STATE OF HAWAII
DEPARTMENT OF HEALTH

ALCOHOL AND DRUG ABUSE DIVISION

STATE PLAN
1991-1993
JULY 1990

NATURE AND EXTENT OF THE PROBLEM

ALCOHOL AND DRUG ABUSE DIVISION
1991-1993 STATE PLAN

I. NATURE AND EXTENT OF THE PROBLEM - THE NATION

The use of drugs, including alcohol, to seek "self-stimulation" or "self-relaxation" has been a part of our society for many years. Their current use or abuse, however, has created severe problems of such proportions so as to put at risk the viability of America's social and economic structure. National polls show that most Americans believe that illegal drugs pose the gravest present threat to the nation's well-being.

The following illustrates the nature and magnitude of the problems associated with substance abuse:

1. Public health problems resulting from drug abuse have developed to an extent and in ways never before experienced. Intravenous drug use has become the single largest source of new human immunodeficiency (HIV) infections. The number of drug-related emergency hospital admissions increased by 121 percent between 1985 and 1988. Most tragic are the babies being born to mothers who use illegal drugs, estimated at 11 percent of all births in 1988, or about 375,000 babies. The resulting effects include premature births, infants born with permanent mental and physical impairments, and higher rates of infant mortality.

2. As reported in the 1989 National Drug Control Strategy, felony drug convictions account for the single largest and fastest growing sector of all felony assaults committed by young people involve drug users. Throughout the country, the criminal justice systems -- police, prosecutors, courts and corrections -- are overwhelmed by the weight of current drug cases.

3. The enormous black market in drug trafficking and sales and attendant money laundering impairs America's economic productivity, undermines the integrity of financial institutions, and exerts a criminal influence on economic investment. An estimate of the U.S. Chamber of Commerce puts the annual gross drug sales at $110 billion, more than the total U.S. gross agricultural income. Another study reports that drug use on the job costs American industry and business $60 billion a year in lost productivity, drug-related accidents, increased absenteeism, rising medical costs, and theft (de Bernardo 1987).

4. The misuse and abuse of alcohol continues to have devastating effects. Alcoholism affects more than one-third of all American families. Research has shown that children raised by alcoholic parents are four times more likely to become alcoholic than children from non-alcoholic homes. In terms of health care costs, 20 percent of the annual national expenditure for hospital care and 12 percent of the total national health expenditures for adults are directly attributable to alcohol abuse (Fein 1984). The National Institute on Alcohol Abuse and Alcoholism has estimated that nearly half of all accidental deaths, suicides and homicides are alcohol related. The enactment of Federal regulations in November 1989 requiring health warnings on the labels of all beverage containers of alcohol sold in the U.S. underscores the great magnitude of damages and deaths due to alcohol-induced birth defects, health problems, and accidents.

5. According to the 1988 National Household Survey on Drug Abuse of the National Institute on Drug Abuse (NIDA), 14.5 million Americans reported using an illegal drug at least once within a 30-day period prior to the survey. Although this is a decrease from 23 million Americans in 1985, the number of Americans who use drugs on a more frequent basis has far from run its course. The NIDA survey found that among persons who reported any cocaine use in the 12 months preceding the survey, the percentage of "frequent" (one or more times a week) cocaine use. has doubled since 1985. Crack cocaine is responsible for a 28-fold increase in hospital admissions of persons involved in smoking cocaine since 1984.

6. Multinational criminal organizations involved in drug production and distribution cause serious political, economic and social problems and major violence in other countries that threaten regional stability. Drugs are a growing concern of U.S. foreign policy as international efforts and cooperation are required to address such problems. Although most illegal drugs are grown and processed outside the U.S., it is the continued use of drugs by U.S. residents that heavily finances the drug-related violence, corruption and intimidation that occurs both abroad and in the U.S.

In examining the course of drug use in society, the National Drug Control Strategy reports:

> We seem to be witnessing a common and tragic phenomenon of drug-use epidemiology. Interest in a given illegal substance often begins first among a particular --usually elite-- segment of the population. It is next picked up and spread more broadly through so-called "casual use" in the mainstream middle class. After a time, a drug's dangers are made widely known...and mainstream use then drops sharply. But the drug continues to slide further down the socio-economic scale, and its chronic or addictive use eventually becomes concentrated among the most vulnerable...young, disadvantaged, inner-city residents. (Page 3).

II. NATURE AND EXTENT OF THE PROBLEM - HAWAII

A. The Adult Population

General estimates from the Alcohol and Drug Abuse Division of the Department of Health indicate that in Hawaii there are approximately 82,515 adults who are problem drinkers or alcoholics; an additional 40,844 adults suffering from abuse of chemical substances other than alcohol; and 10,000 adolescents who can be considered heavy drinkers or drug users.

In 1984, a statewide survey of 2,503 households was conducted to determine rates of alcohol and drug abuse and mental health problems among persons 18 years of age and older in Hawaii.

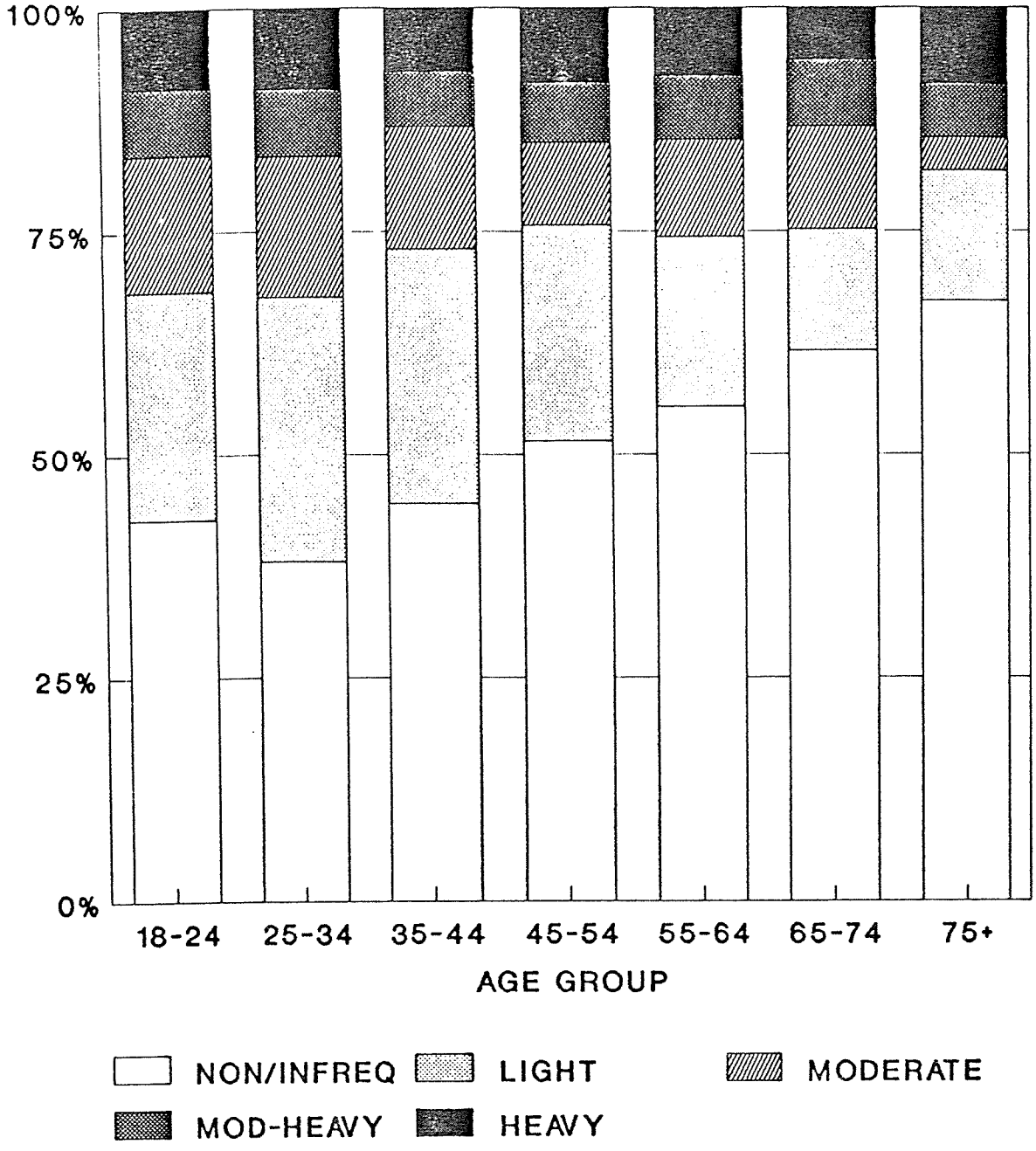
For alcohol use, the survey categorized individuals as indicated by the following examples: non-/infrequent drinker - less than 1 glass of wine or 1 bottle of beer per week; light drinker - up to 7 bottles of regular beer, 8 bottles of light beer or 5 glasses of liquor per week; moderate drinker - up to 17 regular beers, 24 light beers or 13 glasses of liquor per week; moderately heavy drinker -up to 5 regular or 7 light beers per day; heavy drinker - more than 5 regular or 7 light beers per day. The survey results indicate that of those 18 to 34 years of age, 32 percent were considered to be moderate to heavy drinkers, compared to an average of 24 percent of the older age groups. (It should be noted that in 1984, it was still legal in Hawaii to sell liquor to those 18 years and older; the "legal drinking age" was raised to 21 on October 1, 1986.)

Regrading the use of illegal or certain prescription drugs, the survey categorized individuals as indicated by the following examples: nonuser - did not use drugs; light user - daily use of marijuana; moderate user - daily use of tranquilizers, barbiturates or amphetamines; moderately heavy user - use of heroin, morphine or PCP up to four times a week; heavy user - use of heroin, morphine or PCP more than four times a week. The survey revealed that for all levels of drug use, 18 to 34-year-olds had higher rates than the older age groups. Figures 1 and 2 show the survey's results for alcohol and drug use levels by age groups. The DOH is planning to conduct another statewide survey within the next year to obtain more current data on the nature and extent of alcohol and drug use.

The prevalence of chronic alcohol abuse and chronic drug use estimated by the Department of Health in 1984 in the various regions is as follows:

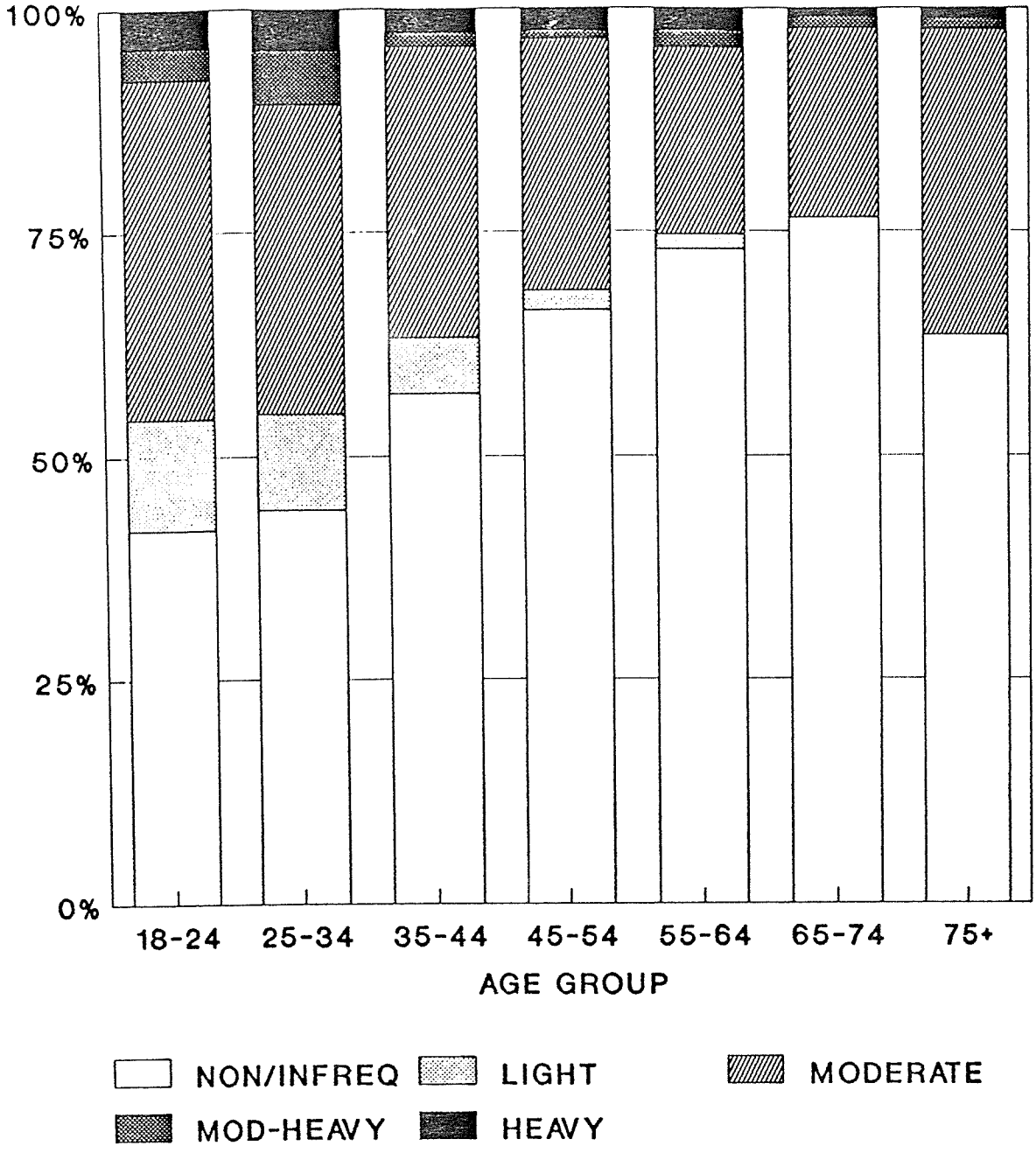
	ESTIMATED NUMBER OF ADULT CHRONIC ABUSERS	
REGION	ALCOHOL	DRUG
Diamond Head	15,458	8,103
Kalihi-Palama	3,253	2,000
Windward Oahu	5,071	2,739
Central Oahu	4,339	2,229
Leeward Oahu	3,985	477
Hawaii	6,681	4,128
Maui	2,731	1,659
Kauai	2,028	789
TOTAL	43,546	22,124

HOUSEHOLD SURVEY OF ALCOHOL USE IN HAWAII, BY AGE: 1984



Source: Murakami et al., 1984

HOUSEHOLD SURVEY OF DRUG USE IN HAWAII, BY AGE: 1984



Source: Murakami et al., 1984

The Office of State Planning sponsored a statewide public opinion survey as part of a comprehensive review of the Hawaii State Plan. The survey was conducted during October and November 1989 through telephone interviews of persons 18 year of age or older in each County. Results were based on a computer-generated sample of 1,600 telephone numbers with a sampling precision of within plus or minus four percentage points for the State as a whole at the 95 percent level of confidence.

The survey asked residents an open-ended question as to what were the most important problems at two levels: (1) confronting the State and communities and (2) facing them or their families personally. Drugs were the most frequently mentioned problem confronting the State and communities and the fifth most frequently mentioned problem which concerned residents on a personal level. Residents were also asked to rate a list of 19 problems as being (1) a very important, somewhat important, or not too important problem for the State and communities; and (2) a serious problem, somewhat of a problem, or not a problem for themselves or their families. In both cases, drug use was the top-rated problem.

B. The Student Population

In order to assess the prevalence of substance use and abuse among student, the Hawaii State Department of Education and its Drug Education and Prevention Advisory Committee authorized a statewide survey of substance abuse by students in Hawaii. The purpose of this survey was to develop an understanding of the nature and extent of illegal drug use among adolescents. The survey was administered to all public school students in grades 6, 8, 10, and 12 who were in attendance on the survey day in October of 1987. Participation was voluntary and responses were anonymous. A total of 35,571 (79.7% of enrollment) public school students and 3,770 (36.9% of enrollment) private school students participated in the survey. It is noted in the report that the survey results probably represent an underestimate of use. Substance abuse is usually highest among students with high absenteeism, so use is likely to be higher among the students who were absent when the survey was administered. This survey is representative of only student in school and not all adolescents because the survey did not take into account those youth who are alienated and dropped out of school. It is this population that is at higher risk of substance abuse.

Some of the highlights of the survey include:

Alcohol is by far the substance of choice at all grades. Some form of alcohol is used by 46% of the sixth graders and 86% of the seniors.

There is high use of marijuana, tobacco, and over-the-counter drugs by the time students are in the eighth grade. Of the seniors, 48% have tried smoking tobacco, 46% have tried marijuana, and 46% have used over-the-counter drugs.

Heavy alcohol use increased with grade level. Less than 1% of the sixth graders and 20% of the seniors can be labeled as heavy drinkers. An estimated 6,700 (8.7%) students in grades 6-12 can be considered heavy drinkers. The data in assessing the frequency and quantity of drinking shows that 3% of the sixth grade

students up to 42% of seniors drink regularly and 49% of the seniors reported drinking 2-4 drinks each time they drink.

Heavy drug use increased with grade level. Students considered to be heavy users ranged from 1% in the sixth grade to 9% in the twelfth grade. Over 3,800 or 4.9% of students in grades 6-12 are projected to be serious drug users.

Examination of the results by ethnic groups indicate that over 91% of both the native Hawaiian, part-Hawaiian and white senior students have used alcohol. One-third of the Hawaiian and part-Hawaiian seniors and 26% of the white senior were considered heavy drinkers.

In analyzing the data by school districts, the following can be seen:

Some differences were observed in alcohol and drug use among the seven districts. Almost 8% more students in Hawaii district have used alcohol than in Honolulu district. Hawaii, Kauai, Maui, and Windward have at least 22 % of their seniors labeled as heavy drinkers. Windward, Hawaii, and Kauai districts have at least 10% or more of their seniors rated as heavy users on the Drug Scale.

Seniors in Windward, Hawaii, Maui, and Kauai report more regular use of marijuana than other districts.

Students report marijuana easier to obtain than other illegal drugs. Over 70% of the seniors in Central, Windward, and Hawaii districts reported that it was easy to obtain marijuana. At least 35% of the seniors in Central, Windward, and Kauai reported that it was easy to obtain cocaine.

The Department of Education has recently released their 1989 survey of the prevalence of substance use and abuse among students. A comparison of findings from both surveys indicate that a substantial number of students in Hawaii have tried alcohol and other drugs at least once in their lifetime.

The survey shows that lifetime prevalence for use of alcohol and drugs decreased in all grades between 1987 and 1989. For alcohol use, the percent decrease in grades 6, 8, 10, and 12 were calculated to be 11.4 percent, 5.4 percent, 3.8 percent and 4.8 percent respectively. For any illicit drug use, the percent decrease was 2.7 percent for grade 6, a decrease of 4.6 percent in grade 8, and a 5.4 percent and 8.9 percent decrease for grades 10 and 12 respectively. Lifetime prevalence is an important measure of experimentation with drugs, but, level and recency of use should also be examined. For regular use of drugs (defined as using 6 or more times in the last year), the findings reveal that there has been little change in either alcohol or illicit drug use between 1987 and 1989 except at grade 12. For regular alcohol use, there was a 0.1 percent increase for grade 6 and a decrease of 0.6 percent, 0.8 percent and 4.8 percent for grades 8, 10, and 12 respectively. For regular illicit drug use, there were increases of 0.1 percent for grade 6 and 0.6 percent for grade 8, no difference in grade 10 and a decrease of 2.4 percent in grade 12.

Students that have a high level of alcohol or drug use require special attention. These students are at greatest risk for addiction or other health problems associated with substance abuse. The findings from the 1989 survey show that nearly 4 percent of the eighth graders and over 17 percent of the twelfth grade students reported high use of alcohol. The survey further shows that about 5,650 students in grades six through twelve may be considered heavy drinkers. Although this represents a decline of about 2,000 students since 1987, the numbers are still large enough to fill 161 average-sized classrooms.

As for heavy drug use, about 4 percent of the students in the eighth grade reported high use of drugs while 8 percent of the students in the twelfth grade reported high use. Examples of heavy drug use for students include daily marijuana smoking, using cocaine one or more times a month and using multiple drugs. It was conservatively estimated that at least 3,700 students in grade six through twelve are heavy drug users. This represents a decline of only about 100 students since 1987, leaving a total that still could fill 106 average-sized classrooms.

C. Pregnant Women and Infants

Tragic effects, with far-reaching consequences for the care and lives of the next generation, are being felt increasingly from the use and abuse of alcohol and drugs by pregnant women. Studies on alcohol use by women during pregnancy have shown that the effects on infants are dose related, with women who are heavy drinkers at highest risk for giving birth to an infant with fetal alcohol syndrome (FAS); however even moderate amounts of alcohol ingested during early pregnancy may result in the infant's altered physical growth and development.

As reported in Nelson Textbook of Pediatrics (Behrman and Vaughan 1987), of infants with birth defects, 32 percent were born to women categorized as heavy drinkers while 14 percent were born to mothers considered moderate drinkers and 9% were born to women who abstained from alcohol. The features of FAS include growth retardation; facial, cranial and cardiac abnormalities; mental retardation; and developmental delays. In addition to FAS, alcohol use during pregnancy is associated with increased risks for separation of the placenta, stillbirths, prematurity, low Apgar scores, low birth weight, and congenital anomalies (Mullins 1985).

Cocaine use during pregnancy may also cause complications such as placental separation and premature labor. Cocaine-exposed infants appear to be at risk for growth retardation, neurological abnormalities, learning disabilities, stiff limbs, hyper-irritability, strokes, seizures, and sudden infant death syndrome. Infants born to drug-using women who trade sex for drugs or money are also at increased risk for sexually transmitted diseases. Crack users appear to be mostly responsible for the births in 1988 of 691 infants recorded with congenital syphilis in the U.S. This is the highest recorded number of infants born with syphilis since the early 1950's when penicillin became available for the treatment of syphilis. About 30 percent of the pregnancies of women who are infected with syphilis result in stillbirths or early infant death.

Drug-exposed infants are also at risk for child abuse and neglect due to the substance abuse problems of their parents as well as the infants' own drug-affected behavior which makes them very difficult to care for. Even with good medical care and early educational intervention, researchers at the UCLA School of Medicine have observed drug-exposed toddlers who were premature at birth to have more problems concentrating, interacting with groups, and coping with structured environments than a comparison group of non-drug-exposed toddlers that were also born prematurely (Newsweek, February 12, 1990).

In Hawaii, preliminary data from the Hawaii Birth Defects Monitoring Program suggest a possible association between birth defects and maternal use of alcohol and drugs. Discharge records from one facility during an 8.5-month period in 1989 revealed 286 infants born with birth defects. Of these infants, 24 percent of the mothers had a history of alcohol and/or single drug use. However, the number of mothers with such a history may have been underestimated since substance abuse is frequently not diagnosed because of health care professionals lack of training in identification and assessment, patient and physician denial of substance abuse, chronic lack of treatment resources, and fear of legal action.

Other records indicate a dramatic increase in the number of drug-exposed infants. In 1988, the Child Protective Services Multidisciplinary Team at Kapiolani Medical Center for Women and Children assessed 18 drug-exposed infants. In 1989, 108 drug-exposed infants were assessed by the CPS Team.

Accompanying the pain and suffering of both mothers and their drug-exposed babies are very high medical and social costs. At birth, there are extended hospital stays because of medical problems and the frequent need to find foster parents for the babies. The primary caregivers -- parents, relatives and foster parents -- of many drug-exposed infants require special training to care for the medically fragile infants. Meeting the needs of these infants and their caregivers is straining the State's already over-burdened child protective services and foster care system. Special education and other long-term social services will be needed for the infants with developmental problems.

D. Intravenous Drug User and AIDS

The importance of addressing drug abuse in the battle against HIV infection and the AIDS epidemic is becoming clearly apparent. While education and prevention efforts appear to have been successful in slowing the transmission of HIV among gay and bisexual men, intravenous drug use is rapidly replacing sexual contact as the major cause of AIDS in newly diagnosed cases. Moreover, IV drug users represent the most likely route of transmission of HIV infection to the general heterosexual population.

The three primary ways in which HIV infection is transmitted are through unprotected sex, through the sharing of needles for IV drug use, and from an infected pregnant woman to her fetus. All of these modes of transmission are of concern in dealing with IV drug users. The virus can be transmitted by individuals without any

obvious symptoms. Usually within 10 years of an HIV infection, costly-to-treat full-blown AIDS occurs as the end stage of the disease.

According to the Centers for Disease Control, as of December 31, 1989 there were 115,170 individuals diagnosed with AIDS in the United States of whom 68,450 have died. About 70% of the reported cases in the U.S. involving heterosexually transmitted AIDS reported having had sexual relations with an intravenous drug user (Watkins 1988). In certain East coast cities, the HIV infection rate among IV drug users is over 50 percent.

AIDS is becoming a leading cause of death of women between the ages of 25 and 34 years. At high risk are women with male sexual partners who are intravenous drug users, women who are IV drug users themselves, or women engaged in prostitution to support a drug habit. Moreover, these women are the group most associated with the birth of HIV-infected infants. Seventy percent of the AIDS cases that are perinatally transmitted are children of drug abusing women or women whose sex partners are intravenous drug users. The number of AIDS cases nationwide among infants and children is rapidly increasing and is expected to total between 10,000 and 20,000 by 1991 (Watkins 1988).

According to the DOH AIDS Surveillance Program, as of January 31, 1990, there were 498 individuals in Hawaii who had been diagnosed with AIDS of whom 282 have died from the disease. Of the total number of persons identified with AIDS, 14 percent reported intravenous drug use as a risk factor. Of a group of 177 IV drug users recruited for interviews and HIV tests from July 1989 through March 1990 by DOH community health outreach workers, 9.6 percent tested positive for HIV. Estimates on the number of intravenous drug users in the State have ranged for about 4,000 to 12,000. The great majority of these drug users are not treated for their drug abuse because of the lack of readily available treatment services or because they are unwilling to avail themselves of services.

Another serious viral disease that can be transmitted through the sharing of infected needles and for which intravenous drug use is a major risk factor is hepatitis B. Across the nation, sharp increases in cases of hepatitis B among IV drug users have been occurring. Transmission can also occur between sexual partners, from mother to newborn infant, and from exposure to infected blood products and other body fluids. Many carriers of the virus who can spread the disease experience little or no obvious symptoms. But hepatitis B can cause cirrhosis of the liver and is a major cause of liver cancer. Unlike HIV infection, hepatitis B can be prevented in the unexposed by vaccination.

EMERGENT ISSUES AND NEEDS

III. HAWAII - EMERGENT ISSUES AND NEEDS

As stated in the "NATURE AND EXTENT OF THE PROBLEM", substance abuse is a major problem in Hawaii today. Some say it is our greatest problem. Certainly it poses the greatest threat to our society and to our young people. Alcohol and illegal drugs are destroying thousands of young lives. Drug and alcohol abuse contribute to the occurrence of numerous tragedies, including street crime, organized crimes, school dropouts, suicide, physical illness, unemployment, family dysfunction, and highway injuries and fatalities. Alcohol related fatalities are the number one cause of death among teenagers, and at least 38% of all suicides and 50% of all child and spouse abuse cases are related to substance abuse. National and state studies have identified a strong link between drugs and alcohol abuse and criminal behavior, evidenced by the fact that more than 65% of the inmates in the state's prison system have a history of drug and alcohol abuse.

Our efforts at treatment have been inadequate. We have not provided enough treatment spaces to care for the thousands of people who find themselves addicted to drugs and alcohol.

Based on the current data for the State of Hawaii, of the estimated 65,670 adults considered to be chronic alcohol and drug abusers, a total of 3,179 (4.84%) individuals were provided some form of treatment. Of the 10,000 adolescents estimated to be heavy alcohol or drug users, 10.15% or 1,015 were provided services during FY 1989.

There is a pressing need to strengthen the basic core services and expand the range of services throughout the State of Hawaii. The costs of implementing these programs will be substantial. In the long run, it will be far more dangerous and far more costly not to implement programs.

Some of the currently existing administrative problems that need to be addressed in the next biennium include:

(1) Lack of centralized planning, development of programs and evaluation capacity within the Alcohol and Drug Abuse Division. Although ADAD has been given the statutory responsibility of assuring the administrative activities to coordinate the needed planning and program development, there is insufficient staff and resources to complete the tasks.

(2) Lack of the ability to assure that treatment services being provided by community agencies are meeting standards of quality care. ADAD has the responsibility by Hawaii Revised Statutes and has insufficient staff and resources to ensure compliance with accreditation standards.

(3) There is a shortage of qualified alcohol and drug abuse treatment service providers on the State of Hawaii. In addition, there are insufficient educational programs to produce and maintain qualified personnel.

(a) Insufficient staff and resources to assure that treatment services providers are certified.

(b) Insufficient staff and resources to develop and implement a network of training and education services to assure that service providers are attaining and maintaining professional standards.

(4) The method of assuring the delivery of treatment services is through contracting with existing community-based private agencies. In order to assure timely processing of contracts, monitoring of service delivery, fiscal management, processing of invoices and evaluation of outcomes, a support staff needs to be in place to assure that these tasks are completed. In addition, ADAD is responsible for fiscal accountability to both the state and federal governments. The ADAD has insufficient staff and resources to assure compliance with administrative responsibilities associated with purchase of services.

(5) Substance abuse and exposure to HIV are inextricably inter-related. There are a variety of agencies that are separately addressing the problems of substance abuse and HIV infection. There is a need for a person who has knowledge of the relationship between these two and who is a specialist in the treatment of substance abusers who are at risk of HIV infection. This individual would assist in coordinating the activities between the agencies.

(6) Primary prevention has been the major vehicle for successfully dealing with problems as large as the current substance abuse problem. Preventive strategies in the area of substance abuse are increasingly being recognized as an essential component of an overall approach in dealing with these problems. Specifically, although the ADAD is mandated to provide and coordinate all substance abuse prevention services, the capacity is severely limited with one temporary staff assigned to this task. A first step to begin to address the situation rationally would be to increase staffing for prevention activities.

In addition to these administrative needs, there are many treatment service problems that need to be addressed as well. There is a lack of a comprehensive array of treatment options for various target populations - for example, adolescents, drug-exposed infants and their families, intravenous drug users, adults in need of alcohol and other drug detoxification, mentally ill chemical abusers, and adults in need of intensive residential treatment.

(1) Of the adolescents who are experiencing severe problems with alcohol and drug use, it is estimated at only one in ten is identified and referred for services. There is a need for increased school based, community based and residential services for this population.

(2) Substance using mothers and drug-exposed infants are an increasing phenomenon with anticipated ~~astronomical~~ psychological, physical, social and economic costs. Currently there are no specialized services to deal with the on-going drug abuse problems of the parent and situations of neglect and abuse between parents and newborns. There is a need for special residential treatment services for drug exposed infants and their families.

(3) A particularly problematic subpopulation of drug abusers are those who administer the illicit drug ~~via the~~ intravenous route. This subpopulation accounts for the heavy drug use, high crime rates, and serious health problems. Of grave concern is the transmission of HIV infection between IVDU's through needle sharing and introduction of the HIV into the general population through unsafe sex practices. There is a need for specialized services for this unique and difficult to reach population.

(4) The range of services available for treatment of substance abuse for adults is limited both in numbers and types of services. Currently social detoxification beds are in short supply on Oahu and non-existent on Kauai, Maui, Hawaii, and Molokai. Adult residential treatment capacity is also limited on Hawaii, Kauai and Maui. There is a need to expand the numbers of treatment slots in all geographic areas as well as broadening the array of treatment modalities.

(5) It has been estimated that 30% to 60% of all mentally ill individuals also have problems with alcohol and other illegal drugs. Unless both the mental illness and the drug abuse are addressed, it will be impossible to effectively treat either one. Currently there are only 5 residential beds on Oahu dedicated to this population. Moreover, self-help groups such as AA and NA are not well suited for support of this population. There is a need to expand residential and outpatient programs as well as special self-help groups for this population.

PREVENTION SERVICES

IV. PREVENTION SERVICES

The Alcohol and Drug Abuse Division (ADAD), Department of Health has chosen to utilize the public health model of prevention. The public health model recognizes that prevention is a dynamic process and attempts to reduce both the supply of and the demand for alcohol and other drugs by focusing attention on three elements: the agent, the host and the environment.

In this model, the agent is defined as alcohol and other drugs. The host is defined as the individual and/or group, their particular susceptibilities to alcohol and other drug-related problems and their knowledge and attitudes that influence the drinking and other drug-using behavior. The environment is defined as the setting or context in which the drinking and other drug-using behavior occurs or is influenced and includes specific institutions and systems, such as schools and religious institutions, the community in which they exist, and the larger society and its norms and mores.

The Alcohol and Drug Abuse Division recognizes prevention is an ongoing process, not a single activity or event. Our strategies provide the framework for a balanced approach to prevention programming targeting individuals, families, groups, communities and society as a whole through strategies that address the agent, the host and the environment. This framework is comprehensive in its approach and recognizes the interrelatedness of the use and misuse of all psychoactive substances - alcohol, tobacco, over-the-counter medications, prescription medications and inhalants, as well as all illicit drugs.

Our strategies include a promotional component that attracts people to prevention by showcasing its positive effects within the community and the respective target populations. It also includes a strategy for heightening public awareness because increased public awareness can serve as a catalyst for coalescing public support, commitment and involvement. Potential prevention practitioners and public policymakers are key targets for promotional and public awareness strategies.

ADAD's philosophy reflects the understanding that prevention is a shared responsibility among community, state and national agencies and organizations but that specific strategies are best accomplished at the community level. "Grassroots" ownership and responsibility are the key elements in prevention program. Such programming empowers the community not only to examine its problems, but also to take ownership and responsibility for their solutions. Public and private partnerships are vital components in this area.

ADAD recognizes that there is no such thing as a "quick fix" solution to the problem and thus seeks to promote a long-term commitment that is flexible and easily adaptable to an ever-changing environment. We seek to build upon the successes and continually enhance efforts in an attempt to obtain the desired results. The long-term process integrates prevention activities into existing organizations and institutions, such as families, religious organizations, schools and communities, and ensures that strategies begin early and continue throughout the life cycle.

Current research projects from the Prevention Resource Center have identified characteristics contributing to successful and effective prevention programming. These characteristics include:

1. Targeting multiple systems (i.e. youth, families, schools, workplace, community organizations, and the media) and using multiple strategies (i.e. providing alternatives, training in developing life skills, creating positive alternative training impactors, and changing community policies and norms).

2. Targeting whole community prevention efforts rather than just an area such as schools.

3. Using a broader prevention effort focused on promoting health and life skills that will help motivate youth towards success. Adolescent psychological development is linked to social behavior. Focus should be on the whole health of the person.

4. Providing sufficient quantity of prevention (i.e. adequate time per intervention and an adequate number of interventions). One-shot prevention efforts are not successful.

5. Integrating prevention activities into family, classroom, school and community. Both families and communities are key system impactors in a child's development of an overall moral/social framework. The very fabric of a child's values and belief system is reinforced daily by the direct and indirect feedback and interaction with his family and community members.

6. Building a supportive environment that encourages participation and responsibility. This results in positive behavioral outcomes.

CURRENT LEVEL OF ALCOHOL AND DRUG ABUSE PREVENTION SERVICES

The Alcohol and Drug Abuse Division and the community Mental Health Centers provide services which mainly targets school age youths. The majority of these services are school based programs.

In FY 90, prevention services totalling $871,978 in combined State and Federal dollars were funded by ADAD.

1. School Based Prevention Services

School based prevention services are available through mental health center contracts to private non-profit agencies throughout Oahu, Kauai, Hawaii, and Maui. In FY 89 approximately $212,587 Federal dollars and $185,376 General funds were expended to serve approximately 8,815 students.

a. Castle Medical Center. Alcohol and drug prevention and education activities to all sixth, seventh and eighth graders at Stevenson

Intermediate School. Contracted through the Diamond Head Mental Health Center. This program is federally funded for $37,687.

b. YMCA. Prevention programs aimed at students between grades 7 and 12 to resist pressure to use substances. This program is funded through the Diamond Head Mental Health Center. This program is state and federally funded for a total of $83,982.

c. Susannah-Wesley Community Center. Community-based youth prevention and education program targeting children from substance abusing families, an adolescent drama education program and an affective education component. Contracted through Kalihi-Palama Mental Health Center. This program is state funded for a total of $90,317.

d. Castle Medical Center. Two pilot preschool programs to help children develop positive behavior patterns and to provide education to parents of the children served. Contracted through Windward and Kauai Mental Health Centers. These programs are state funded for a total of $85,937.

e. Aloha Aina. A culturally appropriate agricultural program contracted to the Waianae Coast Community Mental Health Center targeting native Hawaiian K-6 graders at the Makaha Elementary School. This program is federally funded for $17,275.

f. Castle Medical Center. Educational services targeting athletes and fifth or sixth graders in the Hamakua, North and South Hilo and Puna district, contracted through the Big Island Mental Health Center. This program is federally funded for $54,007.

g. Awareness House. Educational services to 5-12 graders in the North and West Hawaii catchment areas targeting parents, schools and community groups on school transition issues and adolescent alcohol and drug abuse. Contracted through the Big Island Mental Health Center. This program is federally funded for $34,956.

h. Department of Education. School transition programs entitled "TOPS" at Maui High School, contracted through the Maui Mental Health Center. This program is federally funded for $50,000.

2. Other Oahu-Wide Prevention Efforts

a. Castle Medical Center. (1) Elderly substance abuse prevention program contracted through the Central Oahu Mental Health Center. (2) Educational programs targeting the Central/Leeward medical community in educating their patients regarding childbearing and

substance use. Contracted through Central Oahu Mental Health Center. These two programs are state funded for $19,800.

b. Alu Like. Services to build resiliency and protective coping skills in high risk native Hawaiian individuals and families in an effort to reduce their vulnerability to their environment. Services are delivered through outreach by kapunas (native Hawaiian elders) using their natural healing skills. This program is federally funded for $64,496.

c. Oahu-wide Training. A total of $58,771 was contracted to the Pacific Institute of Chemical Dependency to provide training and education to the general public of all ages with a specific focus on pregnant women and women of childbearing ages and human service agency staff that work with these populations. This training also included a statewide prevention conference.

3. Statewide Community Based Prevention Services

a. A centralized information resource center, contracted to the Volunteer Information and Referral System for $81,245 in combined state and federal funds provides current information on alcohol and other drugs and on community resources. Linkage to national computerized data bases ensures the latest research findings and program models are available to professional and the general community. The resource center serves the general population of all ages with specific focus on populations which may be at high risk for substance abuse, such as women, the elderly, and children of alcohol and other drug abusing families. It also focuses on professional and allied support staff of substance abuse prevention, intervention, treatment and aftercare programs.

b. Comprehensive community based prevention, contracted to the Coalition For a Drug-Free Hawaii, $150,000 in general funds provides: (1) A youth focused and youth-driven organization that plans and operates school and other drug prevention efforts which stresses positive alternative through a statewide youth advisory group, youth helping youth leadership training, and by the training of 80% of the school teams to develop drug free activities and public awareness presentations; (2) Training impactors to work with individual citizens, parents, families, civic groups, community organizations, agencies, systems and institutions; and (3) Community awareness campaign that disseminates information to youth, schools, parents, community organizations and the general public about alcohol and other drugs and prevention efforts.

SUPPLEMENTAL FY 91 ADDITIONAL PROGRAM

Hawaii;s 1990 Legislature funded two additional programs for the total funds of $185,472 for 1990-1991.

1. A Hotline service was funded to DASH for $105,472 with general funds. The Hotline is Oahu-wide and provides information, referral, crisis telephone, case management and walk-in counseling and advocacy for those whose referral problems are too serious or complex to be completed over the telephone.

2. General funds totalling $75,000 were made available to the Coalition For a Drug-Free Hawaii to support the continued development of a statewide, community based prevention effort which involves youths, parents schools and community members. Funds will be spent to leverage federal dollars and to provide staffing for a leadership role in coordinating information and a drug prevention planning efforts at county, state and national levels.

ADDITIONAL PREVENTION SERVICES NEEDED (1991-1993)

PUBLIC AWARENESS CAMPAIGN

GOAL: Promote health enhancing behaviors and attitudes of the public regarding alcohol and other drugs.

OBJECTIVE: To establish a comprehensive approach to coordinate public awareness programs on drug and alcohol abuse prevention.

IMPLEMENTATION STRATEGY: FY 91: This will be funded through ADMS Block Grant. No State funds are being requested.

FY 92: This will be funded through ADMS Block Grant. No State funds are being requested.

ACTION STEPS

1. Secure the assistance of a public relations firm that will design a public awareness program to reach every segment of the Hawaii population.

2. Adopt a campaign model such as the "Census 90", or one of similar scope, which sends a message regarding the consequences of alcohol and other drug use.

3. Obtain ideas from everyone in state government, the Governor's Hawaii Drug Control Strategy Cabinet, and local communities for inclusion in the public awareness campaign so that the message is delivered as broadly as possible, and portraying a "local" image.

4. Tap the expertise and network of Public Information Officers of the various state agencies and the Governor's Office.

RATIONALE: Attitudes, images, and fantasies that glamorize alcohol and drug use are promoted through advertising and entertainment industries, even though it is clear that abuse is linked to the very things that tear our fantasies apart - depression, accidents, deaths, suicides, crimes, violence, and isolation. Images associated with alcohol and drug use falsely link "getting high" with happiness, success, sexual satisfaction, virility, and maturity.

Advertising also promotes the idea of a quick fix to relieve pain, to help one sleep, to alleviate depression. Getting high by using drugs and alcohol becomes the coping mechanism for dealing with life's problems.

The public largely denies the problems associated with using illegal drugs. The messages permeating music, movies, and television clearly make "recreational use" acceptable. While there are messages about the harmful effects of abuse, the linkage to recreational use is hardly ever made.

STATE PREVENTION CLEARINGHOUSE

GOAL: Improve the quality of strategic and program planning for prevention.

OBJECTIVE: To develop and maintain a State Prevention Clearinghouse for compilation and dissemination of effective prevention programs and models.

IMPLEMENTATION STRATEGY: FY 91: This will be funded through ADMS Block Grant. No State funds are being requested.

FY 92: This will be funded through ADMS Block Grant. No State funds are being requested.

ACTION STEPS

1. Establish the RADAR (Regional Alcohol and Drug Awareness Resource) Network to take the latest information on how to fight alcohol and other drug problems to those who needed it most -- the state and community level program planners, school personnel, law enforcement personnel, health professionals, treatment providers, and others.

2. Maintain a toll free number that makes information on prevention and treatment programs available to the general public.

3. Expand the database not only in the form of information gathering but also in assuring that sufficient staff and hardware are available so that information may be given to the public on request.

4. Develop a component of the Hawaii Database to address why individuals don't take drugs.

5. Coordinate and disseminate the collection of all state, local, and private substance abuse treatment and prevention programs, data, and services (e.g., director, reports on trends of drug use).

6. Create a mechanism to promote interagency communication. Produce and distribute interagency newsletter.

RATIONALE: A vast amount of data exists that defines the horrible consequences of substance abuse in very specific ways, and many successful prevention and treatment programs have been developed that combat

THERAPEUTIC CAMPING FOR HIGH RISK YOUTH

GOAL: Develop prevention programs aimed at intensive early intervention with high risk youth to prevent onset of alcohol and drug abuse.

OBJECTIVE: To conduct instructional camps for high risk youth to help them achieve their personal and academic potential in a supportive learning environment.

IMPLEMENTATION STRATEGY:

FY 91: This will be funded through ADMS Block Grant. No State funds are being requested.

FY 92: This will be funded through ADMS Block Grant. No State funds are being requested.

RATIONALE: In December, 1989, Hawaii State Department of Education's school survey found heavy alcohol and drug use increased with each grade level. Adolescents are at the highest risk of serious alcohol and other drug use. It is during these years when attitudes toward personal and peer use of substance are most likely to change. Adolescence is a period of unsettled identity and values. If intervention with high risk youths takes place at this time, attitudes can be changed and behaviors refocused. Therapeutic camps allow youths to examine their own motivation and allows them the opportunity to discover the obstacles standing in their way that prevents them from achieving their best. This proposed program teaches teens to recognize situations in which they behave with limited options, and how to generate more choices for themselves. Behavioral flexibility, self-esteem, confidence, and personal responsibility are developed through experiential learning games, simulations and group discussions. As teens share their discoveries with family, friends, and community, they effectively implement positive changes in their lives.

COLLEGE AGE POPULATION

GOAL: Promotion and development of a drug-free lifestyle for the college age population.

OBJECTIVE: To promote a drug-free lifestyle for college age students.

IMPLEMENTATION STRATEGY: FY 91: This will be funded through ADMS Block Grant. No State funds are being requested.

FY 92: This will be funded through ADMS Block Grant. No State funds are being requested.

ACTION STEPS

1. Offer courses that have been shown to make a significant impact on young people such as the "I Can" course, which emphasizes that students must build their lives and career on the "foundation stones of honesty, integrity, character, love, trust, and loyalty".

2. Offer blocks of funding to different disciplines within the University to actively involve students in projects which promote a drug-free environment.

RATIONALE: College campuses and institutions of higher learning are often perceived by the young as places where "freedom" is finally achieved. No longer subject to the scrutiny of parents or teachers who see them every day, young people need to be reminded about what is acceptable behavior now that they are on their own.

Alcohol and drug use rates are high for college age students, exceeding even the high rate of alcohol use of similar age groups who do not go to college. Very heavy use of alcohol is often associated with the college years and is a frequent cause of premature termination of college education.

Currently there are small, fragmented educational efforts at the University of Hawaii, however, a comprehensive substance abuse prevention program is nonexistent.

Hawaii's institutions of higher education, while designed to encourage the growth and development of young adults, must carry out this mission within the laws of Hawaii regarding drug and alcohol use. College presidents and campus police should enter into cooperative agreements that clearly enforce student accountability.

ELDERLY PRESCRIPTION ABUSE PREVENTION PROGRAM

GOAL: Reduction of prescription abuse and expansion of increased knowledge of interactive effects of medicine in the elderly.

OBJECTIVE: Development and promotion of statewide elderly prescription abuse prevention programs.

IMPLEMENTATION STRATEGY: FY 91: This will be funded through ADMS Block Grant. No State funds are being requested.

FY 92: This will be funded through ADMS Block Grant. No State funds are being requested.

ACTION STEPS

1. Pilot a program which facilitates a collaborative partnership between the Executive Office on Aging, Alcohol and Drug Abuse Division, pharmacists and physicians.

2. Assess current level of education on prescription and interactive effects of medicine.

3. Prepare informational materials in Chinese, Japanese, Hawaiian, Korean and English for elders, pharmacists, and doctors.

4. Train ten pharmacists to provide information to 1,000 elders.

5. Disseminate warning notice to 25% of Hawaii's elderly.

RATIONALE: Medication misuse exists among people of all ages, but the older person is more likely to experience problems resulting from inappropriate drug use. The high incidence of medication use among people over 65 (who represent 11% of the United States' population and take 25% of all prescription drugs), the physiological changes of aging, lack of information about appropriate drug use increase the older adult's chances of experiencing adverse drug reactions.

While it has been found that most prescriptions are warranted, the likelihood of abuse - whether intended or inadvertent - increase significantly when the following factors are considered. First, the probability of an adverse drug reaction, even to a normal dose of medications, is double that of younger populations because of the lowered physical reserves of the elderly. As well, it has been shown that potential for adverse reactions swells in relation to the number of drugs an individual is taking and the complexity of the prescription directions. The elderly make a high degree of error in drug

consumption as a result of lack of information and confusion arising from multiple prescriptions. This problem is further complicated by the fact that the aged are more likely to mix prescription drugs with over-the-counter remedies or alcohol. And added to this is a tendency to accumulate medications of all kinds - often long beyond their expiration date - and to share them freely with elderly friends and neighbors.

NATIVE HAWAIIAN EX-OFFENDER PREVENTION PROGRAM

GOAL: Improvement of the quality of life of native Hawaiian ex-offenders by the incorporation of a substance abuse prevention project that employs traditional native Hawaiian methods of healing.

OBJECTIVE: To provide culturally appropriate native Hawaiian substance abuse prevention program for ex-offenders.

IMPLEMENTATION STRATEGY: FY 91: Expansion of this program will be funded through ADMS Block Grant. No additional State funds are being requested.

FY 92: Expansion of this program will be funded through ADMS Block Grant. No additional State funds are being requested.

ACTION STEPS

1. Develop and implement a model which is responsive to native Hawaiian culture and supports ex-offenders in their efforts to reintegrate into the work world and re-establish and stabilize their familial support network.

2. All services are to be provided within the framework of important native Hawaiian beliefs and symbols, and should incorporate traditional native Hawaiian values of ohana (family), lokahi (unity), kokua (assistance with no expectation of something in return), laulima (working together), ku'auhau (genealogy), aloha 'aina (love of the land and its people) and a sense of place.

RATIONALE: Hawaiian adults as a group exhibit prevalence rates for alcohol and drug abuse that are second only to those of Caucasians. In the 1987 survey, "Student Substance Use and Abuse in Hawaii", native Hawaiian 12th graders reflected the largest percentage of use of both alcohol and drugs (91% and 66% respectively).

Native Hawaiians are more likely to live in rural areas, to be among the poor, and to lack medical insurance, thus they have limited access to health care. The health care that is accessed is generally based on Western medical principles and is not sensitive to native Hawaiian cultural and communication needs and issues. Similar cultural and communication barriers apply to substance abuse prevention and treatment as well. The organizing principle of the model is "ka hana a ka makua, o ka hana no ia a keiki" (What parents do, children will do); thus the approach will be to focus on the adult (kupuna - grandparents and all relatives of the grandparent generation, and makua - parents and relatives of the parent generation, aunts and uncles) members of the ohana (family) as the role models and teachers for the keikis (children).

TREATMENT SERVICES

V. TREATMENT SERVICES

The Alcohol and Drug Abuse Division (ADAD), Department of Health offers treatment services mainly comprised of adult outpatient, adolescent outpatient, adult residential, adolescent residential, adult social detoxification, and methadone detoxification. Some of the services are specifically targeted to special populations such as native Hawaiians, the dually diagnosed (mentally ill/substance abusers), IV drug users and women with and without children. All the treatment services ~~funded~~ administered by ADAD are contracted out to private providers.

CURRENT LEVEL OF ALCOHOL AND DRUG ABUSE TREATMENT SERVICES

A. Services for Adolescents

1. Adolescents outpatient services are available through contracts with private non-profit agencies and primarily take place within public schools during school hours as well as after school. In FY 1989, approximately 1,015 adolescents received services. Specific services include:

   a. Hina Mauka "TEEN CARE". School based treatment delivered at Castle High School and Olomana Youth Center ($125,471).

   b. Castle Medical Center. School based treatment delivered at Ka'u Konawaena High School, Pahoa High School, Waiakea High School on the Big Island, Kapaa High School on Kauai, Molokai High School on Molokai, and Waipahu High School on Oahu. ($191,825).

   c. YMCA Honolulu. School based treatment services delivered at Kaimuki High School and Kalani High School on Oahu. ($25,565).

   d. Central Oahu Youth Services Association. School referred services from the Aiea-Radford Complex and the Lelehua-Mililani complex. ($58,538).

   e. Other general outpatient services of adolescents are available through a variety of agencies on Oahu, Maui and Hawaii. ($785,501).

2. Adolescent Residential Treatment currently exist principally in private hospital settings. Serenity House on Kauai is currently attempting to establish an adolescent residential program using $149,837 of special time limited Federal funds. The Island of Oahu as present has no state funded adolescent residential treatment services except for a therapeutic foster home program pilot project with a static capacity of six homes, each serving one youth at a time, funded by State funds ($73,012). The 1990 Hawaii Legislature provided funds for three adolescent residential treatment programs, one each for Kauai, Maui, and the Big Island. It is anticipated that approximately 115 adolescents will be treated annually by these programs.

B. Services for Drug-exposed Infants

1. No state or federal funded services available.

C. Services for Intravenous Drug Users

1. Adult methadone detoxification and maintenance services are available only on Oahu through the Drug Addiction Services of Hawaii. The program provides detoxification, maintenance, individual, group and family counseling. In FY 1989 approximately 369 adults received methadone treatment services. This program is funded through a combined state and federal effort of $245,618.

2. Other IVDU specific Federal block grant funded services include:

   a. Adult residential treatment services on Oahu, Maui, Kauai and the Big Island ($129,500).

   b. Adult outpatient treatment services ($68,217).

D. Services for Non-IVDU Adults

1. Social detoxification services are designed to safely withdraw people primarily from alcohol in a non-medical setting. In FY 1989, a total of 798 individuals were provided services on the Island of Oahu. The Salvation Army operates the only social detoxification program in the state. ($212,753 combined state and federal funds).

2. Adult residential treatment services are located on four islands. There are 6 on Oahu, and one each on Kauai, Maui, and the Big Island. Adult residential treatment provides a 24-hour a day, 7-day a week alcohol and other drug free setting. The average length of stay is about three to six months. These treatment facilities have a combined state and federal funding of $1,620,024. During FY 1989, a total of 734 people were provided residential treatment services.

3. Adult outpatient services are available through contracts with private non-profit agencies throughout Oahu, Kauai, and Hawaii. The services are provided under a combined state and federal funding of $999,953. In FY 1989, approximately 1,278 adults were provided services.

E. Mentally Ill/Chemical Abusers (MI/CA)

1. The only agency providing both residential and outpatient services for clients with MI/CA is Po'ailani Inc. Its residential program has a static capacity of 5 beds, and is state and federally funded for $72,993. The partial day

outpatient program has a static capacity of 5 spaces and is funded at $33,075 state funds only.

2. Queen's Medical Center operates a partial day outpatient program. The program capacity is about 70 clients per year. The program is federally funded for a total of $60,525.

SUPPLEMENTAL FISCAL YEAR 1991

In addition to the described services currently being provided throughout the State of Hawaii, the 1990 Hawaii Legislature provided additional funds for the Supplemental FY 1991. The priorities established in funding treatment services included: adolescents, children, substance using mothers and their drug-exposed infants, intravenous drug users, neighbor island adult social detoxification, and dual diagnosis.

These additional resources include:

1. Adult methadone treatment, 76 treatment slots. $428,073.

2. School based adolescent treatment for approximately 400 adolescents. $406,940.

3. Services for infants of drug-addicted mothers in Waianae. $175,000.

4. Adolescent outpatient treatment services in Waianae. $85,000.

5. Adolescent residential treatment services for 50 adolescents on the Big Island, 50 on Maui and 14 on Kauai. $1,142,641.

6. A "hotline", information and referral service. $105,472.

7. A training network to increase the number of qualified professional counselors in the community. $138,624.

8. Salvation Army adult social detoxification program. $50,000.

ADDITIONAL TREATMENT SERVICES NEEDED (1991-1993)

ADOLESCENTS WITH SUBSTANCE ABUSE PROBLEMS

GOAL: Expand substance abuse treatment services for adolescents and their families.

OBJECTIVE A: To provide intensive school based substance abuse treatment services to adolescents and their families.

IMPLEMENTATION STRATEGY:

FY 91

A. Maintain supplemental budget funding for adolescent school based treatment services.

Cost: $275,928

B. Provide in school based treatment services to an additional 500 adolescents statewide.

Cost: $500,000

FY 92

A. Maintain supplemental year services

Cost: $275,928

B. Provide in school based treatment services to another additional 500 adolescents statewide.

Cost: $500,000 + New $500,000 = $1,000,000

RATIONALE: There is presently limited capacity to treat these adolescents. The Department of Education's 1989 survey estimates there are 9,300 adolescents currently in school with severe alcohol and drug problems. A priority must be to reach and treat these adolescents before they drop out of school. Intensive school based treatment is more cost effective than residential treatment.

Early treatment can disrupt the addiction process, reduce chronic relapse and preclude the need for more extensive treatment.

Family inclusion in treatment can reduce costly placement in residential programs and family disintegration.

ADOLESCENTS WITH SUBSTANCE ABUSE PROBLEMS

GOAL: Expand substance abuse treatment services for adolescents and their families.

OBJECTIVE B: To expand community-based adolescent substance abuse treatment.

IMPLEMENTATION STRATEGY: FY 91 Expand community-based treatment services to an additional 300 adolescents statewide.

Cost: $300,000

FY 92 Expand community-based treatment services to an additional 300 adolescents statewide.

Cost: $300,000 + New $300,000 = $600,000

RATIONALE: There is extremely limited capacity statewide to treat adolescents not currently attending school and yet many are at the highest risk for lifelong chronic substance abuse problems or early death.

Intensive community-based treatment services can disrupt the addiction process, reduce chronic relapse, and preclude the need for more extensive treatment.

ADOLESCENTS WITH SUBSTANCE ABUSE PROBLEMS

GOAL: Expand substance abuse treatment services for adolescents and their families.

OBJECTIVE C: To expand adolescent substance abuse residential treatment services.

IMPLEMENTATION STRATEGY: FY 91 Provide 79 residential treatment spaces on Kauai, Maui, Kona, Hilo, Molokai, and Oahu.

Cost: $1,339,629

FY 92 Maintain 79 residential treatment spaces.

Cost: $1,339,629

RATIONALE: Currently there are no adolescent residential treatment programs in the state except for private hospital programs which tend to be extremely expensive.

The 1990 Hawaii Legislature funded adolescent residential treatment spaces on Maui, Kauai and the Big Island. These spaces must be maintained and Oahu, our most populated island, must have residential spaces.

A Kona and Molokai residential program are also needed.

No adolescent should be denied substance abuse residential treatment because such treatment is unavailable or unaffordable.

DRUG EXPOSED INFANTS AND THEIR FAMILIES

GOAL: To assure availability and access of appropriate treatment services for drug exposed infants and their families.

OBJECTIVE: To provide specialized residential treatment services for drug exposed infants and their families.

IMPLEMENTATION STRATEGY: FY 91 Provide 1 additional residential treatment program and support services to serve the special needs of substance using post-partum women and their drug exposed infants.

Cost: $275,000

FY 92 Provide 1 additional residential treatment program and support services to serve the special needs of substance using post-partum women and their drug exposed infants.

Cost: $275,000 + New $275,000 = $550,000

RATIONALE: Without substance abuse treatment and parenting skills training for post-partum women, an entire segment of the next generation will be lost. Parenting skills will reduce the risk of child abuse. The human misery and fiscal expense resulting from the intensive needs of addicted newborns will be reduced.

Specialized residential treatment will provide homes for both substance using women and their infants, thus allowing appropriate diagnosis and treatment for both the women and their infants.

INTRAVENOUS DRUG USERS

GOAL: Increase treatment slots for intravenous drug users at risk of spreading AIDS.

OBJECTIVE: Ensure availability of methadone treatment services.

IMPLEMENTATION STRATEGY:

FY 91

A. Expand methadone program by 48 slots.

Cost: $268,000

B. Establish 1 specialized treatment program for IV drug users (non-methadone).

Cost: $178,000

FY 92

A. Maintain additional slots.

Cost: $268,000

B. Maintain specialized treatment program.

Cost: $178,000

RATIONALE: Current data indicates that the methadone program has a wait list. There is no methadone program on any neighbor island. Most clients in methadone programs are intravenous drug users at high risk of being exposed to the HIV through needle sharing and risky sexual practices.

Many clients who are on methadone also take other illegal substances and/or alcohol. The specialized residential program proposed will be a prototype to begin to treat this unique population.

ADULT SOCIAL DETOXIFICATION AND FOLLOW THROUGH PROGRAMS

GOAL: Increase adult social detoxification and follow through programs.

OBJECTIVE: To ensure availability of social detoxification and follow through programs statewide.

IMPLEMENTATION STRATEGY:

FY 91

A. Increase Oahu social detoxification capacity.

Cost: $116,000

B. Establish social detoxification programs on Kauai, Maui, Kona and Hilo.

Cost: $700,800

C. Establish model Molokai program combining social detoxification and short term residential treatment services.

Cost: $175,200

FY 92

A. Maintain increased Oahu capacity.

Cost: $116,000

B. Maintain Neighbor Island programs.

Cost: $700,800

C. Maintain Molokai program.

Cost: $175, 200

RATIONALE: There is currently limited program capacity on Oahu. There are no social detoxification programs on any Neighbor Islands.

Social detoxification provides a safe, effective process for non-direct medical intervention and therefore is less costly.

MENTALLY ILL/CHEMICAL ABUSERS (MICA)

GOAL: Ensure that drug abusers who also have a mental health problem are identified, supported and receive appropriate care.

OBJECTIVE: To begin to develop an effective range of services for mentally ill/chemical abusers (MICA) clients.

IMPLEMENTATION STRATEGY:

FY 91

A. Support development and establishment of self-support groups for MICA clients.

Cost: $20,000

B. Expand current residential treatment capacity form 5 beds to 10 beds.

Cost: $127,750

FY 92

A. Maintain funding for self-support groups

Cost: $20,000

B. Expand residential treatment capacity by additional 10 slots.

Cost: $127,750 + New $250,550 = $378,300

RATIONALE: It has been estimated that there are between 3,000 and 5,000 mentally ill/chemical abusers in Hawaii. Often MICA clients are undiagnosed, misdiagnosed and inadequately served. This results in high rates of recidivism for either drug or mental health problems.

ADULT RESIDENTIAL TREATMENT

GOAL: Increase adult residential treatment capacity and effectiveness.

OBJECTIVE: To increase adult residential treatment capacity and effectiveness.

IMPLEMENTATION STRATEGY:

FY 91 A. Maintain supplemental budget year increase for the Big Island.

Cost: $200,000

FY 92 A. Maintain supplemental budget increase.

Cost: $200,000

RATIONALE: There are an estimated 11,000 chronic alcohol and drug abusers on the Big Island. Additional residential capacity is crucial.

VI. ADMINISTRATION - ALCOHOL AND DRUG ABUSE DIVISION

CURRENT LEVEL OF ALCOHOL AND DRUG ABUSE ADMINISTRATION

The administrative sub-system is the central focus of the overall system of substance abuse services. The Alcohol and Drug Abuse Division is responsible for accomplishing the administrative activities in the implementation of all the elements of this sub-system, which includes the development and implementation of the following:

1. POLICY FORMULATION - Recommendation of principles, priorities and initiatives to be used by our public officials, the Departments and the Legislature in addressing the problems associated with substance abuse.

2. LEGISLATIVE ACTION - Provision of the leadership for legislative action to assure an overall system and provide the necessary resources to plan, develop and implement such a system as well as to improve and expand the full continuum of services.

3. COMMUNITY RELATIONS AND PARTICIPATION - Initiation and maintenance of contact with community groups interested in issues related to substance abuse and its consequences to establish on going and open communication and encourage participation in order for the state agency to be responsive to community needs. Areas where collaborative efforts are necessary include: (a) establishing policy, (b) planning, (c) legislative activities, and (d) standard setting. This relates to statutory requirements.

4. COORDINATION - An overview of all programs, services, research, educational activities related to substance abuse and promotion of the cooperative working relationships among these programs. This is required by statute.

5. PLANNING - Identification of needs, problem solving, and making decisions for action to be taken in order to make an impact in the future and based on consensus of common values, agreement upon planning assumptions and a commitment for follow-through. This is required by statute.

6. FINANCING - includes the following:

    a. BUDGETING - Identification and the requesting of the resources required to implement a plan.

    b. GRANTS/CONTRACT MANAGEMENT - Assuring a flexible service delivery system through grants and contracts to existing service delivery programs to meet the needs based on the planning process, because no one agency will be able to address all the needs.

    c. REIMBURSEMENT MECHANISMS - Identifying those programs that are responsible for paying for the services and assuring that the responsibilities

are being fulfilled, improving the mechanisms and timing for reimbursements, and developing, assessing and implementing alternative methods of reimbursement.

7. TECHNICAL ASSISTANCE - Providing the technical assistance and guidance that will be required at the service delivery level to assure the professional standards in this field. This requires staff to maintain expertise in the latest developments in the continuum of service delivery, the findings in current research, new models of service delivery, and current political trends; as well as process skills, teaching skills, clinical supervision, clinical consultation, and administrative consultation to assist in the development and maintenance of an effective system.

8. ACCREDITATION/CERTIFICATION - Accreditation of state funded substance abuse programs and the certification of individuals to assure that the services that are being provided are not only appropriate, but of high quality as well. This is required by statute.

9. DATA AND INFORMATION - Development and maintenance of a high quality data and information system which is essential for the planning, development and evaluation efforts required by statutes. The data system must serve as a centralized data base for the purposes of identifying clients and for demographic surveillance; serve as an interactive system that will allow the tracking of service provision; and serve as a mechanism for evaluation of service utilization, client outcomes, and system functions.

10. QUALITY ASSURANCE - Assuring professional accountability in providing quality services based on the philosophy of education for and promotion of high quality services as the impetus for designing quality assurance programs. This includes developing standards in a cooperative effort by the service providers and the Alcohol and Drug Abuse Division, developing methods of monitoring and evaluation with the intent of identifying areas for professional education, training, and technical assistance, developing mechanisms for objectively requesting technical assistance, education and training in order to improve quality of services.

CURRENT CAPACITY

To carry out its administrative functions and meets its responsibilities, ADAD currently has 18 authorized positions and is organized into two major units: the Community and Consultative Services Branch (CCSB), and the Program Development Services Office (PDSO). Staff are funded by a combination of state and federal dollars.

Three of these 18 positions are administration: Division Chief, Public Health Administrative Officer (PHAO), and Secretary III. The Division Chief is still in process of final classification level determination, and is being filled on an acting basis. The Secretary III, which supports the Division Chief, is a temporary position. The PHAO is assigned two positions: an Account Clerk III (SR 10) which is federally funded and a Clerk-Typist II (SR 8) which is temporary until June 30, 1990.

Five of the 18 positions were only recently established, following authorization by the 1989 legislature, and are currently being recruited. These include a Program Specialist V (SR 24) position to head the PDSO, and within the same office, a Research Statistician IV (SR 22), a Research Statistician III (SR 20), and a Statistical Clerk I (SR 12) to implement and maintain the needed data and information system. The fifth position is a Secretary II (SR 14) to provide support to the CCSB Chief.

Other staff in the PDSO include a Secretary II (SR 14), two Program Specialists IV (SR 22), and a temporary Program Specialist III (SR 20) which ends September 30, 1990. They carry out certification and accreditation activities in addition to other planning, coordinating and contract managing duties. The other Program Specialist IV serves as the sole Prevention Coordinator, and is federally funded.

The remaining positions are assigned to the CCSB, and include a Mental Health Supervisor III (SR 28) who is Branch Chief. Other staff are a Clinical Psychologist VII (SR 28), and two Program Specialists IV (SR 22). The Clinical Psychologist provides clinical consultation and training in addition to other planning, coordinating and contract managing duties. The two Program Specialists IV are federally funded, and perform various planning, coordinating, and contract management duties.

SUPPLEMENTAL FUNDING

The 1990 Legislature approved four additional permanent positions for ADAD, which were labeled generically as two contract managers, one grant writer, and one clerical staff. These positions most likely will be established as two Program Specialists IV with a focus on contracts, in the CCSB, a Planner IV, with a focus on grant writing, in the PDSO, and a Clerk-Typist III to support the PDSO.

Approval was also granted for 1.5 temporary positions to develop and maintain a training network for substance abuse professionals and other caregivers and community helpers. These positions most likely will be established as either a Program Specialist or Mental Health Training Specialist (Full time) and a Clerk-Typist (Half time).

ADDITIONAL ADMINISTRATIVE SERVICES NEEDED (1991-1993)

PLANNING CAPACITY

GOAL: Establish a comprehensive planning structure to develop and oversee short and long range statewide treatment plans in accordance with the latest information and trends in addiction treatment.

OBJECTIVE: To provide planning capacity for the alcohol and drug abuse division.

IMPLEMENTATION STRATEGY: FY 91 Establish a Planner V position

Cost: $42,378

FY 92 Maintain Planner V position

Cost: $37,528

RATIONALE: Without adequate planning capacity, decisions will continue to be made on the basis of whim, fad and political expediency. There needs to be a systematic ongoing process for capturing and synthesizing information from a variety of sources in order to establish priorities and maintain a comprehensive, responsive, integrated array of services.

This position would develop and update the Statewide Plan for alcohol and other drug abuse; coordinate with other state and community agencies; assure the presence of necessary data and other information needed for decision making; analyze such data; run 10 focus groups per year (including one on each neighbor island) to assure representation in the planning process; present information to managers responsible for decision; assist managers in analyzing alternative solutions; review progress and update plan annually; and cooperate in the development of the DOH's functional state plan.

ACCREDITATION CAPACITY

GOAL: Develop increased capacity to accredit substance abuse treatment programs.

OBJECTIVE: To increase capacity to accredit substance abuse programs

IMPLEMENTATION STRATEGY: FY 91 Ensure that 50% of all agencies contracted by the State of Hawaii for substance abuse treatment services meet substance abuse accreditation standards.

Cost: 2 FTE Program Specialist IV positions - $76,002

FY 92 Ensure that 100% of all agencies contracted by the State of Hawaii for substance abuse treatment services meet substance abuse accreditation standards.

Cost: Maintain staff - $67,748

RATIONALE: Accreditation standards and an accreditation process are essential mechanisms for ensuring that clients in state funded facilities are receiving quality services. This function is required by Hawaii statutes.

These two positions would review and update accreditation standards to keep abreast of current trends and technology; be responsible for accrediting and reaccrediting 20 programs per person per year; provide technical assistance to agencies to help them improve the quality of their programs; integrate with both planning and training in the improvement of substance abuse prevention and treatment programs; provide the technical assistance needed by programs to achieve national accreditation standards.

CONTRACTS ACCOUNTABILITY CAPACITY

GOAL: Develop adequate capacity to manage and be accountable for substance abuse contracts.

OBJECTIVE: To increase capacity for contract management.

IMPLEMENTATION STRATEGY: FY 91 A. Hire 2 FTE Program Specialists for the Alcohol and Drug Abuse Division.

Cost: $76,002

B. Hire 1 FTE Accountant IV for the Alcohol and Drug Abuse Division.

Cost: $38,911

FY 92 Maintain staff positions

Cost: $101,622

RATIONALE: Developing a competent management and accountability process can ensure that the Department of Health and programs become more accountable for the quantity and quality of services they deliver.

The volume of contracts and the amount of funds, both state and federal, has increased so that currently the Division is responsible for twice the amount of funds as it was in FY 89-91.

Among possible first steps to begin to address the service delivery and accountability issues would be exploring the feasibility of contracting out the service delivery contracting functions.

Each Program Specialist will be responsible for "case managing" 20 contracts. One specialist will focus on adolescent treatment and prevention, the other specialist will focus on adult treatment and prevention. Case management involves: (1) development of RFP's, (2) technical review of proposals, (3) contract development, (4) quarterly on-site monitoring for compliance, (5) technical assistance as needed, (6) assist with integration with other state departments purchasing substance abuse services from the same provider agencies.

The Accountant will provide administrative and fiscal direction for over 10 million dollars of State and Federal purchase of service contracts, grants-in-aid and subsidy programs of the Division; prepare financial

reports to Federal Government for Block Grants and other special grants; audit 15 contracted agencies per year; coordinate the processing of all POS contracts between ADAD and private providers by reviewing and analyzing the scopes of service and detail budgets; prepare quarterly financial reports on the status of all appropriations, allotments, and encumbrances for all POS contracts with ADAD.

TRAINING NETWORK CAPACITY

GOAL: Ensure that a high quality and adequate supply of professionals are available to deliver substance abuse services statewide.

OBJECTIVE: To provide training activities for addiction counselors, potential counselors, collateral professionals and paraprofessionals and to be able to attract potential workers into the addiction field.

IMPLEMENTATION STRATEGY: FY 91 A. Expand numbers and types of classes, training workshops yb 50%. Establish funding and permanent full time positions ot accomplish this task.

Cost: 1 FTE Mental Health Training Specialist I - $38,911.
Training costs - $100,000
TOTAL - $138,911

B. Develop a clinical preceptorship capacity in 10 agencies funded by ADAD.

Cost: 1 FTE Psychologist VII - $48,261

FY 92 A. Maintain staff, classes and training

Cost: $133,874

B. Maintain clinical preceptorship

Cost: $44,647

C. Develop an internship program in the field of addictions with provision for supervising, teaching intern seminars, developing worksite placements, interfacing and collaborating with the University of Hawaii and community colleges.

Cost: 1 FTE Psychologist VII - $50.355
5 intern stipends @$15,000 - $75,000
TOTAL - $125,355

RATIONALE: Currently there is a critical shortage of qualified professionals and paraprofessionals in the addictions field. This shortage is expected to become more critical in the next few years as a result of the severity of the substance abuse problems and the need to provide many additional treatment programs in the state. There is a critical need to ensure that current professionals and paraprofessionals are kept abreast of the latest effective treatment methodologies and that efforts are made to attract additional manpower to the substance abuse field.

The Mental Health Training Specialist will develop a training network for addictions counselors, collateral professionals and para-professionals; complete a training needs assessment biannually; develop and update a statewide training plan; develop training sites and curricula; provide a variety of workshops/classes for target populations; develop methods for evaluating training programs; coordinate training offered by contracted agencies.

The Psychologist in charge of clinical preceptorships will provide clinical supervision and technical assistance to staff in 15 agencies contracting with the Alcohol and Drug Abuse Division. Forty-five agency staff will receive supervision per year. Supervision will be afforded individually and in groups. It will involve didactic presentations; program and case consultation; direct observation of clinical interventions; co-facilitation; use of video tape, role playing, and other teaching methods.

The Psychologist in charge of the internship program will develop an internship program in the field of addictions. Five interns will be processed per year. The Psychologist will develop a process for selection of interns; develop standards for internship sites; provide two hours of individual and four hours of group supervision to each intern per week; provide routine site visits; coordinate internship with academic requirements and advisors; evaluate internship sites and interns.

PREVENTION COORDINATION

GOAL: Increase substance abuse prevention coordination and leveraging of federal funds.

OBJECTIVE: To increase ADAD capacity in the area of both the coordination of prevention and the ability to access federal prevention funds.

IMPLEMENTATION STRATEGY: FY 91 Hire 3 FTE Program Specialists for Alcohol and Drug Abuse Division.

Cost: $112,795

FY 92 Maintain 3 FTE staff positions.

Cost: $101,622

RATIONALE: To support the continued development of a statewide, community based prevention effort which involves youth, parents, schools and community members. Groups of these individuals will work in cooperation with each other to plan and coordinate alternative activities to the use of alcohol/other drug prevention activities in their communities and on their islands. The funds are used to leverage federal dollars and to provide staffing for a leadership role in coordinating information and drug prevention planning efforts at county, state and federal levels.

The Prevention Program Specialists will coordinate statewide substance abuse prevention services as per HR 321; work with agencies and communities to forge alliances for the promotion of healthy social and physical environments; develop two position papers and two bills yearly related to prevention issues; write and advocate for prevention-related legislation; evaluate statewide prevention programs annually; provide technical assistance and/or write grants to access federal or other funding totalling $500,000 per year; provide input to communities on latest effective prevention strategies; integrate with contract managers in monitoring function; collaborate with other statewide agencies including the Department of Education, Office of Children and Youth, Office of Hawaiian Affairs to provide comprehensive integrated prevention strategy.

HIV COORDINATION AND PLANNING CAPACITY

GOAL: Ensure that effective coordination and planning is established for treatment of substance abusers who are also HIV infected.

OBJECTIVE: To provide Alcohol and Drug Abuse Division staff in order to plan and coordinate with HIV state effort and agencies.

IMPLEMENTATION STRATEGY: FY 91: Hire 1 FTE Registered Professional Nurse IV at the Alcohol and Drug Abuse Division.

Cost: $47,736

FY 92: Maintain staff position at ADAD

Cost: $43,445

RATIONALE: The HIV infected substance abuser is a growing population in the state and federal regulations are currently addressing this population in substance abuse treatment programs.

Access to primary health care, advocacy, education of substance abuse treatment providers and coordination with current state planning efforts to address the multi-needs of this population require one full time staff.

The RPN IV will coordinate HIV education and AIDS assessment and counseling for substance abuse programs; provide technical assistance related to HIV and substance abuse to all agencies funded by ADAD; perform a needs assessment relative to need for services in this area; collaborate with Communicable Diseases Division, Governor's Committee on AIDS, and HIV Statewide Coordinators; research, develop and implement model HIV and IVDU substance abuse treatment programs.

DRUG ALERT WARNING NETWORK

GOAL: Identification of specific substance use and abuse in Hawaii

OBJECTIVE: To establish an alcohol and drug abuse data system in 14 of Hawaii's hospital emergency rooms to provide information to be used for the identification of the nature, trends, scope and severity of current substance abuse problems.

IMPLEMENTATION STRATEGY: FY 91: Establish and implement a Drug Abuse Warning Network (DAWN) system in Hawaii's hospital emergency rooms. Concentrate on 3 hospitals the first year.

Cost: POS Contract, $105,807

FY 92: Expand DAWN system to 11 additional hospitals that all have at least 1,000 emergency room admissions per month.

Cost: POS Contract, $190,289

RATIONALE: Drug abuse is a major national and international problem. There is a worldwide need for consistent, accurate data that can be used to monitor drug abuse trends and to identify new drugs of abuse and new combinations of drugs so that effective intervention and prevention programs can be developed. The ability to compare data over time and from various communities is vital if the drug abuse problem is to be addressed successfully.

DAWN is particularly valuable because it:

Is ongoing and thus continually provides current and consistent information

Identifies specific drug(s) being used

Will enable us to identify substances associated with drug abuse episodes reported by DAWN-affiliated facilities

Will enable us to monitor drug abuse patterns and trends and to detect new abuse entities and new combinations

Will enable us to assess health hazards associated with drug abuse

Will enable us to provide data for State and local drug abuse policy and program planning

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TREATMENT - ADOLESCENT OUTPATIENT

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. INTENSIVE SCHOOL BASED SUBSTANCE ABUSE TREATMENT FOR ADOLESCENTS:			
A. MAINTAIN SUPPLEMENTAL BUDGET FUNDING FOR ADOLESCENT TREATMENT IN SCHOOLS.	ADDITIONAL 1095 YOUTHS	$275,928	$275,928
B. PROVIDE SCHOOL BASED TREATMENT TO AN ADDITIONAL 500 ADOLESCENTS IN FY 1992.	ADDITIONAL 500 YOUTHS	$500,000	$500,000
C. PROVIDE SCHOOL BASED TREATMENT TO AN ADDITIONAL 500 ADOLESCENTS IN FY 1993.	ADDITIONAL 500 YOUTHS		$500,000
2. INTENSIVE COMMUNITY BASED ADOLESCENT SUBSTANCE ABUSE TREATMENT SERVICES:			
A. PROVIDE COMMUNITY BASED TREATMENT TO 300 ADDITIONAL ADOLESCENTS IN FY 1992.	ADDITIONAL 300 YOUTHS	$300,000	$300,000
B. PROVIDE COMMUNITY BASED TREATMENT TO 300 ADDITIONAL ADOLESCENTS IN FY 1993.	ADDITIONAL 300 YOUTHS		$300,000
SUBTOTAL: ADOLESCENT OUTPATIENT		$1,075,928	$1,875,928

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TREATMENT - ADOLESCENT RESIDENTIAL

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. ADOLESCENT SUBTANCE ABUSE RESIDENTIAL TREATMENT:			
A. PROVIDE 79 RESIDENTIAL TREATMENT SPACES ON KAUAI, MAUI, KONA, HILO, MOLOKAI, AND OAHU.	THERE ARE CURRENTLY NO RESIDENTAL TREATMENT SPACES IN THESE AREAS. ADDITIONAL 237 YOUTHS WILL BE SERVED	$1,339,629	$1,339,629
SUBTOTAL:ADOLESCENT RESIDENTIAL		$1,339,629	$1,339,629

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TREATMENT - DRUG EXPOSED INFANTS AND THEIR FAMILIES

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. SUPPORTIVE RESIDENTIAL LIVING AND INTENSIVE DAY TREATMENT PROGRAM FOR DRUG EXPOSED INFANTS AND THEIR FAMILIES: A. PROVIDE 1 PROGRAM IN FY 1992.	7 ADDITIONAL RESIDENTIAL CLIENTS 12 ADDITIONAL DAY TREATMENT CLIENTS	$275,000	$275,000
B. PROVIDE 1 ADDITIONAL PROGRAM IN FY 1993.	7 ADDITIONAL RESIDENTIAL CLIENTS 12 ADDITIONAL DAY TREATMENT CLIENTS		$275,000
SUBTOTAL: DRUG EXPOSED INFANTS AND THEIR FAMILIES		$275,000	$550,000

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TREATMENT - IV DRUG USERS

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. METHADONE DETOX AND MAINTENANCE TREATMENT:			
A. PROVIDE 48 ADDITIONAL METHADONE SLOTS IN FY 1992.	48 ADDITIONAL METHADONE SLOTS	$268,000	$268,000
B. ESTABLISH ONE SPECIALIZED TREATMENT PROGRAM FOR IV DRUG USERS (NON-METHADONE) IN FY 1992.	TO BE DETERMINED	$178,000	$178,000
SUBTOTAL: IV DRUG USERS		$446,000	$446,000

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TREATMENT - ADULT - DUAL DIAGNOSED MENTALLY ILL, CHEMICAL ADDICTED

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. SELF-HELP GROUP FOR DUAL-DIAGNOSED (ZEBRA 2000)	SERVE 1500 CLIENTS	$20,000	$20,000
2. RESIDENTAL TREATMENT:			
A. EXPAND RESIDENTIAL CAPACITY FOR DUAL DIAGNOSED BY 5 ADDITIONAL BEDS IN FY 1992.	10 ADDITIONAL CLIENTS	$127,750	$127,750
B. EXPAND RESIDENTIAL CAPACITY FOR DUAL DIAGNOSED BY 10 ADDITIONAL BEDS IN FY 1993.	25 ADDITIONAL CLIENTS		$250,550
SUBTOTAL: DUAL DIAGNOSED		$147,750	$398,300

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TREATMENT - ADULT RESIDENTIAL

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. SOCIAL DETOXIFICATION PROGRAMS:			
A. INCREASE FUNDING FOR SOCIAL DETOXIFICATION SPACES ON OAHU.	ADDITIONAL 240 CLIENTS	$116,000	$116,000
B. ESTABLISH SOCIAL DETOXIFICATION PROGRAMS ON KAUAI, MAUI, KONA, AND HILO.	ADDITIONAL 372 CLIENTS	$700,800	$700,800
C. ESTABLISH MODEL MOLOKAI PROGRAM COMBINING DETOXIFICATION AND SHORT TERM RESIDENTIAL SERVICES.	ADDITIONAL 120 CLIENTS	$175,000	$175,000
2. ADULT RESIDENTIAL TREATMENT PROGRAMS:			
A. MAINTAIN SUPPLEMENTAL BUDGET FUNDING FOR BIG ISLAND.	ADDITIONAL 50 CLIENTS	$200,000	$200,000
SUBTOTAL: ADULT RESIDENTIAL		$1,192,000	$1,192,000

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

DAWN - EMERGENCY ROOM

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. DAWN SYSTEM			
A. ESTABLISH AND IMPLEMENT DAWN SYSTEM IN 3 HOSPITAL EMERGENCY ROOMS.	ALCOHOL AND DRUG ABUSE DATA COLLECTED FROM OVER 36,000 ADMISSIONS FROM EMERGENCY ROOMS.	$105,807	$105,807
B. EXPAND DAWN TO 11 ADDITIONAL HOSPITALS, ALL WITH MONTHLY EMERGENCY ADMISSIONS OF AT LEAST 1,000.	ADDITIONAL ALCOHOL AND DRUG ABUSE DATA COLLECTED FROM OVER 96,000 ADMISSIONS FROM EMERGENCY ROOMS STATEWIDE.		$190,289
SUBTOTAL: DAWN EMERGENCY ROOM SYSTEM		$105,807	$296,096

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

TRAINING - SERVICES

ADDITIONAL RESOURCES	IMPACT	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)
1. INCREASE TRAINING FUNDS TO ATTRACT, RETAIN, AND UPDATE SUBSTANCE ABUSE COUNSELORS STATEWIDE.		$100,000	$100,000
2. ESTABLISH AND FUND FIVE (5) INTERNSHIP POSITIONS AT $15,000 EACH.		$75,000	$75,000
SUBTOTAL: TRAINING SERVICES		$175,000	$175,000

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

SERVICES INCREASE SUMMARY

ADDITIONAL RESOURCES	ESTIMATED COST-1992 (STATE)	ESTIMATED COST-1993 (STATE)	TOTAL COST FISCAL BIENNIUM
1. ADOLESCENT OUTPATIENT	$1,075,928	$1,875,928	$2,951,856
2. ADOLESCENT RESIDENTIAL	$1,339,629	$1,339,629	$2,679,258
3. DRUG EXPOSED INFANTS AND THEIR FAMILIES	$275,000	$275,000	$550,000
4. IV DRUG USERS	$446,000	$446,000	$892,000
5. ADULT RESIDENTIAL	$1,192,000	$1,192,000	$2,384,000
6. ADULT DUAL DIAGNOSIS	$147,750	$398,300	$546,050
7. DAWN EMERGENCY ROOM SYSTEM	$105,807	$296,096	$401,903
8. TRAINING SERVICES	$175,000	$175,000	$350,000
TOTAL SERVICE COSTS	$4,757,114	$5,997,953	$10,755,067

ADDITIONAL RESOURCES REQUIRED TO ACHIEVE 1991-1993 GOALS AND OBJECTIVES

ADMINISTRATIVE STAFFING NEEDS

ADDITIONAL RESOURCES	ESTIMATED COST-1992	ESTIMATED COST-1993	TOTAL COST
1 PLANNER V - SR 24	(1.00) $42,378	(1.00) $37,523	(1.00) $79,901
2 PROGRAM SPECIALIST IV - SR 22 (ACCREDITATION)	(2.00) $76,002	(2.00) $67,748	(2.00) $143,750
1 PROGRAM SPECIALIST IV - SR 22 (CERTIFICATION) 1 CLERK TYPIST III - SR 10 FEE FOR SERVICE INDEPENDENT EXAMINERS	(2.00) $67,341 $12,000	(2.00) $56,531 $12,000	(2.00) $123,872 $24,000
2 PROGRAM SPECIALIST IV - SR 22 (CONTRACTS MANAGEMENT)	(2.00) $76,002	(2.00) $67,748	(2.00) $143,750
1 ACCOUNTANT IV - SR 22	(1.00) $38,911	(1.00) $33,874	(1.00) $72,785
1 MENTAL HEALTH TRAINING SPECIALIST I - SR 22	(1.00) $38,911	(1.00) $33,874	(1.00) $72,785
1 PSYCHOLOGIST VII - SR 28 (PRECEPTORSHIP)	(1.00) $48,261	(1.00) $44,647	(1.00) $92,908
1 PSYCHOLOLGIST VII - SR 28 (INTERNSHIP)		(1.00) $50,355	(1.00) $50,355
3 PROGRAM SPECIALIST - SR 22 (PREVENTION)	(3.00) $112,795	(3.00) $101,622	(3.00) $214,417
1 RPN IV - SR 22 (HIV COORDINATION)	(1.00) $47,736	(1.00) $43,445	(1.00) $91,181
TOTAL	(14.00) $560,337	(15.00) $549,367	(15.00) $1,109,704

SUBSTANCE USE AMONG HAWAII PUBLIC SCHOOL STUDENTS
SENIORS - 1989

	HNL	CO	LW	WW	HI	MI	KI
TOTAL NUMBER SURVEYED	1665	1376	1154	782	967	725	512
HIGH DRUG USE							
NUMBER	107	84	74	88	101	75	42
PERCENT	6.4%	6.1%	6.4%	11.2%	10.4%	10.4%	8.2%
HIGH ALCOHOL USE							
NUMBER	191	205	177	181	195	174	97
PERCENT	11.5%	14.9%	15.3%	23.2%	20.2%	24.0%	18.9%
BINGE DRINKING							
NUMBER	298	274	232	215	251	239	136
PERCENT	17.9%	19.9%	20.1%	27.5%	26.0%	33.0%	26.5%

DEFINITION

HIGH DRUG USE WOULD IMPLY DAILY USE OF MARIJUANA OR USE OF COCAINE AT LEAST MONTHLY.

HIGH ALCOHOL USE WOULD IMPLY ONE OR MORE DRINKS DAILY OR BINGE DRINKS (5 OR MORE DRINKS CONSUMED AT ONE TIME) AT LEAST MONTHLY.