	1.4	0.9	1.9
Needs Alcohol ***AND*** Drug Treatment		0.7	0.0	0.6	0.4
Needs Alcohol ***OR*** Drug Treatment	**Maui**	15.1	0.1	20.0	2.5
Needs Alcohol Treatment ***Only***		14.0	0.0	19.2	1.8
Needs Drug Treatment ***Only***		3.0	0.1	3.7	0.8
Needs Alcohol ***AND*** Drug Treatment		1.9	0.0	2.9	0.0
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	22.1	0.0	26.9	9.0
Needs Alcohol Treatment ***Only***		22.1	0.0	26.9	9.0
Needs Drug Treatment ***Only***		4.3	0.0	5.0	1.9
Needs Alcohol ***AND*** Drug Treatment		4.3	0.0	5.0	1.9
Needs Alcohol ***OR*** Drug Treatment	**State Total**	14.3	0.4	21.7	2.2
Needs Alcohol Treatment ***Only***		13.8	0.0	21.3	1.7
Needs Drug Treatment ***Only***		2.4	0.4	3.0	0.9
Needs Alcohol ***AND*** Drug Treatment		1.9	0.0	2.6	0.4

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

* Current Drinker is the proportion of Lifetime Drinkers (Ever Drink) who report that they drank alcohol in the past 30 days.

In continuing to review this table, still viewing the State panel of the table, the ratios of "Current Drinker" to "Not Current Drinker" for each category of need is as follows: "Need for Alcohol ***OR*** Drug Treatment" – 9.9:1; "Need for Alcohol Treatment ***ONLY***" – 12.5:1; "Need for Drug Treatment ***ONLY***" – 3.3:1; and, "Need for Alcohol AND Drug Treatment" – 6.5:1.

As with the preceding table, Kauai County has the highest rates of treatment need across all conditions of drinking and all categories of treatment, and once again, the rates for Kauai suggest that there may be an anomaly within the data themselves.

TABLE 9.3: Binge Alcohol User Need for Alcohol and Drug Treatment, by Lifetime and Current Binge Drinkers, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Binge		Current* Binge	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	17.7	5.8	46.1	5.3
Needs Alcohol Treatment ***Only***		17.3	5.5	45.5	5.0
Needs Drug Treatment ***Only***		2.4	1.3	7.5	0.9
Needs Alcohol ***AND*** Drug Treatment		2.0	0.9	6.8	0.6
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	13.3	5.7	28.3	5.2
Needs Alcohol Treatment ***Only***		12.0	4.7	28.2	4.0
Needs Drug Treatment ***Only***		1.3	1.6	2.0	1.5
Needs Alcohol ***AND*** Drug Treatment		0.0	0.6	1.9	0.3
Needs Alcohol ***OR*** Drug Treatment	**Maui**	18.5	5.4	33.4	5.4
Needs Alcohol Treatment ***Only***		16.9	5.1	32.9	4.6
Needs Drug Treatment ***Only***		4.2	0.9	6.5	1.2
Needs Alcohol ***AND*** Drug Treatment		2.6	0.5	6.0	0.3
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	30.0	9.4	43.8	10.4
Needs Alcohol Treatment ***Only***		30.0	9.4	43.8	10.4
Needs Drug Treatment ***Only***		7.3	0.9	11.3	1.3
Needs Alcohol ***AND*** Drug Treatment		7.3	0.9	11.3	1.3
Needs Alcohol ***OR*** Drug Treatment	**State Total**	18.1	6.0	41.8	5.6
Needs Alcohol Treatment ***Only***		17.5	5.6	41.3	5.1
Needs Drug Treatment ***Only***		2.8	1.2	7.0	1.0
Needs Alcohol ***AND*** Drug Treatment		2.2	0.9	6.5	0.6

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

* Current Binge Drinker is the proportion of Lifetime Binge Drinkers (Ever Binged) who report that they have binged in the past 30 days.

Table 9.3 continues the examination of those who use alcohol and their need for various types of treatment by now focusing on binge drinkers only. Binge Drinking is described as "having five or more drinks (four or more for females) on the same occasion at least once in the past thirty days"[i]. It will be recalled from Chapter Four that an estimated 46.4 million Americans (20.6% of the population aged twelve years and older) were current binge alcohol drinkers in 2000, or 44% of all drinkers. Young people aged eighteen to twenty-five are the most likely to binge drink; 37.8% report it.

The ratio of various categories of binge drinking behavior for each type of treatment need allows a better understanding of the importance of the presence of the binge drinking in

assessing the numbers in need of each treatment type. The examination of the ratios by treatment type for Ever versus Never and Current Binge Drinker versus not Current Binge Drinker shows the following:

TABLE 9.4: Ratio of Ever to Never Binge Drink Status by Treatment Type and by County, 2004 State Treatment Needs Assessment

County	State	Hawaii	Honolulu	Kauai	Maui
Ever/Never	**Ratio**	**Ratio**	**Ratio**	**Ratio**	**Ratio**
Alcohol OR Drug	3.0	2.3	3.1	3.2	3.4
Alcohol ONLY	3.1	2.6	3.1	3.2	3.3
Drug ONLY	2.3	0.8	1.8	8.1	4.7
Alcohol AND Drug	2.4	0.0	2.2	8.1	5.2
Current Use/Not Current Use	**Ratio**	**Ratio**	**Ratio**	**Ratio**	**Ratio**
Alcohol OR Drug	7.5	5.4	8.7	4.2	6.2
Alcohol ONLY	8.1	7.1	9.1	4.2	7.2
Drug ONLY	7.0	1.3	8.3	8.7	5.4
Alcohol AND Drug	10.8	6.3	11.3	8.7	20.0

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

In Table 9.4, the ratios displayed simply indicate the relative difference between the presence and absence of the attribute (lifetime or current use) under examination. Here, differences emerge that are not seen in the previous tables. The State ratios show little difference between ever/never binge drinker and current/not current binge drinker. However, as we examine the same ratios for counties we see that for these data, Kauai is not the highest of all counties, that for Hawaii County the types of treatment are sensitive to the use status of the subjects and that there are substantial differences as those statuses are examined.

Binge drinking is a primary indicator used to assess the presence of alcohol consumption problems at the community level. It is a regular part of the Behavioral Risk Factor Surveillance System, of the Center for Disease Control and is collected by all states in the nation and is a part of most substance abuse surveys of the past 15 years. Returning for a moment to Table 9.3, we see that among those who report binge drinking behavior at some time in their lives, residents of Kauai County are by far highest with nearly 1/3 of all respondents reporting this lifetime behavior and being in need of treatment for alcohol

dependence. However, when current binge drinking behavior is considered, the highest county reporting need for alcohol treatment ***only*** is the City and County of Honolulu nearing one-half of all current binge drinkers in the county.

Cocaine Use. The next drug to be examined is cocaine and because of its two major forms (powder and crack) the presentation of data in Table 9.5 is slightly different than previous and subsequent tables. One of the first oddities about this table is that there are some counties in which there were no reports of crack cocaine use on measures of lifetime use and current (30 day) use. Hawaii County is one of those areas where, according to respondents no individuals answered that they had ever used crack cocaine only at any point in their lives although there were some who had used both powder cocaine and cocaine. That finding was reinforced in examining the current use data where again, no respondent replied that they were currently using crack cocaine only, nor did any state that they were using both crack cocaine and powder cocaine. Maui County produced similar results and Kauai County, had respondents acknowledge that they had, at some point in their lives, used crack cocaine only, were not now using crack cocaine only or using it at the same time as powder cocaine.

From Table 9.5, in the State panel, the relative strength of crack cocaine appears as higher rates of all types of treatment need among those who have ever used crack cocaine only compared to those who have used powdered cocaine only. However, respondents who report use of both powdered and crack cocaine are associated with the highest needs for all types of treatments. This occurrence is different when we examine the State data for current use of powder only, crack only and both powder and crack cocaine. Here we find that State data drive the analysis in that no county respondents report current cocaine use except the

City and County of Honolulu, and even there, the needs categories for current crack use only are equal to one another, suggesting very few actual users.

The ratio of user to non user for each type of cocaine/crack cocaine use and by treatment type is more complex but also instructive in this case (See Table 9.6). It is important to reiterate that using cocaine or crack cocaine is not a cause of needing treatment in these tables. This is so because the sample size of the survey (5,067) is too small to calculate treatment need for each drug of interest and for the various forms of alcohol use. Therefore, the tables show us the difference in treatment need for four different conditions of alcohol and drug treatment for users and non-users of the drug.

Crack cocaine appears to be a rare substance in all counties with the exception of the City and County of Honolulu. There were no respondents acknowledging current use of "crack cocaine only" from Hawaii, Kauai, and Maui Counties. Current use of powdered cocaine has the strongest association with type of treatment need in Hawaii County and the weakest association in Maui County. On Oahu, the ratios between ever and never users of powdered cocaine only are second highest across the State behind Maui. For current use of powdered cocaine however, the pattern shifts with Hawaii County respondents having a higher ratio for need for alcohol or drug treatment and for need for alcohol treatment only.

The overall message regarding cocaine is that those who use powder cocaine only are less likely to need alcohol and/or drug treatment than those who use crack cocaine only or use both powdered and crack forms of cocaine. Regardless of the form of the drug used, cocaine use has a higher degree of association with need for treatment than alcohol or tobacco.

TABLE 9.5: Cocaine and Crack User Need for Alcohol and Drug Treatment, by Lifetime and Current User status, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Used Cocaine				Current Use Cocaine			
		Powder Only	Crack Only	Both	Neither	Powder Only	Crack Only	Both	Neither
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	27.8	22.5	36.0	7.6	89.7	86.9	100.0	9.1
Needs Alcohol Treatment ***Only***		26.6	11.4	27.7	7.5	74.2	86.9	100.0	8.8
Needs Drug Treatment ***Only***		10.4	13.1	25.5	0.4	89.7	86.9	100.0	1.2
Needs Alcohol ***AND*** Drug Treatment		9.2	2.1	17.2	0.3	74.2	86.9	100.0	0.9
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	19.1	-	26.1	6.2	100.0	0.0	-	7.9
Needs Alcohol Treatment ***Only***		17.4	-	21.5	5.4	100.0	0.0	-	6.8
Needs Drug Treatment ***Only***		3.7	-	11.5	0.9	100.0	0.0	-	1.4
Needs Alcohol ***AND*** Drug Treatment		2.0	-	6.9	0.1	100.0	0.0	-	0.3
Needs Alcohol ***OR*** Drug Treatment	**Maui**	38.4	0.0	30.9	5.2	42.7	-	-	9.8
Needs Alcohol Treatment ***Only***		35.1	0.0	18.3	5.2	42.7	-	-	9.0
Needs Drug Treatment ***Only***		10.7	0.0	19.3	0.3	14.5	-	-	2.0
Needs Alcohol ***AND*** Drug Treatment		7.4	0.0	6.8	0.2	14.5	-	-	1.2
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	38.2	61.8	63.2	10.7	100.0	-	-	17.1
Needs Alcohol Treatment ***Only***		38.2	61.8	63.2	10.7	100.0	-	-	17.1
Needs Drug Treatment ***Only***		3.4	54.8	11.8	1.8	100.0	-	-	3.3
Needs Alcohol ***AND*** Drug Treatment		3.4	54.8	11.8	1.8	100.0	-	-	3.3
Needs Alcohol ***OR*** Drug Treatment	**State Total**	29.4	32.8	37.1	7.3	85.3	74.5	100.0	9.5
Needs Alcohol Treatment ***Only***		27.9	25.4	29.8	7.2	72.8	74.5	100.0	9.0
Needs Drug Treatment ***Only***		9.0	24.5	21.2	0.5	82.2	74.5	100.0	1.4
Needs Alcohol ***AND*** Drug Treatment		7.4	17.1	13.9	0.4	69.7	74.5	100.0	1.0

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

TABLE 9.6: Ratio of Ever to Never Cocaine Use for Powder, Crack and Both Types by Treatment Type and by County (%), 2004 State Treatment Needs Assessment

County	C&C Honolulu	Hawaii	Kauai	Maui	State
Type of cocaine use **Treatment Type**	**Ratio**	**Ratio**	**Ratio**	**Ratio**	**Ratio**
Powder Cocaine Only					
Ever/Never Use					
Alcohol *OR* Drug	3.7	3.1	3.6	7.4	4.0
Alcohol *ONLY*	3.5	3.2	3.6	6.8	3.9
Drug *ONLY*	26.0	4.1	1.9	35.7	18.0
Alcohol *AND* Drug	30.7	20.0	1.9	37.0	18.5
Current Use/Not Current Use					
Alcohol OR Drug	9.9	12.7	5.8	4.4	8.9
Alcohol ONLY	8.4	14.7	5.8	4.7	8.1
Drug *ONLY*	74.8	71.4	30.3	7.3	58.7
Alcohol *AND* Drug	82.4	333.3	30.3	12.1	69.7
Crack Cocaine Only					
Ever/Never Use					
Alcohol *OR* Drug	2.9	--	5.7	0.0	4.5
Alcohol *ONLY*	1.5	--	5.7	0.0	3.5
Drug *ONLY*	32.8	--	30.4	0.0	49.0
Alcohol *AND* Drug	7.0	--	30.4	0.0	42.8
Current Use/Not Current Use					
Alcohol *OR* Drug	9.5	0.0	--	--	7.8
Alcohol *ONLY*	9.8	0.0	--	--	8.3
Drug *ONLY*	72.4	0.0	--	--	53.2
Alcohol *AND* Drug	96.6	0.0	--	--	74.5
Both Powder and Crack					
Ever/Never Use					
Alcohol *OR* Drug	4.7	4.2	5.9	5.9	5.1
Alcohol *ONLY*	3.7	3.9	5.9	3.5	4.1
Drug *ONLY*	63.8	12.8	6.6	64.3	42.4
Alcohol *AND* Drug	57.3	69.0	6.6	34.0	34.8
Current Use/Not Current Use					
Alcohol *OR* Drug	10.9	--	--	--	10.5
Alcohol *ONLY*	11.4	--	--	--	11.1
Drug *ONLY*	83.3	--	--	--	71.4
Alcohol *AND* Drug	111.1	--	--	--	100.0

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

Methamphetamine Use. Table 9.7 provides information regarding the treatment needs of those persons responding that they had used crystal methamphetamine at some point in their lives. In addition information is provided regarding persons who stated that they had never used methamphetamine and those who were continuing to use methamphetamine in 30 days prior to the survey. Information is provided at the County level and for the State as a whole.

TABLE 9.7: Methamphetamine User Need for Alcohol and Drug Treatment, by Lifetime and Current User Status, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Used Methamphetamine		Current Use Methamphetamine	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	33.9	8.4	100.0	9.4
Needs Alcohol Treatment ***Only***		26.8	8.4	17.4	9.1
Needs Drug Treatment ***Only***		25.3	0.6	100.0	1.5
Needs Alcohol ***AND*** Drug Treatment		18.2	0.5	17.4	1.2
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	31.2	7.1	100.0	8.0
Needs Alcohol Treatment ***Only***		24.1	6.2	100.0	6.9
Needs Drug Treatment ***Only***		14.7	1.0	100.0	1.5
Needs Alcohol ***AND*** Drug Treatment		7.6	0.2	100.0	0.4
Needs Alcohol ***OR*** Drug Treatment	**Maui**	44.1	8.4	100.0	9.9
Needs Alcohol Treatment ***Only***		33.4	8.0	0.0	9.1
Needs Drug Treatment ***Only***		26.3	0.9	100.0	2.0
Needs Alcohol ***AND*** Drug Treatment		15.5	0.6	0.0	1.2
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	56.2	12.2	68.3	16.2
Needs Alcohol Treatment ***Only***		56.2	12.2	68.3	16.2
Needs Drug Treatment ***Only***		22.1	0.9	64.8	2.2
Needs Alcohol ***AND*** Drug Treatment		22.1	0.9	64.8	2.2
Needs Alcohol ***OR*** Drug Treatment	**State Total**	37.9	8.5	82.8	9.6
Needs Alcohol Treatment ***Only***		31.3	8.3	44.9	9.2
Needs Drug Treatment ***Only***		23.9	0.7	81.0	1.6
Needs Alcohol ***AND*** Drug Treatment		17.4	0.5	43.1	1.2

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

In this table, a high proportion of individuals stating that they had ever used methamphetamine and found to be in need of alcohol or drug treatment is seen for the County of Kauai. That proportion is closely followed by residents of Maui County presenting in the same way. The County with the smallest proportion of individuals identifying themselves as having used methamphetamine at some point in their lives and categorized as being in need of alcohol or drug treatment were from Hawaii County. That County also had the lowest proportion of individuals stating that they had never used methamphetamine and categorized as in need of alcohol or drug treatment.

While the table of ratios of ever to never used and current to non-current users of methamphetamine for each type of treatment for each county and the state is not presented

for methamphetamine, suffice it to say that in general the ratios are slightly higher for those using methamphetamine than for those using cocaine, which were in turn slightly higher than for those using tobacco. This escalation of the ratio between users and non-users in part seems to reflect the increasing intensity for each of the drugs presented thus far. Tobacco use has, until recently been fairly common in Hawaii and America, as has alcohol consumption. Cocaine has always been viewed as a more intense high and overall drug experience than either tobacco or alcohol and methamphetamine even more intense again. For State data, the ratios for Alcohol ***OR*** Drug Treatment was 4.5 for lifetime and 8.6 for current users versus non-users, for Alcohol Treatment ***ONLY*** it was 3.8 and 4.9 respectively for lifetime and current use, for Drug Treatment ***ONLY*** it was 34.1 and 50.6, and for Alcohol ***AND*** Drug Treatment it was 34.8 and 35.9 for Lifetime and current user comparisons. It is also useful to note that need for Drug Treatment ONLY for Current versus Non Current Users of Methamphetamine was the highest of all ratios, again emphasizing the nature of the methamphetamine experience.

TABLE 9.8: Heroin user Need for Alcohol and Drug Treatment, by Lifetime and Current user status, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Used Heroin		Current Use Heroin	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	33.7	9.1	-	9.5
Needs Alcohol Treatment ***Only***		29.4	8.8	-	9.1
Needs Drug Treatment ***Only***		20.5	1.4	-	1.6
Needs Alcohol ***AND*** Drug Treatment		16.2	1.0	-	1.2
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	10.1	7.9	-	8.0
Needs Alcohol Treatment ***Only***		9.5	6.9	-	6.9
Needs Drug Treatment ***Only***		4.0	1.5	-	1.5
Needs Alcohol ***AND*** Drug Treatment		3.4	0.4	-	0.5
Needs Alcohol ***OR*** Drug Treatment	**Maui**	4.0	10.0	-	9.9
Needs Alcohol Treatment ***Only***		2.0	9.2	-	9.1
Needs Drug Treatment ***Only***		4.0	2.0	-	2.0
Needs Alcohol ***AND*** Drug Treatment		2.0	1.2	-	1.2
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	73.7	16.3	-	17.2
Needs Alcohol Treatment ***Only***		73.7	16.3	-	17.2
Needs Drug Treatment ***Only***		0.0	3.4	-	3.3
Needs Alcohol ***AND*** Drug Treatment		0.0	3.4	-	3.3
Needs Alcohol ***OR*** Drug Treatment	**State Total**	29.7	9.5	-	9.7
Needs Alcohol Treatment ***Only***		26.4	9.0	-	9.3
Needs Drug Treatment ***Only***		15.3	1.5	-	1.7
Needs Alcohol ***AND*** Drug Treatment		12.0	1.1	-	1.3

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

Heroin Use. Heroin use as a classifier of respondents need for treatment is the subject of Table 9.8. In this table, the reader is reminded of the discussions from Chapter 7 regarding the problem with the current user data for heroin use. As a result this table only presents data for the lifetime use of heroin. In the table, we see that Kauai County has the highest proportion of heroin users in need of alcohol ***OR*** drug treatment, however it is also noted that the treatment need is specified as in need of alcohol treatment ***ONLY*** and that need of drug treatment ***ONLY*** and need for alcohol ***AND*** drug treatment have no respondents that have ever used heroin in their lifetime. This suggests again that the Kauai data may not have adequately assessed users of drugs although those in need of alcohol treatment were clearly assessed.

Ignoring the Kauai County data for heroin users, the City and County of Honolulu (Oahu) is the county with the highest proportion of individuals reporting heroin use and categorized as in need of all types of treatment. The proportions for City and County (C&C) of Honolulu are three times the nearest other county (Hawaii) and nearly nine times those from Maui County.

Since heroin is not a commonly used drug in the State of Hawaii the expectation would be that its relationship to need for treatment might not be strong. However, the rates for Oahu appear to contradict that suggestion, with just over 1/3 of heroin users categorized as being in need of alcohol ***OR*** drug treatment. The relatively high rate of persons who ever used heroin being categorized as in need of alcohol treatment ***ONLY*** reinforces previous suggestions that drug use in Hawaii is polydrug use rather than specific drug use. It also reinforces the importance of alcohol use to that polydrug use pattern.

Marijuana Use. Of all illicit drugs present in Hawaii, marijuana has always been the most commonly used. Be it "Maui Wowie", "Kona Gold", or "B.C. Bud", marijuana has had a place in the drug history of this State that is unparalleled. Table 9.9 presents data from the 2004 STNAP study that shows the categorized need for various types of alcohol and/or drug treatment by lifetime and current user status for marijuana.

The previous discussion on an interpretation of the relative strength of the ratios of users to non users is discounted by the data on marijuana. While that idea did prevail for the escalation in intensity of tobacco to alcohol and on to cocaine and methamphetamine and heroin, the overall pervasiveness of the use of marijuana in the state totally overcomes that explanation for the ratios. The ratios of users to non users are next presented and show strong ratios for the statewide panel of data. Those who have ever used marijuana versus those who

have not produce a ratio of 5.2:1 with regard to need for alcohol ***OR*** drug treatment, 4.9:1 for need for alcohol treatment ***ONLY***, 59.0:1 for need for drug treatment ***ONLY***, and 0 for need for alcohol ***AND*** drug treatment. For current users versus not current users of marijuana the ratios are 5.3:1 for need for alcohol ***OR*** drug treatment, 4.6:1 for need alcohol treatment ***ONLY***, 42.4:1 for need drug treatment ***ONLY*** and 44.2:1 for need alcohol ***AND*** drug treatment. This suggests again, that marijuana is likely the second most popular companion drug for polydrug users, including those whose other drug is alcohol. Other data on treatment use suggest that a secondary population of younger marijuana users may be entering treatment with marijuana as their one and only drug of use.

TABLE 9.9: Marijuana User Need for Alcohol and Drug Treatment, by Lifetime and Current User Status, by County (%), 2004 State Treatment Needs Assessment

Needs for Treatment	County	Ever Used Marijuana		Current Use Marijuana	
		Yes	No	Yes	No
Needs Alcohol ***OR*** Drug Treatment	**Oahu**	23.7	4.8	60.8	8.4
Needs Alcohol Treatment ***Only***		22.5	4.7	55.8	8.1
Needs Drug Treatment ***Only***		6.2	0.1	44.8	0.7
Needs Alcohol ***AND*** Drug Treatment		5.1	0.0	39.8	0.4
Needs Alcohol ***OR*** Drug Treatment	**Hawaii**	16.6	3.2	28.4	7.2
Needs Alcohol Treatment ***Only***		14.3	2.8	9.3	6.8
Needs Drug Treatment ***Only***		3.5	0.4	22.6	0.7
Needs Alcohol ***AND*** Drug Treatment		1.3	0.0	3.5	0.3
Needs Alcohol ***OR*** Drug Treatment	**Maui**	22.0	3.3	26.6	9.1
Needs Alcohol Treatment ***Only***		19.8	3.3	17.4	8.7
Needs Drug Treatment ***Only***		5.7	0.0	21.8	1.1
Needs Alcohol ***AND*** Drug Treatment		3.5	0.0	12.7	0.7
Needs Alcohol ***OR*** Drug Treatment	**Kauai**	34.1	5.9	32.6	16.3
Needs Alcohol Treatment ***Only***		34.1	5.9	32.6	16.3
Needs Drug Treatment ***Only***		8.3	0.0	15.0	2.7
Needs Alcohol ***AND*** Drug Treatment		8.3	0.0	15.0	2.7
Needs Alcohol ***OR*** Drug Treatment	**State Total**	23.2	4.5	46.4	8.7
Needs Alcohol Treatment ***Only***		21.8	4.4	39.0	8.5
Needs Drug Treatment ***Only***		5.9	0.1	33.9	0.8
Needs Alcohol ***AND*** Drug Treatment		4.5	0.0	26.5	0.6

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

In examining the specific data of Table 9.9, the data from the City and County of Honolulu and Maui County stand out because of their higher rates. While Kauai County rates are high for lifetime use associated with alcohol treatment need, it does not have any cases that are in need of drug treatment. This anomaly has been pointed out in other sections of the report and will not be referenced again. A similar finding exists for Maui County data but this has not occurred in previous tables and suggests that the use pattern for marijuana may be different in Maui County than other areas of the state.

This examination of substance use data in the context of types of treatment needed has produced some useful ideas regarding the nature and extent of alcohol and drug treatment need in the state. The repeated findings that the drug used as the index for a table was not totally consistent with the types of treatment needed by the respondents represented in the table reinforces the polydrug nature of alcohol and drug use in the State of Hawaii. Further, the treatment types generated by the DSM-IV R algorithm do not fully align with expectations that may have been generated by the substance used to classify cases into the tables. This again suggests a polydrug pattern of use thus making the nature of treatment programs all the more complex. In the next section of this chapter the classification for the respondents being in a table is county of residence and the data produced, in addition to percentages of respondents in each need category will also present estimates of numbers of residents so designated.

COUNTY LEVEL DATA

In turning to the county level data, the structure of the tables to be reviewed changes slightly. The columns of the table now represent the type of treatment identified for the respondent when the respondent data was operationalized through the algorithm derived from the DSM-IV criteria for dependence and abuse. The rows of the tables represent the drug under review within a table and whether or not the subject had ever or never used the drug and the current status of use of the specific drug (Current [30 day] use or No Current Use) in the context of the counties (City and County of Honolulu [Oahu], Hawaii County [Big Island], Maui County [including Molokai and Lanai], and Kauai County). The table itself represents the county under review.

The first table, Table 9.10, represents respondents from the City and County of Honolulu. In this table we see that for those over the age of 18 and under the age of 66 years of age, living in the county of Honolulu (estimated population, 628,853) who met the necessary criteria for dependence and abuse and were classified into the four categories of treatment need, there are 38,795 persons, or 16.2 percent of the respondents, who have ever smoked and are in need of alcohol ***OR*** drug treatment. There are also 20,664 persons (5.3 percent of respondents) who have never smoked but are in need of alcohol ***OR*** drug treatment as well. This represents a ratio of 3.1:1 for ever smokers versus never-smokers need for alcohol ***OR*** drug treatment. Using the same selection criteria (aged 18-65 years, resident in the City and County of Honolulu, meeting DSM-IV-R criteria for dependence and/or abuse), 19.1 percent or 18,736 respondents self-defined as current (last 30 day) smokers and 7.7 percent as not current smokers (40,724 persons).

Among those who are in need of alcohol treatment ***ONLY***, a much higher proportion have smoked (15.1%) than among those in need of drug treatment ***ONLY*** (3.1%). The same is true for current smokers, a higher proportion of those in need of alcohol treatment ***ONLY*** are also current smokers, compared to those in need of drug treatment ***ONLY***.

In the panel of data related to drinkers, it is confirming to note that no respondents in need of alcohol treatment ***ONLY*** are in the never drank group nor are there any members of the never drank group in the alcohol ***AND*** drug group. However, it is far more instructive to note that among those in need of alcohol treatment ***ONLY***, ever binge drinkers (consuming more than 4 drinks on a single occasion one or more time in the past 30 days, 5 drinks if male) account for nearly one-fifth of those in need of this treatment type, and current binge drinkers account for nearly one-half of them.

Current users of methamphetamine on Oahu are all in the group in need of alcohol ***OR*** drug treatment or else are in the group in need of drug treatment ***ONLY***. In noting this, it is important to also note that in the actual sample of the 5,067 persons responding to this survey, very few (3) acknowledged current use of methamphetamine and were classified as needing alcohol ***OR*** drug treatment and drug treatment ***ONLY***. The application of weights to correct for sampling misdistributions inflates that number to 174 cases but the proportion of current methamphetamine users who also need either alcohol OR drug treatment or drug treatment ONLY is 100.0 percent.

In examining the balance of this table, some of the highlights are: in the City and County of Honolulu, among those classified as in need or alcohol OR drug treatment, about six in ten of the marijuana users are current marijuana users. For those in need of drug treatment ONLY, the percent of marijuana users that are current users is 44.8. The relative

percents for those in need of alcohol treatment ***ONLY*** and those in need of alcohol ***AND*** drug treatment are high at 55.8 and 39.8; if people used both powdered cocaine and crack cocaine there is a higher proportion in each of the treatment types compared to those who used just powder cocaine or just crack cocaine.

These findings, particularly those related to marijuana use, appear to strengthen support for the suggestion that polydrug use, rather than specific drug use is an important practice for later examination.

TABLE 9.10: Drug Used by Need for Alcohol & Drug Treatment, by Lifetime & Current User Status, for C&C Honolulu (%), 2004 State Treatment Needs Assessment

Types of Drug		Needs Alcohol *OR* Drug Treatment		Needs Alcohol Treatment *Only*		Needs Drug Treatment *Only*		Needs Alcohol *AND* Drug Treatment	
		N	%	N	%	N	%	N	%
Smoking									
Ever	Yes	38795	16.2	37230	15.5	7531	3.1	5966	2.5
	No	20664	5.3	19998	5.1	2538	0.7	1872	0.5
Current	Yes	18736	19.1	17295	17.6	5341	5.4	3900	4.0
	No	40724	7.7	39934	7.5	4728	0.9	3938	0.7
Drinking									
Ever	Yes	58870	14.0	57228	13.6	9480	2.2	7839	1.9
	No	589	0.3	0	0.0	589	0.3	0	0.0
Current	Yes	52952	22.6	52100	22.2	7123	3.0	6271	2.7
	No	6508	1.7	5128	1.3	2947	0.7	1567	0.4
Binge Drinking									
Ever	Yes	33883	17.7	33087	17.3	4572	2.4	3776	2.0
	No	25577	5.8	24141	5.5	5498	1.3	4062	0.9
Current	Yes	29328	46.1	28922	45.5	4738	7.5	4331	6.8
	No	30131	5.3	28306	5.0	5332	0.9	3508	0.6
Methamphetamine									
Ever	Yes	8492	33.9	6701	26.8	6338	25.3	4546	18.2
	No	50967	8.4	50527	8.4	3732	0.6	3292	0.5
Current	Yes	714	100.0	124	17.4	714	100.0	124	17.4
	No	58746	9.4	57104	9.1	9356	1.5	7714	1.2
Marijuana									
Ever	Yes	36608	23.7	34809	22.5	9637	6.2	7839	5.1
	No	22851	4.8	22419	4.7	432	0.1	0	0.0
Current	Yes	7852	60.8	7212	55.8	5786	44.8	5146	39.8
	No	51607	8.4	50017	8.1	4284	0.7	2693	0.4
Heroin									
Ever	Yes	2757	33.7	2404	29.4	1679	20.5	1326	16.2
	No	56703	9.1	54824	8.8	8390	1.4	6512	1.0
Current	Yes	-	-	-	-	-	-	-	-
	No	59459	9.5	57228	9.1	10070	1.6	7839	1.2
Cocaine									
Ever	Powder Only	10413	27.8	9968	26.6	3898	10.4	3453	9.2
	Crack Only	362	22.5	184	11.4	211	13.1	33	2.1
	Both	5054	36.0	3886	27.7	3581	25.5	2413	17.2
	Neither	43630	7.6	43190	7.5	2379	0.4	1939	0.3
Current	Powder Only	1308	89.7	1082	74.2	1308	89.7	1082	74.2
	Crack Only	1179	86.9	1179	86.9	1179	86.9	1179	86.9
	Both	62	100.0	62	100.0	62	100.0	62	100.0
	Neither	56910	9.1	54905	8.8	7520	1.2	5515	0.9

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

TABLE 9.11: Drug Used by Need for Alcohol & Drug Treatment, by Lifetime & Current User Status, for Hawaii County (%), 2004 State Treatment Needs Assessment

Types of Drug		Needs Alcohol *OR* Drug Treatment		Needs Alcohol Treatment *Only*		Needs Drug Treatment *Only*		Needs Alcohol *AND* Drug Treatment	
		N	%	N	%	N	%	N	%
Smoking									
Ever	Yes	5283	13.4	4600	11.6	1095	2.8	412	1.0
	No	2906	4.6	2494	3.9	467	0.7	55	0.1
Current	Yes	2526	14.4	2076	11.8	852	4.9	403	2.3
	No	5664	6.6	5017	5.9	710	0.8	64	0.1
Drinking									
Ever	Yes	7685	11.5	7094	10.6	1058	1.6	466	0.7
	No	505	1.4	0	0.0	505	1.4	0	0.0
Current	Yes	6452	15.8	6319	15.5	365	0.9	232	0.6
	No	1738	2.8	774	1.2	1198	1.9	234	0.4
Binge Drinking									
Ever	Yes	4130	13.3	3729	12.0	407	1.3	6	0.0
	No	4059	5.7	3364	4.7	1155	1.6	460	0.6
Current	Yes	3453	28.3	3444	28.2	241	2.0	232	1.9
	No	4737	5.2	3650	4.0	1321	1.5	234	0.3
Methamphetamine									
Ever	Yes	1174	31.2	907	24.1	554	14.7	286	7.6
	No	7015	7.1	6187	6.2	1009	1.0	180	0.2
Current	Yes	6	100.0	6	100.0	6	100.0	6	100.0
	No	8183	8.0	7088	6.9	1556	1.5	460	0.4
Marijuana									
Ever	Yes	6048	16.6	5228	14.3	1286	3.5	466	1.3
	No	2141	3.2	1865	2.8	276	0.4	0	0.0
Current	Yes	1054	28.4	346	9.3	838	22.6	130	3.5
	No	7136	7.2	6748	6.8	725	0.7	336	0.3
Heroin or other opiates									
Ever	Yes	165	10.1	155	9.5	65	4.0	55	3.4
	No	8024	7.9	6938	6.9	1498	1.5	412	0.4
Current	Yes	-	-	-	-	-	-	-	-
	No	8189	8.0	7094	6.9	1562	1.5	466	0.5
Cocaine									
Ever	Powder Only	1632	19.1	1482	17.4	319	3.7	170	2.0
	Crack Only	-	-	-	-	-	-	-	-
	Both	876	26.1	722	21.5	386	11.5	231	6.9
	Neither	5681	6.2	4889	5.4	857	0.9	65	0.1
Current	Powder Only	115	100.0	115	100.0	115	100.0	115	100.0
	Crack Only	0	0.0	0	0.0	0	0.0	0	0.0
	Both	-	-	-	-	-	-	-	-
	Neither	8075	7.9	6979	6.8	1447	1.4	352	0.3

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

Table 9.11 presents data for the County of Hawaii, the Big Island. In the same manner as the City and County of Honolulu table, this table reports the within treatment type drug use characteristics of respondents. The table starts off with smokers and in this panel of the table we see that ever smokers are much more likely to be found among those in need of all types of treatment than never smokers. The same finding occurs for current smokers versus not current smokers. In both instances, it is also much more probable that smokers will appear in the 'needs alcohol ***OR*** drug treatment' group or the 'needs alcohol treatment ***ONLY***' than in the other two treatment types.

The alcohol use panel is in two parts, alcohol use and binge drinking. Many more ever drink than never drink respondents appear in all treatment categories. The same is true of current drinkers compared to not current drinkers. No respondents that said that they never drink were found to need alcohol treatment ***ONLY*** and no respondents stating that they had never had a drink of alcohol appeared in the need alcohol ***AND*** drug treatment group. The differences in the proportion of ever and never drink respondents is greater than the proportional differences of current versus not current drinkers. Further, the base rate of current drinkers within each of the treatment types is different by a factor of ten.

In terms of the binge drinkers, a similar pattern emerges with ever and current binge drinkers having much higher proportions of respondents across all types of treatment. Also similar is the finding that current binge drinking proportions are higher than ever binge drinking proportions across the treatment types. Although unreported, that was also a finding from the alcohol use table.

The panel of Table 9.11 relating to needs for treatment types and methamphetamine use on the Big Island shows that among the proportions of respondents classified into the

various treatment types those who have ever used methamphetamine are a much higher proportion than for other drugs. Further, although there were few respondents acknowledging current methamphetamine use, they represent all the respondents with current methamphetamine in each treatment type group.

Of those within the various types of treatment, the proportion of ever user of marijuana is more prevalent than the never used marijuana respondents. The current users of marijuana are much more prevalent across all categories of treatment except for the ‘needs alcohol treatment ONLY’ group.

TABLE 9.12: Drug Used by Need for Alcohol & Drug Treatment, by Lifetime & Current User Status, for Maui County (%), 2004 State Treatment Needs Assessment

Types of Drug		Needs Alcohol *OR* Drug Treatment		Needs Alcohol Treatment *Only*		Needs Drug Treatment *Only*		Needs Alcohol *AND* Drug Treatment	
		N	%	N	%	N	%	N	%
Smoking									
Ever	Yes	6861	16.5	6357	15.3	1646	4.0	1143	2.7
	No	2838	5.0	2577	4.6	335	0.6	74	0.1
Current	Yes	2894	16.7	2799	16.2	1008	5.8	914	5.3
	No	6805	8.4	6136	7.6	973	1.2	303	0.4
Drinking									
Ever	Yes	9658	15.1	8935	14.0	1940	3.0	1217	1.9
	No	41	0.1	0	0.0	41	0.1	0	0.0
Current	Yes	8257	20.0	7922	19.2	1543	3.7	1209	2.9
	No	1442	2.5	1012	1.8	438	0.8	8	0.0
Binge Drinking									
Ever	Yes	6181	18.5	5666	16.9	1393	4.2	878	2.6
	No	3518	5.4	3268	5.1	588	0.9	339	0.5
Current	Yes	5206	33.4	5131	32.9	1012	6.5	938	6.0
	No	4493	5.4	3803	4.6	968	1.2	279	0.3
Methamphetamine									
Ever	Yes	1833	44.1	1386	33.4	1092	26.3	645	15.5
	No	7866	8.4	7549	8.0	889	0.9	572	0.6
Current	Yes	24	100.0	0	0.0	24	100.0	0	0.0
	No	9675	9.9	8935	9.1	1957	2.0	1217	1.2
Marijuana									
Ever	Yes	7626	22.0	6862	19.8	1981	5.7	1217	3.5
	No	2073	3.3	2073	3.3	0	0.0	0	0.0
Current	Yes	1137	26.6	744	17.4	934	21.8	542	12.7
	No	8562	9.1	8190	8.7	1047	1.1	675	0.7
Heroin or other opiates									
Ever	Yes	48	4.0	24	2.0	48	4.0	24	2.0
	No	9651	10.0	8911	9.2	1933	2.0	1193	1.2
Current	Yes	-	-	-	-	-	-	-	-
	No	9699	9.9	8935	9.1	1981	2.0	1217	1.2
Cocaine									
Ever	Powder Only	4573	38.4	4184	35.1	1273	10.7	884	7.4
	Crack Only	0	0.0	0	0.0	0	0.0	0	0.0
	Both	739	30.9	439	18.3	463	19.3	162	6.8
	Neither	4386	5.2	4312	5.2	245	0.3	171	0.2
Current	Powder Only	85	42.7	85	42.7	29	14.5	29	14.5
	Crack Only	-	-	-	-	-	-	-	-
	Both	-	-	-	-	-	-	-	-
	Neither	9613	9.8	8849	9.0	1952	2.0	1188	1.2

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

The extremely small numbers of heroin or other opiate users appear to result in few if any respondents in any of the treatment groups. Cocaine on the other hand, has relatively high numbers of ever users of just powdered cocaine and both crack cocaine and powdered cocaine, but no current users of crack cocaine.

Maui County data are shown above in Table 9.12. The same patterns exist throughout this table except with some minor variations. The small number of respondents indicating that they have never had a drink of alcohol is one of the anomalies. While this may be an artifact of the data collection process and subsequent weighting of the data, it is also possible that there simply are few people in the county who report that they have never had a drink. The relative strength of the data related to binge drinking would certainly suggest that if Maui County residents are drinking, a substantial number of them are drinking fairly heavily. The binge data show that a much higher proportion of those in need of alcohol ***OR*** drug treatment binge drink compared to those in need of drug treatment ***ONLY*** or alcohol ***AND*** drug treatment.

Among those in need of all types of treatment, a relatively high proportion has ever used methamphetamine. In addition, for those in need of alcohol ***OR*** drug treatment and those in need of drug treatment ***ONLY***, those who also currently use methamphetamine all need that type of treatment (100.0%). The marijuana panel shows two instances of no cases (for Needs drug treatment ***ONLY*** and Needs alcohol ***AND*** drug treatment for current users of marijuana). Also for those categorized as in need of alcohol treatment ***ONLY***, a smaller proportion is current users than ever users which is an exception in the tables.

In the cocaine panel of the table, it appears that once again, crack cocaine is not common among current users across all categories of treatment for both ever users and current users.

Kauai County data are shown in Table 9.13. Throughout this table a repetition occurs with alcohol versus drug treatment need. That is, proportions of users are identical within drug used and ever-never versus current-not current users for those categorized as in need of alcohol ***OR*** drug treatment and for those categorized as needs alcohol treatment ***ONLY***. The same is true within the other two categories of treatment. The problem seems to be within the data collected as there simply are no additional data points that might be used to gain greater insight into the nature and extent of the problem.

TABLE 9.13: Drug Used by Need for Alcohol & Drug Treatment, by Lifetime & Current User Status, for Kauai County (%), 2004 State Treatment Needs Assessment

Types of Drug		Needs Alcohol *OR* Drug Treatment		Needs Alcohol Treatment *Only*		Needs Drug Treatment *Only*		Needs Alcohol *AND* Drug Treatment	
		N	%	N	%	N	%	N	%
Smoking									
Ever	Yes	7122	28.1	7122	28.1	1478	5.8	1478	5.8
	No	998	4.5	998	4.5	94	0.4	94	0.4
Current	Yes	4608	38.4	4608	38.4	1352	11.3	1352	11.3
	No	3512	9.9	3512	9.9	220	0.6	220	0.6
Drinking									
Ever	Yes	8121	22.1	8121	22.1	1573	4.3	1573	4.3
	No	0	0.0	0	0.0	0	0.0	0	0.0
Current	Yes	5797	26.9	5797	26.9	1073	5.0	1073	5.0
	No	2324	9.0	2324	9.0	500	1.9	500	1.9
Binge Drinking									
Ever	Yes	5347	30.0	5347	30.0	1294	7.3	1294	7.3
	No	2774	9.4	2774	9.4	279	0.9	279	0.9
Current	Yes	4193	43.8	4193	43.8	1082	11.3	1082	11.3
	No	3928	10.4	3928	10.4	491	1.3	491	1.3
Methamphetamine									
Ever	Yes	2999	56.2	2999	56.2	1180	22.1	1180	22.1
	No	5121	12.2	5121	12.2	392	0.9	392	0.9
Current	Yes	598	68.3	598	68.3	568	64.8	568	64.8
	No	7523	16.2	7523	16.2	1004	2.2	1004	2.2
Marijuana									
Ever	Yes	6461	34.1	6461	34.1	1573	8.3	1573	8.3
	No	1660	5.9	1660	5.9	0	0.0	0	0.0
Current	Yes	806	32.6	806	32.6	372	15.0	372	15.0
	No	7315	16.3	7315	16.3	1201	2.7	1201	2.7
Heroin or other opiates									
Ever	Yes	512	73.7	512	73.7	0	0.0	0	0.0
	No	7609	16.3	7609	16.3	1573	3.4	1573	3.4
Current	Yes	-	-	-	-	-	-	-	-
	No	8121	17.2	8121	17.2	1573	3.3	1573	3.3
Cocaine									
Ever	Powder Only	1865	38.2	1865	38.2	166	3.4	166	3.4
	Crack Only	431	61.8	431	61.8	382	54.8	382	54.8
	Both	1624	63.2	1624	63.2	302	11.8	302	11.8
	Neither	4200	10.7	4200	10.7	723	1.8	723	1.8
Current	Powder Only	34	100.0	34	100.0	34	100.0	34	100.0
	Crack Only	-	-	-	-	-	-	-	-
	Both	-	-	-	-	-	-	-	-
	Neither	8086	17.1	8086	17.1	1538	3.3	1538	3.3

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

In addition to no current users of heroin on Kauai, there also appear to be no crack cocaine users, nor any "never used alcohol" cases, no marijuana "ever use" cases for the "needs drug treatment ***ONLY***" and "needs alcohol ***AND*** drug treatment," and no "ever use" heroin cases for "needs drug treatment ***ONLY*** and "needs alcohol ***AND*** drug treatment." In reviewing the technical reports from the vendor that collected the data, no references are made to this or any other data collection problem.

In examining this table it appears that for those classified as in need of any of the various treatment options current binge drinking, current methamphetamine use, and ever use of crack cocaine are the main areas for concern. That these substances of abuse and dependence are all stimulants is interesting and worth considering in terms of the nature of the treatment programs to be offered. The nature of the sampling used for this study assured adequate cases to perform within island analyses of data. However, the sampling does not seem to have allowed for sufficient cases to be generated in terms of users of these particular drugs.

The final table (Table 9.14) of this set of County Tables presents data for the entire state regardless of county of residence. The same logic applies to this table as to all in the set, namely, that to be included in the table a respondent had to be classified into one of the four treatment types and is then placed into each panel of the table based on their substance of abuse or dependence. So in the first cell of the table, there are 58,062 respondents who have been classified as in need of alcohol ***OR*** drug treatment and who have self-identified as "ever smoker." That number represents 16.8 percent of all persons classified as in "need of alcohol ***OR*** drug treatment." Continuing with the review of the table, 55,309 respondents were

classified as in "need of alcohol treatment ***ONLY***." This represents 16 percent of respondents classified as in "need of alcohol treatment ***ONLY***."

Highlights from this table include: across all categories of treatment, current smokers represent a higher proportion of the total respondents in need for treatment than ever smokers. The same finding is true for all substances of abuse or dependence examined in the table. Those who have ever had a drink of alcohol appear to be less frequently a part of the alcohol ONLY treatment option than do those exhibiting binge drinking behavior. That finding is supported for current drinkers who appear with the same pattern of responses but at a much higher level. To have ever used methamphetamine appears to be associated with need for all types of treatment but especially for alcohol ***OR*** drug treatment and alcohol treatment ***ONLY***, suggesting a polydrug use pattern with alcohol. For current users of methamphetamine, the pattern of treatment need shifts with need for alcohol ***OR*** drug treatment remaining as the dominant type but with need for drug treatment ***ONLY*** being the next highest category of treatment need. Need for alcohol treatment ***ONLY*** still contains a high proportion of current methamphetamine users but is about one-half the rate of drug treatment ***ONLY***. Current marijuana use is found as a high proportion across all treatment categories. Current powdered cocaine users and crack cocaine users are found in very high proportions in all categories of treatment suggesting that like methamphetamine, this substance is used as a part of polydrug use pattern. However, it is important to note that the proportions found in each treatment category are the highest of all drugs examined.

TABLE 9.14: Drug Used by Need for Alcohol & Drug Treatment, by Lifetime & Current User Status, for State (%), 2004 State Treatment Needs Assessment

Types of Drug		Needs Alcohol *OR* Drug Treatment		Needs Alcohol Treatment *Only*		Needs Drug Treatment *Only*		Needs Alcohol *AND* Drug Treatment	
		N	%	N	%	N	%	N	%
Smoking									
Ever	Yes	58062	16.8	55309	16.0	11751	3.4	8999	2.6
	No	27406	5.2	26068	4.9	3435	0.6	2096	0.4
Current	Yes	28763	19.9	26778	18.5	8554	5.9	6569	4.5
	No	56705	7.7	54599	7.5	6632	0.9	4526	0.6
Drinking									
Ever	Yes	84333	14.3	81377	13.8	14051	2.4	11095	1.9
	No	1135	0.4	0	0.0	1135	0.4	0	0.0
Current	Yes	73457	21.7	72138	21.3	10104	3.0	8785	2.6
	No	12011	2.2	9239	1.7	5082	0.9	2310	0.4
Binge Drinking									
Ever	Yes	49540	18.1	47830	17.5	7665	2.8	5955	2.2
	No	35928	6.0	33548	5.6	7520	1.2	5140	0.9
Current	Yes	42179	41.8	41690	41.3	7073	7.0	6583	6.5
	No	43289	5.6	39688	5.1	8113	1.0	4512	0.6
Methamphetamine									
Ever	Yes	14499	37.9	11993	31.3	9164	23.9	6658	17.4
	No	70969	8.5	69384	8.3	6022	0.7	4436	0.5
Current	Yes	1341	82.8	728	44.9	1312	81.0	699	43.1
	No	84127	9.6	80649	9.2	13874	1.6	10396	1.2
Marijuana									
Ever	Yes	56743	23.2	53361	21.8	14477	5.9	11095	4.5
	No	28725	4.5	28017	4.4	708	0.1	0	0.0
Current	Yes	10848	46.4	9107	39.0	7929	33.9	6189	26.5
	No	74620	8.7	72270	8.5	7256	0.8	4906	0.6
Heroin or other opiates									
Ever	Yes	3481	29.7	3095	26.4	1792	15.3	1405	12.0
	No	81987	9.5	78283	9.0	13394	1.5	9690	1.1
Current	Yes	-	-	-	-	-	-	-	-
	No	85468	9.7	81377	9.3	15186	1.7	11095	1.3
Cocaine									
Ever	Powder Only	18483	29.4	17500	27.9	5656	9.0	4673	7.4
	Crack Only	793	32.8	615	25.4	593	24.5	415	17.1
	Both	8294	37.1	6671	29.8	4732	21.2	3108	13.9
	Neither	57897	7.3	56591	7.2	4205	0.5	2899	0.4
Current	Powder Only	1543	85.3	1317	72.8	1486	82.2	1260	69.7
	Crack Only	1179	74.5	1179	74.5	1179	74.5	1179	74.5
	Both	62	100.0	62	100.0	62	100.0	62	100.0
	Neither	82684	9.5	78819	9.0	12458	1.4	8594	1.0

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

The final table in this chapter is Table 9.15. This table provides prevalence estimates for each of the types of treatment for the state and by county for the years 1995, 1998, and 2004. In this table, columns may not add correctly because they are based on synthetic estimates of the population derived from the various samples used to collect the data.

The statewide total number of persons estimated to be in need of alcohol and/or drug treatment is 85,468 for 2004. That represents an increase of approximately 10 percent from 1998 to 2004 (from 82,880 to 85,468). The ten year increase is 9.3 percent (from 79,119 to 85,468). Interesting to note is the basic trend for most need for treatment categories. Annually an increase occurs for numbers in need of all treatment types except for need for alcohol ***AND*** drug treatment which initially decreases and then increases. It would be thought that the source of this discrepancy would be the co-dependence or co-abuse of alcohol and drugs and that that co-dependence pattern either shifted in the 1998 data collection period or was not measured in exactly the same way. A cursory examination of the DSM-III criteria used for 1995 and 1998 finds little difference in the criteria. The fact that the classification used in the 2004 study are also based on the DSM-IV criteria, which is very close to that if the DSM-III, supports the conclusion that the co-dependence pattern may have changed during this time period.

However, the fact the same pattern recurs across all Counties suggests that the finding may be generated by the data collection method since it is unlikely that a behavioral pattern of co-dependence could systematically change that quickly across such a diversity of locations. A similar pattern emerged in the statewide data related to need for drug treatment ***ONLY***. However, this pattern was not replicated across all counties. The cause of that anomaly needs further investigation of the 1998 and 1995 data sets.

Table 9.15: Prevalence of Treatment Need (Abuse or Dependence Diagnosis) Statewide and by County, 1995, 1998, and 2004

	Statewide*			Honolulu			Hawaii			Kauai			Maui		
	1995	1998	2004	1995	1998	2004	1995	1998	2004	1995	1998	2004	1995	1998	2004
Estimated Population 18 years and over	885,002	895,414	877,090	663,473	668,524	628,853	98,036	99,941	102,849	40,740	41,304	47,346	82,754	85,645	98,042
Percent needing treatment for alcohol only	6.44%	7.70%	9.28%	6.35%	7.37%	9.10%	6.42%	9.69%	6.90%	6.75%	5.96%	17.15%	7.03%	8.75%	9.11%
Estimated population needing treatment for alcohol only	56,994	68,926	81,377	42,131	49,285	57,228	6,294	9,682	7,094	2,750	2,463	8,121	5,818	7,496	8,935
Percent needing treatment for drugs only	1.10%	0.79%	1.73%	1.00%	1.25%	1.60%	1.23%	1.51%	1.52%	1.52%	1.17%	3.32%	1.81%	1.96%	2.02%
Estimated population needing treatment for drugs only	9,735	13,954	15,186	6,635	8,338	10,070	1,206	2,494	1,562	619	796	1,573	1,498	2,326	1,981
Percent needing treatment for alcohol and drugs	1.40%	0.76%	1.26%	1.27%	0.73%	1.25%	1.63%	0.99%	0.45%	1.27%	0.76%	3.32%	2.18%	0.76%	1.24%
Estimated population needing treatment for both alcohol and drugs	12,390	6,839	11,095	8,425	4,889	7,839	1,598	987	466	517	312	1,573	1,804	650	1,217
Percent needing treatment for alcohol and/or drugs	8.94%	9.26%	9.74%	8.62%	8.62%	9.46%	9.28%	12.18%	7.96%	9.54%	7.89%	17.15%	11.02%	11.47%	9.89%
Estimated population needing treatment for alcohol and/or drugs	79,119	82,880	85,468	57,192	57,623	59,459	9,098	12,176	8,189	3,886	3,259	8,121	9,120	9,822	9,699

SOURCE: 2004 State Treatment Needs Assessment, State of Hawaii, Department of Health, Alcohol and Drug Abuse Division dataset.

Little else needs to be said about Table 9.15. The expressed need for treatment based on diagnostic criteria recognized nationally as the "gold standard" so far outstrips the state's treatment capacity as to make further comment pointless. The act that for the decade from 1995 to 2004 the proportion of the population in need of alcohol and/or drug treatment continued to increase (from 8.9% to 9.7%) by over 6,000 persons in need suggests a desperate need for treatment spaces in the state. The maldistribution of the existing treatment spaces across the islands points out the fact that for those living on the neighbor islands, approximately one-third of those in need of treatment, the ability to access care is severely limited.

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[i] Falkowski, Carol L., (2003). Dangerous Drugs, page 18, Center City, MN: Hazelton.

SECTION SEVEN

SUMMARY AND CONCLUSIONS

CHAPTER TEN

SUMMARY AND CONCLUSIONS

Chapter 10

Summary and Conclusions

INTRODUCTION

Between 1979 and 2004 the State of Hawaii, Department of Health's Alcohol and Drug Abuse Division (ADAD) conducted six adult population surveys and at least ten school surveys during the same twenty-five year period. Those surveys have formed the backbone of the evidence-based planning efforts of the Division and have allowed it to extend its meager resources throughout the State of Hawaii to provide the most treatment service for the allocated dollars. With each treatment needs assessment, the conclusions have been the same, namely that regardless of the category of treatment needed, the level of drug involvement leading to the treatment, or the effectiveness of the treatment being offered, the resources available for treatment services are totally inadequate to manage the task at hand. People in Hawaii in need of treatment are unlikely to be able to secure it readily, especially if they reside on the neighbor islands.

The results of the 2004 State Treatment Needs Assessment are the same. Within the State population, it is estimated that 81,377 persons need alcohol treatment only, an additional 15,186 persons need drug treatment only, and a further 11,095 persons need both alcohol and drug treatment to manage their abuse and dependence on alcohol and drugs. In total, in the State of Hawaii, that amounts to 107,658 persons in need of treatment for the consequences of their use of both licit and illicit substances. In 2004, there were 7,573 persons admitted to treatment in ADAD sponsored or programs reporting their data to ADAD (approximately 90% of all treatment in the State). Roughly 100,000 persons in need of treatment did not receive it.

Since more than eighty percent of the licensed alcohol and/or drug treatment spaces are on the island of Oahu (City and County of Honolulu), the treatment availability on the neighbor islands is even direr. For the 32,522 persons, on the neighbor islands, in need of either alcohol treatment only, drug treatment only or both alcohol and drug treatment, the opportunity to receive it in their county of residence is very limited. Less than twenty percent of the 7,573 treatment admissions for 2004 in the State (approximately 1,500 admission slots) are available on the neighbor islands for the estimated 30.2 percent of those in need. That is a waiting time of over twenty years, assuming no new alcoholics or drug addicts are added to that list in the next twenty years. In short, the situation seems impossible.

At this rate of availability and under these circumstances, clearly, the need for treatment of alcohol and drug abuse will never be met. The incidence level of both alcohol and drug abuse in the State needs to be lowered. Prevention is the only possible solution to this problem.

If the testimony of leaders in both the Department of Public Safety and the Attorney General's Office are accurate, little treatment occurs within the prison settings as they currently exist. There simply are not enough jail cells available to hold those in need of treatment and the agencies responsible for interdiction, arrest and imprisonment cannot arrest our way out of this problem.

Summary of the Report

In late 2003, efforts were made by ADAD to update the 5-year old data of the 1998 STNAP effort with a repeat of the 1998 State Treatment Needs Assessment Program (STNAP), previously sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal Department of Health and Human Services

(DHHS). An application was prepared for submission but was never submitted and no federal funds were provided. However a year later, without SAMHSA financial support, the 2004 State Treatment Needs Assessment Survey was conducted. Data were collected from the spring of 2004 through to the spring 2005 with the bulk of the data collected from spring 2004 through the end of summer 2004.

SAMHSA provided the majority of the protocol for the data collection and the detailed algorithms for the calculation of the DSM-IV-based diagnoses of dependence and abuse of alcohol and of drugs. This protocol was directly implemented in both data collection and data processing. Because of local need and to enhance the possibility of additional funding from other agencies additional questions were added to the protocol. Once the final protocol for the data collection was produced, it was reviewed and approved, along with the proposed plan for implementation by the Department of Health Institutional Review Board (IRB).

Bids were advertised and Market Trends Pacific, a market research firm in Honolulu, was selected as the vendor to collect, analyze and write up the report for the 2004 Hawaii State Treatment Needs Assessment Survey. Market Trends had performed the 1998 STNAP survey as well.

The sampling frame was defined in the protocol as being derived from the 2000 U.S. Census of Hawaii, with a sample size of approximately 5,000 respondents over the age of 18 years and no older than 65 years of age. The sample was to be based on quotas of respondents from all counties with 1,000 respondents each residing in Hawaii County, Kauai County, and Maui County and the remaining 2,000 respondents residing in the City and County of Honolulu. The sample was to be representative by age (grouped as 18-24, 25-44,

and 45-65 years of age), ethnicity (grouped as Caucasian, Hawaiian/Part Hawaiian, Japanese, Other Asian, and Other), and gender (males and females). Excluded from the sample were any persons residing in dormitories or barracks, or institutionalized in facilities such as hospitals or prisons.

The sample was to be drawn from a pool that had been previously screened for business listings and duplicate listings and was made up of active residential telephone numbers. The random digit dialing (RDD) procedures required call-backs and pre-defined completion rates. To improve the likelihood of successful telephone interviews, the sample of telephone numbers to be potentially used was matched with addresses through a reverse directory where addresses are generated by matching with a list of known telephone numbers. A letter, announcing the survey and requesting cooperation was sent by ADAD and the vendor to as many addresses as could be generated by this method.

Details of the methodology and completion rates are available by examining the Technical Report from Market Trends Pacific, available from the Department of Health's ADAD. With one exception here the procedures approved by the Department of Health IRB were followed. Market Trends Pacific sub-contracted one county of data collection to another market research firm that had responsibility for the fidelity of the implementation of the protocol for Kauai County.

Once the data collection period ended, data were all assembled at the Market Trends Pacific offices in Honolulu and verified for completeness, accuracy, and adherence to sample details. As is noted in the Technical Report from Market Trends Pacific, the weighting of the data was to the 2000 U.S. Census so as to make the sample representative of the population for estimation purposes. However, that process had to be repeated because several faulty

assumptions were made during the weighting process. The most significant of these assumptions was that the initial outputs of the U.S. Census were sufficiently detailed to allow for the reconstruction of the sampling assumptions, especially where the assumed distribution of gender by county was 50 percent male and 50 percent female. Further, by early 2005, detailed analytic tables from the U.S. Census allowed for a much more accurate weighting of the data to population parameters. That reweighting of the data was completed by spring 2005 and is the current dataset used for all analyses.

The use of the same core questionnaire as was used for the 1998 survey was a real advantage to the analyses of the data. First, an opportunity was afforded to look at change over the six year period between the two surveys. Also, the use of a field tested set of questions gave confidence to the data collection as the instrument had already been field tested and edits and changes to those questions were not necessary. The recalculation of the weights of the data did not stop the assembly of all scales and algorithms used to assess treatment need and other social constructs. Scales were assembled and their inter-item correlations assessed using Cronbach's alpha. The component parts of the DSM-IV diagnoses for dependence and abuse were also carefully assessed prior to assembly into the diagnostic scales.

Where discrepancies were found in the data, review of the source data was made to determine the nature of the error. No data were changed in the original dataset but rather recodes and recalculations were employed to correct the data. Once deemed clean, univariate distributions of the data were run along with histograms so as the look for abnormal distributions and outliers. Known relationships were then examined using cross tabulations of the data and focusing on the directions of the relationships to assure that the data were co-

relating appropriately. Other analyses were then performed using the appropriate multivariate techniques and the necessary tables were assembled for the report.

SUMMARY OF FINDINGS

In summarizing the findings of this report several important considerations were made in the interests of establishing an historical time line for the findings, examining the treatment needs of the State with respect to the use of tobacco, alcohol, cocaine, methamphetamine, heroin, and marijuana, and finally in assessing those treatment needs across the four counties of the State.

Historical Trends. The surveys of treatment need in the State of Hawaii were completed in 1979, 1985, 1991, 1995, 1998 and 2004. Through the efforts of the Community Epidemiology Work Group in Hawaii, a National Institute on Drug Abuse (NIDA) sponsored effort, detailed examination of the admissions to treatment, deaths with drug involvement, police data and other anecdotal data have been concentrated in the period 1991 through 2004. Additional data have been contributed through the National Survey of Drug Use and Health (NSDUH) of SAMHSA, the Behavioral Risk Factor Surveillance System (BRFSS) of the Centers for Disease Control and Prevention (CDC), the Monitoring the Future (MTF) surveys of youth substance use from SAMHSA, the Youth Risk Behavioral Surveys (YRBS) sponsored by CDC, and the Hawaii Student Alcohol, Tobacco and Other Drug Use Survey from ADAD.

With the exception of the 1979 period the short summary of the historical trends with respect to substance abuse in the State of Hawaii is that the use of virtually all substances of abuse, excepting tobacco use, have increased substantially over the 25 year period. The specifics of each time period follow.

1979. Beginning with the first available survey of substance abuse in Hawaii, the 1979 Hawaii Survey of Behavioral Health, substance use in Hawaii was noted as a unique phenomenon, unlike substance use in the mainland of the United States. Particular differences noted included the inclusion of both prescribed and non-prescribed heroin as drugs for which prevalence data were collected. In addition, while not reported in this study, the 1979 survey collected data on lifetime and current use of over-the-counter (OTC) medications as well as coffee and inhalants.

Coffee was the most prevalent substance used in the State in 1979, followed distantly by alcohol and then cigarettes. Over-the-counter medications were the fourth largest group. These legal substances were assessed using the standard "have you ever used - - - " to establish that a lifetime prevalence did exist. Prescription drugs (sedatives, stimulants, tranquillizers, etc.) were all assessed as to whether they were for medical use or non-medical use. Coffee was also the most common current use substance, again followed distantly by alcohol and then cigarettes. Marijuana use in the past 30 days was the fourth most common substance reported for current use.

Of the drugs presented in this report (tobacco, alcohol, cocaine, methamphetamine, heroin, and marijuana), highest lifetime prevalence was for alcohol, followed by tobacco (cigarettes), then opiates, marijuana, stimulants (which includes amphetamines), cocaine, and finally heroin. Current (1979) use of the drugs ranked as follows: 1) alcohol, 2) cigarettes, 3) marijuana, 4) opiates, 5) cocaine, and finally, 6) heroin. This 1979 report tells us that approximately "37,782 persons (5.3% of Hawaii's general population aged 12 and over) are drug abusers. . . . . Nearly fifty-five percent (54.8%) of the drug abusers are 25 years or

younger. Approximately 56% are male, 50% (49.1%) are Caucasian and 22% are Hawaiian (22.3%). [i]"

1985. The next adult survey completed in Hawaii was the 1985 Hawaii Survey of Mental Health and Substance Abuse of 2,503 respondents 18 years of age and older. The data were collected across the eight mental health catchment areas of the State with each catchment area having a minimum of 300 respondents as its quota. Thus, the data had to be subsequently weighted to be relevant at the statewide level of analysis. This survey took a considerably different approach to the assessment of substance use than previous or subsequent surveys. Data related to the direct rates of lifetime use, annual use, and current use of any particular drug of the 19 drugs included in the data collection were not analyzed in the 1985 State Survey of Mental Health and Substance Abuse. Instead, a scale of severity of use of all substances was created by applying severity scores to specific drugs and then creating a scale by multiplying the severity score by the frequency of use of all drugs. The index of drug use created by this process allowed for categorization of the magnitude of drug use adjusted for seriousness of the drug being consumed, a sort of severity of drug use measure. The data set, while assuredly rich in information, like the 1979 data, is not available and therefore the reported results also are not specifically comparable to any survey prior to or after 1985 and afford no information on the prevalence of specific drug use and abuse.

The findings of the 1985 study did report that 47.3 percent of the statewide sample were non-drinkers or drank alcohol infrequently (less than one glass of wine or one bottle of light or regular beer per week). An additional 24.4 percent of the statewide respondents were considered light drinkers (eight bottles of light beer or five champagne glasses or liquor per week). Moderate drinkers (24 light beers or 13 glasses of mixed drinks per week) accounted

for 12.9 percent of the state sample, moderately heavy drinkers (three glasses of champagne per day, or five bottles of regular beer per day) accounted for 7.3 percent of the state sample, and heavy drinkers (in excess of seven bottles of beer per day) accounted for the remaining 8.1 percent of the state sample. More females than males were in the non-drinker and light drinker groups but males out numbered females in the remaining heavier drinking groups.

Based on different criteria (using the Short Michigan Alcohol Screening Tool - SMAST) 5.8 percent of those in the non-drinker or infrequent drinker group were scored as "problem drinkers", the same proportion as were scored from the "heavy drinkers" group. In other findings with respect to alcohol, the SMAST show that "5.8% of the sample is moderately heavy drinkers and 6.5% are heavy drinkers and that both groups are experiencing some significant problems related to their drinking. Together they comprise 12.3% of the sample population. This is greater than the general rule of thumbs estimates used in the alcoholism treatment field that predicts that 5.3% of any population is "pre-alcoholic" and 5.3% is "alcoholic", or 10.6% are probably "at risk" or "in need" of some sort of help."[ii]

The 1985 Hawaii Survey of Mental Health and Substance Abuse also assessed general need for treatment due to drug use. The drug index created for this purpose categorized the sample into 5 groups – nonuser (used none of the ten drugs included); light users (engaged in daily use of marijuana/hashish); moderate users (may be taking tranquilizers, barbiturates, or amphetamines on a daily basis); moderately heavy users (taking PCP, heroin, morphine as frequently as 3-4 times per week); and heavy users (more frequent use of these drugs more often than 3-4 times per week). The State sample had 57 percent of the respondents in the nonuser category meaning they did not use any of the ten drugs

medically or illicitly. An additional 6.5 percent of the State sample scored as light users of drugs with a further 30.8 percent of the State sample scoring as moderate users. In considering this latter number it is important to note that the scoring includes both medically and illicitly used drugs and that the definition of moderate users contains several highly prescribed types of drugs (tranquilizers and barbiturates in particular). The moderately heavy user group is made up of those using the drugs traditionally considered to be illicit and account for 2.6 percent of the State sample. The heaviest user group accounts for 3.1 percent of the State sample.

1991. The Hawaii Survey of Behavioral Health was made up of 2,200 respondents distributed across the ten catchment areas of the Department of Health plus an over sample of Hawaiian/Part Hawaiian. In all categories of illicit drugs, the 25-44 year old group is the highest and within that group it is the males who use illicit drugs the most. The lifetime prevalence for the 25-44 year old group for each of the major drugs of this study was: cocaine at 10.2 percent; methamphetamine at 6.8 percent; heroin at 2.3 percent; and, marijuana at 52.7 percent. In this report, current use of these drugs was collected but the numbers of cases were so small that the resulting current use rates were considered unstable and not formally reported.

1995. The Hawaii State Treatment Needs Assessment Program was sponsored by SAMHSA. This collection of studies provided some information on drug use across the counties of the State and for the State as a whole. Other than the community survey, the parts of the family of studies (Integrated Studies, Women of Child Bearing Age Study, etc.) had methodological problems that in many instances precluded their use by ADAD. The community survey of 5,500 respondents was large enough to allow analyses by multiple variables across the

counties (planning areas) of the State. The study showed that there were differences in drug use by county, by age group, by ethnicity, and by gender.

The results of this survey suggested that special attention was most likely needed in Kauai County where the highest prevalence rates for lifetime use was found for methamphetamine and heroin, and for current use it was also highest for methamphetamine. Maui County, while highest in lifetime prevalence for cocaine was not highest for any other drug, in spite of being highest prevalence for current use of marijuana. The Big Island (Hawaii County) had the highest lifetime prevalence for marijuana and the highest current prevalence for heroin.

While there are age-gender differences in prevalence for each county, at the state level the results are fairly consistent and show that males tend to have the highest prevalence for all drugs both for lifetime and current use. It is the 25-44 year old age group that dominates all drug categories in lifetime prevalence but the youngest group (18-24 year olds) dominates for current use of methamphetamine and marijuana. These results are presented in tabular form within the chapters related to specific drugs.

1998. The Hawaii State Treatment Needs Assessment Program, in 1998, along with the community survey included a study of women of child bearing age. That study used a totally different methodology and so the summary presented here will be for the 1998 community survey. This survey of 5,050 respondents was funded by the federal SAMHSA and relied on the national STNAP survey instrument, adjusted to allow for local needs.

The sample for the community survey was stratified and, once weighted to account for population distribution, was representative of the population. This sample had a quota of 1,000 respondents from each of the neighbor island counties (Maui, Kauai, and Hawaii) and

2,000 respondents from the City and County of Honolulu. Within the study sample, proportional representation based on the 1990 census (1997 estimates) of the age (divided into three groups – 18-24 year, 25-44 years, and 45-65 years), gender, and ethnicity (divided into Caucasian, Hawaiian/Part Hawaiian, Japanese, Filipino, Other Asian and Other) of the respondents was also specified.

A degree of consistency was found between the 1995 and 1998 data across many of the variables in this study, at least with respect to the gender of users (males). The data from Kauai deserve special attention because of the high rates of use in many drug categories. The timing of the 1998 report was such that methamphetamine had been noted as a problem in the State for about a decade and its use had become pervasive. Nearly 15 percent of the state level respondents said that they had used methamphetamine at some point in their lives. Current use, in this case measured over 18 months, also showed higher levels of use of methamphetamine. In both instances, the age group most likely to use methamphetamine was those between the ages of 18-24 years of age. Other drugs, at the lifetime use level, were most often used by those in the 25-44 year old group. The 1998 survey found that 5.9 percent of respondents had used heroin at some time in their lives. These users were mainly in the middle age group (25-44 years of age). However, at the current use level, only 0.8 percent of the sample reported use of the drug. Unlike the lifetime users, current users tended to be younger (18-24 years of age). Cocaine use in Hawaii at the time of the 1998 survey was present but lifetime use was reported by only 3.2 percent of the statewide sample. Current use was reported by 0.3 percent of the sample. The drug most commonly used by respondents to the 1998 survey showed that 4 of 10 state residents had used marijuana at some time in their lives, and 11.3 percent were currently using the substance.

2004. The 2004 Hawaii State Treatment Needs Assessment surveyed 5,067 respondents using a similar sampling strategy to the 1998 STNAP survey that was specifically intended to allow for statewide reporting with a representative sample of respondents, and at the same time would have sufficient cases in the various island counties to allow for detailed analyses of the data at the county level. The sample was also representative of the state population by the proportions on each gender, of three categories of age (18-24, 25-44, and 45-65 years of age), and of ethnicity categorized as Caucasian, Hawaiian/Part Hawaiian, Japanese, Filipino, Other Asian and Other.

The results of the 2004 STNAP survey revealed some changes from the 1998 study. Lifetime cocaine use had increased by nearly 15 percent to 18.2 percent of the state sample, and the 18-24 year old group had the highest lifetime prevalence. This shift is important to the planning of treatment programs because it foretells a continuing need for treatment spaces for years to come. The increase in current use from 0.3 to 0.5 percent is also important to that resource planning effort because it also suggests that the 18-24 year old group has changed its substance use patterns towards cocaine. The major drop in lifetime methamphetamine use for respondents at the state level (from 15 percent to 5.4 percent) suggests a precursor to more important decreases in methamphetamine use among young persons over the next few years. The current use data confirm that finding in that the current use rate in 1998 was 0.5 percent and was focused at the 18-24 year olds, whereas, the current use rate at the state level was 0.2 percent with the group most at risk being the 25-44 year old group. This shift in community use pattern (increased cocaine use and decreased methamphetamine use) is no cause for celebration however, the overall use pattern of

stimulants (cocaine and methamphetamine) remains high and stable, it is just a matter of the type of stimulant chosen by the user.

Similar reductions in the use of heroin are noted in the data from the 2004 survey. In 1998, 5.9 percent of statewide respondents reported lifetime heroin use compared to 2.9 percent in 2004. Current user rates also went down, from 0.8 percent to 0.6 percent in 1998 and 2004 respectively. However, a greater concern is that, unlike the 1998 results, where the lifetime users were mainly in the middle age ranges (25 – 44 years of age), lifetime users in 2004 were in the youngest age group, 18-24 years of age. In both cases, highest prevalence for current use was among the 18-24 year old group. Again, a major challenge for planners of treatment services for the future.

Marijuana use appears to have decreased somewhat over the 1998-2004 era in that, while the dominant group for lifetime use remained the same as the 25-44 year old group, the rate of use reported declined by 10 percent. Like several of the other drugs reported, the age group most highly represented in the current use data for marijuana is the 18-24 year old group. Again, the challenge is expressed for the planners of treatment resources in the future. If young adults are the most likely current users and if lifetime users are most likely in the middle group (25-44 years) what should be planned to meet their treatment need for the future?

Conclusions - Drug Use Trends Over Time

Drugs have become a persistent part of American society. Many drugs have histories in the provision of medical remedies to cure ills and to hide signs and symptoms of discomfort and disease. The major illicit drugs of greatest concern in America today, cocaine, heroin and other opiates, amphetamines and methamphetamines, barbiturates,

benzodiazepines, hallucinogens, and now marijuana have all been seen to have medical benefit to patients with a wide variety of complaints. Society has however, fairly systematically vilified and demonized all of these drugs at one time or another and with the most recent efforts of the "war on drugs" has created a clear underclass of drug users in the society. At the same time as the solutions to drug use in America were simplified as a demand reduction program, supply of the drugs has increased exponentially. As we sit now at the beginning of the 21st century, it should be clear that we cannot arrest our way out of this social problem. It should now be clear that drug use and abuse is a part of living in America. To appropriately address this social problem we need to embrace ideas of prevention, harm reduction and effective treatment.

The surveys reviewed in this section of the report span a twenty-five year portion of the latter twentieth century. Their message is the same. Regardless of the drug of choice, without regard to the rational measure of addiction, abuse, or dependence, regardless of the drug of choice of the moment in time, our systems of prevention, treatment and enforcement are inadequate for the task at hand and cannot make much difference to the numbers of lives negatively impacted by these substances.

Summary of Drugs Used in Hawaii

Having now summarized the various surveys conducted by ADAD over the past twenty-five years, we now turn to the object of those surveys, namely the substances of abuse in the State of Hawaii. Specific chapters of the report were devoted to tobacco use, the consumption of alcohol, cocaine use in both of its forms (powder and crack), methamphetamine, heroin, and marijuana. Passing reference was also made to several drugs of lesser prevalence in the State including synthetic opiates, "club drugs", inhalants,

benzodiazepines, barbiturates, and over the counter medications. This summary of drug use trends will report on the substances just mentioned and will finish with a discussion of poly drug use in the State of Hawaii.

Tobacco. Throughout the 1980s and 1990s, the intense effort on the part of health departments and the federal government to reduce the consumption of tobacco in America has had its impact on smokers in the State of Hawaii to the point that fewer than 17.0 percent of the population currently report tobacco use on the 2004 Behavioral Risk Factor Surveillance System survey. In the preceding 20 years, rates of current tobacco consumption fluctuated between that number and just over 24 percent (24.4%) of the population. The dramatic reduction is smoking began in 1990 and has continued to the present. Adolescent use of tobacco shows a similar decline in both current and lifetime prevalence. At the present time, current tobacco use rates continue to decline and with proposed legislation to reduce the number of physical locations where smoking would be allowed, the rate declines are expected to continue.

The rates for adolescent and youth smoking are not so promising with some fairly clear evidence over the years that this impressionable group has an early start to their smoking, have little difficulty in obtaining their cigarettes from adults and other youth, with many persisting with their smoking habit through their high school years. Data from the state school surveys over the past 20 years show persistence in smoking among youth, albeit that in the past two surveys some encouraging declines have occurred among specific subgroups.

The State Synar[iii] Tobacco Use Reduction program has, as a major mission, the interdiction of those illegally selling tobacco products to minors. In the last few years, there

are signs that the strategy of making tobacco harder and more expensive to acquire is having a tobacco reduction effect among youth.

Lifetime prevalence of tobacco use (having tried even a single cigarette at any time in their lives) appears to reinforce that now there are many more in the community who do not smoke and never have done so than in the past. In some ways, this finding can be interpreted that tobacco use among adults is a self-correcting problem with those who use dying earlier than those who do not smoke, thus giving those who do not smoke the numeric advantage in the rates of smokers to non smokers among adults. From the data presented it is clear that smokers in the twenty-first century have begun the habitual use of tobacco younger than previous generations. In that sense, the dedication of resources to keep children from starting will likely have more impact on rates of smoking over the next decade than any other single point of intervention. If a secondary target is needed then it should be directed at the new smoker with the hope that before the addiction to nicotine becomes entrenched, it can be suppressed.

Alcohol. Alcohol use in Hawaii has always been high and remains as the single most commonly used substance that is abused and to the point of having negative health, social and community impacts. Alcohol use is directly associated with much of the carnage on our highways through “driving under the influence” (DUI), with much of the violence in the communities through “disorderly conduct” arrests, and with other liquor law violations. The fluctuations in these data from year to year, as was mentioned in Chapter 4, suggests that the levels of enforcement throughout the State are not consistent and yet the magnitude of the problem is large and important to policy makers.

The treatment needs data related to those who use alcohol regularly and those who use it as “binge drinkers” suggest that alcohol is, to a fairly high degree, one of the substances of choice when drug users engage in polydrug use. This is seen in the relatively high proportions of those who currently drink being designated as in need of drug treatment only (3.0%) and as in need of alcohol and drug treatment (2.6%). While these data for lifetime users of alcohol and the current users of alcohol are notable, a similar examination of those with lifetime prevalence and current prevalence of binge drinking presents an even more striking result. Of those who have ever consumed five or more drinks on a single sitting (definition of binge drinking), 2.8 percent are found to need drug treatment only and for those who self report current binge drinking, 7.0 percent are classified as needing drug treatment only. For a significant proportion of those coming into drug treatment only, it is likely that there may be a need for alcohol treatment at the same time.

In the final report on the ADAM program (Arrestee Drug Abuse Monitoring) 64.1 percent of men entering the Central Receiving Division of the Honolulu Police Department tested positive for a drug. Of those who volunteered for the ADAM survey (83% of those asked) in this way, 25.3 percent of the males were found to have multiple drugs in their systems at the time of arrest. Of all those participating in this survey, 15 percent had alcohol present in their urine at the time of booking. While these proportions are not as high as for other drugs of abuse, they are nonetheless important to note.

In all surveys of the general population over the past twenty-five years, alcohol has always figured prominently as a substance of abuse. Lifetime prevalence rates have tended to be very high with well over one-half of the adult population having consumed some amount of alcohol at some point in their lives. In 1979, that proportion was 79.2 percent, in 1985 it

was 52.7 percent, 1991 was also in excess of 50 percent as was 1995, and by 1998 the lifetime prevalence rate had risen to 90.1 percent. Current rates of alcohol use are obviously lower in proportion with the 2004 current use prevalence rate at 34.8 percent, a drop from the 47.6 percent rate of 1998. In short, it is most common for people in Hawaii to have consumed alcohol at some point in their lives, and well over one-half of the population reports this behavior. It is less common that people are current users of alcohol with around one-third of the population in this category. Alcohol is, has been, and will be the most important substance of abuse in the state with high numbers of persons classified as in need of treatment for their alcohol addiction.

Cocaine. While powder cocaine has been a part of the Hawaii drug scene for many years, the use of this stimulant dates back to World War II. It is the hybrid form of the drug, "crack" that has caught the attention and has become the dominant form of cocaine consumed in Hawaii. Since "crack" can be smoked, it fit well with the Hawaii population's preferred route of administration, leaving the use of cocaine as a "snorted" or "injected" drug to others. In the late 1980s and early 1990s, crack was the way cocaine was consumed and the islands were undergoing a "crack epidemic".

As the 1980s became the 1990s, the arrival of "ice" or crystal methamphetamine created a real challenge for the dominant stimulant. Cocaine has always been seen as a relatively "safe" drug with few negative impacts. The introduction of "crack" meant that the "rush" from the drug had been intensified and made more rapid in onset. But the arrival of "ice" meant that a more powerful, longer lasting, and cheaper stimulant now existed as an option to "crack" and cocaine. The data from the 1979 ADAD survey (prior to the arrival of "ice") reported a lifetime stimulant use prevalence rate of about twelve percent and a current

stimulant use prevalence rate of about 4.7 percent of the population. By 1991, at the beginning of the "ice epidemic" in Hawaii, the lifetime prevalence rate for cocaine use was around ten percent, and the current use prevalence rate was less than two percent. The 1995 survey found lifetime prevalence of between six and sixteen percent and current prevalence rates between 0.2 and 0.9 percent. Lifetime prevalence rates for cocaine use in 1998 were between one and three percent and current use rates were between 0.1 and 0.9 percent. A big increase in lifetime rates was reported in the 2004 ADAD survey with between ten and eighteen percent prevalence. Current use prevalence in 2004 remained relatively stable at between 0.2 percent and 0.5 percent.

Cocaine use in Hawaii has remained stable and with a clear core population of users in spite of its higher expense, shorter high, and less intense high, when compared to other stimulants. The supply of cocaine appears to be stable as well with prices over the years remaining relatively stable. Purity levels of cocaine have also remained fairly constant.

This relative stability in user pattern should not be a reason for complacency in terms of planning for the treatment needs of this group. Elsewhere, the length of time between initial use of cocaine and need for treatment is discussed. Treatment is the natural result of prolonged and continual use of cocaine and, given the current shortages of treatment space, need for treatment is always going to be present.

Methamphetamine. Beginning in the mid 1980s, methamphetamines arrived into Hawaii from the Philippines, Korea and Japan. Their almost immediate adoption by users of stimulants in the State shocked the law and order community, in very short order, overwhelmed the treatment community, and caught the prevention community completely off guard. The growth in treatment need to address users of this "meth" or "ice" has been

exponential. The numbers of persons arrested and incarcerated for possession and sale of crystal methamphetamine, as well as for the collateral damage done by the drug has terrorized the families and communities of the state with families torn apart and children taken into care by authorities, infants born addicted to “ice”, accidents and highway carnage from “high” drivers, increased numbers of deaths with methamphetamine in the toxicology screens from the medical examiner, and communities, living in terror from the sellers, wholesalers and manufacturers of the drug.

The data regarding methamphetamine use show that over time the evidence of its presence and its increasing dominance in the drug scene that is Hawaii is clear and unambiguous. The 1979 data collected by ADAD made no mention of methamphetamine; however, there is discussion of amphetamine use, both prescribed and otherwise. By the 1985 data collection, amphetamines were still the data collection category and in 1991, that changed to methamphetamine. The 1995, 1998 and 2004 data collections all indicate increased presence of the drug in the community, increased lifetime prevalence of the drug, and high current use.

The link between having ever used or currently using “ice” and need for treatment is almost total with extremely high proportions of “ice” users being classified as in need of drug treatment only, as well as in need of both drug and alcohol treatment. The difficulty that has emerged with respect to treatment for methamphetamine is that standard 12-step programs do not seem to be especially effective, the length of treatment appears to be much longer in time, the blend of additional modalities of treatment seem essential, and the brain of the long term users appears to not function in the same way as for those addicted to other drugs.

As a result, treatment needs of users and abusers of this drug appear to be endless at this point in time. The rapid escalation in demand for treatment has far outstripped the capacity of the state supported system of treatment providers and no new large scale facilities appear to be in the planning stages. The fact that virtually no treatment occurs within the prison walls of the State's Public Safety facilities creates an even bigger problem in that incarcerates enter the prisons at increasing rates, are stored there for increasingly long sentences and then are released back into the society still psychologically addicted and overly ready to start their old habits again, suggests that the state may never get ahead in the management of this substance of abuse.

There is a need to break the cycle. Treatment in prisons would be a good start. Adding new treatment beds to the currently overstretched system would be a good second approach. If the methamphetamine epidemic subsides, there are still many others, addicted to other substances, who can fill those treatment slots for the foreseeable future.

Heroin. While at times it seems that heroin has always been a part of the Hawaiian drug scene, it has not. Because of the dominant route of administration for heroin traditionally having been injection, drug users in Hawaii have not found the drug especially popular. A major shift in user patterns and demographics for heroin users occurred during the 1960s and 70s when Hawaii was a major "Rest and Recreation" (R&R) stop over for Vietnam Era soldiers.

It is well documented that in the latter part of the Vietnam conflict, heroin use increased and that those habits were observed as soldiers took their "R&R" in Hawaii, Guam and in Saigon. Returning veterans brought their addictions with them and while the massive preparation for the heroin addict's return to their mainland homes was underutilized once the

strain and stress of battle was removed, in Hawaii, heroin users “dropped out” and were not seen in the communities as they established their own infrastructure on the neighbor islands.

In Hawaii, the data collected for the 1979 ADAD survey showed clearly that heroin was present and a problem. Both prescribed and illicit use of heroin was detailed in that survey. After that survey, no further mention of prescription use of illicit drugs occurs. Throughout the 25 year data collection period the trend in heroin use is remains low and used by an ever increasingly aging population. It is only in the 2004 survey that some smoking of heroin is reported. It is unlikely that it is smoked in the same way as other drugs as almost all heroin coming to Hawaii is Mexican black tar. The water content of the black tar form of the drug is too high to allow the drug to ignite and be inhaled in that manner. Instead, the route of administration is listed as smoked, but is also known as “chasing the dragon” where heroin is placed on foil, heated from underneath and the vapors rising from the foil are inhaled. So as of 2004 there are two types of users to report. The more elder (35-64 year old) injecting heroin user and the younger (18-24 year old) smoking heroin user.

The 2004 data related to the use of opiates, however, is not all about heroin. The illicit use and abuse of painkillers has now emerged as a drug problem in Hawaii. While little hydrocodone, oxycodone and methadone is seized by law enforcement officials, its presence is noted by the ever increasing numbers of deaths with these substances found in the toxicology screen. The increasing number of individuals referring themselves or being referred for treatment with opiate dependency, and the number of persons coming to the emergency rooms of the state and reporting overdoses and negative experiences with these drugs further confirms this finding.

Marijuana. Use of marijuana in Hawaii has a long history predating World War II. The plants grow well in the tropical climate of the state, ample sunshine and water are available for “local grow” to have been a popular and inexpensive drug of choice for many in the state. In fact, for at least 50 years, marijuana use has been seen as a minimal risk activity in the state with attempts to normalize the behavior arising at least once or twice per decade. Most recent activity has focused on the use of medical marijuana to help those with terminal diseases manage their treatment side effects and pain.

Until the recent emergence of crystal methamphetamine as a major drug of abuse in Hawaii, marijuana has always been the second most popular mind altering substance of use (after alcohol) in the state. Millions of plants have been destroyed by joint ventures between the National Guard and local police forces, millions of new plants have been replanted in their place. With the national popularity of this drug, hybrid varieties, especially those grown using hydroponics, have also arrived in Hawaii with mainland shipments via USPS and FedEx being a regular occurrence. As a result, mainland brands of marijuana such as “BC Bud”, and “Ontario Hydro” are readily available on several islands; marijuana originating in Arizona, Alaska, and Mexico are common; and the marijuana marketplace has become diversified.

In past studies, much of the explanation for the popularity of marijuana has been laid at the feet of the millions of tourists coming to the state annually. No doubt tourists do contribute to the presence of at least a notable portion of the marijuana publicly sold throughout the state. However, the drug surveys of the past 25 years have not included tourists as respondents and the rates of lifetime and current use continue to increase. As mentioned elsewhere, from the toxicology screens conducted on decedents by the medical

examiner, and from the toxicology screens collected by emergency rooms in the state, THC (TetraHydroCannabinol) is present in the body fluids of many in the state.

Treatment spaces funded by ADAD seem to be used excessively by those who claim marijuana as their primary drug. If this is so, and if the anecdotal reports about these referrals are to be believed, the high schools, the juvenile courts and courts dealing with young adults would seem to be filling spaces at treatment facilities with these substance users. Since the nature of treatment for low addictive property substances differs considerably from those targeted on highly addictive substances, consideration might be given to providing these treatments in less intensive settings.

Other drugs. For almost a decade, the term “club drugs” has been used to describe a class of substances used primarily by young adults in dance clubs settings. These drugs have included MDMA or Ecstacy (methylenedioxymethamphetamine), GHB (gamma-hydroxybutyrate), Rohypnol® (R2s), Ketamine, methcathinone, dextromethorphan (DXM), LSD (Lysergic Acid Diethylamide). All have been known for some time and all have the ability to alter states of consciousness and awareness. In particular, Rohypnol® and GHB are known as “date rape drugs” since they have a sedative hypnotic effect on the user.

While a great deal of time and effort was devoted to the impending arrival of these new classes of drugs in the late 1990s, they did not arrive with much force and were not major factors in the provision of prevention, treatment, and rehabilitation services to their users, nor did they emerge as major drugs of abuse for emergency room attendees.

The “club drugs” may have been a much more serious problem had agencies such as ADAD not prepared for their arrival.

Poly Drug Use in Hawaii. As has been mentioned several times throughout this report, poly drug use is a popular method of taking drugs. Unfortunately, the frequency of its occurrence is only speculated anecdotally and little data exist. The ADAM study found roughly 15 percent of respondents to be “multiple drug users” with alcohol and marijuana as the primary drugs that are added to the mixture of drugs ingested. Data may exist in ADAD records attributing multiple drugs to treatment admissions; they may also be included in the data collected over the past 25 years by ADAD. They have not been specifically analyzed.

County Level Trends. Separated by miles of water, the counties of Hawaii are each natural experiments in the evolution of drug use and abuse within the state. From the Big Island (Hawaii County) with its rolling hills, majestic mountains and thundering volcanoes, the three major areas of the Big Island (West Side, East Hawaii and North End) are home to 21 of the earth’s 25 climactic growing zones and capable of unimaginable growth of tropical and other plants. Maui County includes Lanai, Molokai, Kahoolawe, and Maui proper, with high density tourism, the isolated Hana area, Haleakala, up country, and the Maui plain, this heavily visited tourist haven is also a place with direct mainland connections through several major mainland carriers and a source for drugs from the mainland and Mexico. Kauai is also the site of Waimea Canyon (the Grand Canyon of the Pacific). Kauai also bore the brunt of Hurricane Iwa in November of 1982 and Hurricane Iniki, in September 1992. The near total devastation of these two Force 4+ hurricanes brought havoc to the lives of the people of Kauai but they rebuilt and moved on with their lives. The last of the Island Counties in the State of Hawaii is the City and County of Honolulu, also known as the island of Oahu (the

gathering place). Oahu has the largest concentration of population and of treatment facilities in the state.

Hawaii County. As an essentially rural island and the largest in the chain of islands, Hawaii County, with its high proportions of federal lands (National Parks and Military Preserve) is the site of major marijuana grow operations. In addition, over the past decade, the many miles of shoreline on the Big Island has made the illegal transportation of drugs for sale throughout the state easy. The off shore drop (drugs packed in Styrofoam boxes) of boxes with subsequent pickup by fishermen and others secures the drugs for importation and later sale.

Data from the Big Island confirm that in the last few surveys, both lifetime and current prevalence of drug use has increased. The drugs of increased use over the past decade include methamphetamine, synthetic opiates, and marijuana. This island has been successful in attracting federal funds to allow it to address its drug problem. The natural divisions of the Big Island has resulted in three relatively distinctive drug use patterns with Hilo, the most traditional of the areas of the island county, having more heroin use, as well as more cocaine use than the other two areas of the island. In part the difference is due to the differing demographic patterns of the population (in part it is also due to the intergenerational social histories of the residents of the Hilo area).

In the hills outside Hilo are various encampments of people who have chosen to live a more remote lifestyle. Many of these residents are former Vietnam soldiers who have opted for the simpler life of the area and have maintained their heroin habits since the war and have a polydrug history that emphasizes marijuana as the secondary drug of use. The drier Kona area has a large number of retired professionals from the mainland, especially California, in

residence. They demand golf courses and other amenities that have been added to the residential area. They also bring their former drug habits and the demand for increasingly sophisticated drugs and paraphernalia. The northern end of the island is most notable for its silence and tranquil view. The Parker Ranch controlled much of the land in this area and has systematically developed it into a well though out infrastructure community. Drug use within this small community is low. The health facility in the area does not report excessive drug incidents in their emergency room or as admissions to their facility.

A major problem facing the Big Island is the lack of quality Substance Abuse Treatment Facilities. While the numbers of persons in need of alcohol treatment exceeds the number in need of drug treatment, the available facilities do not distinguish between the two types of admissions and simply reports insufficient spaces to respond to the existing demand for services.

The newly found independence of the Big Island in the area of drug use prevention and treatment services does not appear to be well linked to statewide efforts. As such, the new resources that may have become available as result of the new federal funds, have not yet translated into increases in services and have not been articulated into a statewide system of treatment services.

Maui County. The Valley Isle has a concentration of tourist related service jobs that serve as the backbone for all employment in the county. The island has also been experiencing tremendous growth in population over the past decade. These two factors combined suggest that life on Maui has changed and those living it are not as financially able as previous generations. It also suggests a more temporary nature to the family structures on the island with those seeking professional education and careers leaving and those seeking high paying

and “tip rich” jobs in the construction and service industries and the related short term prosperity staying. The data on drug use and abuse over the past twenty five years affirm this general statement in that in many of the reports, Maui County has among the highest lifetime and current prevalence rates for stimulant and alcohol use as well as marijuana use and in other reports, for the same drugs, has among the lowest rates.

Maui, like all islands, has a relatively large number of persons in need of treatment services of various foci. Here, like all neighbor islands, the treatment services are insufficient to meet the estimated need. Maui has depended on ADAD for the development of its services and, to date, has not received large federal grants to augment or supplant their existing prevention and treatment deficits.

This county is also the only one with two offshore islands within its mandated coverage area. Lanai has unique patterns of demographics, employment opportunity and substance use. The data for the island are minimal for specific analyses, however, a separate data collection was performed under contract by the same firm that collected the statewide data and that effort focused on the island of Lanai. The results of that effort have not been seen as of this writing. Molokai has the same problem, too few cases in the statewide dataset, and no separate contract for data specific to the island. Therefore, little can be said about the substance abuse needs of these islands (Molokai and Lanai).

In general, however, the substance use and abuse treatment needs of Maui County are documented throughout the many tables of this report and lack the consistency of those of other counties. That is, needs are identified at various points in time but the needs vary from report to report and do not present a clear picture of what steps should be taken to improve the current situations.

Kauai County. Data related to the use of drugs and alcohol on the "Garden Isle" paint a picture of tremendous change since hurricane Iniki. Prior to the 1995 data collection, drug use was present but not especially notable. Post Iniki, drug use, as defined by lifetime and current prevalence is almost consistently the highest in the State focused on the younger age groups (18-44 years of age) and linked to alcohol abuse in almost every instance. In particular, the 2004 data present a unique pattern of use, abuse and dependence that makes the data very difficult to analyze. Concerns have been expressed in various parts of the report about the Kauai data in that they were collected by a different research company without the direct oversight of the primary contractor for data collection. In considering the Kauai data it is important to remember that the population of Kauai is small. In sampling 1000 residents the sampling fraction is much higher than for other counties making it easier to possibly underestimate certain characteristics of the population. The opportunity to complete the quotas for the various strata in this country was more challenging than in other, larger counties. Finally, it has been suggested that the increased number of cell phones among younger residents has increased the difficulty in getting their participation in the sample.

In this way, while it remains fairly clear that the nature and extent of substance abuse on Kauai is different than other counties, the specification of those differences has been very difficult to define. In examining the data from the 1998 and 1995 ADAD surveys, similar findings of a different pattern of use exist, but specification of the nature of the differences was possible. At this point, after many hours of attempting to reanalyze the Kauai data, all that can be said is that the results are different than other counties in the 2004 survey and should be further investigated.

City and County of Honolulu. With 70 percent of the population of the State of Hawaii living in the City and County of Honolulu, its influence on state level data is pervasive. Having now summarized the trends and information on substance abuse for the other counties of the state, representing the 30 percent of the population not in Honolulu, we turn our attention to this last and largest county. Important to note, when considering the issues surrounding substance use and abuse, is that the treatment facilities funded by the agency are mainly in the C&C of Honolulu. In addition, the largest aggregations of agents of interdiction are all housed in this county and the major non-governmental agencies focused on substance use and prevention are also in Honolulu.

As we reviewed the various studies done over the past 25 years it is clear that in terms of numbers, the problems surrounding substance abuse in the City and County of Honolulu are immense. The rates are not nearly so impressive suggesting that as a proportion of the community, those using drugs represent a real minority. However, their sheer numbers almost beg for a disproportionate distribution of treatment resources. All drugs are represented in Honolulu. Heroin though quite small is present and continuously shows up in medical examiner data. The recent spike in toxicology screens for other opiates is based on evidence from the medical examiner office and shows that for hydrocodone (Vicodin®), Oxycodone (Oxycontin®) and Methadone, these drugs were contributing factors to the deaths recorded.

Police data do not show the presence of these drugs but do show shifts in emphasis of patrols and divisions as changes in arrests and cases over time. The HPD clearly do not systematically enforce laws regarding marijuana but if presented with the drug will charge for possession and trafficking. They are also involved in marijuana eradication efforts on the

island. Treatment data show a rapidly rising need for treatment space for methamphetamine, decreasing rates of heroin admissions, relatively steady and modest rates of cocaine admissions, and virtually no admissions for the synthetic opiates mentioned previously. At the same time, treatment admissions with marijuana as the primary drug of abuse show a continual increase in referrals.

The mix of treatment facilities is not rational. The range of addictive substances dealt with in each facility varies as do the numbers of empty beds at any point in time. It would be easy to conclude that these irrational acts are rational in the context of too many in need and not enough service to take the overflow. However, a more positive focus for conclusions is that there needs to be more rational distribution of cases admitted to treatment. Some facilities are better as specialized facilities. Others are quite content to provide community services on an as and when needed basis. Having separate facilities or at least programs for marijuana admissions would seem sensible. Having separate treatment space for those with alcohol problems would also make sense. Then focusing on filling each type of service might move the heavier drug users into care sooner. For Oahu (City and County of Honolulu) , such solutions are essential and the understanding that we can never meet all treatment needs but we need to be as responsive as possible.

Overall Conclusions

State needs for treatment services in Hawaii have again been documented, this time in the context of the what, where, and when. Over time, drugs have gained and lost prominence. Marijuana has been vilified and considered as a major medical benefit for those with intractable pain and suffering the side effects of chemotherapy. Cocaine has moved from being a “boost of energy” to being a problem child for synthetic opiate users who use it as a

lift to keep them able to enjoy their primary habit, use of prescription drugs in a non prescription way. Methamphetamine users are the current "most serious drug ever" candidate. The State has a problem with this drug and all the meetings in the world, all the planning efforts, the interdiction efforts, incarcerations, etc. will not solve that problem. Prevention would appear the only way to overcome the effects of this drug.

Through all these discussions and in all the reports over the past 25 years however, alcohol has remained as perhaps the most serious drug of abuse in the State with the greatest number and proportion of victims of collateral damage.

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[i] State of Hawaii, Department of Health, Alcohol and Drug Abuse Division. (1979). *Survey of Behavioral Health*. The Department: Honolulu. Page 23.

[ii] State of Hawaii, Department of Health, Alcohol and Drug Abuse Division. (1985). *Survey of Mental Health and Substance Abuse*. The Department: Honolulu. Page 16.

[iii] The Synar Amendment, requires States to have laws in place prohibiting the sale and distribution of tobacco products to persons under 18 and to enforce those laws effectively. States are to achieve a maximum sales-to-minors rate of not greater than 20 percent by FY 2003. CSAP has provided States with state-of-the-art materials and technical assistance to help them reach that goal. Across the Nation, States have made great strides in reducing retailer violations of the law as required by the Synar Amendment. The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention administers the program federally and the State Health Department Alcohol and Drug Abuse Division operates the program at the state level.

APPENDIX ONE

THE QUESTIONNAIRE

FINAL VERSION JUNE 16 2004 Reference No. _____

HAWAII SUBSTANCE USE SURVEY QUESTIONNAIRE

Time Ended _____
Time Start _____
Total Minutes _____

Date: _____

Interviewer Name _____ Interviewer ID _____

Respondent Name _____ Telephone _____

Hello, my name is [INTERVIEWER NAME], and I am calling from MARKET TRENDS PACIFIC, a professional market research based in Hawaii. We are conducting a voluntary survey for THE STATE OF HAWAII DEPARTMENT OF HEALTH on health issues, including the use of alcohol and drugs. The DEPARTMENT OF HEALTH needs the results to plan for health services for the community.

We need your help to make this study as accurate as possible. Your telephone number was chosen randomly, and your participation is important for the study's validity. We do not have your name or address, and your responses will not be linked to your phone number. All information you give us will be kept strictly anonymous and no individual data will be reported. May I proceed?

INSTRUCTIONS TO INTERVIEWER

Throughout the interview, response categories for don't know and refused have been inserted where appropriate. Whenever one of these choices applies to a question, follow the “GO TO” directions for the "NO" response unless otherwise instructed.

Never read the "DON'T KNOW" and "REFUSED" response categories or any capitalized and bolded text to the respondent. Do not leave response categories blank; use zero if appropriate.

SCREENING QUESTIONS

S1. Have I reached a household, or is this a group quarters, such as a dormitory, shelter, nursing home, or institution?

Household	1	(GO TO S2)
Group Quarters	2	(THANK, CODE, AND TERMINATE)
DON'T KNOW		77
REFUSED		99

S2. How many people live in your household, including yourself?

# PEOPLE	_____
DON'T KNOW	77
REFUSED	99

S2a. How many of the people who live here are adults? Adult includes everyone age 18 and older. (IF NO ADULTS LIVE IN THE HOUSEHOLD, THANK, CODE, AND TERMINATE)

# ADULTS	_____
DON'T KNOW	77
REFUSED	99

S3. How many different telephone numbers do you have in this household? Do not count any numbers that are used only for FAX machines, computers, business numbers, or extensions that use the same number. Also do not count cell phones.

# OF TELEPHONES	_____
(IF MORE THAN 3, CONFIRM THAT IT IS A RESIDENCE. IF IT IS NOT, THANK, CODE, AND TERMINATE)	
DON'T KNOW	77
REFUSED	99

S4. Can you tell me, of the adults who now live in your household — including yourself — who had the most recent birthday? Who would that be? (EXPLAIN AFTER RESPONSE): We interview whoever had their birthday most recently to make our choice totally random.

(PERSON WITH MOST RECENT BIRTHDAY OF THOSE 18 OR OLDER):

RESPONDENT	1	Then you're the one I want to talk to (GO TO S8)
SOMEONE ELSE	2	(GO TO S6)
ONLY KNOWS OWN BIRTHDAY	3	Then you're the one I want to talk to (GO TO S8)
DOESN'T KNOW ALL BIRTHDAYS	77	(GO TO S5)
REFUSED	99	(THANK, CODE, AND TERMINATE)

S5. (IF PERSON DOESN'T KNOW ALL BIRTHDAYS) — Of those 18 or older whose birthdays you do know, who has had the most recent birthday?

RESPONDENT	1	Then you're the one I want to talk to (GO TO S7)
SOMEONE ELSE	2	(GO TO S6)

S6. (IF SOMEONE ELSE) May I speak to that person?

TRANSFERRED TO NEW PERSON	1	(GO TO S7)
PERSON NOT AVAILABLE	2	(GO TO S9)

S7. Am I speaking to a member of the household who is at least 18 years old?
(READ INTRODUCTION TO NEW PERSON.)

YES, PERSON AGREES TO INTERVIEW	1	(GO TO S8)
QUALIFIES, BUT REFUSED TO INTERVIEW	2	(THANK, CODE, AND TERMINATE)
DOES NOT QUALIFY (ASK FOR ANOTHER PERSON)	3	(GO TO S5)
DON'T KNOW	77	(THANK, CODE, AND TERMINATE)
REFUSED	99	(THANK, CODE, AND TERMINATE)

S8. Can we start the interview now?

YES	1	(GO TO SECTION A)
NO	2	(GO TO S9)
DON'T KNOW	77	
REFUSED	99	

[IF PERSON NOT AVAILABLE TO BE INTERVIEWED NOW, RESCHEDULE.]
S9. Could you suggest a convenient time for me to call back to reach...

(IF RESPONDENT) .... you? What is your first name?
(IF OTHER PERSON) .... this person? What is the first name of this person?

[RECORD FIRST NAME AND DATE / TIME TO RETURN CALL. NEGOTIATE ANOTHER TIME AS SOON AS CONVENIENT.]

S9a. FIRST NAME: _____

S9b. DATE: (MM:DD:YY)	____ | ____ | ____	
S9c. TIME: (HH:MM)	____ | ____	S9d. AM=1 / PM=2: ____

A. CORE DEMOGRAPHICS

A1. Please tell me how old you are now.

YEARS OLD ..... _____ (IF LESS THAN 18 OR MORE THAN 65, THANK, CODE AND TERMINATE)

DON'T KNOW 77
REFUSED 99

[FROM THE SOUND OF THE RESPONDENT'S VOICE INFER SEX.]

A2. So you are a_____-year old [female] [male], is that correct?

FEMALE 1
MALE 2

A3. Now, when you think of yourself, what is your ancestry or ethnic background? (IF MORE THAN ONE, ASK: WITH WHICH DO YOU IDENTIFY THE MOST?)

White/Caucasian 1
Hawaiian/Part Hawaiian 2
Chinese 3
Filipino 4
Japanese 5
Korean 6
Samoan 7
Black/African American 8
Native American/Aleut/Eskimo/Inuit 9
Vietnamese 10
Asian Indian 11
Portuguese 12
Guamanian/Chamorro 13
Puerto Rican 14
Mexican 15
Tongan 16
Laotian 17
Cambodian 18
Malaysian 19
Fijian 20
Micronesian 21
Other Asian (SPECIFY) 22

_____

Other (SPECIFY) 23

_____

DON'T KNOW / NOT SURE 77
REFUSED 99

A3a. Of what ethnic background is your mother? (DO NOT READ - ACCEPT UP TO FOUR ANSWERS)

White/Caucasian 1
Hawaiian/Part Hawaiian 2
Chinese 3
Filipino 4
Japanese 5
Korean 6
Samoan 7
Black/African American 8
Native American/Aleut/Eskimo/Inuit 9
Vietnamese 10
Asian Indian 11
Portuguese 12
Guamanian/Chamorro 13
Puerto Rican 14
Mexican 15
Tongan 16
Laotian 17
Cambodian 18
Malaysian 19
Fijian 20
Micronesian 21
Other Asian (SPECIFY) 22

_____

Other (SPECIFY) 23

_____

DON'T KNOW / NOT SURE 77
REFUSED 99

A3b. Of what ethnic background is your father? (DO NOT READ - ACCEPT UP TO FOUR ANSWERS)

White/Caucasian 1
Hawaiian/Part Hawaiian 2
Chinese 3
Filipino 4
Japanese 5
Korean 6
Samoan 7
Black/African American 8
Native American/Aleut/Eskimo/Inuit 9
Vietnamese 10
Asian Indian 11
Portuguese 12
Guamanian/Chamorro 13
Puerto Rican 14
Mexican 15
Tongan 16
Laotian 17
Cambodian 18
Malaysian 19
Fijian 20
Micronesian 21
Other Asian (SPECIFY) 22

_____
Other (SPECIFY) 23

_____
DON'T KNOW / NOT SURE 77
REFUSED 99

A4 What race do you consider yourself to be? The U.S. Census categories are: (READ CHOICES)

White 1
Black (African-American) 2
American Indian and Alaska Native 3
Asian 4
Native Hawaiian and Other Pacific Islander 5
Some other race (SPECIFY) 6

_____
DON'T KNOW / NOT SURE 77
REFUSED 99

A4a. (IF ASIAN) Are you: (READ CHOICES)

Asian Indian 1
Chinese 2
Filipino 3
Japanese 4
Korean 5
Vietnamese 6
Other Asian (SPECIFY) 7

_____
DON'T KNOW / NOT SURE 77
REFUSED 99

A4b. (If NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER) Are you: (READ CHOICES)

Native Hawaiian 1
Guamanian or Chamorro 2
Samoan 3
Other Pacific Islander (SPECIFY 4

_____
DON'T KNOW / NOT SURE 77
REFUSED 99

A5. Are you currently on active duty in the armed forces?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

A5a. In the past 12 months, how many times have you seen a health professional (such as a doctor or nurse) for any physical health problems?

OF TIMES ..... _____
DON'T KNOW 77
REFUSED 99

A6. During the past 12 months, would you say your physical health has been excellent, very good, good, fair, or poor?

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR 5
DON'T KNOW 77
REFUSED 99

A7. During the past 12 months, would you say your emotional or psychological health has been excellent, very good, good, fair, or poor?

EXCELLENT.....1
VERY GOOD.....2
GOOD 3
FAIR 4
POOR 5
DON'T KNOW 77
REFUSED 99

A7a. In the past 12 months, how many times have you seen a health professional (such as a counselor or therapist) for any emotional or psychological problems?

OF TIMES..... _____
DON'T KNOW 77
REFUSED 99

A8. Do you currently have health insurance coverage?

YES	1	(GO TO A8a)
NO	2	(GO TO SECTION B)
DON'T KNOW	77	
REFUSED	99	

A8a. Now I will ask you who pays for your insurance. Please answer yes or no to each question. Is at least some of your insurance paid for by...

		YES	NO	DON'T KNOW	REFUSED
1.	You or your family?	1	2	77	99
2.	Employer or union?	1	2	77	99
3.	Public Assistance (Welfare, Medicaid, etc.) including Quest?	1	2	77	99
4.	Medicare or Quest?	1	2	77	99
5.	Military health care, including TriCare?	1	2	77	99
6.	Other [SPECIFY]	1	2	77	99

B. TOBACCO PREVALENCE

Now I am going to ask you a series of questions about your use of cigarettes.

B1. Have you ever smoked part or all of a cigarette?

YES	1	(GO TO B1a)
NO	2	(GO TO SECTION C)
DON'T KNOW	77	
REFUSED	99	

B1a. Have you smoked at least 100 cigarettes in your entire life?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

B2. How old were you the first time you smoked part or all of a cigarette?

YEARS OLD	_____(CODE 76 FOR 76 OR MORE)
DON'T KNOW	77
REFUSED	99

B3. How long has it been since you last smoked part or all of a cigarette?

Within the past 30 days	1
More than 30 days ago but within the past 12 months	2
More than 12 months ago	3
DON'T KNOW	77
REFUSED	99

B4. (IF B3 = 1 ASK B4a. IF B3 = 2 OR 3, ASK B4b.)

B4a. During the past 30 days, on how many days did you smoke part or all of a cigarette?

# OF DAYS (RANGE 1 - 30)	_____
DON'T KNOW	77
REFUSED	99

B4b. During the 30 days when you last smoked, on how many days did you smoke part or all of a cigarette?

# OF DAYS (RANGE 1 - 30)	_____
DON'T KNOW	77
REFUSED	99

B5. (IF B3 = 1 ASK B5a. IF B3 = 2 OR 3, ASK B5b.)

B5a. During the past 30 days, how many cigarettes did you smoke per day, on average?

About 2 packs or more (more than 35 cigarettes per day) 1
About 12 packs (26 to 35 cigarettes per day) 2
About 1 pack (16 to 25 cigarettes per day) 3
About 2 pack (6 to 15 cigarettes per day) 4
2 to 5 cigarettes per day 5
1 cigarette per day 6
Less than one cigarette per day 7
DON'T KNOW 77
REFUSED 99

B5b. During that same 30 days, how many cigarettes did you smoke per day, on average?

About 2 packs or more (more than 35 cigarettes per day) 1
About 12 packs (26 to 35 cigarettes per day) 2
About 1 pack (16 to 25 cigarettes per day) 3
About 2 pack (6 to 15 cigarettes per day) 4
2 to 5 cigarettes per day 5
1 cigarette per day 6
Less than one cigarette per day 7
DON'T KNOW 77
REFUSED 99

Now I am going to ask about your use of other tobacco products.

B6. Please answer yes or no to each question. In the past 12 months, did you even once ...	YES	NO	DON'T KNOW	REFUSED	
a) Use chewing tobacco or snuff?	1	2	77	99	IF NO DK OR REF SKIP B7a
b) Smoke part or all of any type of cigar?	1	2	77	99	IF NO DK OR REF SKIP B7b
c) Smoke tobacco in a pipe?	1	2	77	99	IF NO DK OR REF SKIP B7c

B7. During the past12 months, on how many days during an average month did you...	# OF DAYS	NO	DON'T KNOW	REFUSED
a) Use chewing tobacco or snuff?		2	77	99
b) Smoke part or all of any type of cigar?		2	77	99
c) Smoke tobacco in a pipe?		2	77	99

C. ALCOHOL PREVALENCE

I am going to ask you several questions about drinks of alcohol. Count as a drink — a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor or a mixed drink. Count a 40 oz. bottle of beer as 4 drinks.

C1. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

YES	1	(GO TO C1a)
NO	2	(GO TO SECTION D)
DON'T KNOW	77	
REFUSED	99	

C1a. Have you ever had twelve or more drinks in the same year?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

C2. How old were you the first time you had a drink of an alcoholic beverage?

YEARS OLD	_____(CODE 76 FOR 76 OR MORE)
DON'T KNOW	77
REFUSED	99

C3. How long has it been since you last drank an alcoholic beverage?

Within the past 30 days	1
More than 30 days ago but within the past 12 months	2
More than 12 months ago	3
DON'T KNOW	77
REFUSED	99

C4. During the most recent times you were drinking, on how many days during an average month did you have at least one drink?

# OF DAYS	_____(CODE 30 FOR 30 OR MORE)
DON'T KNOW	77
REFUSED	99

C5. During this same time, about how many drinks a day have you usually had when you did drink?

# OF DRINKS	_____
(SKIP TO C6a, IF MALE AND >4 DRINKS A DAY, OR FEMALE AND >3 DRINKS A DAY)	
DON'T KNOW	77
REFUSED	99

[READ AS FOUR [4] DRINKS FOR FEMALES, AND FIVE [5] DRINKS FOR MALES IN QUESTIONS C6, C6a, AND C6b.]

C6. At any time in your life, did you ever have [4] [5] or more drinks on the same occasion? (By occasion, we mean within several hours.)

YES	1	(GO TO C6a)
NO	2	(GO TO C7)
DON'T KNOW	77	
REFUSED	99	

C6a. How long has it been since you had [4] [5] or more drinks on the same occasion?

Within the past 30 days	1
More than 30 days ago but within the past 12 months	2
More than 12 months ago	3
DON'T KNOW	77
REFUSED	99

C6b. (IF C6a = 1 ASK C6b1. IF C6a = 2 OR 3 ASK C6b2.)

C6b1. In the past 30 days, on how many days did you have [4] [5] or more drinks on the same occasion?

# OF DAYS	_____	(CODE 30 FOR 30 OR MORE)
DON'T KNOW	77	
REFUSED	99	

C6b2. In the 30 days when you last did that, on how many days did you have [4] [5] or more drinks on the same occasion?

# OF DAYS	_____	(CODE 30 FOR 30 OR MORE)
DON'T KNOW	77	
REFUSED	99	

C7. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

YES	1	
NO	2	(GO TO C8)
DON'T KNOW	77	
REFUSED	99	

C7a. When was the last time this happened?

Within the past 30 days	1
More than 30 days ago but within the past 12 months	2
More than 12 months ago	3
DON'T KNOW	77
REFUSED	99

C8. Have you ever thought that you might have a problem with alcohol?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

D. PREVALENCE OF OTHER SUBSTANCES

I want to ask some questions now about your use of other drugs that were NOT PRESCRIBED for you by your doctor or other health professional. You can just say yes or no as I read each drug.

(FIRST, READ ALL DRUG NAMES DOWN COLUMN D1. THEN FOR EACH "YES" DRUG IN D1, READ ACROSS EACH COLUMN IN TURN, FROM D2 TO D6. SKIP D4 AND/OR D5 TO COMPLY WITH INSTRUCTIONS FOR THESE QUESTIONS.)

D1 through D6 - Drug Prevalence						
READ EACH DRUG UNTIL D1=YES, THEN READ ACROSS	D1Ever Use	D2 Age 1st Use	D3 Last Use	D4 # -12 Mos.	D5 # -30 Days	D6 Problem
a. Marijuana - hash, pot, weed, pakalolo	___	___ | ___	___	___ | ___	___ | ___	___
b. Powder Cocaine - coke, blow	___	___ | ___	___	___ | ___	___ | ___	___
c. Crack Cocaine	___	___ | ___	___	___ | ___	___ | ___	___
d. Heroin or other opiates	___	___ | ___	___	___ | ___	___ | ___	___
e. Pain Relievers or Other Opiates, such as Codeine, Percocet or Oxycodone	___	___ | ___	___	___ | ___	___ | ___	___
f. Methamphetamine, such as crystal meth, batu, speed, ice, or crank	___	___ | ___	___	___ | ___	___ | ___	___
g. Hallucinogens, such as LSD/PCP, shrooms, or acid	___	___ | ___	___	___ | ___	___ | ___	___
h. Tranquilizers such as Valium or sedatives such as downers, reds, or Quaaludes without a doctor telling you to	___	___ | ___	___	___ | ___	___ | ___	___
i. Sedatives, or Sleeping Pills without a doctor telling you to	___	___ | ___	___	___ | ___	___ | ___	___
j. Inhalants in order to get high, such as sniffing glue, breathing the contents of an aerosol spray can, or inhaling other gases or sprays or gasoline	___	___ | ___	___	___ | ___	___ | ___	___
k. Steroids for body-building or improved athletic performance	___	___ | ___	___	___ | ___	___ | ___	___
l. MDMA, such as ecstasy, E, XTC, X, or rolls	___	___ | ___	___	___ | ___	___ | ___	___
m. GHB, such as G, liquid ecstasy, or Georgia home boy	___	___ | ___	___	___ | ___	___ | ___	___
n. R2 or Rohypnol, such as roofies, rophies, or forget-me-pills	___	___ | ___	___	___ | ___	___ | ___	___
o. Ketamine, such as special K, K, cat valiums, or vitamin K	___	___ | ___	___	___ | ___	___ | ___	___
p. Other Stimulants, such as Speed	___	___ | ___	___	___ | ___	___ | ___	___
q. Dextromethorphan, such as Dimetap DM, in order to get high	___	___ | ___	___	___ | ___	___ | ___	___

(AFTER TABLE IS COMPLETED, GO TO D7)

D1. Have you ever, even once, used [DRUG]?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

D2. How old were you the first time you used [DRUG]?

YEARS OLD ..... _____(CODE 76 FOR 76 OR MORE)
DON'T KNOW 77
REFUSED 99

D3. How long has it been since you last used [DRUG]?

Within the past 30 days 1
More than 30 days ago but within the past 12 months 2
More than 12 months ago 3
DON'T KNOW 77
REFUSED 99

D4. (IF D3 = 1 OR 2 ASK D4a. IF D3 = 3 ASK D4b. IF D3 = 77 OR 99 SKIP TO D6.)

D4a. During the past 12 months, on how many days did you have at least a little [DRUG]?

OF DAYS ..... _____(CODE 30 FOR 30 OR MORE)
DON'T KNOW 77
REFUSED 99

D4b. During the 12 months when you last used [DRUG], on how many days did you have at least a little?

OF DAYS ..... _____(CODE 30 FOR 30 OR MORE)
DON'T KNOW 77
REFUSED 99

D5. (IF D3 = 1 ASK D5a. IF D3 = 2 OR 3 ASK D5b.)

D5a. During the past 30 days, on how many days did you use [DRUG]?

OF DAYS ..... _____(CODE 30 FOR 30 OR MORE)
DON'T KNOW 77
REFUSED 99

D5b. During the 30 days when you last used [DRUG], on how many days did you use it?

OF DAYS ..... _____(CODE 30 FOR 30 OR MORE)
DON'T KNOW 77
REFUSED 99

D6. Have you ever thought that you might have a problem with [DRUG]?

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

(ASK ALL RESPONDENTS)

D7. Have you ever injected any drug in order to get high, even just once?

YES 1
NO ..... 2 (GO TO SECTION E)
DON'T KNOW 77
REFUSED 99

D7a. How long has it been since you last injected a drug to get high?

Within the past 30 days 1
More than 30 days ago but within the past 12 months 2
More than 12 months ago 3
DON'T KNOW 77
REFUSED 99

E. ALCOHOL AND DRUG PROBLEM INDEX

INTERVIEWER INSTRUCTIONS:

ALCOHOL SCREEN: Ask questions for Alcohol (Columns A & B) ONLY IF:
1. Alcohol was used once a week or more (in C4) in the past 12 months (in C3), AND

2. Response was "YES" to ANY ONE of the following:

	C8.	Ever had a problem with alcohol, OR
	C7a.	Binged in the past 12 months, OR
IF FEMALE:	C5.	Averaged 3 or more drinks per occasion, OR
	C6a.	Had 4 or more drinks at least once in the past 12 months.
IF MALE:	C5.	Averaged 4 or more drinks per occasion, OR
	C6a.	Had 5 or more drinks at least once in the past 12 months.

ALC_SCRN Ask alcohol questions in Section E Problem Index below?

YES	1
NO	2

DRUG SCREEN: Ask questions for Drugs (Columns A & B) ONLY ONCE, and only if ANY drug was used once a month or more in the past 12 months (D4a > 11 AND < 77)

DRUG_SCRN Ask drug questions in Section E Problem Index below?

YES	1
NO	2

For positive screen results (First for Alcohol, then for all drugs combined):
Read questions E1 to E10 and record responses for Columns A and B.
Substitute "alcohol" or "the drugs you used" for [SUBST] below.
NOTE: The questions are to be asked only one time for "Drugs." Before asking the DRUG questions, read the following to the respondent:

> "I am going to ask you one set of questions about things that might have happened as a result of your using any of the drugs you have used in the past 12 months. I won't be asking which drug was responsible for any particular thing, but only if it happened. Before I start, you reported, that you used (recite drugs reported within past 12 months in D3). Is that correct?" (If NO, clarify and correct.)

Was there ever a time when....READ SYMPTOM

A. RECORD RESPONSE UNDER A. "EVER"

YES 1
NO 2
DON'T KNOW 77
REFUSED 99

B. FOR EACH "YES" ASK: Did it happen in the past year?

YES ..... 1 (GO TO NEXT SYMPTOM)
NO 2

Diagnostic Questions: Was there ever a time when...	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
E1. You spent a lot of time using [SUBST], (pause) getting over its effects, (pause), or obtaining it?				
E2. You used [SUBST] much more often (pause) or in larger amounts than you intended to?				
E3. Using the same amount of [SUBST] had less effect than before, (pause) or it took more to feel the same effect?				
E4. Your use of [SUBST] often kept you from working, (pause) going to school, (pause) taking care of children, (pause) or taking part in recreational activities?				
E5. Your use of [SUBST] caused you to have emotional or psychological problems—such as feeling uninterested in things, depressed, suspicious of people, or paranoid? [IF NO, RECORD AND GO TO E6.][IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
E6. Your use of [SUBST] caused you to have any physical health problems? [IF NO, RECORD AND GO TO E7.][IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
E7. You wanted to stop using, (pause) or cut down on [SUBST] more than once, but found that you couldn't?				
E8. You made rules about where, when or how much you would use [SUBST], and then broke the rules more than once?				
E9. You had any of the following symptoms as the effect of the [SUBST] was wearing off?				
E9a. Anxiety, sweating, hands trembling, or heart beating fast				
E9b. Trouble sleeping or having bad dreams				
E9c. Vomiting or feeling nauseous				
E9d. Seeing, hearing, or feeling things that weren't really there				
E9e. Feeling either very slowed down, or like you couldn't sit still				
E9f. Seizures or fits				
READ THE FOLLOWING 4 SYMPTOMS (•) FOR DRUGS ONLY:				
E9g. • Feeling exhausted, or sleeping more than you normally do				
E9h. • Diarrhea				
E9i. • Cramps or muscle aches				
E9j. • Eating either more or less than you usually do				
E10. (ASK E10 IF YES TO SYMPTOMS IN ANY E9.) You took [SUBST] to prevent or cure these problems?				

F. OTHER BEHAVIORS

F1. To F11.
I am going to ask you how many times several experiences might have happened to you in the past 12 months. For each one, if you did not have the experience, answer "none."

(ASK QUESTIONS F4, F5, F6, F7, AND F11 ONLY IF C3 = (1 OR 2) OR D3 = (1 OR 2))

A. How many times in the past 12 months ... ?

OF TIMES..... _____(CODE 20 OR MORE FOR 20)
DON'T KNOW 77
REFUSED 99

(IF C3 ≠(1 OR 2) SKIP TO COLUMN C.)

B. How many of these involved you drinking alcohol?

OF TIMES..... _____ (CODE 6 OR MORE FOR 6)
DON'T KNOW 77
REFUSED 99

(IF D3 ≠(1 OR 2) SKIP TO SECTION G.)

C. How many involved you using drugs?

OF TIMES..... _____ (CODE 6 OR MORE FOR 6)
DON'T KNOW 77
REFUSED 99

In the past 12 months,	A. Num	B. Alc	C. Drug
F1. Did you have any accidental injuries that required professional medical care?			
F2. Were you involved in any serious arguments?			
F3. Did you get into any physical fights?			
F4. Did friends, family members, or others complain about your using alcohol or drugs?			
F5. Did you drive at all after drinking or using drugs?			
F6. Were you arrested for driving under the influence of alcohol or drugs?			
F7. Were you arrested and booked for drunkenness or other liquor law violations?			
F8. Were you arrested and booked for possession or sale of drugs?			
F9. Were you arrested and booked for any other violation of the law, other than minor traffic violations?			
F10. Were you on probation or parole at any time?			
F11. Did you do anything else that could be considered risky after you used alcohol or drugs?			

G. TREATMENT HISTORY

(IF BOTH C1 AND D1 ARE ANSWERED "NO" SKIP THIS SECTION)

The next questions are about counseling or treatment for alcohol or drugs, but not cigarettes or other tobacco. First I will ask about attendance at self-help group meetings. Do not include educational classes in any of your answers.

G1. Have you ever attended even one meeting of a self help group such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

YES 1
NO ..... 2 (GO TO G2)
DON'T KNOW 77
REFUSED 99

G1a. About how many self-help meetings have you ever attended in your entire life?

Less than 10 1
10 to 100 2
More than 100 3
DON'T KNOW 77
REFUSED 99

G1b. How long has it been since the last time you attended a self-help meeting?

Within the past 30 days 1
More than 30 days ago but within the past 12 months 2
More than 12 months ago 3
DON'T KNOW 77
REFUSED 99

Now I will ask about professional help, not including self-help groups or educational classes.

G2. Have you ever received treatment or counseling for your use of alcohol or any drug?

YES ..... 1 (GO TO G2a)
NO ..... 2 (GO TO G8)
DON'T KNOW 77
REFUSED 99

G2a. How many times in your life have you been in treatment or counseling?

OF TIMES ..... _____ (CODE 6 OR MORE FOR 6)
DON'T KNOW 77
REFUSED 99

G2b. Were you last in treatment or counseling...

Within the past 30 days 1
More than 30 days ago but within the past 12 months 2
More than 12 months ago 3
DON'T KNOW 77
REFUSED 99

G3. What was the main place where you received treatment or counseling the last time?

Hospital overnight as an inpatient 1
Hospital emergency room 2
Residential drug or alcohol rehabilitation facility program 3
Outpatient drug or alcohol rehabilitation program 4
Outpatient mental health center 5
Private therapist or doctor's office 6
Prison or jail 7
Some other place 8
DON'T KNOW 77
REFUSED 99

G4. The last time you received treatment or counseling, was it for...

Alcohol use only? 1
Drug use only? 2
Both alcohol and drug use? 3
DON'T KNOW 77
REFUSED 99

G5. How did your treatment or counseling end?

Still in treatment ..... 1 (GO TO G5c)
Successfully completed treatment ..... 2 (GO TO G5b)
Left treatment before completing it 3
DON'T KNOW 77
REFUSED 99

G5a. What was the main reason for not completing? Did you leave because...

You had a problem with the program? 1
You couldn't afford to continue treatment? 2
Your family needed you 3
You began using alcohol or drugs again? 4
Staff discharged you 5
Some other reason: [SPECIFY]_____ 6
DON'T KNOW 77
REFUSED 99

G5b. How long did you stay in treatment or counseling the last time?

OF DAYS/WEEKS/MONTHS/YEARS ..... _____(GO TO G6)
DON'T KNOW ..... 77 (GO TO G6)
REFUSED ..... 99 (GO TO G6)

G5c. How long have you been in treatment or counseling this time?

OF DAYS/WEEKS/MONTHS/YEARS ..... _____
DON'T KNOW 77
REFUSED 99

G6. Did any of the following sources pay even part of the cost of your last treatment? Answer yes or no to each as I read them. [READ LIST OF SOURCES.]

Payment sources	YES	NO	DON'T KNOW	REFUSED
G6a. Private health insurance				
G6b. Medicare				
G6c. Medicaid or Quest				
G6d. Other public assistance program				
G6e. Your own savings or earnings				
G6f. Family members				
G6g. The State or the courts				
G6h. Military health care including TriCare				
G6i. Employer				
G6j. Some other source				

(ASK G7 ONLY IF G2b = 1 OR 2)

G7. Were you enrolled in a treatment program for your alcohol or drug use on March 31, 2003? Please include only formal inpatient or outpatient treatment you received at a hospital, drug rehabilitation facility, or mental health center.

YES	1	
NO	2	
DON'T KNOW	77	
REFUSED	99	

(IF C1 = "NO" THEN GO TO G9)

G8. During the past 12 months, did you need treatment or counseling for your use of alcohol but did not receive it?

YES	1	(GO TO G8a)
NO	2	(GO TO G9)
DON'T KNOW	77	
REFUSED	99	

G8a. During the past 12 months, did you try to get treatment or counseling for your use of alcohol?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

(IF D1 = "NO" THEN GO TO H1)

G9. During the past 12 months, did you need treatment or counseling for your use of drugs but did not receive it?

YES	1	(GO TO G9a)
NO	2	(GO TO SECTION H)
DON'T KNOW	77	
REFUSED	99	

G9a. During the past 12 months, did you try to get treatment or counseling for your use of drugs?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

H. ADDITIONAL DEMOGRAPHICS

Now I am going to ask you a few questions about your background and living situation.

H1. Are you now attending or enrolled in school? By school, I mean any public or private school, GED program, trade school, or a college or university.

YES	1	(GO TO H2)
NO	2	(GO TO H1a)
DON'T KNOW	77	
REFUSED	99	

H1a. How old were you when you stopped attending school?

# YEARS OLD	_____	(CODE 76 FOR 76 OR MORE)
DON'T KNOW	77	
REFUSED	99	

H2. How much school have you completed?

None	1
First through 8th grade	2
Some high school, but no diploma	3
High school graduate or GED	4
Some college, but no degree	5
Associate degree (2 Year)	6
College graduate (4 Year)	7
Advanced degree (Masters or Higher)	8
DON'T KNOW	77
REFUSED	99

H3. Which one of the following best describes your current marital status. Are you...

Married?	1
Living as married?	2
Never married?	3
Divorced or separated?	4
Widowed?	5
DON'T KNOW	77
REFUSED	99

H4. Were you born in the United States?

YES	1	(GO TO H5)
NO	2	(GO TO H4a)
DON'T KNOW	77	
REFUSED	99	

H4a. What country or U.S. territory were you born in?

COUNTRY OR U.S. TERRITORY:_____ [SPECIFY]

H4b. About how many years have you lived in the United States?

OF YEARS ..... _____(CODE 76 FOR 77 OR GREATER)
DON'T KNOW 77
REFUSED 99

H5. What is your current work status? Are you …

Working full-time, 35 or more hours per week in at least one job	1	(GO TO H6)
Working part-time, between 20 and 34 hours per week in at least one job	2	(GO TO H6)
Working part-time but not working more than 19 hours per week in any one job	3	(GO TO H6)
Not working at present	4	(GO TO H5a)
DON'T KNOW	77	
REFUSED	99	

H5a. Are you not working because you are...

A seasonal worker?	1
A full-time homemaker?	2
In school?	3
Retired?	4
Disabled for work?	5
Other?	6
DON'T KNOW	77
REFUSED	99

H6. Think now about the last 12 months. Did you have any children under 18 living with you most or all of the time?

YES	1	(GO TO H6a)
NO	2	(GO TO H7)
DON'T KNOW	77	
REFUSED	99	

H6a. How many of these children did you have primary care responsibilities for? By primary care responsibilities, I mean that you fed and clothed them and took care of them.

OF CHILDREN ..... _____
DON'T KNOW 77
REFUSED 99

[ASK ONLY FEMALES AGE 50 OR LESS. FOR OTHERS GO TO H9.]

H7. Are you pregnant now?

YES	1	(GO TO H9)
NO	2	(GO TO H8)
DON'T KNOW	77	
REFUSED	99	

H8. Were you pregnant at any time in the last 12 months?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

[ASK ALL RESPONDENTS]

Very often in health studies like this, information on the general area where people live is used for health planning purposes. For this reason, we would like to know your five-digit zip code.

H9. What is your five-digit zip code? ____ | ____ | ____ | ____ | ____

H9a. The study would like a general idea of the area where you live without violating your confidentiality and privacy. What is the name of the public school that is closest to where you live?
(RECORD CODE OF SCHOOL SELECTED) (DK=999)

IF DK/CAN'T RECALL NAME OF SCHOOL ASK Then can you tell me the street or road you live on and the nearest cross-street? Again, this is just to give us the general area where you live.

NAME OF STREET _____

NAME OF CROSS-STREET _____

CODES

Oahu

Ahrens Elementary	101
Ahuimanu Elementary	102
Aiea Elementary	103
Aiea High	104
Aiea Intermediate	105
Aikahi Elementary	106
Aina Haina Elementary	107
Ala Wai Elementary	108
Aliamanu Elementary	109
Aliamanu Middle	110
Aliiolani Elementary	111
Anuenue School	112
Barbers Point Elementary	113
Campbell High	114
Castle High	115

Central Middle 116
Dole Middle 117
Enchanted Lake Elementary 118
Ewa Beach Elementary 119
Ewa Elementary 120
Farrington High 121
Fern Elementary 122
Hahaione Elementary 123
Hale Kula Elementary 124
Haleiwa Elementary 125
Hauula Elementary 126
Heeia Elementary 127
Helemano Elementary 128
Hickam Elementary 129
Highlands Intermediate 130
Hokulani Elementary 131
Holomua Elementary 132
Honowai Elementary 133
Iliahi Elementary 134
Ilima Intermediate 135
Iroquois Point Elementary 136
Jarrett Middle 137
Jefferson Elementary 138
Kaaawa Elementary 139
Kaahumanu Elementary 140
Kaala Elementary 141
Kaelepulu Elementary 142
Kaewai Elementary 143
Kahala Elementary 144
Kahaluu Elementary 145
Kahuku Elementary 146
Kahuku High & Intermediate 147
Kailua Elementary 148
Kailua High 149
Kailua Intermediate 150
Kaimiloa Elementary 151
Kaimuki High 152
Kaimuki Middle 153
Kainalu Elementary 154
Kaiser High 155
Kaiulani Elementary 156
Kalaheo High 157
Kalakaua Middle 158
Kalani High 159
Kaleiopuu Elementary 160
Kalihi Elementary 161
Kalihi-Kai Elementary 162
Kalihi-Uka Elementary 163
Kalihi-Waena Elementary 164
Kamaile Elementary 165
Kamiloiki Elementary 166

Kaneohe Elementary 167
Kanoelani Elementary 168
Kapalama Elementary 169
Kapolei Elementary 170
Kapolei Middle 171
Kapunahala Elementary 172
Kauluwela Elementary 173
Kawananakoa Middle 174
Keolu Elementary 175
King Intermediate 176
Kipapa Elementary 177
Koko Head Elementary 178
Kuhio Elementary 179
Laie Elementary 180
Lanakila Elementary 181
Lanikai Elementary 182
Lehua Elementary 183
Leihoku Elementary 184
Leilehua High 185
Liholiho Elementary 186
Likelike Elementary 187
Liliuokalani Elementary 188
Linapuni Elementary 189
Lincoln Elementary 190
Lunalilo Elementary 191
Maemae Elementary 192
Maili Elementary 193
Makaha Elementary 194
Makakilo Elementary 195
Makalapa Elementary 196
Manana Elementary 197
Manoa Elementary 198
Mauka Lani Elementary 199
Maunawili Elementary 200
McKinley High 201
Mililani High 202
Mililani Mauka Elementary 203
Mililani Middle 204
Mililani-uka Elementary 205
Mililani-waena Elementary 206
Moanalua Elementary 207
Moanalua High 208
Moanalua Middle 209
Mokapu Elementary 210
Mokulele Elementary 211
Momilani Elementary 212
Nanaikapono Elementary 213
Nanakuli Elementary 214
Nanakuli High & Intermediate 215
Nimitz Elementary 216
Niu Valley Middle 217

Noelani Elementary 218
Nuuanu Elementary 219
Olomana 220
Palisades Elementary 221
Palolo Elementary 222
Parker Elementary 223
Pauoa Elementary 224
Pearl City Elementary 225
Pearl City High 226
Pearl City Highlands Elementary 227
Pearl Harbor Elementary 228
Pearl Harbor Kai Elementary 229
Pearl Ridge Elementary 230
Pohakea Elementary 231
Pope Elementary 232
Puohala Elementary 233
Puuhale Elementary 234
Radford High 235
Red Hill Elementary 236
Roosevelt High 237
Royal Elementary 238
Salt Lake Elementary 239
Scott Elementary 240
Shafter Elementary 241
Solomon Elementary 242
Stevenson Middle 243
Sunset Beach Elementary 244
Wahiawa Elementary 245
Wahiawa Middle 246
Waiahole Elementary 247
Waialae Elementary 248
Waialua Elementary 249
Waialua High & Intermediate 250
Waianae Elementary 251
Waianae High 252
Waianae Intermediate 253
Waiau Elementary 254
Waikele Elementary 255
Waikiki Elementary 256
Wailupe Valley Elementary 257
Waimalu Elementary 258
Waimanalo Elementary & Intermediate 259
Waipahu Elementary 260
Waipahu High 261
Waipahu Intermediate 262
Washington Middle 263
Webling Elementary 264
Wheeler Elementary 265
Wheeler Intermediate 266
Wilson Elementary 267
OTHER (SPECIFY)_____

Big Island (Hawaii) District

Chiefess Kapiolani Elementary	301
de Silva	302
Haaheo	303
Hilo High	304
Hilo Intermediate	305
Hilo Union Elementary	306
Holualoa Elementary	307
Honaunau	308
Honokaa Elementary	309
Honokaa High & Intermediate	310
Hookena	311
Kahakai Elementary	312
Kalanianaole Elementary & Intermediate	313
Kau & Pahala High & Elementary	314
Kaumana	315
Keaau Elementary	316
Keaau High	317
Kealakehe Elementary	318
Kealakehe High	319
Kealakehe Intermediate	320
Keonepoko Elementary	321
Kohala Elementary	322
Kohala High & Intermediate	323
Konawaena Elementary	324
Konawaena High	325
Laupahoehoe High & Elementary	326
Mountain View	327
Naalehu Elementary & Intermediate	328
Paaulio Elementary & Intermediate	329
Pahoa Elementary	330
Pahoa High & Intermediate	331
Waiakea Elementary	332
Waiakea High	333
Waiakea Intermediate	334
Waiakeawaena Elementary	335
Waikoloa Elementary	336
Waimea Elementary & Intermediate	337

OTHER (SPECIFY)_____

Maui District

Baldwin High	401
Haiku Elementary	402
Hana Elementary & High	403
Iao Intermediate	404
Kahului Elementary	405
Kalama Intermediate	406
Kamalii Elementary	407
Kaunakakai Elementary	408
Keanae Elementary	409

Kihei Elementary	410
Kilohana Elementary	411
King Kamehameha 3 Elementary	412
King Kekaulike High	413
Kualapuu Elementary	414
Kula Elementary	415
Lahaina Intermediate	416
Lahainaluna High	417
Lanai High & Elementary	418
Lilikai Elementary	419
Lokelani Intermediate	420
Makawao Elementary	421
Maui High	422
Maui Waena Intermediate	423
Maunaloa Elementary	424
Molokai High & Intermediate	425
Paia Elementary	426
Princess Nahienaena Elementary	427
Pukalani Elementary	428
Waihee Elementary	429
Wailuku Elementary	430
OTHER (SPECIFY)_____	

Kauai District

Eleele Elementary	501
Hanalei Elementary	502
Kalaheo Elementary	503
Kapaa Elementary	504
Kapaa High	505
Kapaa Middle	506
Kauai High & Intermediate	507
Kaumualii Elementary	508
Kekaha Elementary	509
Kilauea Elementary	510
Koloa Elementary	511
Waimea Canyon Elementary & Intermediate	512
Waimea High	513
Wilcox Elementary	514
OTHER (SPECIFY)_____	

H10. So that we can be sure we're getting a cross section of all people, I'd like you to estimate your family's total income for the last calendar year 2003 before taxes were taken out. Include wages, social security, welfare, and any other income. Into which of the following categories does it fall? Stop me when I get to approximately your family's total income. As with all of the interview, this information will be strictly confidential. (READ CHOICES)
(WHEN R CHOOSES A CATEGORY, REPEAT IT TO CONFIRM)

$0 to less than $5,000 01
$5,000 to less than $10,000 02
$10,000 to less than 15 03
$15,000 to less than $20,000 04
$20 to less than 25 05
$25 to less than $30 06
$30 to less than $35 07
$35 to less than $40 08
$40 to less than $50 09
$50 to less than $60 10
$60 to less than $80 11
$80,000 to less than $100,000 12
$$100,000 or over 13
DON'T KNOW ..... 77 (PROBE: Can you guess approximately)
REFUSED 99

MU. MARKET AND USE QUESTIONS

Here are some additional questions about drugs that were NOT PRESCRIBED for you by your doctor or other health professional.

1. In the past 30 days, regardless of whether or not you used it yourself:	YES	NO	DON'T KNOW	REFUSED	
a) Did you get any Marijuana or Hashish? This could include harvesting Marijuana you grew yourself.	1	2	77	99	IF YES ASK MU2-28 FOR 1a
b) Did you get or make any Crack of Rock Cocaine?	1	2	77	99	IF YES ASK MU2-28 FOR 1b
c) Did you get any Powder Cocaine?	1	2	77	99	IF YES ASK MU2-28 FOR 1c
d) Did you get any Heroin?	1	2	77	99	IF YES ASK MU2-28 FOR 1d
e) Did you get or make any Methamphetamine like Crystal Meth?	1	2	77	99	IF YES ASK MU2-28 FOR 1e

2. In the past 30 days, did you pay any cash for [drug]?

YES	1	
NO	2	[SKIP TO MU22]
DON'T KNOW	77	
REFUSED	99	

3. Did you pay cash only, or did you pay cash and something else?

CASH ONLY	1	[SKIP TO MU5]
COMBINATION	2	
DON'T KNOW	77	
REFUSED	99	

4. What else, besides cash, was exchanged or traded the last time you bought [drug]? Did you also:

Trade other drugs	1
Trade property/merchandise	2
Transport drugs	3
Steal the drug	4
Trade sex	5
Other [SPECIFY]	6
Multiple [SPECIFY]	7
DON'T KNOW	77
REFUSED	99

5. Last time you bought [drug], did you:

Buy it directly yourself?	1	[SKIP TO MU7]
Give someone the cash to buy it for you?	2	
DON'T KNOW	77	
REFUSED	99	

6. Is the person you gave the cash to:

Someone working with a dealer	1	
Someone not working with a dealer	2	[SKIP TO MU11]
DON'T KNOW	77	
REFUSED	99	

7. Is the person you bought it from:

Your regular source	1
An occasional source	2
A new source for [drug]?	3
DON'T KNOW	77
REFUSED	99

8. The last time you bought [drug], how did you contact the person you bought from? Did you first:

Page the person on a beeper	1
Call the person directly	2
Go to a house or apartment	3
Approach the person in public such as on the street, in a store, or park, or	4
Were you with the person already at work or in a social setting	5
OTHER [SPECIFY] _____	6
DON'T KNOW	77
REFUSED	99

9. The last time you bought [drug], at what type of place did you get it? Was it:

In a house or apartment	1
In a public building such as a store, bus station, gas station, or restaurant	2
In an abandoned building	3
On a street, alley, or road, or	4
Other outdoor area such as a park, lot, etc.	5
OTHER [SPECIFY] _____	6
DON'T KNOW	77
REFUSED	99

10. Did you buy it:

In the neighborhood where you live	1
Outside your neighborhood	2
DON'T KNOW	77
REFUSED	99

11. How much cash did you pay for [drug] that last time you bought it?

Dollar amount	$_____
DON'T KNOW	77
REFUSED	99

12. How much [drug] did you get for that amount of cash?

BAG OR BALLON	1
CAPSULE	2
FOIL PACKET	3
GRAM	4
JOINT	5
LINE	6
OUNCE	7
POUND	8
ROCK	9
VIAL	10
OTHER [SPECIFY] _____	11
DON'T KNOW	77
REFUSED	99

13. How much of the [drug] you bought was for you to use yourself?

Percentage amount	_____%
DON'T KNOW	77
REFUSED	99

14. How many times did you buy [drug] on that same day?

Number of times	_____
DON'T KNOW	77
REFUSED	99

15. Thinking about this last week, on how many of the past 7 days did you buy [drug]?

Number of days	_____
DON'T KNOW	77
REFUSED	99

16. On how many of the past 30 days did you buy [drug]?

Number of days	_____
DON'T KNOW	77
REFUSED	99

17. In the past 30 days, how many different people did you buy [drug] from?

Number of days	_____
DON'T KNOW	77
REFUSED	99

18. Was there a time in the past 30 days when you tried to buy [drug] and had the cash, but you did not buy any?

YES	1	
NO	2	[SKIP TO MU22]
DON'T KNOW	77	
REFUSED	99	

19. The last time that happened, why didn't you buy [drug]?

No dealers were available	1
Dealers did not have any	2
Dealers did not have the quality you wanted	3
Police activity kept you from the dealers	4
OTHER [SPECIFY] _____	5
DON'T KNOW	77
REFUSED	99

20. Did you buy another drug or alcohol instead?

YES	1	
NO	2	[SKIP TO MU22]
DON'T KNOW	77	
REFUSED	99	

21. What did you buy instead?

ALCOHOL	1
MARIJUANA OR HASHISH	2
CRACK OR ROCK COCAINE	3
POWDER COCAINE	4
HEROIN	5
METHAMPHETAMINE	6
OTHER [SPECIFY] _____	7
MULTIPLE [SPECIFY]_____	8
DON'T KNOW	77
REFUSED	99

NONCASH SECTION

22. What else, besides cash, was exchanged or traded the last time you bought [drug]? Did you also:

[IF MARIJUANA] harvest marijuana yourself;
[IF CRACK] make it yourself
[IF CRYSTAL METH] make it yourself ..... 1 [SKIP TO MU24]
Get it on credit and will pay cash later 2
Get it fronted to sell 3
Trade other drugs 4
Trade property/merchandise 5
Transport drugs 6
Steal the drug 7
Trade sex 8
Receive it as a gift 9
Other [SPECIFY] 10
Multiple [SPECIFY] 11
DON'T KNOW 77
REFUSED 99

23. The last time you got [drug], without cash, how did you contact the person who gave it to you?

Page the person on a beeper 1
Call the person directly 2
Go to a house or apartment 3
Approach the person in public such as on the street, in a store, or park 4
Were you with the person already at work or in a social setting 5
OTHER [SPECIFY] _____ 6
DON'T KNOW 77
REFUSED 99

24. How much [drug] did you [get/make/harvest] that last time? RECORD NUMBER AND TYPE OF UNIT

    a) # OF UNITS _____

    b) TYPE OF UNIT:

    BAG OR BALLOON 1
    CAPSULE 2
    FOIL PACKET 3
    GRAM 4
    JOINT 5
    LINE 6
    OUNCE 7
    POUND 8
    ROCK 9
    VIAL 10
    OTHER [SPECIFY]_____ 11
    DON'T KNOW 77
    REFUSED 99

25. How much of the [drug] you [get/make/harvest] was for you to use yourself?

    Percentage amount ..... _____%
    DON'T KNOW 77
    REFUSED 99

26. On that same day, how many <u>times</u> did you get [drug] in <u>any</u> way <u>without</u> paying cash for it?

    Number of times ..... _____
    DON'T KNOW 77
    REFUSED 99

27. Thinking about this last week, on how many of the past 7 days did you get [drug] without paying cash?

    Number of days ..... _____
    DON'T KNOW 77
    REFUSED 99

28. On how many of the past 30 days did you get [drug] without paying any cash?

    Number of days ..... _____
    DON'T KNOW 77
    REFUSED 99

29. In your opinion, how serious is the drug use problem facing our communities in Hawaii – would you say it is not at all serious, not too serious, serious, very serious, or extremely serious?

Not at all serious.....1
Not too serious.....2
Serious.....3
Very serious.....4
Extremely serious.....5
DON'T KNOW.....77
REFUSED.....99

30. For each of the following, tell me whether that group should have a lot of the responsibility, some of the responsibility, or very little of the responsibility for addressing and solving the drug use problem facing our communities in Hawaii. [READ ITEMS AND RECORD ANSWER FOR EACH]

GROUP	A LOT	SOME	VERY LITTLE	DON'T KNOW	REFUSED
a) The family	1	2	3	77	99
b) The community	1	2	3	77	99
c) The state government	1	2	3	77	99
d) The federal government	1	2	3	77	99

31. Which <u>one</u> of these, the family, the community, the state government, or the federal government, should have the <u>most</u> responsibility for addressing and solving the drug use problem facing our communities in Hawaii? [RECORD ONE ANSWER ONLY]

The family.....1
The community.....2
The state government.....3
The federal government.....4
DON'T KNOW.....77
REFUSED.....99

That completes our survey. We appreciate your time and cooperation. Your answers, along with those of others, will help us better provide for the residents of Hawaii. We want to reassure you that your responses will be kept strictly confidential. Thank you so much.

APPENDIX TWO

DIAGNOSTIC CRITERIA CODES

Chart 9.1: DSM-IV Criteria for Substance Use Disorders and Substance-Induced Disorders

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Substance Use Disorders

Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. tolerance, as defined by either of the following:
    a. a need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    b. markedly diminished effect with continued use of the same amount of the substance.
2. withdrawal, as manifested by either of the following:
    a. the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for withdrawal from the specific substances)
    b. the same (or a closely related) substance is taken to relieve or avoid symptoms.
3. the substance is often taken in larger amounts or over a longer period than was intended.
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance, or recover from its effects.
6. important social, occupational, or recreational activities are given up or reduced because of substance use.
7. the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Specify if:

With Physiological Dependence: evidence of tolerance or withdrawal (i.e., either Item 1 or 2 is present)

Without Physiological Dependence: no evidence of tolerance or withdrawal (i.e., neither Item 1 nor 2 is present)

Substance Abuse

a. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
    1. recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household)
    2. recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
    3. recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
    4. continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)
b. The symptoms have never met the criteria for Substance Dependence for this class of substance.

Substance-Induced Disorders

Substance Intoxication

a. The development of a reversible substance-specific syndrome due to recent ingestion of (or exposure to) a substance. Note: Different substances may produce similar or identical syndromes.
b. Clinically significant maladaptive behavioral or psychological changes that are due to the effect of the substance on the central nervous system (e.g., belligerence, mood lability, cognitive impairment, impaired judgment, impaired social or occupational functioning) and develop during or shortly after use of the substance.
c. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Substance Withdrawal

a. The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.
b. The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
c. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

```
*****************************************************************************************
****************************
***     The following SPSS codes calculate alcohol dependence, alcohol abuse, drug dependence      *****
***     and drug dependence based on the STNAP survey variables.  Need for treatment in           *****
***     the past 12 months is also computed to standardize the estimation of treatment need.   *****
***     It is assumed here that the analyst reads a file and runs this syntax to create the new   *****
***     variables. It is assumed that variables are named as given in the data dictionary.       *****
***     The values of each variable are also assumed consistent with values given in the data   *****
***     dictionary.                                                                                *****
***                                                                                                *****
***     Notes:   States that have included additional drugs in their questionnaires may choose to *****
***              include the drugs in their analysis. These codes are limited to those drugs listed *****
***              in the STNAP Core questionnaire.                                                  *****
*****************************************************************************************
***************************
```

***** BEGIN ALCOHOL DEPENDENCE ASSESSMENT *****

```
recode alc_e9aa alc_e9ba alc_e9ca alc_e9da alc_e9ea alc_e9fa alc_e10a alc_e7a alc_e8a alc_e5ab alc_e6ab
    (1=1) (else=0) into alce1 alce2 alce3 alce4 alce5 alce6 alce7 alce8 alce9 alce10 alce11.

compute alc_tol=0.
compute alctol12 = 0.
If (alc_e3a eq 1) alc_tol=1.
If (alc_e3a eq 1 and alc_e3b eq 1) alctol12=1.

compute alc_wtd = 0.
compute alcwtd12 = 0.
count alce1to7 = alce1 alce2 alce3 alce4 alce5 alce6 alce7 (1).
count alce9bs = alc_e9ab alc_e9bb alc_e9cb alc_e9db alc_e9eb alc_e9fb alc_e10b (1).
If  (alce1to7 ge 1) alc_wtd = 1.
If  (alce1to7 ge 1 and alce9bs ge 1)  alcwtd12 = 1.

compute alc_more = 0.
compute alcmre12 = 0.
If (alc_e2a eq 1) alc_more = 1.
If (alc_e2a eq 1 and alc_e2b eq 1) alcmre12 = 1.

compute alc_pers = 0.
compute alcprs12 = 0.
count alc8to9 = alce8 alce9 (1).
count alce78b = alc_e7b alc_e8b (1).
If (alc8to9 ge 1) alc_pers = 1.
If (alc8to9 ge 1 and alce78b ge 1) alcprs12 = 1.

compute alc_time = 0.
compute alctme12 = 0.
If (alc_e1a eq 1) alc_time = 1.
If (alc_e1a eq 1) and (alc_e1b eq 1) alctme12 = 1.

compute alc_work = 0.
compute alcwrk12 = 0.
if (alc_e4a eq 1) alc_work = 1.
if (alc_e4a eq 1) and (alc_e4b eq 1) alcwrk12 = 1.
```

```
compute alc_cont = 0.
compute alccnt12 = 0.
count alce1011 = alce10 alce11 (1).
count alc_e56b = alc_e5bb alc_e6bb (1).
If (alce1011 ge 1) alc_cont = 1.
If (alce1011 ge 1 and alc_e56b ge 1) alccnt12 = 1.

compute alcdep = alc_tol + alc_wtd + alc_more + alc_pers + alc_time + alc_work + alc_cont.
compute alcdpn12 = alctol12 + alcwtd12 + alcmre12 + alcprs12 + alctme12 + alcwrk12 + alccnt12.

compute alcdeplt = 0.
If (alcdep ge 3) alcdeplt = 1.

compute alcdep12 = 0.
If (alcdpn12 ge 3) alcdep12 = 1.


          ***** END ALCOHOL DEPENDENCE ASSESSMENT *****

        ***** BEGIN ALCOHOL ABUSE ASSESSMENT *****

compute alc_fail = 0.
If (alc_e4a eq 1) alc_fail = 1.

*****For Alcohol Hazards*****

compute ainjury = 0.
If (alc_inju ge 2 and alc_inju le 6) ainjury = 1.

compute adrov   = 0.
If (alc_drov ge 2 and alc_drov le 6) adrov   = 1.

compute arisk  = 0.
If (alc_risk ge 2 and alc_risk le 6) arisk   = 1.

compute alc_haz = 0.
count alchz=ainjury adrov arisk (1).
If (alchz ge 1) alc_haz = 1.

*******For Alcohol Legal*******

compute adui = 0.
If (alc_dui ge 1 and alc_dui le 6) adui = 1.

compute abook = 0.
If (alc_book ge 2 and alc_book le 6) abook = 1.

compute aother=0.
If (alc_oth ge 2 and alc_oth le 6) aother = 1.

compute aparole = 0.
If (alc_paro ge 2 and alc_paro le 6) aparole = 1.

compute alc_leg = 0.
count alclgl = adui abook aother aparole (1).
If (alclgl ge 1) alc_leg = 1.
```

*******For Alcohol Social**********

```
compute aargue = 0.
If (alc_argu ge 2 and alc_argu le 6) aargue = 1.

compute afight = 0.
If (alc_figh ge 2 and alc_figh le 6) afight = 1.

compute acomp = 0.
If (alc_comp ge 2 and alc_comp le 6) acomp  = 1.

compute alc_soc = 0.
count alcscl = aargue afight acomp (1).
If (alcscl ge 1) alc_soc=1.


COMPUTE alcabuse = alc_fail+alc_haz+alc_leg+alc_soc.

COMPUTE alcabs12 = 0.
If (alcabuse ge 1 and alcdep12 eq 0) alcabs12 = 1.
```

********** END OF ALCOHOL ABUSE ASSESSMENT **********

******* BEGIN DRUG DEPENDENCE ASSESSMENT **********

```
recode drg_e9aa drg_e9ba drg_e9ca drg_e9da drg_e9ea drg_e9fa drg_e10a drg_e7a drg_e8a drg_e5ab drg_e6ab
  (1=1) (else=0) into drge1 drge2 drge3 drge4 drge5 drge6 drge7 drge8 drge9 drge10 drge11.

compute drg_tol = 0.
compute drgtol12 = 0.
If (drg_e3a eq 1) drg_tol = 1.
If (drg_e3a eq 1 and drg_e3b eq 1) drgtol12 = 1.

compute drg_wtd = 0.
compute drgwtd12 = 0.
count drge1to7 = drge1 drge2 drge3 drge4 drge5 drge6 drge7 (1).
count drge9bs = drg_e9ab drg_e9bb drg_e9cb drg_e9db drg_e9eb drg_e9fb drg_e10b (1).
If (drge1to7 ge 1) drg_wtd = 1.
If (drge1to7 ge 1 and drge9bs ge 1)drgwtd12 = 1.

compute drg_more = 0.
compute drgmre12 = 0.
If (drg_e2a eq 1) drg_more = 1.
If (drg_e2a eq 1 and drg_e2b eq 1) drgmre12 = 1.

compute drg_pers = 0.
compute drgprs12 = 0.
count drg8to9 =drge8 drge9 (1).
count drge78b=drg_e7b drg_e8b (1).
If (drg8to9 ge 1) drg_pers = 1.
If (drg8to9 ge 1 and drge78b ge 1) drgprs12 = 1.

compute drg_time = 0.
compute drgtme12 = 0.
```

```
if (drg_e1a eq 1)  drg_time = 1.
if (drg_e1a eq 1 and drg_e1b eq 1) drgtme12 = 1.

compute drg_work = 0.
compute drgwrk12 = 0.
If (drg_e4a eq 1) drg_work = 1.
If (drg_e4a eq 1 and drg_e4b eq 1) drgwrk12 = 1.

compute drg_cont = 0.
compute drgcnt12 = 0.
count drge1011 = drge10 drge11 (1).
count drg_e56b =drg_e5bb drg_e6bb (1).
If (drge1011 ge 1) drg_cont = 1.
If (drge1011 ge 1 and drg_e56b ge 1) drgcnt12 = 1.

compute drgdep = drg_tol + drg_wtd + drg_more + drg_pers + drg_time + drg_work + drg_cont.
compute drgdpn12 = drgtol12 + drgwtd12 + drgmre12 + drgprs12 + drgtme12 + drgwrk12 + drgcnt12.

compute drgdeplt=0.
If (drgdep ge 3) drgdeplt = 1.

compute drgdep12 = 0.
If (drgdpn12 ge 3) drgdep12 = 1.

        ****** END DRUG DEPENDENCE ASSESSMENT *****

        ****** BEGIN DRUG ABUSE ASSESSMENT *******

compute drg_fail = 0.
If (drg_e4a eq 1) drg_fail = 1.

*******For Drug Hazards***********

compute dinjury = 0.
If (drg_inju ge 2 and drg_inju le 6) dinjury = 1.

compute ddrov  = 0.
If (drg_drov ge 2 and drg_drov le 6) ddrov = 1.

compute drisk  = 0.
If (drg_risk ge 2 and drg_risk le 6) drisk = 1.

compute drg_haz = 0.
count drghz = dinjury ddrov drisk (1).
If (drghz ge 1) drg_haz = 1.


******For Drug Legal***********

compute ddui = 0.
If (drg_dui ge 1 and drg_dui le 6) ddui = 1.

compute dbook = 0.
If (drg_book ge 2 and drg_book le 6) dbook = 1.

compute dother = 0.
```

```
If (drg_oth ge 2 and drg_oth le 6) dother = 1.

compute dparole= 0.
If (drg_paro ge 2 and drg_paro le 6) dparole= 1.

compute drg_leg = 0.
count drglgl = ddui dbook dother dparole (1).
If (drglgl ge 1) drg_leg = 1.

*******For Drug Social**********

compute dargue = 0.
If (drg_argu ge 2 and drg_argu le 6) dargue = 1.

compute dfight = 0.
If (drg_figh ge 2 and drg_figh le 6) dfight = 1.

compute dcomp = 0.
If (drg_comp ge 2 and drg_comp le 6) dcomp = 1.

compute drg_soc = 0.
count drgscl = dargue dfight dcomp (1).
If (drgscl ge 1) drg_soc = 1.

COMPUTE drgabuse = drg_fail+drg_haz+drg_leg+drg_soc.

COMPUTE drgabs12 = 0.
If (drgabuse ge 1 and drgdep12 eq 0) drgabs12 = 1.

          ******  END OF DRUG ABUSE ASSESSMENT *****

Compute need = 0.
Count needdah = alcdep12 alcabs12 drgdeplt drgabs12 (1).
If (needdah ge 1) need=1.

formats  alce1 alce2 alce3 alce4 alce5 alce6 alce7 alce8 alce9 alce10 alce11
         alcdeplt alc_tol alc_wtd alc_more alc_pers alc_time alc_work alc_cont alcdpn12
         alctol12 alcwtd12 alcmre12 alcprs12 alctme12 alcwrk12 alccnt12 alcdep12
         alcdep alcdeplt alcabuse alcabs12 ainjury adrov arisk adui abook aother aparole
         aargue afight acomp drge1 drge2 drge3 drge4 drge5 drge6 drge7 drge8 drge9 drge10
         drge11 drgdeplt drg_tol drg_wtd drg_more drg_pers
           drg_time drg_work drg_cont drgdpn12 drgtol12 drgwtd12 drgmre12 drgprs12 drgtme12
         drgwrk12 drgcnt12 drgdep12 drgdep drgdeplt drgabuse drgabs12 dinjury ddrov drisk
         ddui dbook dother dparole dargue dfight dcomp need (f3.0).

variable labels alcdep12 'Alcohol dependence: Past 12 months'
 /alcdeplt  'Alcohol dependence: Lifetime'
 /alcabuse  'Alcohol abuse: Counter'
 /alcabs12 'Alcohol Abuse: Past 12 months'
 /drgdep12 'Drug dependence: Past 12 months'
 /drgdeplt 'Drug dependence: Lifetime'
 /drgabuse 'Drug abuse: Counter'
 /drgabs12 'Drug abuse: Past 12 months'
 /need 'Alcohol or Drug treatment need: Past 12 months'.
```

APPENDIX THREE

DATA DICTIONARY (CODEBOOK)

Appendix 3

Data Dictionary

List of variables on the working file

Name Position

ID 1
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8

COUNTYID 2
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F9
Write Format: F9

S2 How many people live in your household, including yourself? 3
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

S2A How many of the people who live here are adults? 4
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

S3 How many different telephone numbers do you have in this hou 5
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

S4 Can you tell me, of the adults who now live in your household 6
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 RESPONDENT
2 SOMEONE ELSE
3 ONLY KNOWS OWN BIRTHDAY
77 DOESN'T KNOW ALL BIRTHDAYS
99 REFUSED

S5 Of those 18 or older whose birthdays you do know, who has ha 7
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 RESPONDENT
2 SOMEONE ELSE

S6 May I speak to that person? 1. TRANSFERRED TO NEW PERSON 2. 8
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 TRANSFERRED TO NEW PERSON
2 PERSON NOT AVAILABLE

S7 Am I speaking to a member of the household who is at least 1 9
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES, PERSON AGREES TO INTERVIEW
2 QUALIFIES, BUT REFUSES INTERVIEW
3 DOES NOT QUALIFY, ASK FOR ANOTHER PERSON
77 DON'T KNOW
99 REFUSED

S8 Can we start the interview now? 1. YES 2. NO 10
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 CONTINUE
2 SCHEDULE CALLBACK

QA1 Please tell me how old you are now. 11
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QA2 Gender 12
Measurement Level: Ordinal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 FEMALE
2 MALE

QA3 When you think of yourself, what is your ancestry or ethnic 13

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3A1 Of what ethnic background is your mother? 14

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3A2 Of what ethnic background is your mother? 15

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3A3 Of what ethnic background is your mother? 16

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3A4 Of what ethnic background is your mother? 17

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3B1 Of what ethnic background is your father? 18

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3B2 Of what ethnic background is your father? 19

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3B3 Of what ethnic background is your father? 20

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA3B4 Of what ethnic background is your father? 21

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	WHITE/CAUCASIAN (EUROPEAN/IRISH/ETC]
2	HAWAIIAN/PART-HAWAIIAN
3	CHINESE (TAIWANESE)
4	FILIPINO
5	JAPANESE (OKINAWAN)
6	KOREAN
7	SAMOAN
8	BLACK/AFRICAN AMERICAN
9	NATIVE AMERICAN/ALEUT/ESKIMO
10	VIETNAMESE
11	ASIAN INDIAN
12	PORTUGUESE
13	GUAMANIAN/CHAMORRO
14	PUERTO RICAN
15	MEXICAN
16	TONGAN
17	LAOTIAN
18	CAMBODIAN
19	MALAYSIAN
20	FIJIAN
21	MICRONESIAN
22	OTHER ASIAN (SPECIFY)
23	OTHER (SPECIFY)
77	DON'T KNOW
99	REFUSED

QA4 What race do you consider yourself to be? The U.S. Census ca 22

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	White
2	Black (African-American)
3	American Indian and Alaska Native
4	Asian
5	Native Hawaiian and Other Pacific Islander
6	or Some Other Race (SPECIFY)
77	DON'T KNOW/NOT SURE
99	REFUSED

QA4A Are you: 23

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Asian Indian
2	Chinese
3	Filipino
4	Japanese
5	Korean
6	Vietnamese
7	or Some Other Asian Group (SPECIFY)
77	DON'T KNOW/NOT SURE
99	REFUSED

QA4B Are you: 24

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Native Hawaiian
2	Guamanian or Chamorro
3	Samoan
4	or Some Other Pacific Islander Group (SPECIFY)
77	DON'T KNOW/NOT SURE
99	REFUSED

QA4C Are you either Hispanic or Latino? 25

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QA5 Are you currently on active duty in the armed forces? 26

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QA5A In the past 12 months, how many times have you seen a health 27

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
52	52 OR MORE
77	DON'T KNOW
99	REFUSED

QA6 During the past 12 months, would you say your physical healt 28

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	EXCELLENT
2	VERY GOOD
3	GOOD
4	FAIR
5	POOR
77	DON'T KNOW
99	REFUSED

QA7 During the past 12 months, would you say your emotional or p 29
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR
77 DON'T KNOW
99 REFUSED

QA7A In the past 12 months, how many times have you seen a health 30
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QA8 Do you currently have health insurance coverage? 31
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QA8A1 Is at least some of your insurance paid for by you or your f 32
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QA8A2 Is at least some of your insurance paid for by an employer o 33
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QA8A3 Is at least some of your insurance paid for by public assist 34
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QA8A4 Is at least some of your insurance paid for by Medicare or Q 35
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QA8A5 Is at least some of your insurance paid for by military heal 36
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QA8A6 Is at least some of your insurance paid for by some other so 37
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES [SPECIFY:]
2 NO
77 DON'T KNOW
99 REFUSED

QB1 Have you ever smoked part or all of a cigarette? 38
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QB1A Have you smoked at least 100 cigarettes in your entire life? 39
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QB2 How old were you the first time you smoked part or all of a 40
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QB3 How long has it been since you last smoked part or all of a 41
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QB4A During the past 30 days, on how many days did you smoke part 42
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QB4B During the 30 days when you last smoked, on how many days di 43
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QB5A During the past 30 days, how many cigarettes did you smoke p 44

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	About 2 packs or more (more than 35 cigarettes per day)
2	About 1 to 2 packs (26 to 35 cigarettes per day)
3	About 1 pack (16 to 25 cigarettes per day)
4	About half a pack (6 to 15 cigarettes per day)
5	2 to 5 cigarettes per day
6	1 cigarette per day
7	Less than one cigarette per day
77	DON'T KNOW
99	REFUSED

QB5B During that same 30 days, how many cigarettes did you smoke 45

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	About 2 packs or more (more than 35 cigarettes per day)
2	About 1 to 2 packs (26 to 35 cigarettes per day)
3	About 1 pack (16 to 25 cigarettes per day)
4	About half a pack (6 to 15 cigarettes per day)
5	2 to 5 cigarettes per day
6	1 cigarette per day
7	Less than one cigarette per day
77	DON'T KNOW
99	REFUSED

QB6A In the past 12 months, did you even once use chewing tobacco 46

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QB6B In the past 12 months, did you even once smoke part or all o 47

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QB6C In the past 12 months, did you even once smoke tobacco in a 48
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QB7A Use chewing tobacco or snuff? 49
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QB7B Smoke part or all of any type of cigar? 50
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QB7C Smoke tobacco in a pipe? 51
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QC1 Have you ever, even once, had a drink of any type of alcohol 52
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QC1A Have you ever had twelve or more drinks in the same year? 53
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QC2 How old were you the first time you had a drink of an alcoho 54
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QC3 How long has it been since you last drank an alcoholic bever 55
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QC4 During the most recent times you were drinking, on how many 56
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QC5 During this same time, about how many drinks a day have you 57
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QC6 At any time in your life, did you ever have _ or more drinks 58
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QC6A How long has it been since you had _ or more drinks on the s 59
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QC6B1 In the past 30 days, on how many days did you have _ or more 60
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QC6B2 In the 30 days when you last did that, on how many days did 61
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QC7 At any time in your life, have you ever, even once, gone on 62
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QC7A When was the last time this happened? 63
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QC8 Have you ever thought that you might have a problem with alc 64
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1A Have you ever, even once, used Marijuana (hash, pot, weed, p 65
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1B Have you ever, even once, used powder cocaine (coke, blow)? 66

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1C Have you ever, even once, used crack cocaine? 67

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1D Have you ever, even once, used heroin or other opiates? 68

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1E Have you ever, even once, used pain relievers or other opiat 69

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1F Have you ever, even once, used Methamphetamine, such as crys 70

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1G Have you ever, even once, used Hallucinogens, such as LSD, P 71

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1H Have you ever, even once, used Tranquilizers such as Valium, 72

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1I Have you ever, even once, used Sedatives or sleeping pills w 73

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1J Have you ever, even once, used Inhalants in order to get hig 74

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1K Have you ever, even once, used Steroids for body-building or 75

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD1L Have you ever, even once, used MDMA such as ecstacy, E, XTC, 76
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1M Have you ever, even once, used GHB such as G, liquid ecstacy 77
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1N Have you ever, even once, used R2 or Rohypnol, such as roofi 78
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1O Have you ever, even once, used Ketamine, such as Special K, 79
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1P Have you ever, even once, used Other stimulants, such as spe 80
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD1Q Have you ever, even once, used Dextromethorphan, such as Dim 81
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2A How old were you the first time you used Marijuana (hash, po 82
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3A How long has it been since you last used Marijuana (hash, po 83
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AA During the past 12 months, on how many days did you have at 84
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BA During the 12 months when you last used Marijuana (hash, pot 85
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AA During the past 30 days, on how many days did you use Mariju 86
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BA During the 30 days when you last used Marijuana (hash, pot, 87
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6A Have you ever thought that you might have a problem with Mar 88
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2B How old were you the first time you used powder cocaine (cok 89
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3B How long has it been since you last used powder cocaine (cok 90
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AB During the past 12 months, on how many days did you have at 91
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BB During the 12 months when you last used powder cocaine (coke 92
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AB During the past 30 days, on how many days did you use powder 93
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BB During the 30 days when you last used powder cocaine (coke, 94
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6B Have you ever thought that you might have a problem with pow 95
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2C How old were you the first time you used crack cocaine? 96
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3C How long has it been since you last used crack cocaine? 97
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AC During the past 12 months, on how many days did you have at 98
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BC During the 12 months when you last used crack cocaine, on ho 99
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AC During the past 30 days, on how many days did you use crack 100
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BC During the 30 days when you last used crack cocaine, on how 101
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6C Have you ever thought that you might have a problem with cra 102
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2D How old were you the first time you used heroin or other opi 103
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3D How long has it been since you last used heroin? 104
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AD During the past 12 months, on how many days did you have at 105
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BD During the 12 months when you last used heroin, on how many 106
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AD During the past 30 days, on how many days did you use heroin 107
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BD During the 30 days when you last used heroin, on how many da 108
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6D Have you ever thought that you might have a problem with her 109
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2E How old were you the first time you used pain relievers, or 110
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3E How long has it been since you last used pain relievers? 111
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AE During the past 12 months, on how many days did you have at 112
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BE During the 12 months when you last used pain relievers, on h 113
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AE During the past 30 days, on how many days did you use pain r 114
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BE During the 30 days when you last used pain relievers, on how 115
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6E Have you ever thought that you might have a problem with pai 116
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2F How old were you the first time you used Methamphetamine suc 117
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3F How long has it been since you last used Methamphetamine? 118
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AF During the past 12 months, on how many days did you have at 119
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BF During the 12 months when you last used Methamphetamine, on 120
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AF During the past 30 days, on how many days did you use Metham 121
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BF During the 30 days when you last used Methamphetamine, on ho 122
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6F Have you ever thought that you might have a problem with Met 123
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2G How old were you the first time you used Hallucinogens, such 124
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3G How long has it been since you last used Hallucinogens? Woul 125
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AG During the past 12 months, on how many days did you have at 126
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BG During the 12 months when you last used Hallucinogens, on ho 127
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AG During the past 30 days, on how many days did you use Halluc 128
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BG During the 30 days when you last used Hallucinogens, on how 129
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6G Have you ever thought that you might have a problem with Hal 130
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2H How old were you the first time you used Tranquilizers, such 131
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3H How long has it been since you last used Tranquilizers? 132
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AH During the past 12 months, on how many days did you have at 133
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BH During the 12 months when you last used Tranquilizers, on ho 134
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AH During the past 30 days, on how many days did you use Tranqu 135
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BH During the 30 days when you last used Tranquilizers, on how 136
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6H Have you ever thought that you might have a problem with Tra 137
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2I How old were you the first time you used Sedatives or Sleepi 138
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3I How long has it been since you last used Sedatives? 139
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AI During the past 12 months, on how many days did you have at 140
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BI During the 12 months when you last used Sedatives, 141
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AI During the past 30 days, on how many days did you use Sedati 142
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BI During the 30 days when you last used Sedatives, on how many 143
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6I Have you ever thought that you might have a problem with Sed 144
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2J How old were you the first time you used Inhalants in order 145
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3J How long has it been since you last used Inhalants? 146
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AJ During the past 12 months, on how many days did you have at 147
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BJ During the 12 months when you last used Inhalants, on how ma 148
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AJ During the past 30 days, on how many days did you use Inhala 149
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BJ During the 30 days when you last used Inhalants, on how many 150
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6J Have you ever thought that you might have a problem with Inh 151
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2K How old were you the first time you used Steroids for body-b 152
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3K How long has it been since you last used Steroids? 153
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AK During the past 12 months, on how many days did you use at l 154
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BK During the 12 months when you last used Steroids, on how man 155
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AK During the past 30 days, on how many days did you use Steroi 156
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BK During the 30 days when you last used Steroids, on how many 157
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6K Have you ever thought that you might have a problem with Ste 158
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2L How old were you the first time you used MDMA such as ecstas 159
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3L How long has it been since you last used ecstasy? 160
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AL During the past 12 months, on how many days did you use at l 161
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BL During the 12 months when you last used ecstasy, on how many 162
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AL During the past 30 days, on how many days did you use ecstas 163
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BL During the 30 days when you last used ecstasy, on how many d 164
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6L Have you ever thought that you might have a problem with ecs 165
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2M How old were you the first time you used GHB such as G, liqu 166
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3M How long has it been since you last used GHB? 167
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AM During the past 12 months, on how many days did you use at l 168
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BM During the 12 months when you last used GHB, on how many day 169
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AM During the past 30 days, on how many days did you use GHB? 170
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BM During the 30 days when you last used GHB, on how many days 171
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6M Have you ever thought that you might have a problem with GHB 172
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2N How old were you the first time you used R2 or Rohypnol, suc 173
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3N How long has it been since you last used Rohypnol? 174
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AN During the past 12 months, on how many days did you use at l 175
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BN During the 12 months when you last used Rohypnol, on how man 176
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AN During the past 30 days, on how many days did you use Rohypn 177
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BN During the 30 days when you last used Rohypnol, on how many 178
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6N Have you ever thought that you might have a problem with Roh 179
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2O How old were you the first time you used Ketamine such as sp 180
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3O How long has it been since you last used Ketamine? 181
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AO During the past 12 months, on how many days did you use at l 182
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BO During the 12 months when you last used Ketamine, on how man 183
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AO During the past 30 days, on how many days did you use Ketami 184
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BO During the 30 days when you last used Ketamine, on how many 185
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6O Have you ever thought that you might have a problem with Ket 186
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2P How old were you the first time you used other stimulants, s 187
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3P How long has it been since you last used Stimulants? 188
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AP During the past 12 months, on how many days did you use at l 189
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BP During the 12 months when you last used Stimulants, on how m 190
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AP During the past 30 days, on how many days did you use Stimul 191
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BP During the 30 days when you last used Stimulants, on how man 192
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6P Have you ever thought that you might have a problem with Sti 193
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD2Q How old were you the first time you used Dextromethorphan, s 194
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD3Q How long has it been since you last used Dextromethorphan? 195
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QD4AQ During the past 12 months, on how many days did you use at l 196
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD4BQ During the 12 months when you last used Dextromethorphan, on 197
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5AQ During the past 30 days, on how many days did you use Dextro 198
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD5BQ During the 30 days when you last used Dextromethorphan, on h 199
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QD6Q Have you ever thought that you might have a problem with Dex 200
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QD7 Have you ever injected any drug in order to get high, even j 201

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QD7A How long has it been since you last injected a drug to get h 202

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
77	DON'T KNOW
99	REFUSED

QE1AA WAS THERE EVER A TIME WHEN...You spent a lot of time using a 203

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE1BA Did it happen in the past year? 204

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE2AA WAS THERE EVER A TIME WHEN...You used alcohol much more ofte 205

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE2BA Did it happen in the past year? 206
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE3AA WAS THERE EVER A TIME WHEN...Using the same amount of alcoho 207
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE3BA Did it happen in the past year? 208
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE4AA WAS THERE EVER A TIME WHEN...Your use of alcohol kept you fr 209
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE4BA Did it happen in the past year? 210
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE5AA WAS THERE EVER A TIME WHEN...Your use of alcohol caused you 211

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE5BA1 Did you continue to use in spite of this? 212

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE5BA Did it happen in the past year? 213

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE6AA WAS THERE EVER A TIME WHEN...Your use of alcohol caused you 214

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE6BA1 Did you continue to use in spite of this? 215

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE6BA Did it happen in the past year? 216

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE7AA WAS THERE EVER A TIME WHEN...You wanted to stop using, (paus 217

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE7BA Did it happen in the past year? 218

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE8AA WAS THERE EVER A TIME WHEN...You made rules about where, whe 219

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE8BA Did it happen in the past year? 220

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QE9AAA WAS THERE EVER A TIME WHEN YOU HAD...Anxiety, sweating, hand 221
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9ABA Did it happen in the past year? 222
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9BAA WAS THERE EVER A TIME WHEN YOU HAD...Trouble sleeping or hav 223
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9BBA Did it happen in the past year? 224
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9CAA WAS THERE EVER A TIME WHEN YOU HAD...Vomiting or feeling nau 225
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9CBA Did it happen in the past year? 226
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9DAA WAS THERE EVER A TIME WHEN YOU HAD...Seeing, hearing, or fee 227
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9DBA Did it happen in the past year? 228
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9EAA WAS THERE EVER A TIME WHEN YOU HAD...Feeling either very slo 229
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9EBA Did it happen in the past year? 230
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9FAA WAS THERE EVER A TIME WHEN YOU HAD...Seizures or fits [AS TH 231
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9FBA it happen in the past year? 232
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE10AA WAS THERE EVER A TIME WHEN...You took alcohol to prevent or 233
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE10BA Did it happen in the past year? 234
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE1AD WAS THERE EVER A TIME WHEN...You spent a lot of time using t 235
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE1BD Did it happen in the past year? 236
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE2AD WAS THERE EVER A TIME WHEN...You used the drugs you used muc 237
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE2BD Did it happen in the past year? 238
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE3AD WAS THERE EVER A TIME WHEN...Using the same amount of the dr 239
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE3BD Did it happen in the past year? 240
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE4AD WAS THERE EVER A TIME WHEN...Your use of drugs kept you from 241
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE4BD Did it happen in the past year? 242
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE5AD WAS THERE EVER A TIME WHEN...Your use of drugs caused you to 243
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE5BD1 Did you continue to use in spite of this? 244
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE5BD Did it happen in the past year? 245
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE6AD WAS THERE EVER A TIME WHEN...Your use of drugs caused you to 246
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE6BD1 Did you continue to use in spite of this? 247
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE6BD Did it happen in the past year? 248
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE7AD WAS THERE EVER A TIME WHEN...You wanted to stop using, or cu 249
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE7BD Did it happen in the past year? 250
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE8AD WAS THERE EVER A TIME WHEN...You made rules about where, whe 251
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE8BD Did it happen in the past year? 252
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9AAD WAS THERE EVER A TIME WHEN YOU HAD...Anxiety, sweating, hand 253
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9ABD Did it happen in the past year? 254
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9BAD WAS THERE EVER A TIME WHEN YOU HAD...Trouble sleeping or hav 255
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9BBD Did it happen in the past year? 256
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9CAD WAS THERE EVER A TIME WHEN YOU HAD...Vomiting or feeling nau 257
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9CBD Did it happen in the past year? 258
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9DAD WAS THERE EVER A TIME WHEN YOU HAD...Seeing, hearing, or fee 259
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9DBD Did it happen in the past year? 260
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9EAD WAS THERE EVER A TIME WHEN YOU HAD...Feeling either very slo 261
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9EBD Did it happen in the past year? 262
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9FAD WAS THERE EVER A TIME WHEN YOU HAD...Seizures or fits [AS TH 263
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9FBD Did it happen in the past year? 264
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9GAD WAS THERE EVER A TIME WHEN YOU WERE...Feeling exhausted, or 265
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9GBD Did it happen in the past year? 266
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9HAD WAS THERE EVER A TIME WHEN YOU HAD...Diarrhea [AS THE EFFECT 267
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9HBD Did it happen in the past year? 268
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9IAD WAS THERE EVER A TIME WHEN YOU HAD...Cramps or muscle aches 269
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9IBD Did it happen in the past year? 270
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9JAD WAS THERE EVER A TIME WHEN YOU WERE...Eating more or less th 271
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE9JBD Did it happen in the past year? 272
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE10AD WAS THERE EVER A TIME WHEN...You took drugs you used to prev 273
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QE10BD Did it happen in the past year? 274
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QF1A How many times in the past 12 months did you have any accide 275
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QF1B How many of these involved you drinking alcohol? 276
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF1C How many of these involved you using drugs? 277
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF2A How many times in the past 12 months were you involved in an 278
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF2B How many of these involved you drinking alcohol? 279
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF2C How many of these involved you using drugs? 280
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF3A How many times in the past 12 months did you get into any ph 281
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF3B How many of these involved you drinking alcohol? 282
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF3C How many of these involved you using drugs? 283
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF4A How many times in the past 12 months did friends, family mem 284
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF4B How many of these involved you drinking alcohol? 285
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF4C How many of these involved you using drugs? 286
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF5A How many times in the past 12 months did you drive at all af 287
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF5B How many of these involved you drinking alcohol? 288
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF5C How many of these involved you using drugs? 289
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF6A How many times in the past 12 months were you arrested for d 290
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF6B How many of these involved you drinking alcohol? 291
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF6C How many of these involved you using drugs? 292
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF7A How many times in the past 12 months were you arrested and b 293
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF7B How many of these involved you drinking alcohol? 294
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF7C How many of these involved you using drugs? 295
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF8A How many times in the past 12 months were you arrested and b 296
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF8B How many of these involved you drinking alcohol? 297
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF8C How many of these involved you using drugs? 298
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF9A How many times in the past 12 months were you arrested and b 299
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF9B How many of these involved you drinking alcohol? 300
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF9C How many of these involved you using drugs? 301
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF10A How many times in the past 12 months were you on probation o 302
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF10B How many of these involved you drinking alcohol? 303
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF10C How many of these involved you using drugs? 304
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF11A How many times in the past 12 months did you do anything els 305
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
20 20 OR MORE
77 DON'T KNOW
99 REFUSED

QF11B How many of these involved you drinking alcohol? 306
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QF11C How many of these involved you using drugs? 307
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QG1 Have you ever attended even one meeting of a self help group 308
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG1A About how many self-help meetings have you ever attended in 309
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Less than 10
2 10 to 100
3 More than 100
77 DON'T KNOW
99 REFUSED

QG1B How long has it been since the last time you attended a self 310
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QG2 Have you ever received treatment or counseling for your use 311
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG2A How many times in your life have you been in treatment or co 312
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
6 6 OR MORE
77 DON'T KNOW
99 REFUSED

QG2B Were you last in treatment or counseling... 313
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
77 DON'T KNOW
99 REFUSED

QG3 What was the main place where you received treatment or coun 314
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 HOSPITAL OVERNIGHT AS A PATIENT
2 HOSPITAL EMERGENCY ROOM
3 RESIDENTIAL DRUG OR ALCOHOL REHABILITATION FACILITY PROGRAM
4 OUTPATIENT DRUG OR ALCOHOL REHABILITATION PROGRAM
5 OUTPATIENT MENTAL HEALTH CENTER
6 PRIVATE THERAPIST OR DOCTOR'S OFFICE
7 PRISON OR JAIL
8 SOME OTHER PLACE
77 DON'T KNOW
99 REFUSED

QG4 The last time you received treatment or counseling, was it f 315
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Alcohol use only,
2 Drug use only, or
3 Both alcohol and drug use?
77 DON'T KNOW
99 REFUSED

QG5 How did your treatment or counseling end? 316

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	STILL IN TREATMENT
2	SUCCESSFULLY COMPLETED TREATMENT
3	LEFT TREATMENT BEFORE COMPLETING IT
77	DON'T KNOW
99	REFUSED

QG5A What was the main reason for not completing? 317

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	You had a problem with the program?
2	You couldn't afford to continue treatment?
3	Your family needed you
4	You began using alcohol or drugs again?
5	Staff discharged you
6	Some other reason: [SPECIFY]
77	DON'T KNOW
99	REFUSED

QG5B1 How long did you stay in treatment or counseling the last ti 318

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
77	DON'T KNOW
99	REFUSED

QG5B2 How long did you stay in treatment or counseling the last ti 319

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	DAYS
2	WEEKS
3	MONTHS
4	YEARS
77	DON'T KNOW
99	REFUSED

QG5C1 How long have you been in treatment or counseling this time? 320

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
77	DON'T KNOW
99	REFUSED

QG5C2 How long have you been in treatment or counseling this time? 321
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 DAYS
2 WEEKS
3 MONTHS
4 YEARS
77 DON'T KNOW
99 REFUSED

QG6A Private health insurance? [DID IT PAY ANY OF THE COST OF TRE 322
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6B Medicare? [DID IT PAY ANY OF THE COST OF TREATMENT?] 323
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6C Medicaid or Quest? [DID IT PAY ANY OF THE COST OF TREATMENT? 324
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6D Some other public assistance program? [DID IT PAY ANY OF THE 325
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6E Your own savings or earnings? [DID IT PAY ANY OF THE COST OF 326
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6F Family members? [DID THEY PAY ANY OF THE COST OF TREATMENT?] 327
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6G The State or the courts? [DID THEY PAY ANY OF THE COST OF TR 328
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6H Military health care, including Tricare? [DID IT PAY ANY OF 329
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6I An employer? [DID IT PAY ANY OF THE COST OF TREATMENT?] 330
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG6J Some other source? [DID IT PAY ANY OF THE COST OF TREATMENT? 331
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG7 Were you enrolled in a treatment program for your alcohol or 332
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG8 During the past 12 months, did you need treatment or counsel 333
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG8A During the past 12 months, did you try to get treatment or c 334
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG9 During the past 12 months, did you need treatment or counsel 335
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QG9A During the past 12 months, did you try to get treatment or c 336
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QH1 Are you now attending or enrolled in school? 337
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QH1A How old were you when you stopped attending school? 338
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QH2 How much school have you completed? 339
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 NONE
2 FIRST THROUGH 8TH GRADE
3 SOME HIGH SCHOOL, BUT NO DIPLOMA
4 HIGH SCHOOL GRADUATE OR GED
5 SOME COLLEGE, BUT NO DEGREE
6 ASSOCIATE DEGREE (2-YEAR)
7 COLLEGE GRADUATE (4-YEAR)
8 ADVANCED DEGREE (MASTERS OR HIGHER)
77 DON'T KNOW
99 REFUSED

QH3 Which of the following best describes your current marital s 340
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Married?
2 Living as married?
3 Never married?
4 Divorced or separated?
5 Widowed?
77 DON'T KNOW
99 REFUSED

QH4 Were you born in the United States? 341
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QH4B About how many years have you lived in the United States? 342
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QH5 What is your current work status? 343
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Working full-time, 35+ hours per week in at least one job
2 Working part-time, 20-34 hours per week in at least one job
3 Working part-time, not more than 19 hours/week in any job
4 Not working at present
77 DON'T KNOW
99 REFUSED

QH5A Are you not working because you are... 344
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 A seasonal worker?
2 A full-time homemaker?
3 In school?
4 Retired?
5 Disabled for work?
6 Other?
77 DON'T KNOW
99 REFUSED

QH6 Think now about the last 12 months. Did you have any childre 345
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QH6A How many of these children did you have primary care respons 346
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
13 13 OR MORE
77 DON'T KNOW
99 REFUSED

QH7 Are you pregnant now? 347
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QH8 Were you pregnant at any time in the last 12 months? 348
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QH9 What is your five-digit zip code? 349
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F5
Write Format: F5

QH10 I'd like you to estimate your family's total income for the 350
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 $0 to less than $5,000
2 $5,000 to less than $10,000
3 $10,000 to less than $15,000
4 $15,000 to less than $20,000
5 $20,000 to less than $25,000
6 $25,000 to less than $30,000
7 $30,000 to less than $35,000
8 $35,000 to less than $40,000
9 $40,000 to less than $50,000
10 $50,000 to less than $60,000
11 $60,000 to less than $80,000
12 $80,000 to less than $100,000
13 $100,000 or over
77 DON'T KNOW
99 REFUSED

QMU1A In the past 30 days, did you get any Marijuana or Hashish? T 351
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU1B In the past 30 days, did you get or make any Crack or Rock C 352
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU1C In the past 30 days, did you get any Powder Cocaine? 353
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU1D In the past 30 days, did you get any Heroin? 354
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU1E In the past 30 days, did you get or make any Methamphetamine 355
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU2A In the past 30 days, did you pay any cash for Marijuana or H 356
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU4A Did you pay cash only, or did you pay cash and something els 357
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 CASH ONLY
2 COMBINATION
77 DON'T KNOW
99 REFUSED

QMU5A What else, besides cash, was exchanged or traded the last ti 358
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Trade other drugs?
2 Trade property or merchandise?
3 Transport drugs?
4 Steal the drug?
5 Trade sex?
6 Or something else? [SPECIFY]
7 MULTIPLE THINGS [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU6A Last time you bought Marijuana, did you: 359
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Buy it directly yourself, or
2 Give someone the cash to buy it for you?
77 DON'T KNOW
99 REFUSED

QMU7A Is the person you gave the cash to: 360
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Someone working with a dealer, or
2 Someone not working with a dealer?
77 DON'T KNOW
99 REFUSED

QMU8A Is the person you bought from: 361
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Your regular source
2 An occasional source, or
3 A new source for Marijuana?
77 DON'T KNOW
99 REFUSED

QMU9A The last time you bought Marijuana, how did you contact the 362
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Page the person on a beeper
2 Call the person directly
3 Go to a house or apartment
4 Approach the person in public--on the street, in store, park
5 Were you with person already at work or in a social setting
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU10A The last time you bought Marijuana, at what type of place di 363
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In a house or apartment
2 Public building--in store, bus stop, gas station, restaurant
3 In an abandoned building
4 In a street, alley or road, or
5 Other outdoor area such as a park, lot, etc
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU11A Did you buy it... 364
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In the neighborhood where you live, or
2 Outside you neighborhood?
77 DON'T KNOW
99 REFUSED

QMU12A How much cash did you pay for Marijuana that last time you b 365
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F6
Write Format: F6
Value Label
7777 DON'T KNOW
9999 REFUSED

QMU13AA How much Marijuana did you get for that amount of cash? [REC 366
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU13BA How much Marijuana did you get for that amount of cash? [REC 367
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU14A How much of the Marijuana you bought was for you to use your 368
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU15A How many times did you buy Marijuana on that same day? 369
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU16A Thinking about this last week, on how many of the past 7 day 370
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU17A On how many of the past 30 days did you buy Marijuana? 371
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU18A In the past 30 days, how many different people did you buy M 372
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU19A Was there a time in the past 30 days when you tried to buy M 373
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU20A The last time that happened, why didn't you buy Marijuana? 374
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 No dealers were available,
2 Dealers did not have any,
3 Dealers did not have the quality you wanted,
4 Police activity kept you from the dealers,
5 Or something else? [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU21A Did you buy another drug or alcohol instead? 375
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU22A What did you buy instead? 376

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	ALCOHOL
2	MARIJUANA OR HASHISH
3	CRACK OR ROCK COCAINE
4	POWDER COCAINE
5	HEROIN
6	METHAMPHETAMINE
7	OTHER [SPECIFY]
8	MULTIPLE [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU23A What else, besides cash, was exchanged or traded the last ti 377

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Harvest Marijuana yourself?
2	Get it on credit and will pay cash later?
3	Get it fronted to sell?
4	Trade other drugs?
5	Trade property or merchandise?
6	Transport drugs?
7	Steal the drug?
8	Trade sex?
9	Receive it as a gift?
10	Or something else? [SPECIFY]
11	MULTIPLE THINGS [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU24A The last time you got Marijuana without cash, how did you co 378

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Page the person on a beeper
2	Call the person directly
3	Go to a house or apartment
4	Approach the person in public--on the street, in store, park
5	Were you with person already at work or in a social setting
6	OTHER [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU25AA How much Marijuana did you get that last time? [RECORD NUMBE 379

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

Value	Label
777	DON'T KNOW
999	REFUSED

QMU25BA How much Marijuana did you get that last time? [RECORD NUMBE 380
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU26A How much of the Marijuana you got was for you to use yoursel 381
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU27A On that same day, how many times did you get Marijuana in an 382
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU28A Thinking about this last week, on how many of the past 7 day 383
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU29A On how many of the past 30 days did you get Marijuana withou 384
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU2B In the past 30 days, did you pay any cash for Crack or Rock 385
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU4B Did you pay cash only, or did you pay cash and something els 386
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 CASH ONLY
2 COMBINATION
77 DON'T KNOW
99 REFUSED

QMU5B What else, besides cash, was exchanged or traded the last ti 387
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Trade other drugs?
2 Trade property or merchandise?
3 Transport drugs?
4 Steal the drug?
5 Trade sex?
6 Or something else? [SPECIFY]
7 MULTIPLE THINGS [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU6B Last time you bought Crack, did you: 388
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Buy it directly yourself, or
2 Give someone the cash to buy it for you?
77 DON'T KNOW
99 REFUSED

QMU7B Is the person you gave the cash to: 389
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Someone working with a dealer, or
2 Someone not working with a dealer?
77 DON'T KNOW
99 REFUSED

QMU8B Is the person you bought from: 390

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Your regular source
2	An occasional source, or
3	A new source for Crack?
77	DON'T KNOW
99	REFUSED

QMU9B The last time you bought Crack, how did you contact the pers 391

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Page the person on a beeper
2	Call the person directly
3	Go to a house or apartment
4	Approach the person in public--on the street, in store, park
5	Were you with person already at work or in a social setting
6	OTHER [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU10B The last time you bought Crack, at what type of place did yo 392

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	In a house or apartment
2	Public building--in store, bus stop, gas station, restaurant
3	In an abandoned building
4	In a street, alley or road, or
5	Other outdoor area such as a park, lot, etc
6	OTHER [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU11B Did you buy it... 393

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	In the neighborhood where you live, or
2	Outside you neighborhood?
77	DON'T KNOW
99	REFUSED

QMU12B How much cash did you pay for Crack that last time you bough 394
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4
Value Label
7777 DON'T KNOW
9999 REFUSED

QMU13AB How much Crack did you get for that amount of cash? [RECORD 395
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU13BB How much Crack did you get for that amount of cash? [RECORD 396
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU14B How much of the Crack you bought was for you to use yourself 397
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU15B How many times did you buy Crack on that same day? 398
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU16B Thinking about this last week, on how many of the past 7 day 399
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU17B On how many of the past 30 days did you buy Crack? 400
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU18B In the past 30 days, how many different people did you buy C 401
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU19B Was there a time in the past 30 days when you tried to buy C 402
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU20B The last time that happened, why didn't you buy Crack? Was 403
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 No dealers were available,
2 Dealers did not have any,
4 Police activity kept you from the dealers,
5 Or something else? [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU21B Did you buy another drug or alcohol instead? 404
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU22B What did you buy instead? 405

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	ALCOHOL
2	MARIJUANA OR HASHISH
3	CRACK OR ROCK COCAINE
4	POWDER COCAINE
5	HEROIN
6	METHAMPHETAMINE
7	OTHER [SPECIFY]
8	MULTIPLE [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU23B What else, besides cash, was exchanged or traded the last t 406

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Make it yourself?
2	Get it on credit and will pay cash later?
3	Get it fronted to sell?
4	Trade other drugs?
5	Trade property or merchandise?
6	Transport drugs?
7	Steal the drug?
8	Trade sex?
9	Receive it as a gift?
10	Or something else? [SPECIFY]
11	MULTIPLE THINGS [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU24B The last time you got Crack without cash, how did you contac 407

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Page the person on a beeper
2	Call the person directly
3	Go to a house or apartment
4	Approach the person in public--on the street, in store, park
5	Were you with person already at work or in a social setting
6	OTHER [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU25AB How much Crack did you get that last time? [RECORD NUMBER AN 408

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

Value	Label
777	DON'T KNOW
999	REFUSED

QMU25BB How much Crack did you get that last time? [RECORD NUMBER AN 409
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU26B How much of the Crack you got was for you to use yourself? P 410
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU27B On that same day, how many times did you get Crack in any wa 411
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU28B Thinking about this last week, on how many of the past 7 da 412
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU29B On how many of the past 30 days did you get Crack without pa 413
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU2C In the past 30 days, did you pay any cash for Powder Cocaine 414

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	YES
2	NO
77	DON'T KNOW
99	REFUSED

QMU4C Did you pay cash only, or did you pay cash and something els 415

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	CASH ONLY
2	COMBINATION
77	DON'T KNOW
99	REFUSED

QMU5C What else, besides cash, was exchanged or traded the last ti 416

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Trade other drugs?
2	Trade property or merchandise?
4	Steal the drug?
5	Trade sex?
6	Or something else? [SPECIFY]
7	MULTIPLE THINGS [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU6C Last time you bought Powder Cocaine, did you: 417

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Buy it directly yourself, or
2	Give someone the cash to buy it for you?
77	DON'T KNOW
99	REFUSED

QMU7C Is the person you gave the cash to: 418

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Someone working with a dealer, or
2	Someone not working with a dealer?
77	DON'T KNOW
99	REFUSED

QMU8C Is the person you bought from: 419
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Your regular source
2 An occasional source, or
3 A new source for Cocaine?
77 DON'T KNOW
99 REFUSED

QMU9C The last time you bought Powder Cocaine, how did you contact 420
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Page the person on a beeper
2 Call the person directly
3 Go to a house or apartment
4 Approach the person in public--on the street, in store, park
5 Were you with person already at work or in a social setting
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU10C The last time you bought Powder Cocaine, at what type of pla 421
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In a house or apartment
2 Public building--in store, bus stop, gas station, restaurant
3 In an abandoned building
4 In a street, alley or road, or
5 Other outdoor area such as a park, lot, etc
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU11C Did you buy it... 422
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In the neighborhood where you live, or
2 Outside you neighborhood?
77 DON'T KNOW
99 REFUSED

QMU12C How much cash did you pay for Powder Cocaine that last time 423
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4
Value Label
7777 DON'T KNOW
9999 REFUSED

QMU13AC How much Powder Cocaine did you get for that amount of cash? 424
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU13BC How much Powder Cocaine did you get for that amount of cash? 425
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU14C How much of the Cocaine you bought was for you to use yourse 426
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU15C How many times did you buy Cocaine on that same day? 427
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU16C Thinking about this last week, on how many of the past 7 day 428
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU17C On how many of the past 30 days did you buy Cocaine? 429
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU18C In the past 30 days, how many different people did you buy C 430
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU19C Was there a time in the past 30 days when you tried to buy C 431
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU20C The last time that happened, why didn't you buy Cocaine? Wa 432
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 No dealers were available,
2 Dealers did not have any,
4 Police activity kept you from the dealers,
5 Or something else? [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU21C Did you buy another drug or alcohol instead? 433
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU22C What did you buy instead? 434
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 ALCOHOL
2 MARIJUANA OR HASHISH
3 CRACK OR ROCK COCAINE
4 POWDER COCAINE
5 HEROIN
6 METHAMPHETAMINE
7 OTHER [SPECIFY]
8 MULTIPLE [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU23C What else, besides cash, was exchanged or traded the last ti 435
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Make it yourself?
2 Get it on credit and will pay cash later?
3 Get it fronted to sell?
4 Trade other drugs?
5 Trade property or merchandise?
6 Transport drugs?
7 Steal the drug?
8 Trade sex?
9 Receive it as a gift?
10 Or something else? [SPECIFY]
11 MULTIPLE THINGS [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU24C The last time you got Cocaine without cash, how did you cont 436
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Page the person on a beeper
2 Call the person directly
3 Go to a house or apartment
4 Approach the person in public--on the street, in store, park
5 Were you with person already at work or in a social setting
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU25AC How much Cocaine did you get that last time? [RECORD NUMBER 437
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU25BC How much Cocaine did you get that last time? [RECORD NUMBER 438
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU26C How much of the Cocaine you got was for you to use yourself? 439
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU27C On that same day, how many times did you get Cocaine in any 440
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU28C Thinking about this last week, on how many of the past 7 day 441
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU29C On how many of the past 30 days did you get Cocaine without 442
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU2D In the past 30 days, did you pay any cash for Heroin? 443
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU4D Did you pay cash only, or did you pay cash and something els 444
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 CASH ONLY
2 COMBINATION
77 DON'T KNOW
99 REFUSED

QMU5D What else, besides cash, was exchanged or traded the last ti 445
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Trade other drugs?
2 Trade property or merchandise?
3 Transport drugs?
4 Steal the drug?
5 Trade sex?
6 Or something else? [SPECIFY]
7 MULTIPLE THINGS [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU6D Last time you bought Heroin, did you: 446
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Buy it directly yourself, or
2 Give someone the cash to buy it for you?
77 DON'T KNOW
99 REFUSED

QMU7D Is the person you gave the cash to: 447
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Someone working with a dealer, or
2 Someone not working with a dealer?
77 DON'T KNOW
99 REFUSED

QMU8D Is the person you bought from: 448
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Your regular source
2 An occasional source, or
3 A new source for Heroin?
77 DON'T KNOW
99 REFUSED

QMU9D The last time you bought Heroin, how did you contact the per 449
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Page the person on a beeper
2 Call the person directly
3 Go to a house or apartment
4 Approach the person in public--on the street, in store, park
5 Were you with person already at work or in a social setting
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU10D The last time you bought Heroin, at what type of place did y 450
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In a house or apartment
2 Public building--in store, bus stop, gas station, restaurant
3 In an abandoned building
4 In a street, alley or road, or
5 Other outdoor area such as a park, lot, etc
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU11D Did you buy it... 451
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In the neighborhood where you live, or
2 Outside you neighborhood?
77 DON'T KNOW
99 REFUSED

QMU12D How much cash did you pay for Heroin that last time you boug 452
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4
Value Label
7777 DON'T KNOW
9999 REFUSED

QMU13AD How much Heroin did you get for that amount of cash? [RECORD 453
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU13BD How much Heroin did you get for that amount of cash? [RECORD 454
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU14D How much of the Heroin you bought was for you to use yoursel 455
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU15D How many times did you buy Heroin on that same day? 456
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU16D Thinking about this last week, on how many did you buy Heroi 457
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU17D On how many of the past 30 days did you buy Heroin? 458
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU18D In the past 30 days, how many different people did you buy H 459
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU19D Was there a time in the past 30 days when you tried to buy H 460
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU20D The last time that happened, why didn't you buy Heroin? Was 461
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 No dealers were available,
2 Dealers did not have any,
3 Dealers did not have the quality you wanted,
4 Police activity kept you from the dealers,
5 Or something else? [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU21D Did you buy another drug or alcohol instead? 462
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU22D What did you buy instead? 463
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 ALCOHOL
2 MARIJUANA OR HASHISH
3 CRACK OR ROCK COCAINE
4 POWDER COCAINE
5 HEROIN
6 METHAMPHETAMINE
7 OTHER [SPECIFY]
8 MULTIPLE [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU23D What else, besides cash, was exchanged or traded the last ti 464
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Make it yourself?
2 Get it on credit and will pay cash later?
3 Get it fronted to sell?
4 Trade other drugs?
5 Trade property or merchandise?
6 Transport drugs?
7 Steal the drug?
8 Trade sex?
9 Receive it as a gift?
10 Or something else? [SPECIFY]
11 MULTIPLE THINGS [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU24D The last time you got Heroin without cash, how did you conta 465
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Page the person on a beeper
2 Call the person directly
3 Go to a house or apartment
4 Approach the person in public--on the street, in store, park
5 Were you with person already at work or in a social setting
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU25AD How much Heroin did you get that last time? [RECORD NUMBER A 466
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU25BD How much Heroin did you get that last time? [RECORD NUMBER A 467
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU26D How much of the Heroin you got was for you to use yourself? 468
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU27D On that same day, how many times did you get Heroin in any w 469
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU28D Thinking about this last week, on how many of the past 7 day 470
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU29D On how many of the past 30 days did you get Heroin without p 471
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU2E In the past 30 days, did you pay any cash for Methamphetamin 472
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU4E Did you pay cash only, or did you pay cash and something els 473
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 CASH ONLY
2 COMBINATION
77 DON'T KNOW
99 REFUSED

QMU5E What else, besides cash, was exchanged or traded the last ti 474
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Trade other drugs?
2 Trade property or merchandise?
4 Steal the drug?
5 Trade sex?
6 Or something else? [SPECIFY]
7 MULTIPLE THINGS [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU6E Last time you bought Methamphetamine, did you: 475
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Buy it directly yourself, or
2 Give someone the cash to buy it for you?
77 DON'T KNOW
99 REFUSED

QMU7E Is the person you gave the cash to: 476
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Someone working with a dealer, or
2 Someone not working with a dealer?
77 DON'T KNOW
99 REFUSED

QMU8E Is the person you bought from: 477
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Your regular source
2 An occasional source, or
3 A new source for Methamphetamine?
77 DON'T KNOW
99 REFUSED

QMU9E The last time you bought Methamphetamine, how did you contac 478
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 Page the person on a beeper
2 Call the person directly
3 Go to a house or apartment
4 Approach the person in public--on the street, in store, park
5 Were you with person already at work or in a social setting
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU10E The last time you bought Methamphetamine, at what type of pl 479
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In a house or apartment
2 Public building--in store, bus stop, gas station, restaurant
3 In an abandoned building
4 In a street, alley or road, or
5 Other outdoor area such as a park, lot, etc
6 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU11E Did you buy it... 480
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 In the neighborhood where you live, or
2 Outside you neighborhood?
77 DON'T KNOW
99 REFUSED

QMU12E How much cash did you pay for Methamphetamine that last time 481
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4
Value Label
7777 DON'T KNOW
9999 REFUSED

QMU13AE How much Methamphetamine did you get for that amount of cash 482
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU13BE How much Methamphetamine did you get for that amount of cash 483
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 BAG OR BALLOON
2 CAPSULE
3 FOIL PACKET
4 GRAM
5 JOINT
6 LINE
7 OUNCE
8 POUND
9 ROCK
10 VIAL
11 OTHER [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU14E How much of the Methamphetamine you bought was for you to us 484
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
777 DON'T KNOW
999 REFUSED

QMU15E How many times did you buy Methamphetamine on that same day? 485
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
10 10 OR MORE
77 DON'T KNOW
99 REFUSED

QMU16E Thinking about this last week, on how many of the past 7 day 486
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU17E On how many of the past 30 days did you buy Methamphetamine? 487
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU18E In the past 30 days, how many different people did you buy M 488
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
77 DON'T KNOW
99 REFUSED

QMU19E Was there a time in the past 30 days when you tried to buy M 489
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU20E The last time that happened, why didn't you buy Methamphetam 490
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 No dealers were available,
2 Dealers did not have any,
3 Dealers did not have the quality you wanted,
4 Police activity kept you from the dealers,
5 Or something else? [SPECIFY]
77 DON'T KNOW
99 REFUSED

QMU21E Did you buy another drug or alcohol instead? 491
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 YES
2 NO
77 DON'T KNOW
99 REFUSED

QMU22E What did you buy instead? 492

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	ALCOHOL
2	MARIJUANA OR HASHISH
3	CRACK OR ROCK COCAINE
4	POWDER COCAINE
5	HEROIN
6	METHAMPHETAMINE
7	OTHER [SPECIFY]
8	MULTIPLE [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU23E What else, besides cash, was exchanged or traded the last ti 493

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Make it yourself?
2	Get it on credit and will pay cash later?
3	Get it fronted to sell?
4	Trade other drugs?
5	Trade property or merchandise?
7	Steal the drug?
8	Trade sex?
9	Receive it as a gift?
10	Or something else? [SPECIFY]
11	MULTIPLE THINGS [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU24E The last time you got Methamphetamine without cash, how did 494

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	Page the person on a beeper
2	Call the person directly
3	Go to a house or apartment
4	Approach the person in public--on the street, in store, park
5	Were you with person already at work or in a social setting
6	OTHER [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU25AE How much Methamphetamine did you get that last time? [RECORD 495

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

Value	Label
777	DON'T KNOW
999	REFUSED

QMU25BE How much Methamphetamine did you get that last time? [RECORD 496

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	BAG OR BALLOON
2	CAPSULE
3	FOIL PACKET
4	GRAM
5	JOINT
6	LINE
7	OUNCE
8	POUND
9	ROCK
10	VIAL
11	OTHER [SPECIFY]
77	DON'T KNOW
99	REFUSED

QMU26E How much of the Methamphetamine you got was for you to use y 497

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

Value	Label
777	DON'T KNOW
999	REFUSED

QMU27E On that same day, how many times did you get Methamphetamine 498

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
10	10 OR MORE
77	DON'T KNOW
99	REFUSED

QMU28E Thinking about this last week, on how many of the past 7 day 499

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
77	DON'T KNOW
99	REFUSED

QMU29E On how many of the past 30 days did you get Methamphetamine 500

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
77	DON'T KNOW
99	REFUSED

QMU30 In your opinion, how serious is the drug use problem facing 501
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 NOT AT ALL SERIOUS
2 NOT TOO SERIOUS
3 SERIOUS
4 VERY SERIOUS
5 EXTREMELY SERIOUS
77 DON'T KNOW
99 REFUSED

QMU31A The family [HOW MUCH RESPONSIBILITY SHOULD THIS GROUP HAVE I 502
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 A LOT OF RESPONSIBILITY
2 SOME RESPONSIBILITY
3 VERY LITTLE RESPONSIBILITY
77 DON'T KNOW
99 REFUSED

QMU31B The community [HOW MUCH RESPONSIBILITY SHOULD THIS GROUP HAV 503
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 A LOT OF RESPONSIBILITY
2 SOME RESPONSIBILITY
3 VERY LITTLE RESPONSIBILITY
77 DON'T KNOW
99 REFUSED

QMU31C The state government [HOW MUCH RESPONSIBILITY SHOULD THIS GR 504
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 A LOT OF RESPONSIBILITY
2 SOME RESPONSIBILITY
3 VERY LITTLE RESPONSIBILITY
77 DON'T KNOW
99 REFUSED

QMU31D The federal government [HOW MUCH RESPONSIBILITY SHOULD THIS 505
Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2
Value Label
1 A LOT OF RESPONSIBILITY
2 SOME RESPONSIBILITY
3 VERY LITTLE RESPONSIBILITY
77 DON'T KNOW
99 REFUSED

QMU32 Which one of these, the family, the community, the state gov 506

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F2
Write Format: F2

Value	Label
1	THE FAMILY
2	THE COMMUNITY
3	THE STATE GOVERNMENT
4	THE FEDERAL GOVERNMENT
77	DON'T KNOW
99	REFUSED

PHONE 507

Measurement Level: Nominal
Column Width: 8 Alignment: Left
Print Format: A12
Write Format: A12

ADADRACE Ethnicity 509

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F5
Write Format: F5

Value	Label
1	Caucasian
2	Japanese
3	Hawaiian/Part Hawaiian
4	Filipino
5	Other Asian
6	All Others

QVALUE Quota 510

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4

Value	Label
1	Caucasian Male 18-25
2	Caucasian Male 26-45
3	Caucasian Male 46-65
4	Caucasian Female 18-25
5	Caucasian Female 26-45
6	Caucasian Female 46-65
7	Japanese Male 18-25
8	Japanese Male 26-45
9	Japanese Male 46-65
10	Japanese Female 18-25
11	Japanese Female 26-45
12	Japanese Female 46-65
13	Hawaiian/Part Male 18-25
14	Hawaiian/Part Male 26-45
15	Hawaiian/Part Male 46-65
16	Hawaiian/Part Female 18-25
17	Hawaiian/Part Female 26-45
18	Hawaiian/Part Female 46-65
19	Filipino Male 18-25
20	Filipino Male 26-45
21	Filipino Male 46-65
22	Filipino Female 18-25
23	Filipino Female 26-45
24	Filipino Female 46-65
25	Other Asian Male 18-25
26	Other Asian Male 26-45
27	Other Asian Male 46-65
28	Other Asian Female 18-25
29	Other Asian Female 26-45
30	Other Asian Female 46-65
31	All Others Male 18-25
32	All Others Male 26-45
33	All Others Male 46-65
34	All Others Female 18-25
35	All Others Female 26-45
36	All Others Female 46-65

ALC_SCRN 511

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4

DRG_SCRN 512

Measurement Level: Nominal
Column Width: 8 Alignment: Right
Print Format: F4
Write Format: F4

COUNTY County 513
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8
Value Label
1 Honolulu
2 Hawaii
3 Maui
4 Kauai

WEIGHT 514
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.6
Write Format: F8.6

TOTAL State 515
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8
Value Label
1

ALCCHECK 516
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8

DRGCHECK 517
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8

QH9A Name of closest public school 518
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F5
Write Format: F5
Value Label
501 Eleele Elem
502 Hanalei Elem
503 Kalaheo Elem
504 Kapaa Elem
505 Kapaa HS
506 Kapaa Middle
507 Kauai High or Inter
508 Kaumualii Elem
509 Kekaha Elem
510 Kilauea Elem
511 Koloa Elem
512 Waimea Canyon Elem or Inter
513 Waimea HS
514 Wilcox Elem
515 other
516 do not know
517 refused

AGECALC Age 519
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	18-25
2.00	26-45
3.00	46-65

ALCE1 520
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE2 521
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE3 522
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE4 523
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE5 524
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE6 525
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE7 526
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE8 527
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE9 528
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE10 529
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE11 530
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_TOL 531
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCTOL12 532
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_WTD 533
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCWTD12 534
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE1TO7 535
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCE9BS 536
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALC_MORE 537
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCMRE12 538
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_PERS 539
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCPRS12 540
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC8TO9 541
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCE78B 542
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALC_TIME 543
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCTME12 544
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_WORK 545
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCWRK12 546
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_CONT 547
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCCNT12 548
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCE1011 549
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALC_E56B 550
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCDEP 551
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCDPN12 552
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALCDEPLT Alcohol dependence: Lifetime 553
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

ALCDEP12 Alcohol dependence: Past 12 months 554
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_FAIL 555
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

AINJURY 556
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ADROV 557
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ARISK 558
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_HAZ 559
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCHZ 560
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ADUI 561
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ABOOK 562
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

AOTHER 563
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

APAROLE 564
Measurement Level: Scale

Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_LEG 565
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCLGL 566
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

AARGUE 567
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

AFIGHT 568
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ACOMP 569
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

ALC_SOC 570
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCSCL 571
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ALCABUSE Alcohol abuse: Counter 572
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

ALCABS12 Alcohol Abuse: Past 12 months 573
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

DRGE1 574
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE2 575
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE3 576
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE4 577
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE5 578
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE6 579
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE7 580
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE8 581
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE9 582
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE10 583
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE11 584
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_TOL 585
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGTOL12 586
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_WTD 587
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGWTD12 588
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE1TO7 589
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGE9BS 590
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRG_MORE 591
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGMRE12 592
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_PERS 593
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGPRS12 594
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG8TO9 595
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGE78B 596
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRG_TIME 597
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGTME12 598
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_WORK 599
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGWRK12 600
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_CONT 601
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGCNT12 602
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGE1011 603
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRG_E56B 604
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGDEP 605
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGDPN12 606
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRGDEPLT Drug dependence: Lifetime 607
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

DRGDEP12 Drug dependence: Past 12 months 608
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

DRG_FAIL 609
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DINJURY 610
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DDROV 611
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRISK 612
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_HAZ 613
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGHZ 614
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DDUI 615
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DBOOK 616
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DOTHER 617
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DPAROLE 618
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_LEG 619
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGLGL 620
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DARGUE 621
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DFIGHT 622
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DCOMP 623
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3

DRG_SOC 624
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGSCL 625
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DRGABUSE Drug abuse: Counter 626
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

DRGABS12 Drug abuse: Past 12 months 627
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No
1 Yes

NEED Need for Alcohol OR Drug Treatment 628
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F3
Write Format: F3
Value Label
0 No Need
1 Need

NEEDDAH 629
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

SEEK Seeking Treatment last 12 months 630
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 Not Seeking
.01 Seeking

NEEDALC 631
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

NEED1 Need for Alcohol Treatment ONLY 632
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No Need
1.00 Need

NEEDDRG 633
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

NEED2 Need for Drug Treatment ONLY 634
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No Need
1.00 Need

NEED3 Need for Alcohol AND Drug Treatment 635
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No Need
1.00 Need

WHITE3A1 636
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3A1 637
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3A1 638
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3A1 639
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3A1 640
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3A1 641
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3A2 642
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3A2 643
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3A2 644
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3A2 645
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3A2 646
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3A2 647
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3A3 648
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3A3 649
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3A3 650
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3A3 651
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3A3 652

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3A3 653
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3A4 654
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3A4 655
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3A4 656
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3A4 657
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3A4 658
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3A4 659
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3B1 660
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3B1 661
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3B1 662
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3B1 663
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3B1 664
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3B1 665
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3B2 666
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3B2 667
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3B2 668
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3B2 669
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3B2 670
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3B2 671
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3B3 672
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3B3 673
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3B3 674
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3B3 675
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3B3 676
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3B3 677
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3B4 678
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3B4 679
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3B4 680
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3B4 681
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3B4 682
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3B4 683
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE3 684
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN3 685
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIA3 686
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FIL3 687
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN3 688
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

OTHER3 689
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

DK3 690
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

X 691
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

WHITE 692
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

JAPAN 693
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

FILIPINO 694
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

ASIAN 695
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HAWN 696
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

NEWRACE Ethnicity 697
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8
Value Label
1 White
2 Hawaiian / Part Hawaiian
3 Japanese
4 Filipino
5 Other Asian
6 Other

AGE Age 698
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8
Value Label
1 18-24
2 25-44
3 45-65

NEWQUOTA 699
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.5
Write Format: F8.5

RA3A1 700
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3A2 701
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3A3 702
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3A4 703
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3B1 704
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3B2 705
Measurement Level: Scale

Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3B3 706
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3B4 707
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3A 708
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

RA3B 709
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

HUDRACE Race of respondent 710
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8
Value Label
1 White
2 Black or African American
3 American Indian and Native Alaskan
4 Asian
5 Pacific Islander - not Native Hawaiian
6 Hawaiian or Part Hawaiian
7 Some other race
8 Mixed race
77 Don't know
99 Refused

RA3 711
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8
Write Format: F8

ADADAGE1 ADAD Categories of Age 712
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 18-24 Years
2.00 25-44 Years 3
45.00 -65 Years"

YRSINUS Number of Years in U.S. 713
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 One Year or Less
2.00 2 Years to 5 Years 3
4.00 11 Years to 20 Years
5.00 More than 20 Years
6.00 Year to 10 Years"

NUMKIDS Number of Children - Primary Responsibility 714
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 None
1.00 One
2.00 Two
3.00 Three
4.00 Four to Five
5.00 Six to Ten
6.00 More than 10

SCHLDUN Age when Quit School 715
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 Under 10 Years
2.00 11 to 15 Years
3.00 16 to 20 Years
4.00 21 to 25 Years
5.00 26 to 30 Years
6.00 31 to 40 Years
7.00 Over 40 Years

MDVISIT Number of MD Visits per Year 716
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 None
1.00 One
2.00 2 to 7 Visits
3.00 8 to 12 Visits
4.00 13 to 26 Visits
5.00 26 to 51 Visits
6.00 Over 52 Visits

HLTHVIST Number of Visits to Health Professional - Non MD - Per Year 717
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 None
1.00 One
2.00 2 to 7 Visits
3.00 8 to 12 Visits
4.00 13 to 26 Visits
5.00 26 to 51 Visits
6.00 Over 52 Visits

AGESMOKE Age when First Smoked 718
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 5 to 9 Years
2.00 10 to 12 Years
3.00 13 to 15 Years
4.00 16 to 20 Years
5.00 21 to 24 Years
6.00 25 to 29 Years
7.00 30 Years or Older

PAST30 Days Smoked in Past 30 days 719
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label

1.00 Once
2.00 Once per week
3.00 Twice per week
4.00 Three Times per week
5.00 Every Other Day
6.00 Nearly Daily

LAST30 Days Smoked during last 30 days of smoking 720
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 Once
2.00 Once per week
3.00 Twice per week
4.00 Three Times per week
5.00 Every Other Day
6.00 Nearly Daily

CHEWING 30 Day Use of Chewing Tobacco 721
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 Once
2.00 Once per week
3.00 Twice per week
4.00 Three Times per week
5.00 Every Other Day
6.00 Nearly Daily

CIGARS 30 Day Use of Cigars 722
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 Once
2.00 Once per week
3.00 Twice per week
4.00 Three Times per week
5.00 Every Other Day
6.00 Nearly Daily

PIPES 30 Day Use of Pipes 723
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
1.00 Once
2.00 Once per week
3.00 Twice per week
4.00 Three Times per week
5.00 Every Other Day
6.00 Nearly Daily

AGEDRINK Age when First Drank Alcohol 724

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	5 to 9 Years
2.00	10 to 12 Years
3.00	13 to 15 Years
4.00	16 to 20 Years
5.00	21 to 24 Years
6.00	25 to 29 Years
7.00	30 Years or Older

PAST30A Days Drank in Past 30 days 725

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	Once
2.00	Once per week
3.00	Twice per week
4.00	Three Times per week
5.00	Every Other Day
6.00	Nearly Daily

LAST30A Days Drank during last 30 days of drinking 726

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	Once
2.00	Once per week
3.00	Twice per week
4.00	Three Times per week
5.00	Every Other Day
6.00	Nearly Daily

LAST30B Days Drank during last 30 days of drinking 727

Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	Once
2.00	Once per week
3.00	Twice per week
4.00	Three Times per week
5.00	Every Other Day
6.00	Nearly Daily

DRINKDAY Drinks per day in past month 728
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	One
2.00	Two
3.00	Three to Five
4.00	Six to Ten
5.00	Over Ten

DRINK30 Days Drank in Past 30 days 729
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	Once
2.00	Once per week
3.00	Twice per week
4.00	Three Times per week
5.00	Every Other Day
6.00	Nearly Daily

DRANK30 Days Smoked during last 30 days of smoking 730
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	Once
2.00	Once per week
3.00	Twice per week
4.00	Three Times per week
5.00	Every Other Day
6.00	Nearly Daily

ADADAGE ADAD Categories of Age 731
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
.01	18-24 years
.02	25-44 years
.03	44-65 years

FORM9ETH Race Ethnicity form 9 categories 732
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
.01	White
.02	Black
.03	Hawaiian/Part Hawaiian/Other Pacific Islanders
.04	Asian
.05	AINA
.06	Others

AGEFORM9 Form 9 Categories of Age 733
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	18 to 24 Years
2.00	25 to 44 Years
3.00	45 to 64 Years
4.00	over 65 Years

COCEVER ever used cocaine or crack 734
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	cocaine only
2.00	cocaine and crack

COCEVER1 ever used cocaine or crack 735
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	cocaine only
2.00	cocaine and crack use

COCCURR current use of cocaine or crack or both 736
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	cocaine only
2.00	crack only
3.00	cocaine and crack

COCCURR1 current use of cocaine or crack' 737
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
1.00	cocaine only
2.00	cocaine and crack use

METHEVER Ever used Methamphetamine 738
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2

Value	Label
.00	No
1.00	Yes

METHCURR Current Use of Methamphetamine 739
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 Not used
1.00 currently used

SMOKEVER Ever smoked part or all of a cigarette 740
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

SMO2EVER Smoked at least 100 cigarettes in your entire life 741
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

SMOKCUR Smoked within the past 30 days 742
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

DRKEVER Ever had a drink of any type of alcohol 743
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

DRK2EVER Ever had twelve or more drinks in the same year 744
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

DRKCUR Drink within the past 30 days 745
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

BINGEVER Ever had a drink 4 (female)/5 (male) or more drinks on the s 746
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

BINGCUR Had a drink 4 (female)/5 (male) or more drinks on the same o 747
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

METHCUR Used Methamphetamine within 30 days 748
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

MARIEVER Ever used Marijuana (hash, pot, weed, pakalolo) 749
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

MARICUR Used Marijuana (hash, pot, weed, pakalolo) within 30 days 750
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

HEROEVER Ever used heroin or other opiates 751
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

HEROCUR Used used heroin within 30 days 752
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 No
1.00 Yes

COCAEVER Ever used cocaine 753
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 Neither/refused/DK for both
1.00 Powder only
2.00 Crack only
3.00 Both power and crack

COCACUR Used cocaine within 30 days 754
Measurement Level: Scale
Column Width: 8 Alignment: Right
Print Format: F8.2
Write Format: F8.2
Value Label
.00 Neither/refused/DK for both
1.00 Powder only
2.00 Crack only
3.00 Both power and crack