ALCOHOL AND DRUG TREATMENT SERVICES

HAWAI'I, 2015 · 2016 · 2017

OVERVIEW

The report focuses on data collected from agencies receiving state and federal funds from the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health (DOH) from state fiscal years (FYs) 2015 to 2017. It does not include data relating to treatment services provided by non-ADAD funded agencies. Comparisons among FYs 2015, 2016, and 2017 data are made to highlight trends in treatment services, clients and outcomes. The aim of the current report is to increase the knowledge and understanding of substance abuse treatment in our state, an important step in improving services for those who require assistance in overcoming their addiction to alcohol and drugs.

DATA

Data were drawn from the Web-based Infrastructure for Treatment Services (WITS) system input by each qualified treatment service provider. Note that data can vary depending on when data are drawn from the WITS system, as data entry may not occur in a timely manner. In addition, an individual being admitted to a treatment service program does not always mean that the individual receives an actual service. The individual may leave the program for various reasons before receiving it or may be transferred to another program.

For *admission data*, every admission is considered as a separate count, and there is no differentiation between clients admitted once or more than once during a specified period. For this reason, the total number of admissions can contain a duplicated count of some individuals served. *Client data*, however, represent individuals with each client counted only once regardless of the number of times an individual was admitted. The total number of clients is therefore an unduplicated count of individuals served in a given year.

It is important to understand that the number and client mix of ADAD-funded treatment service admissions do not represent the total demand for substance abuse treatment or the prevalence of substance abuse in the general population. The levels and characteristics of treatment service admissions depend to some extent on the availability of state and federal funds. As funding levels rise, the percentage of the substance-abusing population admitted to treatment services generally increases. Moreover, funding criteria, which may change over time, affect the service modality utilized (e.g., residential, outpatient, or other type of treatment services) and client eligibility for services.

Percentages are rounded up to the first decimal in this report, resulting in total percentages ranging from 99.9 to 100.1 percent.

ADAD-FUNDED TREATMENT SITES

Table 1.

Number and Location of ADAD-Funded Treatment Sites, FYs 2015, 2016, and 2017

	Number of Treatment Sites for Adolescents			Number of Treatment Sites for Adults			
	2015	2016	2017	2015	2016	2017	
County							
C&C of Honolulu	53	53	53	32	31	30	
Hawai'i County	33	34	34	11	11	13	
Maui County	15	15	15	10	10	9	
Kaua'i County	6	6	6	4	4	4	
Total	107	108	108	57	56	56	

Reflecting the highest proportion of the state's residents, about a half of sites (49.1% to 49.5% for adolescents and 53.6% to 56.1% for adults) were located in the City and County of Honolulu (C&C of Honolulu).

> The numbers of ADAD-funded treatment sites were primarily stable from FY 2015 through FY 2017.

Admissions by Age Group and County of Residence

Every admission is counted separately and no distinction is drawn between clients served once or more than once during a specified period.

It is important to understand that the number of ADAD-funded treatment service admissions do not represent the total demand of substance abuse treatment or the prevalence of substance abuse in the general population.

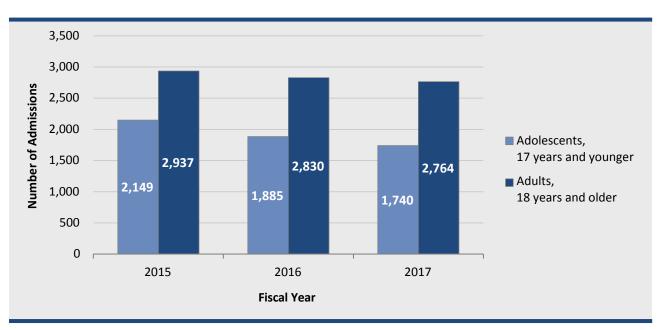
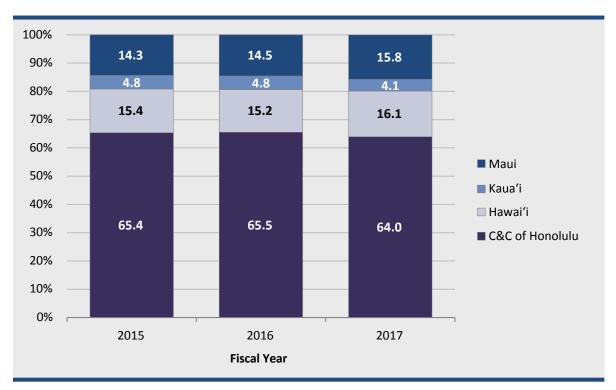


Figure 1. Admissions by Age Group, FYs 2015, 2016, and 2017

- There were a total of 4,504 admissions statewide for treatment services in FY 2017. The number of total admissions declined across the three reporting years, from 5,086 to 4,715 to 4,504.
- > The percentage of adolescent admissions slightly declined from 42.3% in FY 2015 to 38.6% in FY 2017.





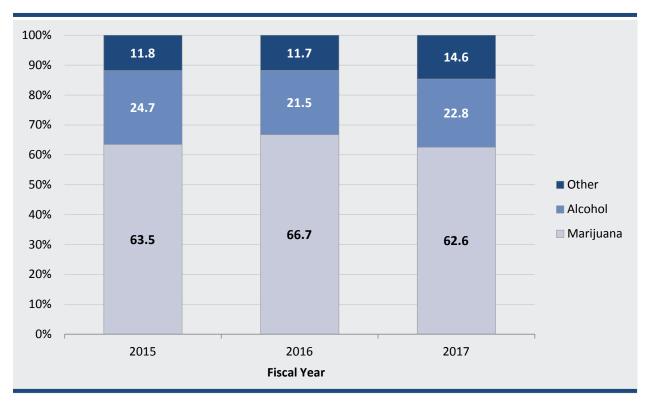
^a The sum of percentages ranges from 99.9% to 100% due to rounding up to the first decimal in each category.

Across the three reporting years, the largest percentage of admissions (64.0% to 65.5%) was from the C&C of Honolulu, followed by the counties of Hawai'i (15.2% to 16.1%), Maui (14.3% to 15.8%), and Kaua'i (4.1% to 4.8%).

PRIMARY SUBSTANCE USED AT THE TIME OF ADMISSION

Data on the primary substance used at the time of admission only represent the substances that led to the treatment episodes. They do not necessarily represent complete listings of all substances used at the time of admission.

Figure 3.



Primary Substance Used at Admission, Adolescents, FYs 2015, 2016, and 2017^a

^a The sum of percentages ranges from 99.9% to 100% due to rounding up to the first decimal in each category.

- Marijuana was the primary substance used for the majority of adolescents ages 17 and younger (62.6% to 66.7%), followed by alcohol (21.5% to 24.7%), at the time of admission, across the three reporting years.
- For adolescents, the "Other" primary substance category includes methamphetamine, cocaine/crack, heroin and other drugs.

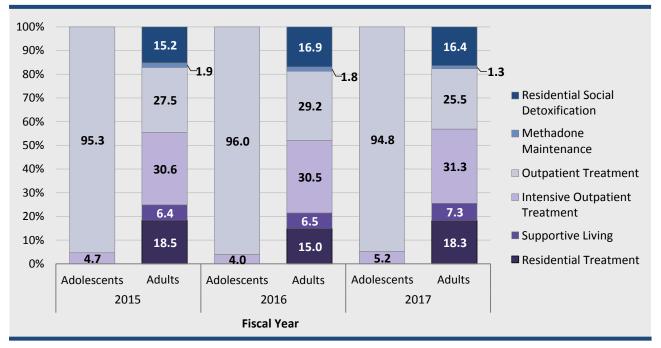


Figure 4. Primary Substance Used at Admission, Adults, FYs 2015, 2016, and 2017

- For adults ages 18 and older, methamphetamine, also known as "ice", was the most frequently reported primary substance (50.5% to 53.4%), followed by alcohol (20.0% to 22.9%), at the time of admission, across the tree reporting years.
- > For adults, the "Other" primary substance category includes cocaine/crack, heroin and other drugs.

ADMISSIONS BY MODALITY OF SERVICES

Figure 5.



Admissions by Modality of Services, FYs 2015, 2016, and 2017^a

^a The sum of percentages ranges from 99.9% to 100.1% due to rounding up to the first decimal in each category.

- All adolescents were admitted to two types of outpatient programs (Intensive Outpatient Treatment and Outpatient Treatment). Over the three reporting years, the vast majority (94.8% to 96.0%) were admitted to Outpatient Treatment programs.
- Approximately three-fifths of adults (58.1% to 61.5%) received outpatient treatment from various outpatient modalities (Intensive Outpatient Treatment, Outpatient Treatment, and Methadone Maintenance programs).

STATE AND FEDERAL FUNDS EXPENDED

Table 2.

Funds Expended by Service Modality and Special Groups, FYs 2015, 2016, and 2017^a

	2015		2016		2017	
	Funds (\$)	Percent (%)	Funds (\$)	Percent (%)	Funds (\$)	Percent (%)
Service Modality						
Residential	5,985,531	33.2	5,099,128	30.4	4,902,328	30.4
Intensive Outpatient	1,778,970	9.9	1,831,690	10.9	1,841,040	11.4
Outpatient	7,855,566	43.6	7,447,060	44.3	7,078,702	43.9
Therapeutic Living	1,407,182	7.8	1,391,246	8.3	1,370,081	8.5
Methadone Maintenance	566,714	3.1	570,250	3.4	508,851	3.2
Residential Social Detoxification	432,416	2.4	454,454	2.7	412,776	2.6
Total	18,026,379	100	16,793,828	100	16,113,778	100
Special Groups ^b						
Native Hawaiians	8,537,998	47.4	7,954,489	47.4	7,371,831	45.7
Residential PPWC	1,177,865	6.5	1,380,896	8.2	1,365,600	8.5
Therapeutic Living PPWC	850,501	4.7	819,874	4.9	822,198	5.1

^a Numbers were rounded to the nearest whole dollar.

^b The groups of Native Hawaiians and pregnant and parenting women with children (PPWC) are not mutually exclusive.

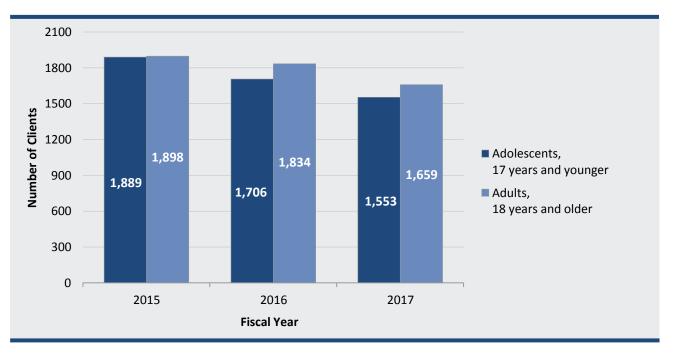
- State and federal funds expended for treatment services decreased from about \$18 million in FY 2015 to about \$16 million in FY 2017.
- The highest percentage of funds was expended on Outpatient Treatment (43.6% to 44.3%), followed by Residential Treatment (30.4% to 33.2%).
- > About half of the total funds (45.7% to 47.4%) were spent on services for Native Hawaiians.

TREATMENT CLIENT CHARACTERISTICS

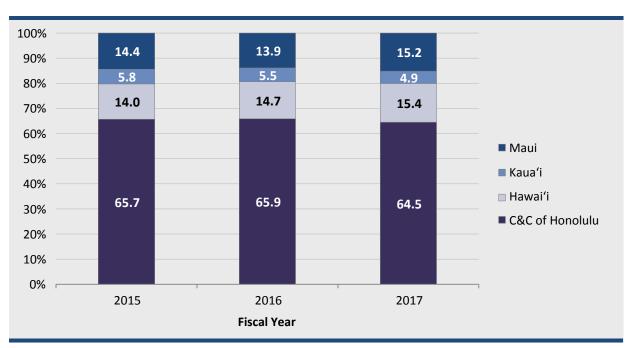
CLIENTS SERVED BY AGE GROUP AND COUNTY OF RESIDENCE

Unlike the number of admissions that can represent a duplicated count of services received by one client, these data are based on individual clients and represent an unduplicated count of clients receiving services in a given year.





- Over the three reporting years, the number of total clients served each year decreased from 3,787 (FY 2015) to 3,540 (FY 2016) to 3,212 (FY 2017).
- The percentage of adolescent clients was relatively stable with a slight decline from 49.9% in FY 2015 to 48.3% in FY 2017.





^a The sum of percentages ranges from 99.9% to 100% due to rounding up to the first decimal in each category.

The majority of clients came from the C&C of Honolulu (64.5% to 65.9%), followed by the counties of Hawai'i (14.0% to 15.4%) and Maui (13.9% to 15.2%).

DEMOGRAPHIC CHARACTERISTICS OF CLIENTS

Table 3.

Demographic Characteristics of Clients at Admission to Services, FYs 2015, 2016, and 2017

	2015		2016		2017	
	Number	Percent	Number	Percent	Number	Percent
Gender						
Male	2,291	60.5	2,104	59.4	1,925	59.9
Female	1,496	39.5	1,436	40.6	1,287	40.1
Total	3,787	100	3,540	100	3,212	100
Race/Ethnicity						
Hawaiian (including part-Hawaiian)	1,659	43.8	1,581	44.7	1,358	42.3
Caucasian	649	17.1	591	16.7	547	17.0
Filipino	389	10.3	346	9.8	311	9.7
Japanese (including Okinawan)	143	3.8	141	4.0	127	4.0
Samoan	134	3.5	147	4.2	114	3.5
Black	103	2.7	115	3.2	105	3.3
Portuguese	44	1.2	34	1.0	29	0.9
Mixed, not Hawaiian	75	2.0	76	2.1	71	2.2
Other Pacific Islander	330	8.7	300	8.5	291	9.1
Other Asian	99	2.6	90	2.5	84	2.6
Other	162	4.3	118	3.3	175	5.4
Total	3,787	100	3,539ª	100	3,212	100

^a There was one missing case in 2016 that was excluded.

There were more male clients (59.4% to 60.5%) than female clients (39.5% to 40.6%) over the three reporting years.

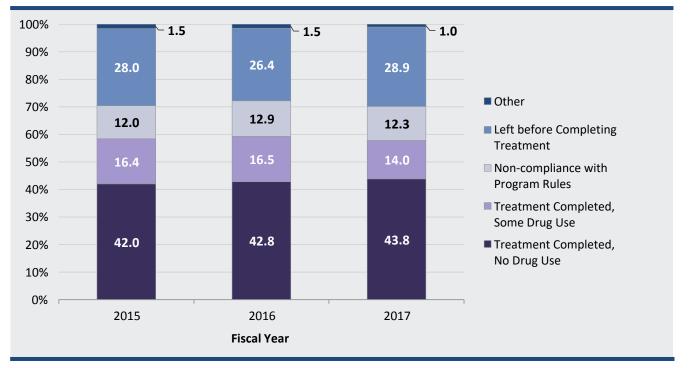
Hawaiians were the largest group of clients (42.3% to 44.7%) who received treatment services, followed by Caucasians (16.7% to 17.1%) and Filipinos (9.7% to 10.3%).

Types of Treatment Service Discharge

In 2017, a total of 4,093 cases were either discharged from treatment services (2,962 cases) or transferred to a different level of care for continued treatment in the same or at another agency (1,131 cases).

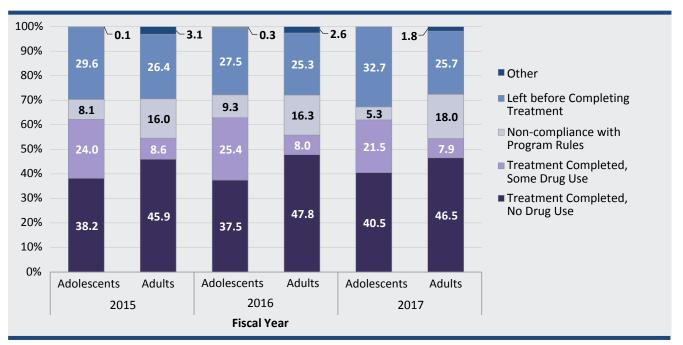
Across the three reporting years, less than 10% of adolescents (6.0% to 9.3%) and more than a third of adults (33.4% to 38.6%) were transferred within or outside the facility.

Figure 8. Types of Treatment Service Discharge (excluding transferred cases), FYs 2015, 2016, and 2017^a



^a The sum of percentages ranges from 99.9% to 100.1% due to rounding up to the first decimal in each category.

- Among the discharged cases (not including transferred cases), approximately three-fifths (57.8% to 59.3%) of the discharged clients completed treatment with no drug use (42.0% to 43.8%) or with some drug use (14.0% to 16.5%).
- > A very small percentage of clients (1.0% to 1.5%) in the "Other" category was discharged due to medical reasons, death or incarceration.





^a The sum of percentages ranges from 99.9% to 100% due to rounding up to the first decimal in each category.

- About 40% or less of adolescents (37.5% to 40.5%) completed treatment programs with no drug use and about a quarter (21.5% to 25.4%) completed with some drug use across the three reporting years.
- Adults were more likely to complete treatment programs with no drug use (45.9% to 47.8%) and less likely to complete with some drug use (7.9% to 8.6%), compared to adolescents.
- Adults were also more likely to be discharged due to non-compliance with program rules (16.0% to 18.0%), compared to adolescents (5.3% to 9.3%).



Suggested Citation

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