

# **County of Kauai: Epidemiological Profile of Alcohol Related Behaviors among Youth**

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Prepared by: Strategic Prevention Framework-State  
Incentive Grant Epidemiological Team

Adapted from the Hawaii Epidemiological Profile for Substance Abuse Prevention

Developed by the Center on the Family,  
University of Hawaii



**Center on the Family**  
UNIVERSITY OF HAWAII AT MĀNOA

For the: Alcohol and Drug Abuse Division (ADAD)  
Hawaii Department of Health



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## ACKNOWLEDGMENTS

The agencies that made this report possible are hereby described.



The Alcohol and Drug Abuse Division (ADAD) is the primary and often sole source of public funds for substance abuse treatment. ADAD's treatment efforts are designed to promote a statewide culturally appropriate, comprehensive system of services to meet the treatment and recovery needs of individuals and families. Treatment services have, as a requirement, priority admission for pregnant women and injection drug users. ADAD provides the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii.



### Office of Public Health Studies

The mission of the University of Hawaii Department of Public Health Sciences is to advance the health of the peoples of Hawaii, the nation, and the Asia-Pacific region through the education and training of public health professionals, innovative research in the public health sciences, and service to the community.



### Center on the Family

UNIVERSITY OF HAWAII AT MĀNOA

The mission of the Center on the Family is to enhance interdisciplinary research, service, and education that supports and strengthens families. Most often, our work focuses on the multi-cultural families of Hawaii. Families are critical to the development of children, the welfare of seniors, the well-being of individuals of all ages, and the strength of society. For these reasons, our programs and activities are preventive in nature and aimed at building strong and resilient families.

Data for portions of the profile were provided through County Advisory Councils and various County resources. Data resources include:

- Hawaii Department of Health
- Hawaii Attorney General's Office
- Hawaii Police Department
- Various Alcohol and Drug Treatment Programs
- County Specific Youth Alcohol Use Surveys

# County of Kauai Epidemiological Profile for Substance Abuse Prevention

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## EXECUTIVE SUMMARY

The *Kauai County Epidemiological Profile for Substance Abuse Prevention* was developed to facilitate the use of data to improve prevention, assessment, planning, implementation, and monitoring of substance use. The profile is separated into two sections. Section One is the Kauai County Specific data taken from the *State of Hawaii Epidemiological Profile for Substance Abuse Prevention*. Section Two data is unique to each County and was submitted to the Epidemiology Work Group for analysis.

The profile was developed using both population-based data and information from the Hawaii Drug Information Network (HDIN). The data analysis began with a comprehensive review of data sources that had national, state, and Kauai County level-specific alcohol, tobacco, and other drug (ATOD) constructs and indicators. County specific data was provided by various county resources.

The findings from the data analyses indicated that the **Strategic Prevention Framework (SPF) State Incentive Grant (SIG) should focus on the reduction and prevention of underage alcohol consumption for youth 12-17 years old**. Reducing consumption, such as increasing the age of initial use of alcohol and reducing the current use of alcohol, should lead to a reduction in negative consequences like antisocial behaviors related to alcohol use.

The data specific to Kauai County revealed:

- (1) There are gender, grade, and ethnic differences in the use of alcohol.
- (2) Alcohol prevalence use among all 6<sup>th</sup>-12<sup>th</sup> graders in Kauai County is lower than at the State of Hawaii level.
- (3) Alcohol is accessible to youth through family, friends, and people in the community.
- (4) Risk and protective factors are present at the individual and social levels.

In the future, data in the epidemiological profile will be expanded to address all steps in the State Prevention Framework and to assist each County to develop their SPF-SIG strategic plans and develop more targeted and effective prevention strategies.

## SPF-SIG BACKGROUND

The *Kauai County Epidemiological Profile for Substance Abuse Prevention* was developed to facilitate the use of data to improve prevention assessment, planning, implementation, and monitoring. This effort was supported by two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP). The first grant was awarded to the Alcohol and Drug Abuse Division (ADAD) of the Hawaii Department of Health (DOH) in March 2006 to establish a State Epidemiological Outcomes Workgroup (SEOW) that would collect, analyze, and report substance use incidence and prevalence, as well as related data and National Outcome Measures (NOMs).

The second grant—the Strategic Prevention Framework (SPF) State Incentive Grant (SIG)—was awarded in September 2006 to the State of Hawaii *to improve the quality of life of its citizens by preventing and reducing the abuse of and dependence on alcohol and other drugs among people of all ages*. The SPF-SIG is a five-year program that will encompass five interconnected and data-infused steps and will have cultural competence and sustainability at its core. These steps are (1) assess problems and set priorities; (2) evaluate and mobilize capacity to address them; (3) inform prevention-planning and funding decisions; (4) guide the selection of appropriate and effective strategies for implementation; and (5) monitor key milestones, evaluate initiatives, and adjust prevention efforts as needed (see Figure 1 below).

**Figure 1. SPF-SIG Program Model**



## **SPF-SIG RECOMMENDED FOCUS AREA WITHIN KAUAI COUNTY AND HAWAII CONTEXT**

The results of the analyses of population-based data from national and state sources and information from HDIN and State Advisory Council (SAC) members led to this recommendation:

**The State of Hawaii and Kauai County SPF-SIG should focus on the reduction and prevention of underage alcohol consumption for youth 12-17 years old.**

**Reducing consumption, such as increasing the age of initial use of alcohol and reducing the current use of alcohol, should lead to a reduction in negative consequences, such as antisocial behaviors related to alcohol use.**

The purpose of the SPF-SIG is to address underage drinking. Therefore, the county profile will present data specific to underage alcohol use in Kauai County. Understanding the different alcohol use patterns can provide insights regarding populations that are most in need of prevention resources and services. The information below on alcohol consumption, current alcohol users, access to alcohol and perceptions of availability, and risk and protective factors for 12-17 year olds can be used to inform prevention decisions and develop strategies that yield the greatest impact.

**Section One:**  
**Data from the *Hawaii Epidemiological Profile for  
Substance Abuse Prevention***

**HAWAII  
EPIDEMIOLOGICAL  
PROFILE FOR  
SUBSTANCE ABUSE  
PREVENTION**

**Spring 2007**

Revised March 2008



*Prepared by:*  
Center on the Family  
University of Hawaii



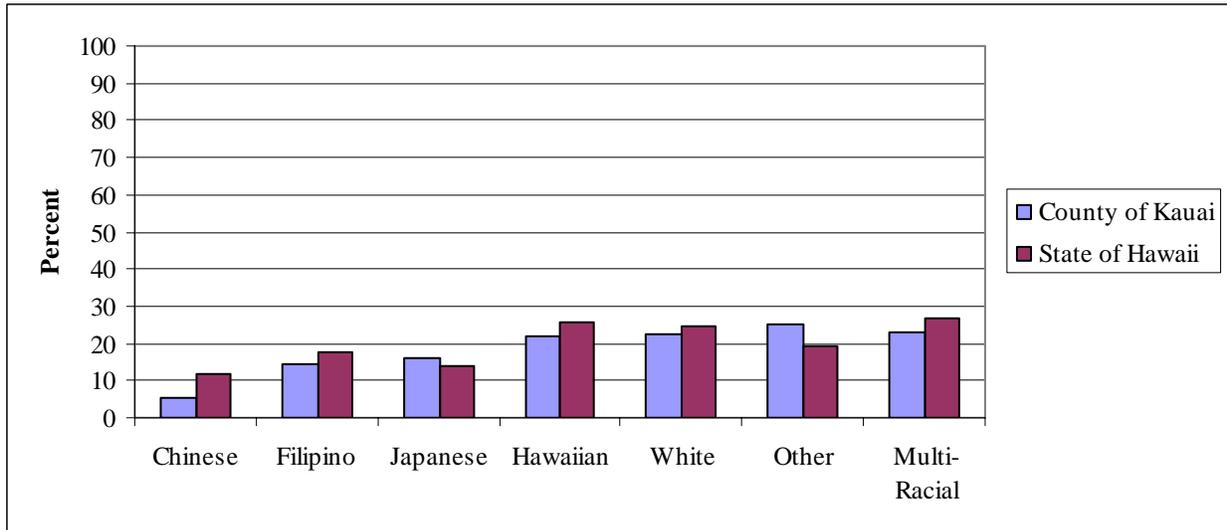
*For the:*  
Alcohol and Drug Abuse Division (ADAD)  
Hawaii Department of Health

Note: Since the 2007 data from various data sources was not available at the time of completion of this profile, data from 2005 or earlier was used as available.

## OVERALL ALCOHOL PREVALENCE

As seen in Figure 2, “Multi-racial,” “Other,” and “White” students in Kauai County had higher percentages of alcohol use than students of other ethnic categories. “Chinese” had the lowest percentage of alcohol use at both the County and State levels.

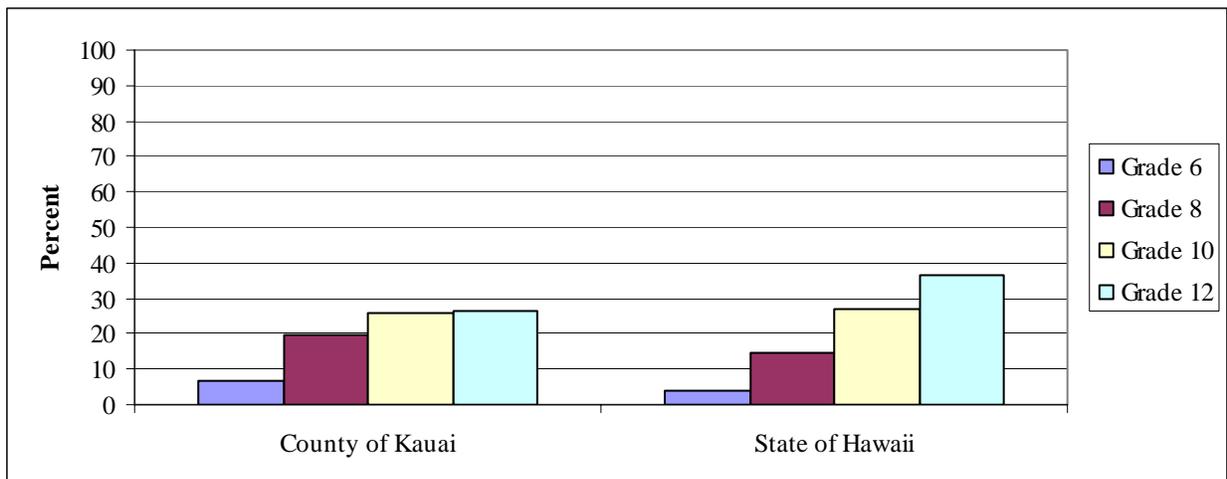
**Figure 2. Monthly (30-Day) Use of Alcohol among Students by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As evident in Figure 3, alcohol use increased through the school years. Almost 7% of 6<sup>th</sup> grade students had used alcohol in the past 30 days. This number increased to 26.2% in the 12<sup>th</sup> grade. There does not appear to be a large difference between 10<sup>th</sup> and 12<sup>th</sup> grader’s alcohol use at the County level, as opposed to the 10% increase between 10<sup>th</sup> and 12<sup>th</sup> graders seen at the State level.

**Figure 3. Monthly (30-Day) Use of Alcohol among Students by Grade Level, 2003**

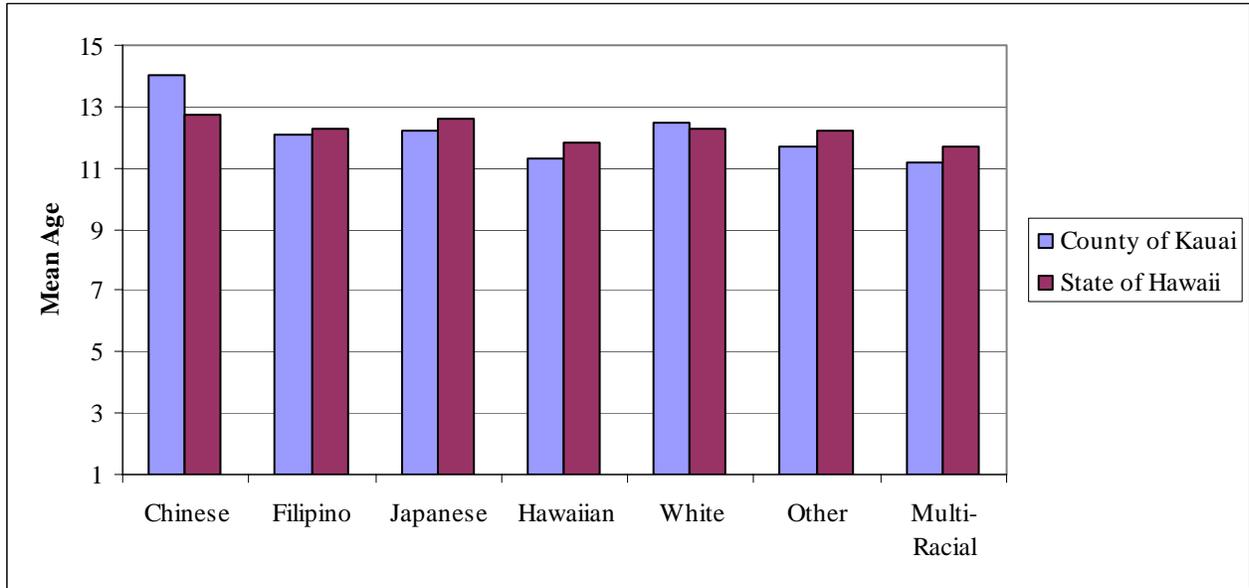


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## AGE AT INITIAL USE

Figure 4 shows that at both the County and State levels “Chinese” youth started using alcohol at a slightly later age than other ethnic groups. “Hawaiian” and “Multi-racial” youth started using alcohol slightly earlier.

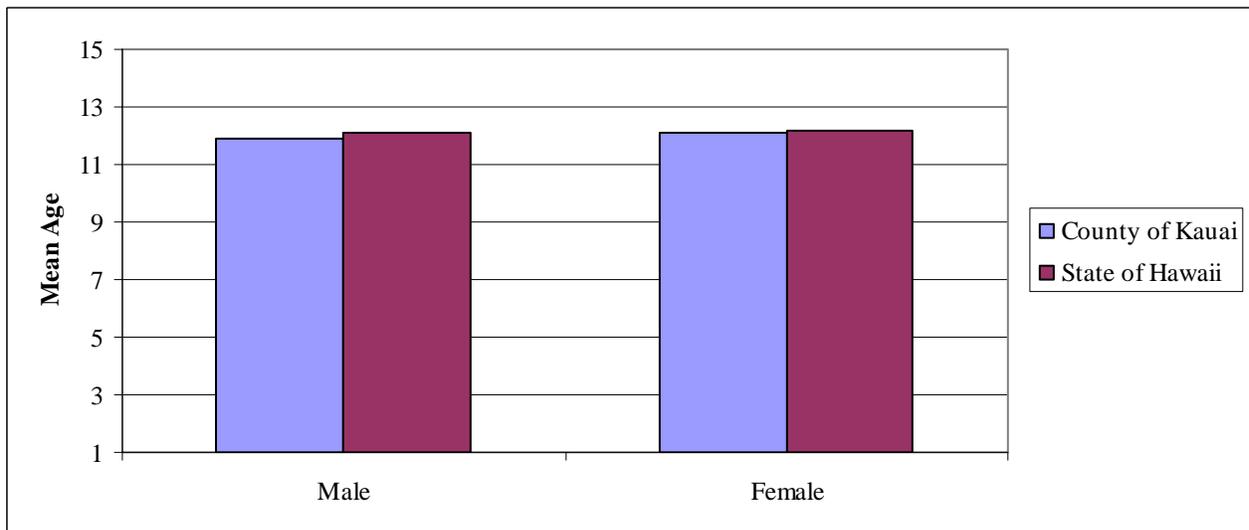
**Figure 4. Mean Age at First Use of Alcohol among Current Users by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 5, at both the County and State levels the mean age of first use of alcohol was about 12 years old for males and females.

**Figure 5. Mean Age at First Use of Alcohol among Current Users by Gender, 2003**

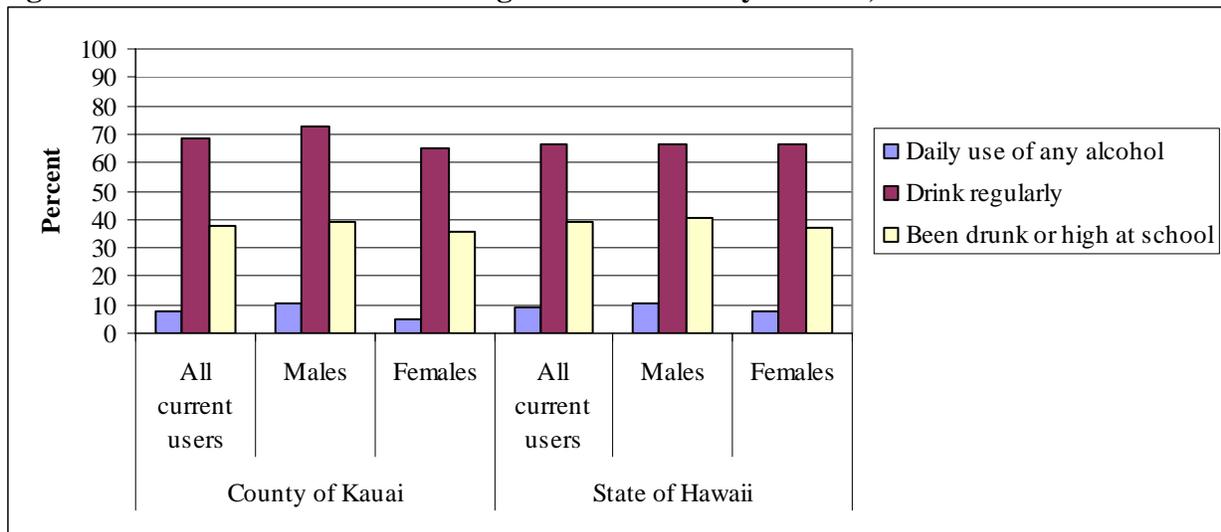


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## CURRENT ALCOHOL USERS

The following data presents behavioral characteristics associated with using alcohol among current alcohol users. Figure 6 indicates that the percentage of “daily use of any alcohol” was higher for males than females in Kauai County. Male users in Kauai County were also more likely than female users to “drink regularly” (72.8% vs. 64.7%, respectively).

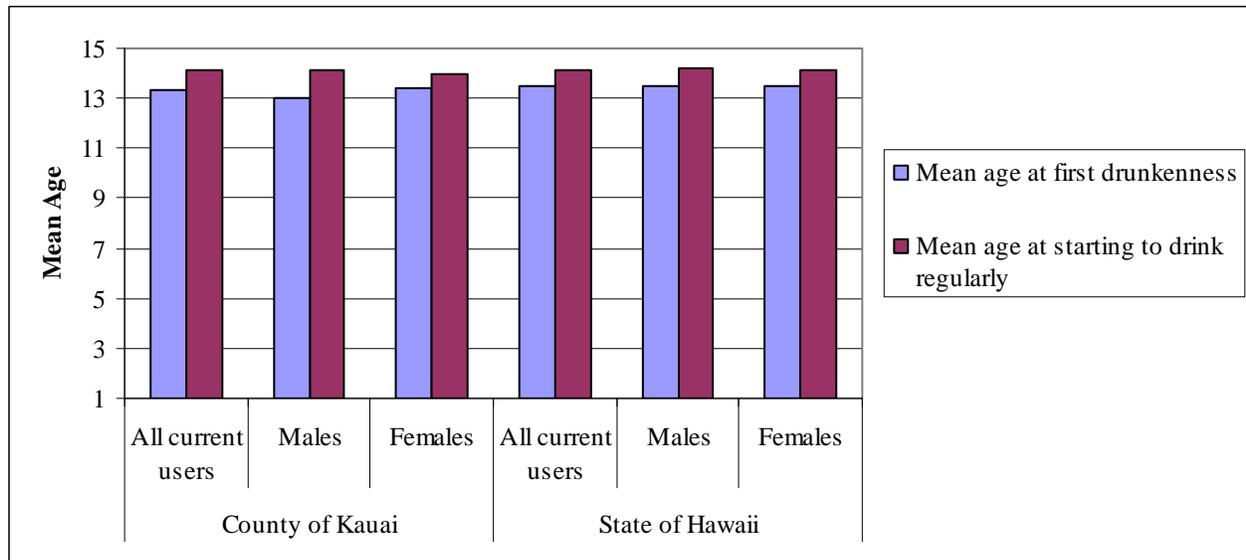
**Figure 6. Alcohol Use Patterns among Current Users by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 7 indicates that at both the County and State levels males and females were first drunk and “started to drink regularly” at about the same age (age 13).

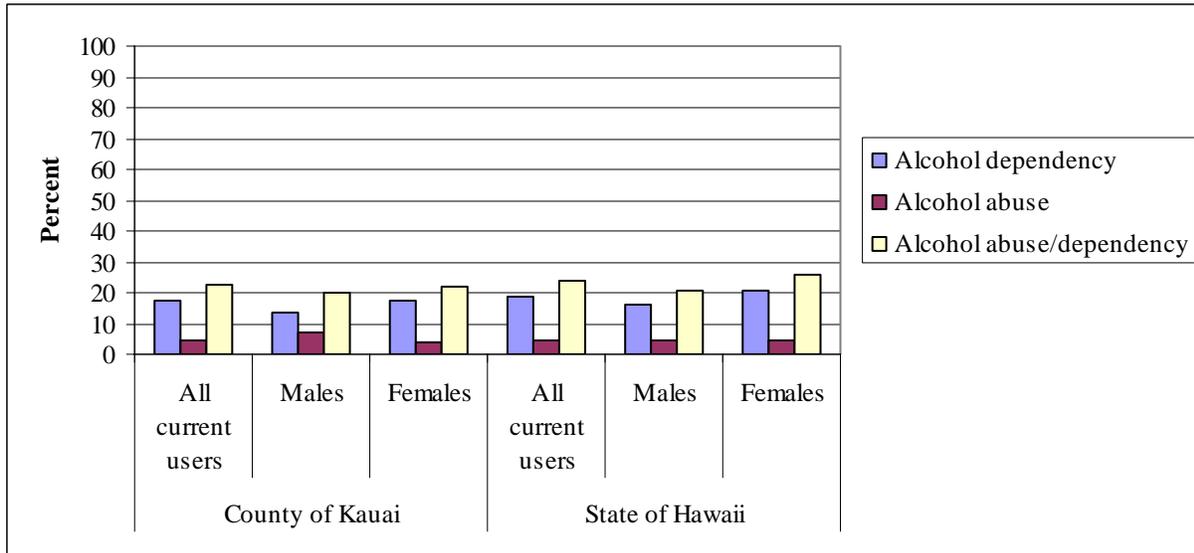
**Figure 7. Mean Age of First Alcohol Use among Current Users by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Alcohol dependence and abuse is prevalent in youth. Alcohol dependence is differentiated from alcohol abuse by the presence of physiological symptoms such as tolerance and withdrawal. As seen in Figure 8, females had a higher percentage of “alcohol dependency” compared to males at both the County and State levels. However, males were more likely to have “alcohol abuse” at the County level.

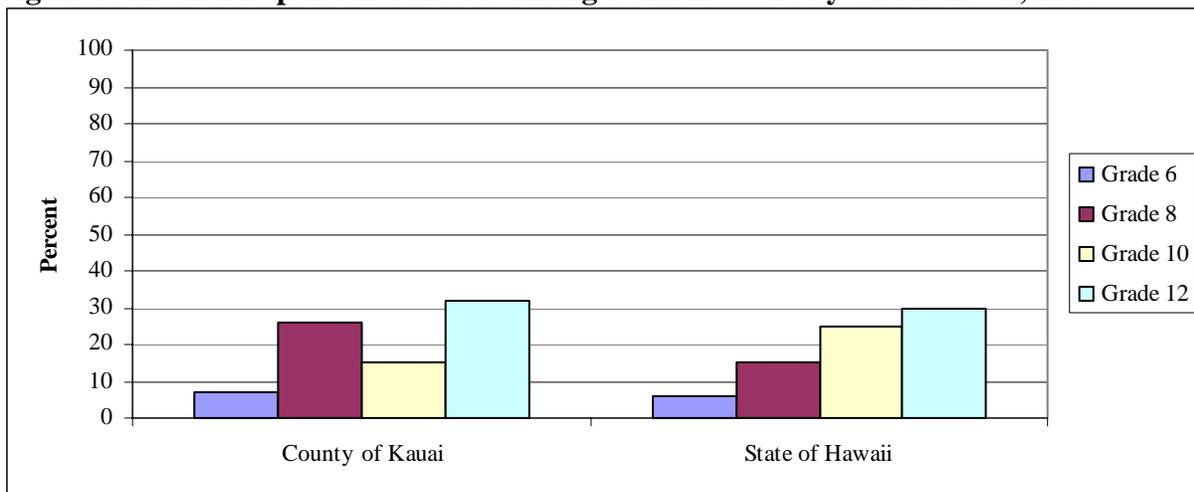
**Figure 8. Alcohol Dependence/Abuse among Current Users by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 9, compared to alcohol users in other grades, “grade 12” students in Kauai County reported the highest levels of dependence/abuse (32.4%). More youth in “grade 8” were dependent on or abused alcohol in Kauai County (about 25%) compared to the State level (about 15%).

**Figure 9. Alcohol Dependence/Abuse among Current Users by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

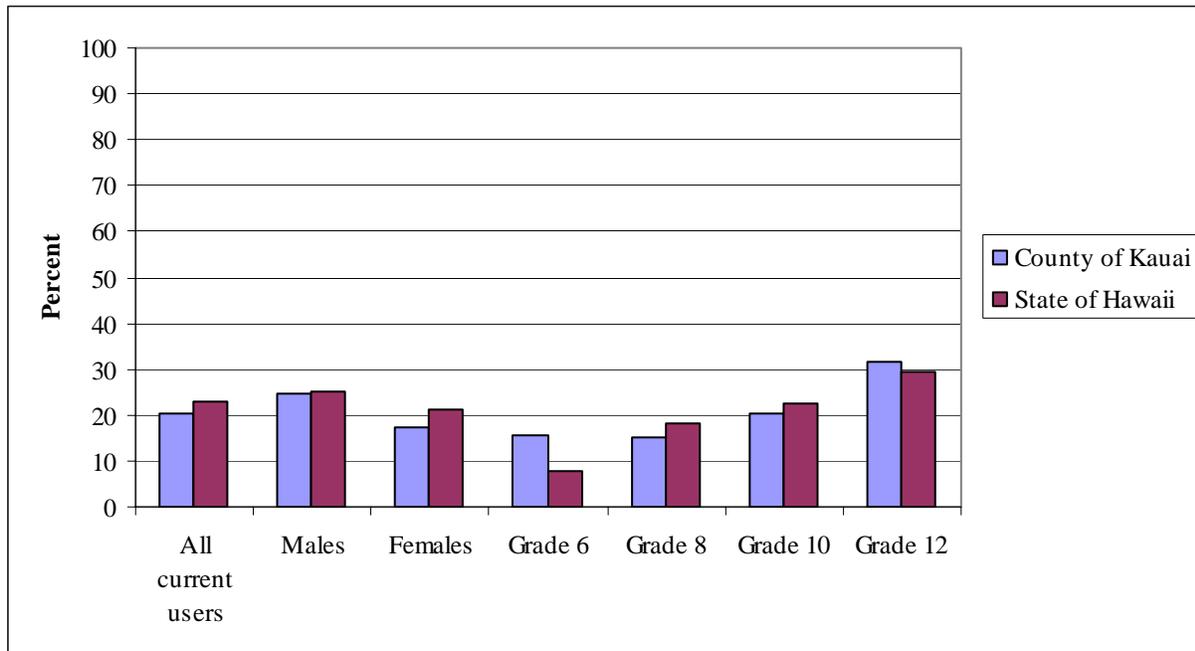
## PERCEPTIONS OF AVAILABILITY OF ALCOHOL

Children and youth are able to obtain alcoholic beverages from retail establishments, family members, friends, and even strangers. Adults are aware that there are few barriers keeping alcohol away from children and youth. A 2005-2006 Center on the Family survey of over 3,500 households in the State of Hawaii indicated that 54% of the adults in Kauai County believed it is “not at all difficult” for children to obtain alcohol.

## ACCESS TO ALCOHOL

Although it is against the law to sell alcoholic beverages to underage individuals, sales continue to be made. Figure 10 shows the percentages of current users who reported being able to purchase alcohol. Males were more likely to purchase alcohol than females at both the County and State levels. The prevalence of alcohol purchase doubled at the State level from 6<sup>th</sup> grade to 8<sup>th</sup> grade and increased with grade level. Unique to Kauai County, there was no change seen in the ability to purchase alcohol between grades 6 and 8. However, a steady increase in the ability to purchase alcohol is seen from 8<sup>th</sup> grade to 10<sup>th</sup> grade and then to 12<sup>th</sup> grade. At the State level, there was a steady increase in the ability to purchase alcohol as grade levels increased.

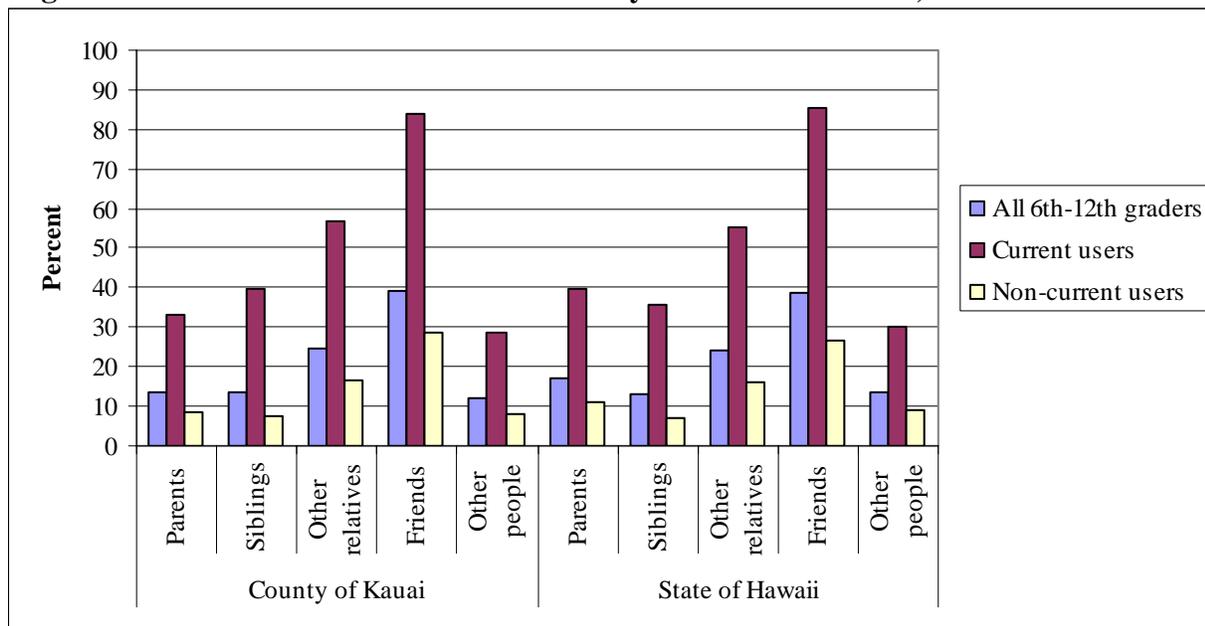
**Figure 10. Ability to Purchase Alcohol by Current Users by Gender and Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Alcohol is also accessible to many students through various sources. Figure 11 shows that at both the County and State levels most youth accessed alcohol through “friends.” There was a lower percentage of “parents” who offered alcohol to their children in Kauai County compared to the State level.

**Figure 11. Alcohol Offers Made to Students by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

## RISK AND PROTECTIVE FACTORS

In addition to targeting the consumption of alcohol by specific subpopulations, including current users, and preventing underage individuals’ access to alcohol, prevention services can also be designed to decrease vulnerability and increase resilience among individuals who have the potential for alcohol abuse and addiction. A possible reason why some youth have successfully avoided abusing alcohol and other substances is because the adults in their lives cared enough to educate and talk with them about the dangers of using alcohol and other substances.

Furthermore, adults in the home, school, and community offered support against using alcohol and other substances. Table 1 presents a list of risk and protective factors in four domains: peer-individual, family, school, and community.

**Table 1. Risk and Protection in Peer-Individual, Family, School, and Community Domains**

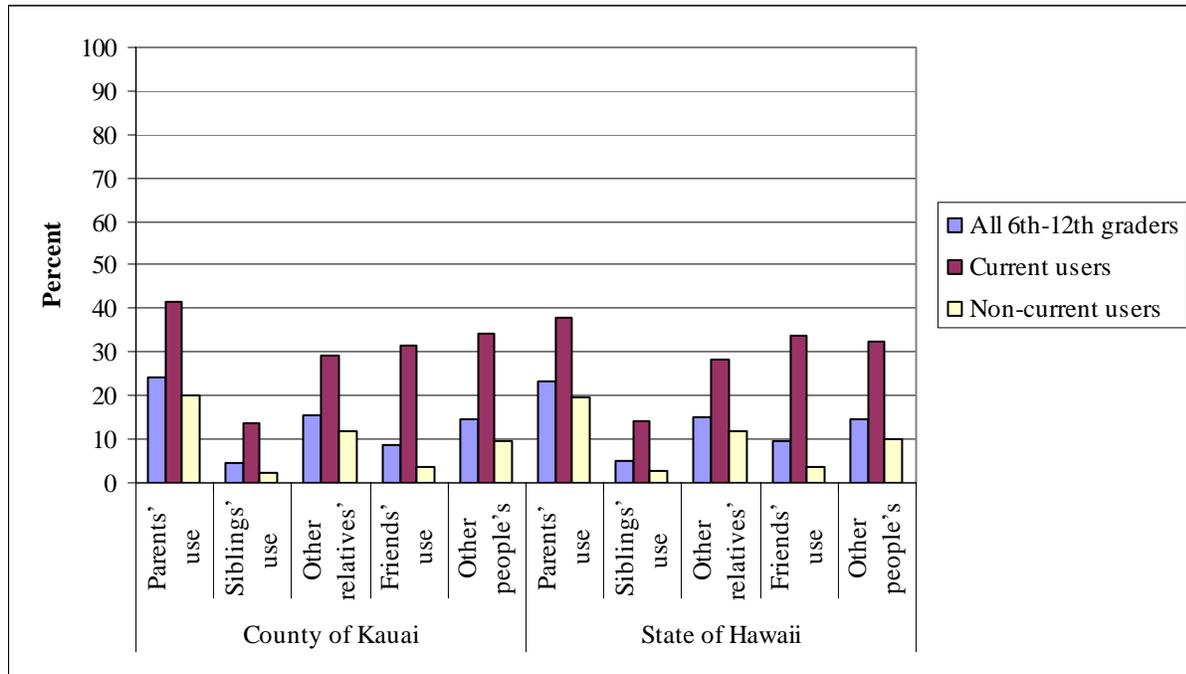
| Domain                 | Risk Factors  | Protective Factors  |
|------------------------|---|---|
| <b>Peer-Individual</b> | <ul style="list-style-type: none"> <li>• Early initiation of problem behaviors</li> <li>• Favorable attitudes toward ATOD use</li> <li>• Low perceived ATOD-use risk</li> <li>• Antisocial behaviors</li> <li>• Favorable attitudes toward antisocial behaviors</li> <li>• Friends' ATOD use</li> <li>• Interaction with antisocial peers</li> <li>• Rewards for antisocial involvement</li> <li>• Rebelliousness</li> <li>• Sensation seeking</li> </ul> | <ul style="list-style-type: none"> <li>• Peer disapproval of ATOD use</li> <li>• Belief in the moral order</li> <li>• Educational aspirations</li> </ul>                          |
| <b>Family</b>          | <ul style="list-style-type: none"> <li>• Poor family supervision</li> <li>• Lack of parental sanctions for antisocial behaviors</li> <li>• Parental attitudes favorable toward ATOD use</li> <li>• Exposure to family ATOD use</li> <li>• Parental attitudes favorable toward antisocial behavior</li> <li>• Family (sibling) history of antisocial behaviors</li> </ul>  | <ul style="list-style-type: none"> <li>• Family attachment</li> <li>• Family opportunities for positive involvement</li> <li>• Family rewards for positive involvement</li> </ul> |
| <b>School</b>          | <ul style="list-style-type: none"> <li>• Low school commitment</li> <li>• Poor academic performance</li> </ul>  | <ul style="list-style-type: none"> <li>• School opportunities for positive involvement</li> <li>• School rewards for positive involvement</li> </ul>                              |
| <b>Community</b>       | <ul style="list-style-type: none"> <li>• Community disorganization</li> <li>• Transition and mobility</li> <li>• Exposure to community ATOD use</li> <li>• Laws and norms favorable to ATOD use</li> <li>• Perceived availability of drugs and handguns</li> <li>• Ability to purchase alcohol or tobacco</li> </ul>  | <ul style="list-style-type: none"> <li>• Community opportunities for positive involvement</li> <li>• Community rewards for positive involvement</li> </ul>                        |

Source: Pearson, R. S. (2004). The 2003 Hawaii student alcohol, tobacco, and other drug use study (1987-2003); Hawaii adolescent prevention and treatment needs assessment. Honolulu: Hawaii Department of Health, Alcohol and Drug Abuse Division

## EXPOSURE TO ALCOHOL USE

The exposure to alcohol use among Kauai’s youth age 12-17 can be found in Figure 12. “Parents” were ranked as the highest source of exposure, followed by “other relatives,” “other people,” “friends,” and “siblings.” As expected, “current users” were more likely than “non-current users” to be exposed to alcohol use. Moreover, “current users” were more likely than “non-current users” to be exposed to alcohol use by “parents,” “other people” in their community, and “friends.”

**Figure 12. Exposure to Alcohol Use among Students by Current Use Status, 2003**

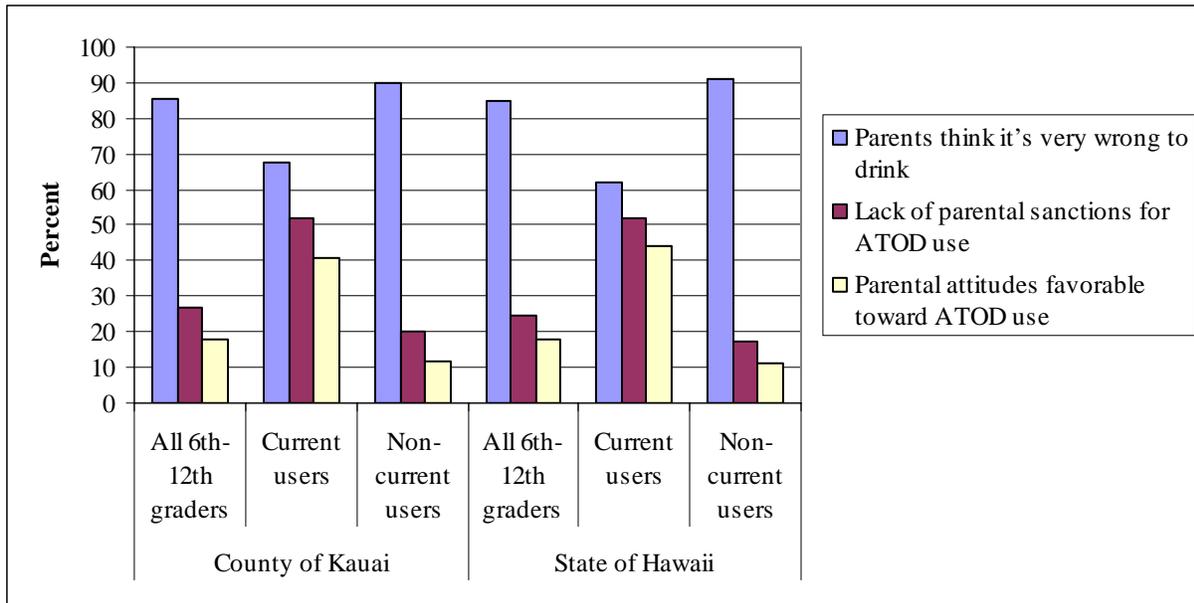


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## PARENTAL ATTITUDES TOWARD ALCOHOL USE

The following data presents student perceptions of parental attitudes toward underage drinking and ATOD use. As seen in Figure 13 (next page), 85.5% of students believed their “parents think it is very wrong to drink.” However, over 50% of “current users” at the County and State levels reported a lack of parental sanctions relating to alcohol use. Of “current users” in Kauai County, about 40% reported “parental attitudes favorable toward ATOD use.”

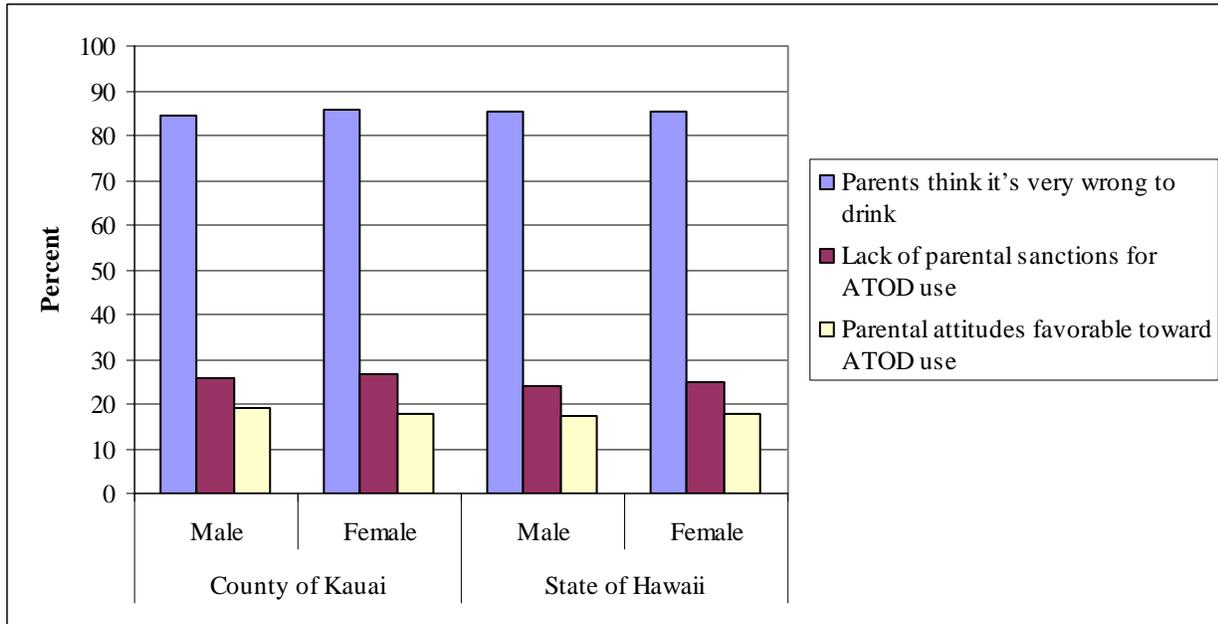
**Figure 13. Perceived Parental Attitudes of Students by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 14, just over 80% of males and females at both the County and State levels reported that “parents think it’s very wrong to drink.” About 25% of males and females reported there is a “lack of parental sanctions for ATOD use” and fewer than 20% of males and females reported “parental attitudes favorable toward ATOD use” at the County level.

**Figure 14. Perceived Parental Attitudes of Students by Gender, 2003**



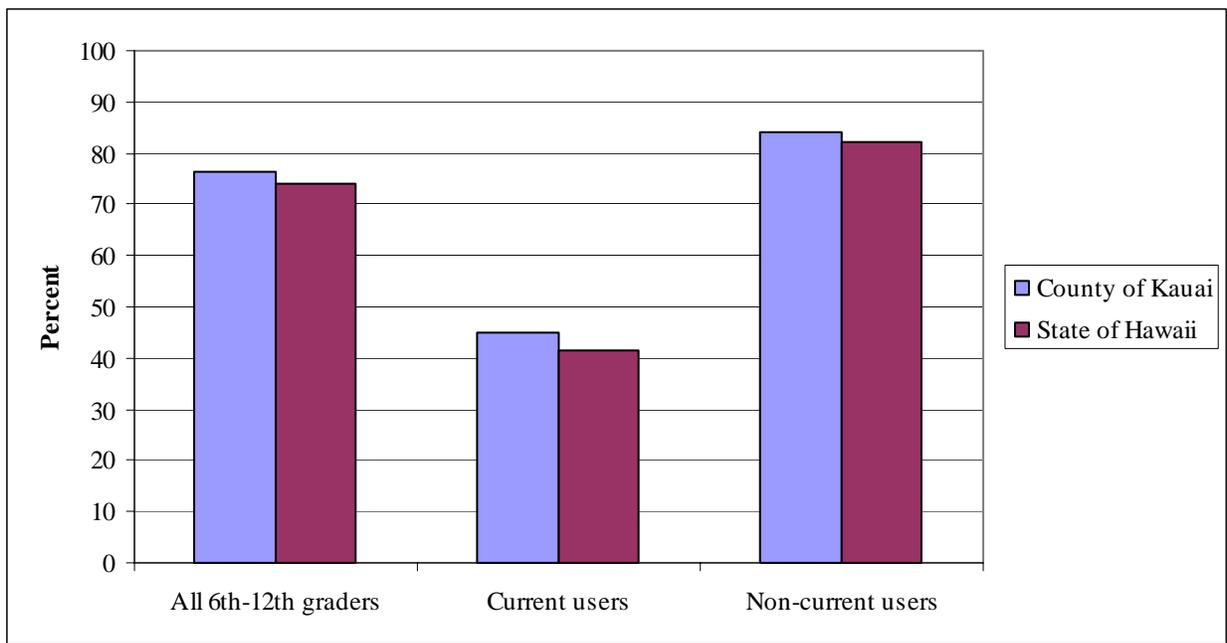
Source: Hawaii State Department of Health 2003 Student ATOD Survey

## PEERS' DISAPPROVAL OF WEEKEND DRINKING

In addition to parents, peers also play an important role in influencing alcohol use among young people. Figures 15-18 show peers' negative attitudes toward weekend drinking as reported by students in the 2003 ATOD survey. In general, youth in Kauai County perceived more disapproval of weekend drinking compared to the State level.

As seen in Figure 15, about 76% of "all 6<sup>th</sup>-12<sup>th</sup> graders" in Kauai County reported having a negative attitude towards peers' weekend drinking. About 45% of "current users" at the County level and 40% at the State level reported disapproval of weekend drinking. This percentage of disapproval of peer weekend drinking almost doubled to about 80% in "non-current users."

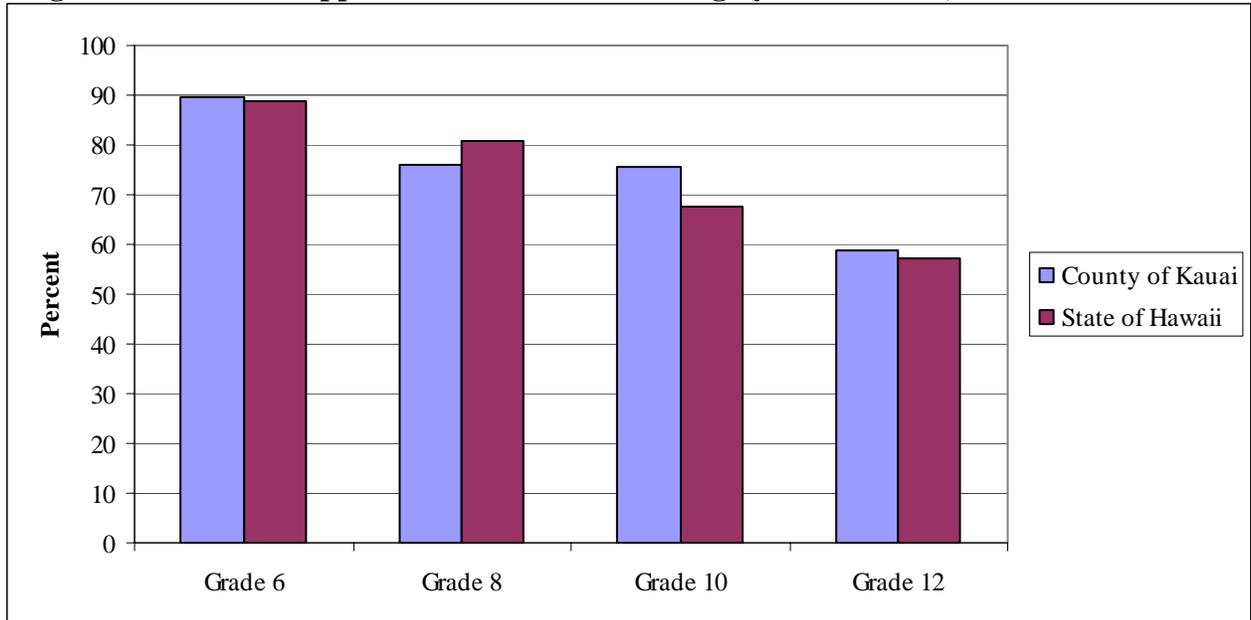
**Figure 15. Peers' Disapproval of Weekend Drinking by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 16, disapproval of weekend drinking declined as grade level increased. There was a drop from 89.5% disapproval among 6<sup>th</sup> graders to 58.9% among 12<sup>th</sup> graders at the County level. Similar patterns were seen at the State level.

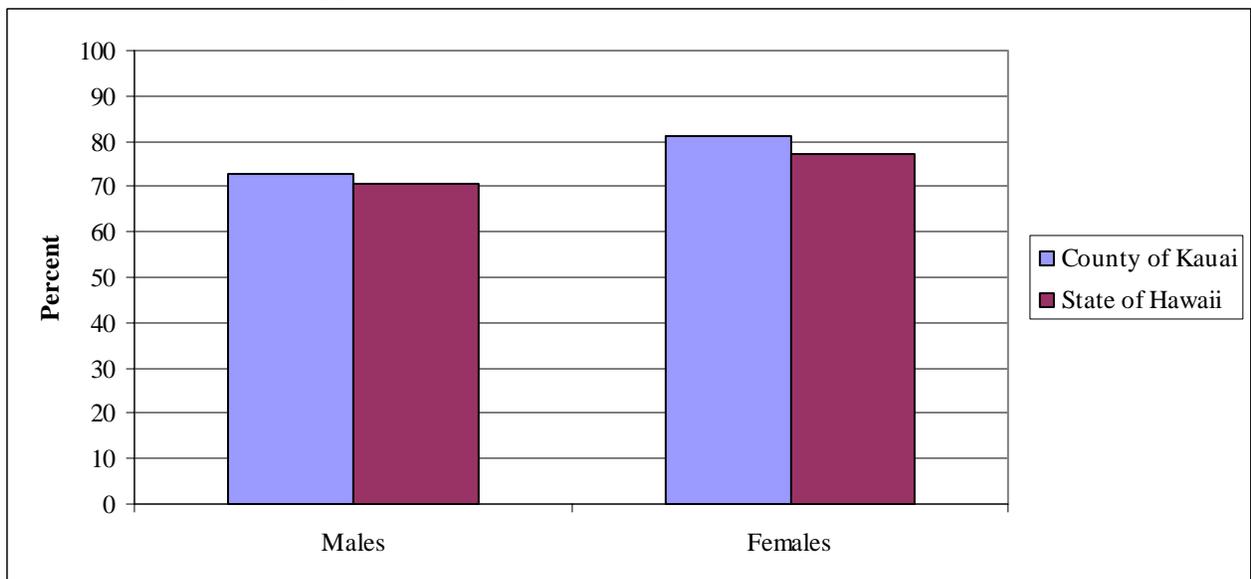
**Figure 16. Peers' Disapproval of Weekend Drinking by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 17 shows that at both the County and State levels slightly more female than male students reported a higher percentage of disapproval of weekend drinking.

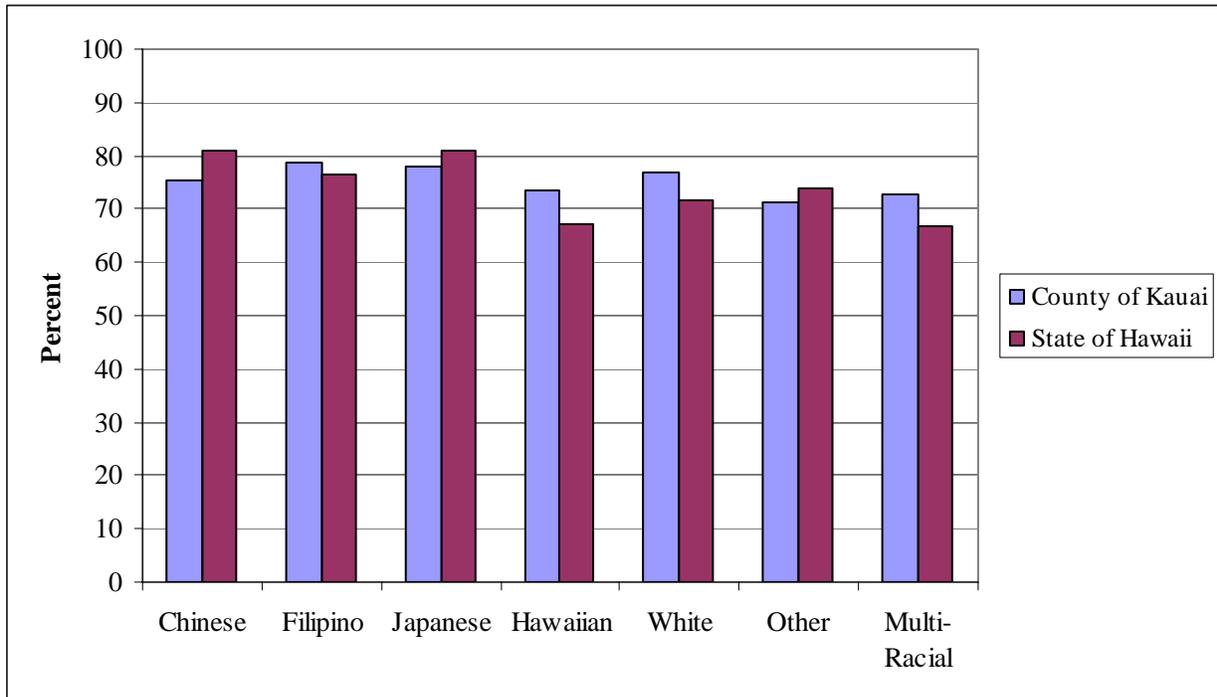
**Figure 17. Peers' Disapproval of Weekend Drinking by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 18 indicates that in Kauai County students of “Hawaiian,” “Other” and “Multi-racial” ethnicities had peers that were less disapproving of weekend drinking. In contrast, students of “Japanese” and “Filipino” ethnicities were more likely to disapprove of weekend drinking. Similar patterns were seen at the State level.

**Figure 18. Peers’ Disapproval of Weekend Drinking by Ethnicity, 2003**



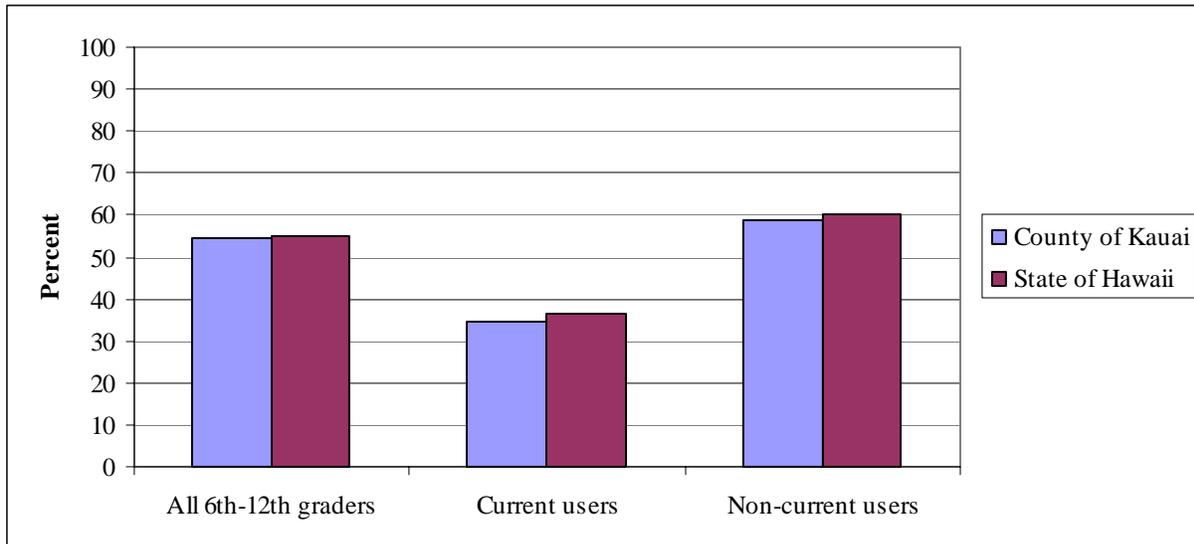
Source: Hawaii State Department of Health 2003 Student ATOD Survey

### **PERCEIVED RISK OF WEEKEND DRINKING**

For most individuals, the perception of risk governs behavior. That is, there is greater probability of people engaging in activities in which low risk is perceived and avoiding activities that are associated with high risk. These perceptions are shaped to a great extent by parents, peers, and other significant people in young people’s lives. Figures 19-22 (next pages) show the perceived risks associated with weekend drinking among intermediate and high school students.

As seen in Figure 19, more than half of “all 6<sup>th</sup>-12<sup>th</sup> graders” in Kauai County (54.3%) considered weekend drinking to be a health risk. The perception of risk from weekend drinking was higher among “non-current users” than “current users” (58.9% vs. 34.5%). This similar pattern is also seen at the State level.

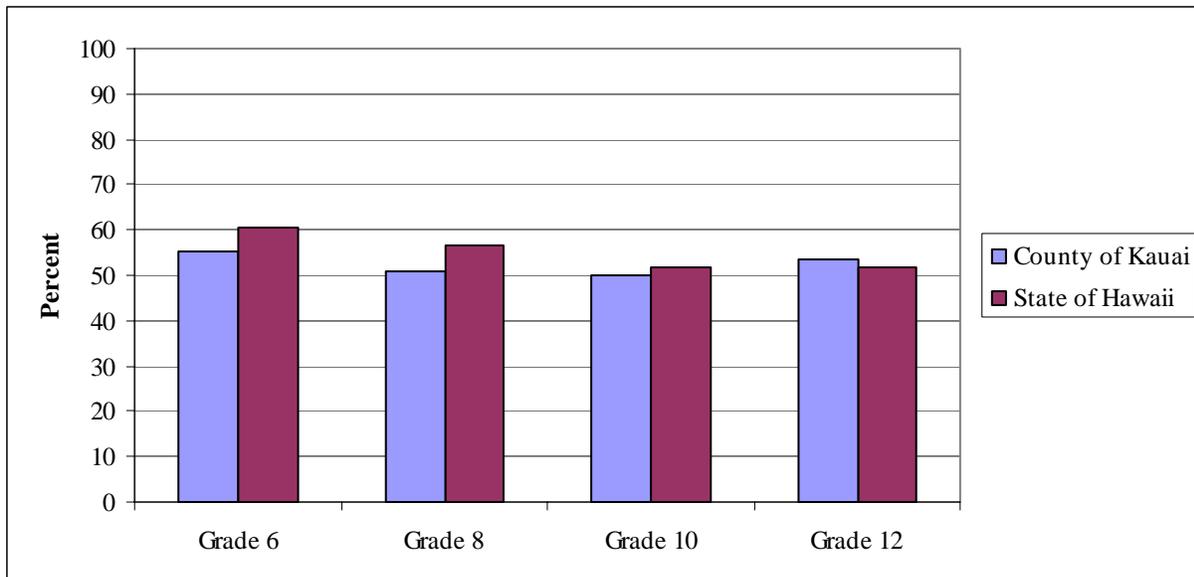
**Figure 19. Perceived Risk of Weekend Drinking by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 20 shows that in general at both the County and State levels the perceived risk of weekend drinking declined with grade level. The exception is at grade 12 where there was an increase in perceived risk at the County level.

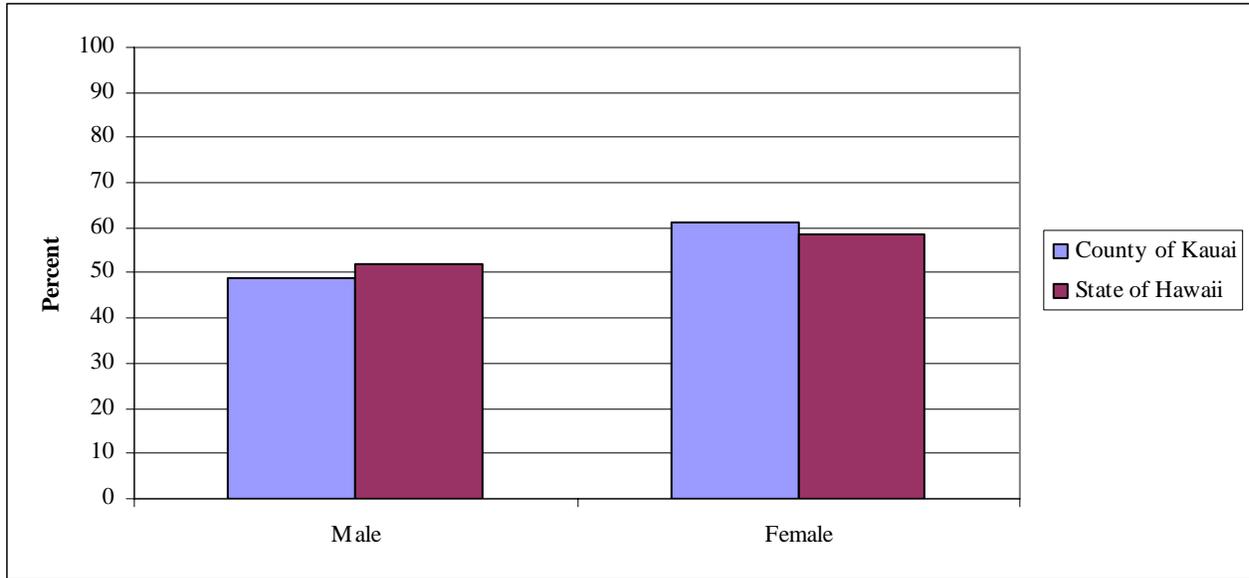
**Figure 20. Perceived Risk of Weekend Drinking by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 21 displays the perceived risk of weekend drinking by gender. The perceived risk of drinking was higher among female students than males (61.2% vs. 48.8%, respectively). This same pattern was seen at the State level (52% vs. 58%, respectively).

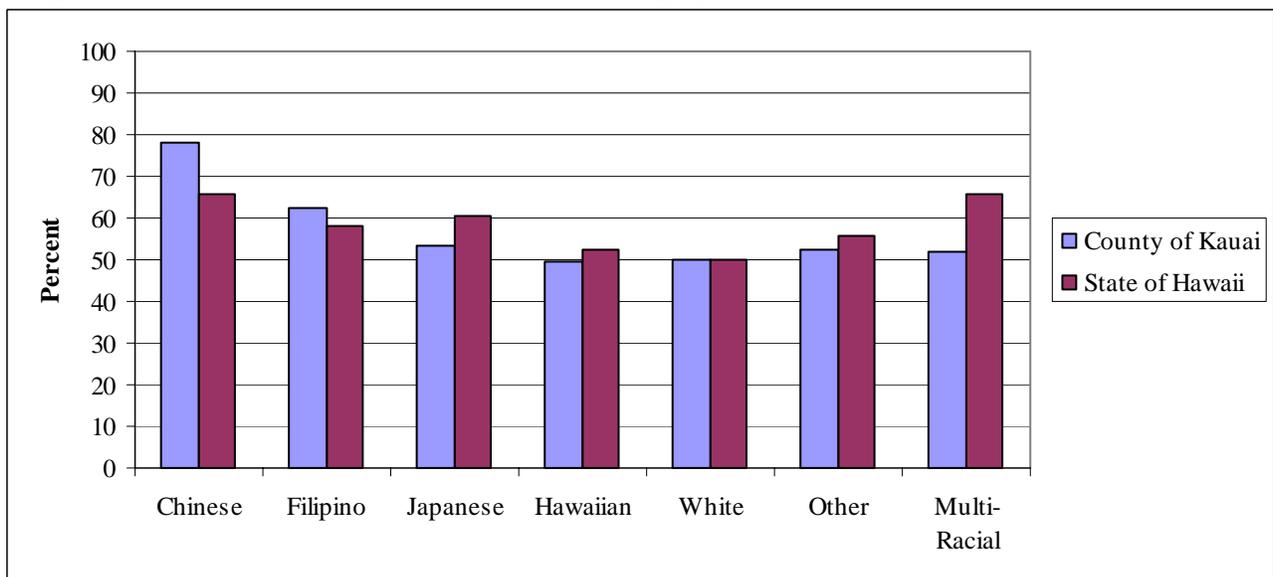
**Figure 21. Perceived Risk of Weekend Drinking by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 22, at the County level, “Chinese” youth had a higher percentage of perceptions of risk of weekend drinking (77.9%). At the State level the highest perceptions were seen in “Multi-racial” and “Chinese” youths (65.7%). “Hawaiian” and “White” students had the lowest perceptions of weekend drinking at both the County and State levels.

**Figure 22. Perceived Risk of Weekend Drinking by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

## **Section Two: County Provided Data**

The following section is Kauai County specific data and unique to this County Profile. The data was provided by the Kauai County Advisory Council. Datasets were collected from various community resources and contacts and provided to the SPF-SIG Epidemiology Team for summarizing. Significance testing is reported only for data that met the following criteria: (1) when raw data was provided and (2) when the data met statistical qualifications for significance testing (adequate sample size). If data is presented without significance testing, it indicates that significance testing is not feasible and/or appropriate for that data.

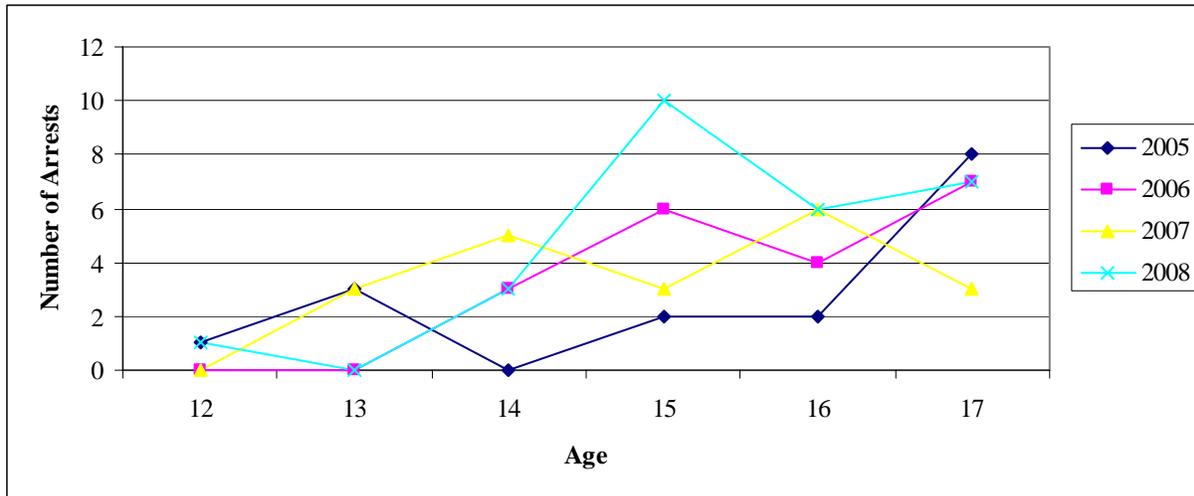
Disclaimer: The data in this section was provided by the Kauai County Advisory Council as is. The data submitted was guided by pre-determined data quality criteria set forth by the SPF-SIG Epidemiology Team. Limitations may be inherent in any data set and conclusions of said data should be interpreted with the limitations in mind.



## Youth Alcohol Arrests

Figure 23 shows the number of youth alcohol related arrests. The number of alcohol related arrests for youth 12-17 years old increased from 16 in 2005 to 20 in 2006 and 2007, and then increased again to 27 in 2008. In general, there were fewer arrests for 12 and 13 year olds than for the older age groups. The most arrests were seen in 2008 for 15 year olds.

**Figure 23. Number of Alcohol Related Arrests for Underage Drinking by Age**

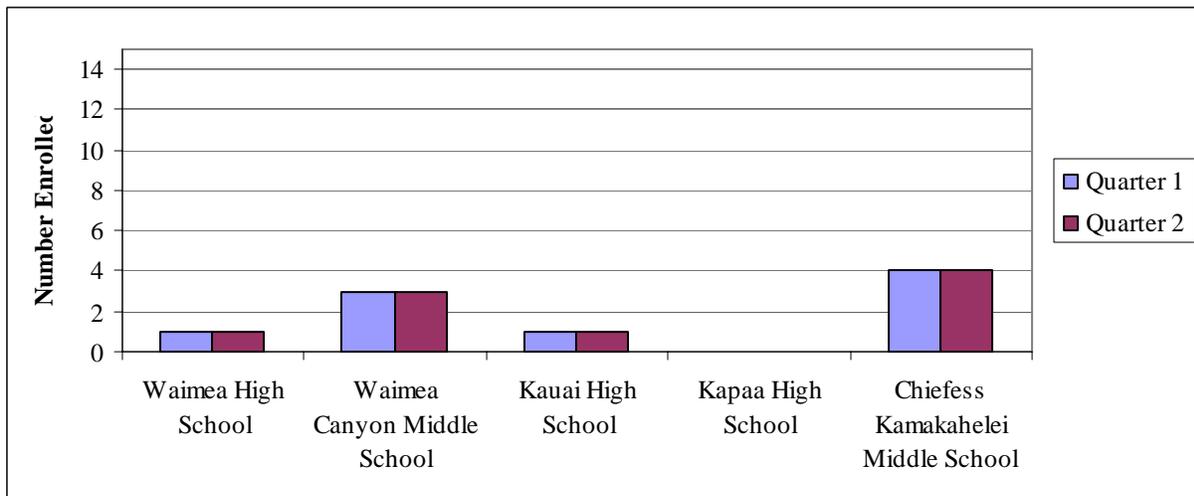


Source: Kauai County

## Youth Enrolled in Alcohol and Drug Use Programs

As seen in Figure 24, there were no differences in the number of enrollees for alcohol use between quarter 1 and quarter 2. “Chiefess Kamakahahei Middle School” had the most enrollees.

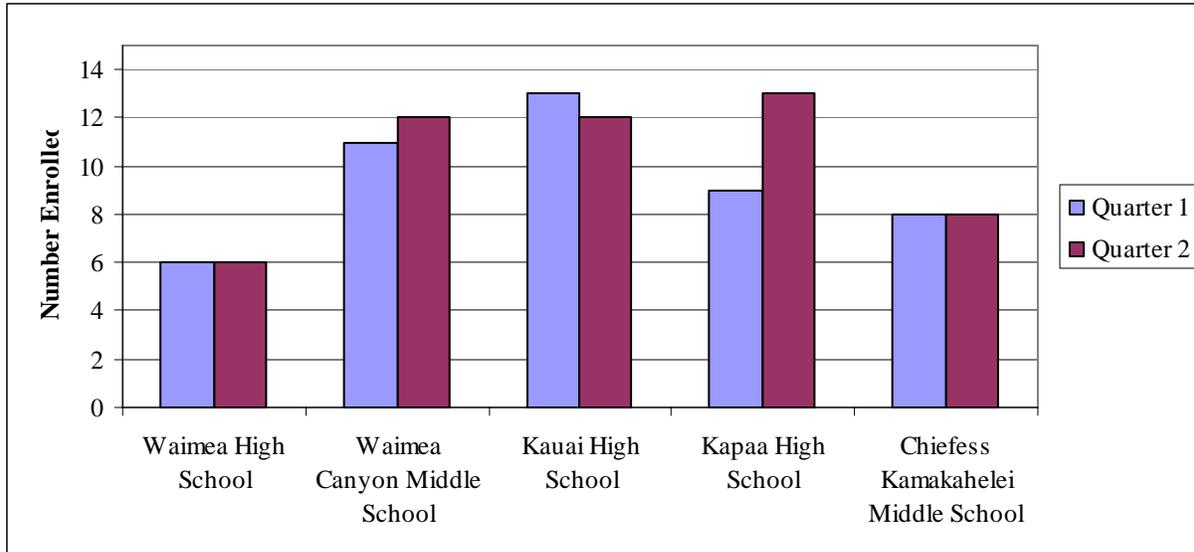
**Figure 24. Number of Alcohol Users Enrolled, 2008**



Source: Hawaiian Drug and Alcohol Statistics, Kauai County

Figure 25 shows that “Waimea Canyon Middle School” and “Kapaa High School” had an increase in the number of “Hawaiian/Part Hawaiian” enrollees from quarter one to quarter two, while “Kauai High School” had a decrease.

**Figure 25. Number of Hawaiian/Part Hawaiian Users Enrolled, 2008**

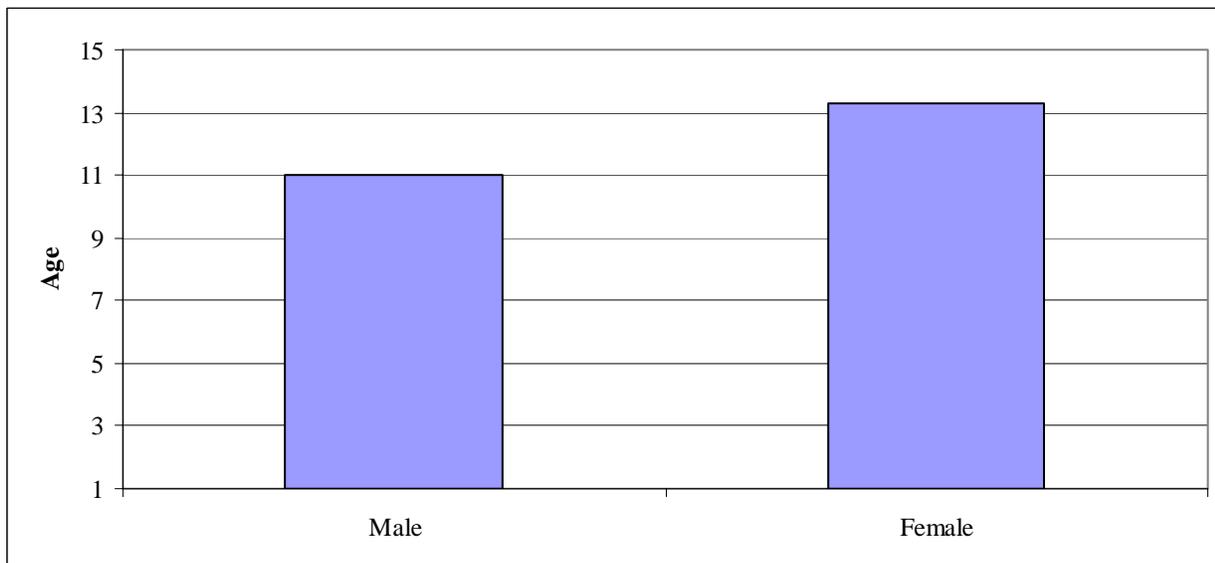


Source: Hawaiian Drug and Alcohol Statistics, Kauai County

**Age at First Use of Alcohol**

As shown in Figure 26, males started using alcohol at an earlier age (age 11) than females (age 13).

**Figure 26. Average Age of First Use of Alcohol by Gender, 2008**



Source: Kauai County

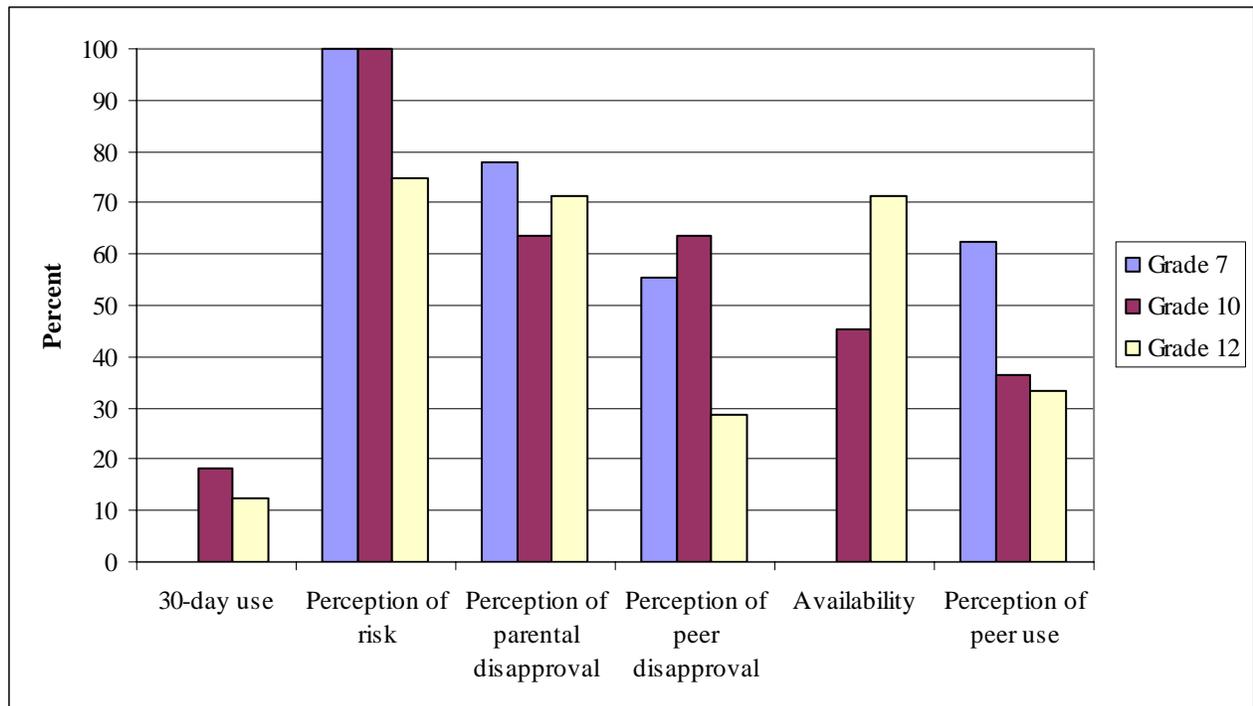
## Alcohol Use and Perceptions

The following data was provided by the Drug-Free Communities Support Program, administered by the Center for Substance Abuse and Prevention using the Pride Survey questionnaire. The outcome measure definitions are as follows:

1. 30-day use: percentage of students reporting using alcohol once a month or more.
2. Perception of risk: percentage of students reporting that using alcohol is harmful or very harmful to their health.
3. Perception of parental or peer disapproval: percentage of students reporting that their parents/peers would feel it is wrong or very wrong to drink alcohol.
4. Availability: percentage of students who report that alcohol is very easy or fairly easy to get.
5. Perception of peer use: percentage of students reporting that peers use alcohol.

Figure 27 displays alcohol use and perceptions by grade level. Youth in 10<sup>th</sup> grade reported a higher percentage of “30-day” use. Most all participants in grades 7 and 10 reported a larger percentage of “perception of risk” of using alcohol compared to youth in grade 12. Over 60% of all students reported a “perception of parental disapproval.” About 45% of 10<sup>th</sup> graders and 70% of 12<sup>th</sup> graders reported that the “availability” of obtaining alcohol is very easy or fairly easy. Almost twice as many 7<sup>th</sup> graders compared to 10<sup>th</sup> and 12<sup>th</sup> graders reported peers use of alcohol (“perception of peer use”).

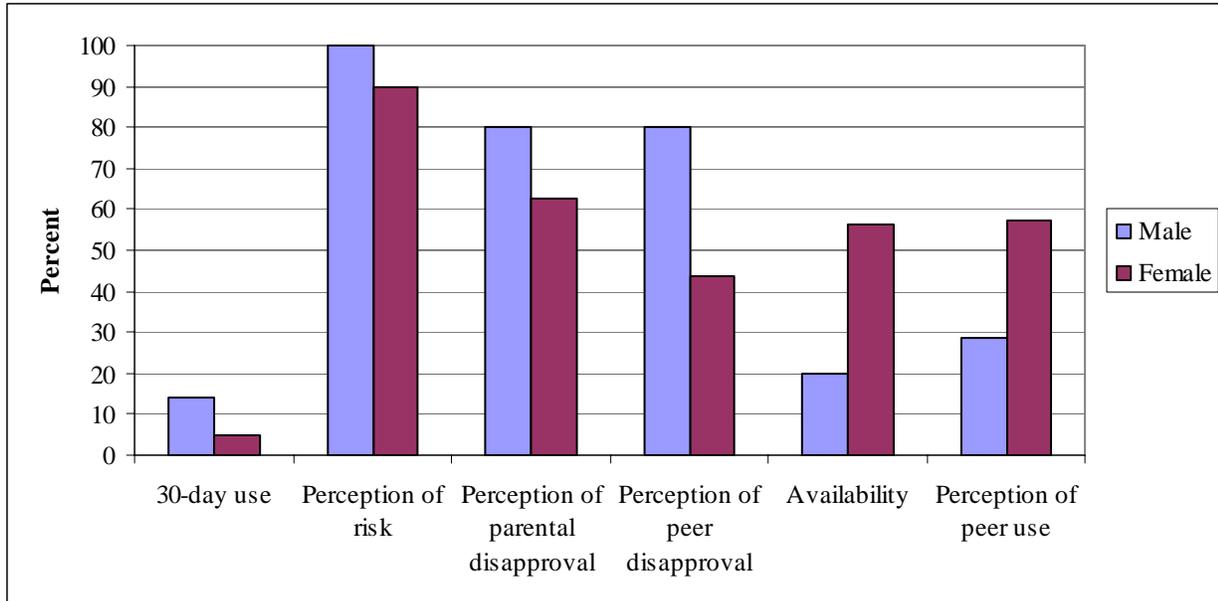
**Figure 27. Alcohol Use and Perception Outcomes by Grade**



Source: Drug-Free Communities Support Program

As seen in Figure 28, more males than females reported a higher “30-day use,” “perceptions of risk,” “perception of parental disapproval,” and “perception of peer disapproval.” However, more females reported more “availability” and “perception of peer use.”

**Figure 28. Alcohol Use and Perception Outcomes by Gender**

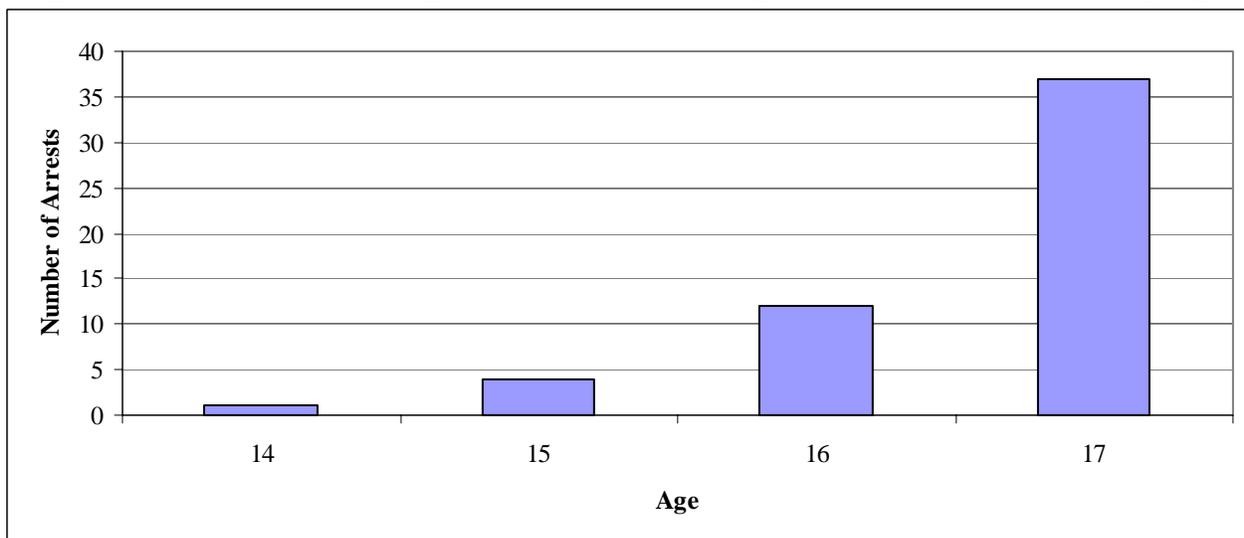


Source: Drug-Free Communities Support Program

**Underage Driving Under the Influence (DUI) Arrests**

As seen in Figure 29, the number of underage DUI arrests increased with age. From 2000-2008, there was one arrest for 14 year olds, up to 37 arrests for 17 year olds.

**Figure 29. Number of Underage DUI Arrests from August 2000 - November 2008 by Age**



Source: Kauai County

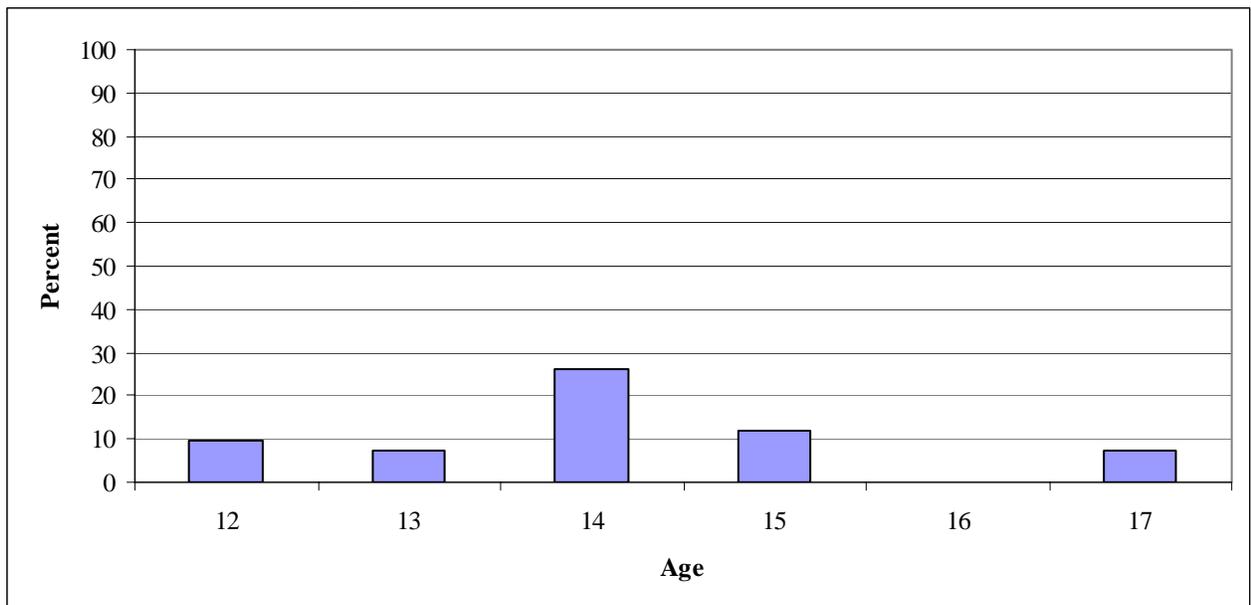
## COMMUNITY ALCOHOL SURVEY

The following data was collected by the Kauai County Alcohol Survey. This survey was developed by the Kauai County Advisory Council. The survey was administered at town hall meetings to youth and their parent/guardian at various time points throughout 2008. There were a total of 42 youth and 157 adult participants.

### Demographics

Figure 30 demonstrates the percentage of youth participants by age. The largest age group to participate was 14 year olds, followed by 12 year olds. There were no 16 year old participants

**Figure 30. Youth Participants by Age**

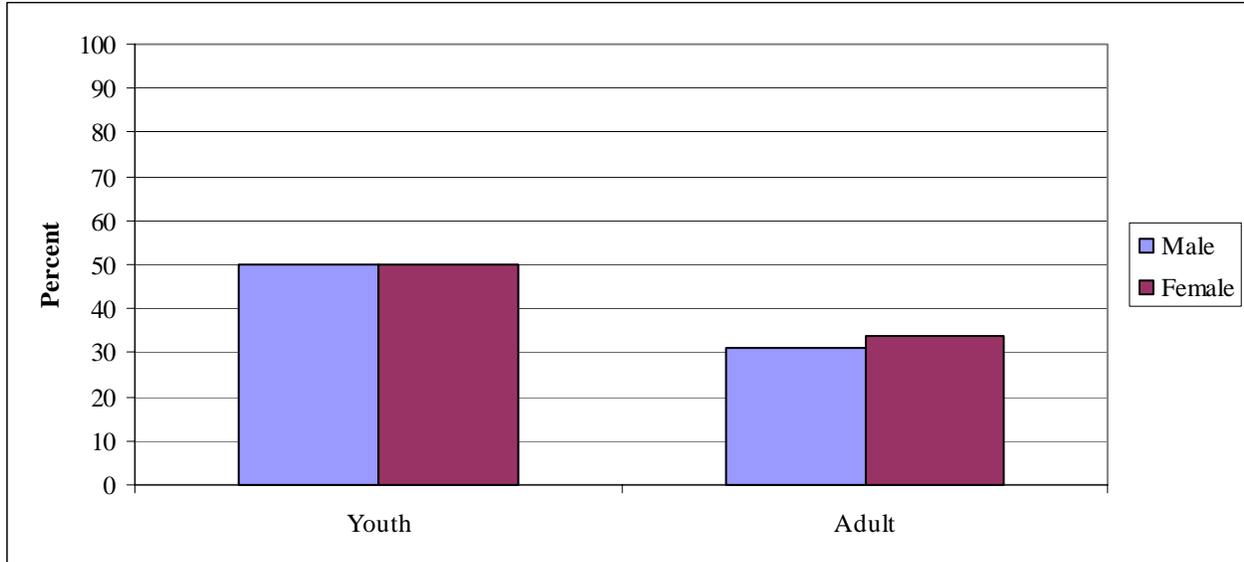


\*Totals may not add to 100% due to missing data

Source: Town Hall Meeting Surveys

Figure 31 shows that there was an equal amount of youth males and females. More female adults participated than male adults.

**Figure 31. Youth and Adult Participants by Gender**

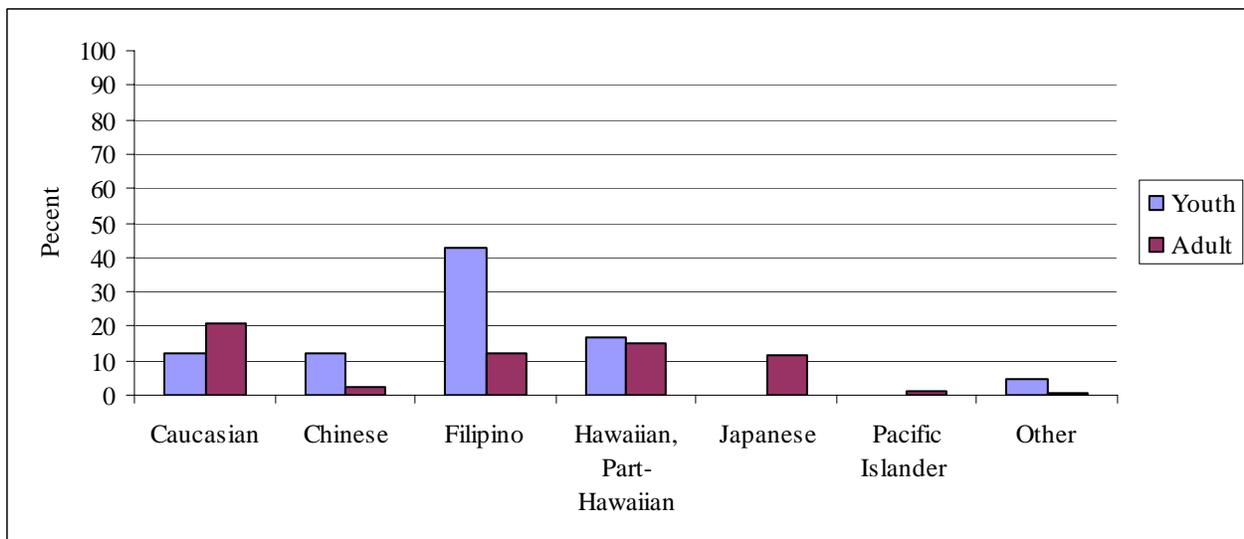


\*Totals may not add to 100% due to missing data

Source: Town Hall Meeting Surveys

As seen in Figure 32, among youth most participants were “Filipino” followed by “Hawaiian.” Most adult participants were “Caucasian” followed by “Hawaiian.”

**Figure 32. Youth and Adult Participants by Ethnicity**

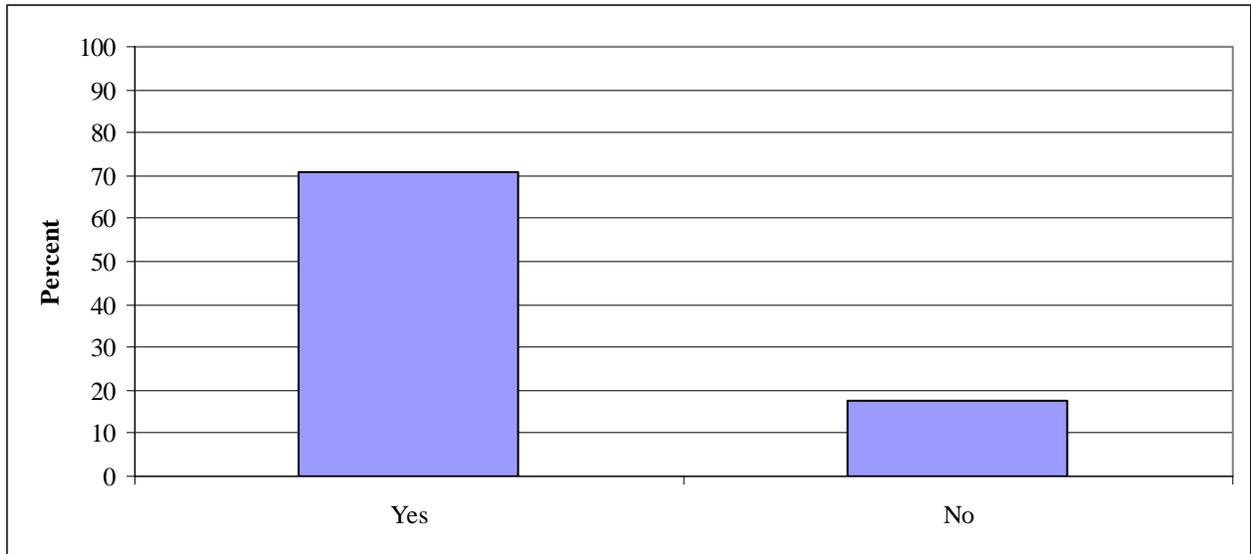


\* Total may be different than number of participants or not equal to 100% due to 1) participants responding to more than one ethnicity, or 2) missing data.

Source: Town Hall Meeting Surveys

As evident in Figure 33, more parents (70%) than non-parents (17%) participated in the surveys.

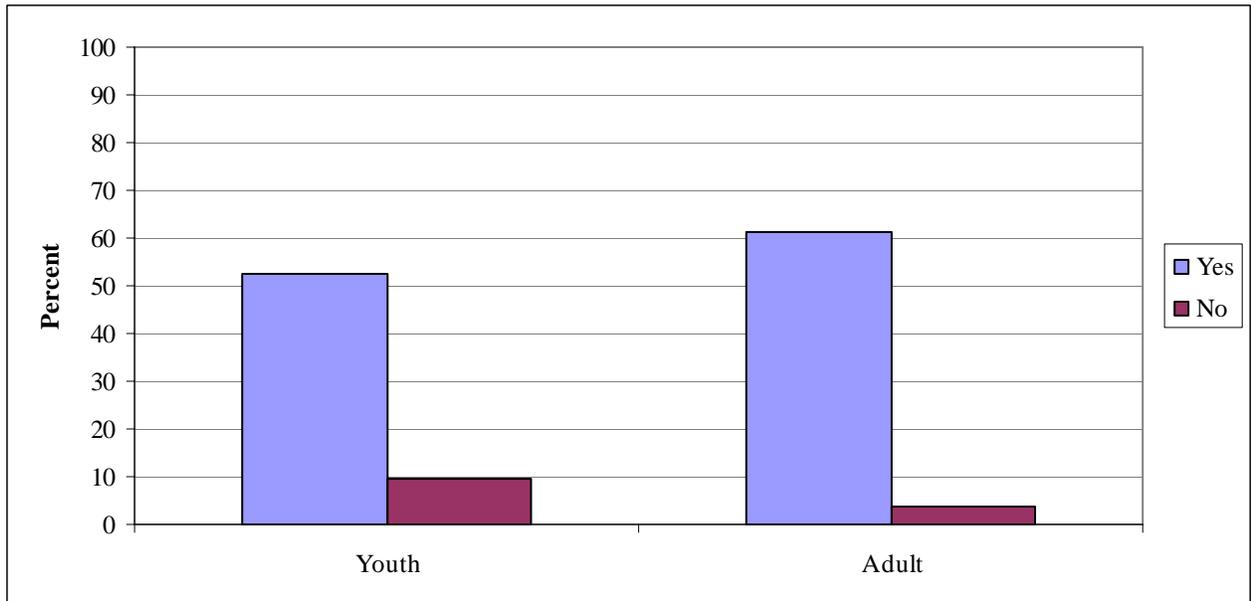
**Figure 33. Participants who were Parents**



\*Totals may not add to 100% due to missing data  
Source: Town Hall Meeting Surveys

Figure 34 shows the participants born in the United States. About 60% of adults and 50% of youth participants were born in the United States.

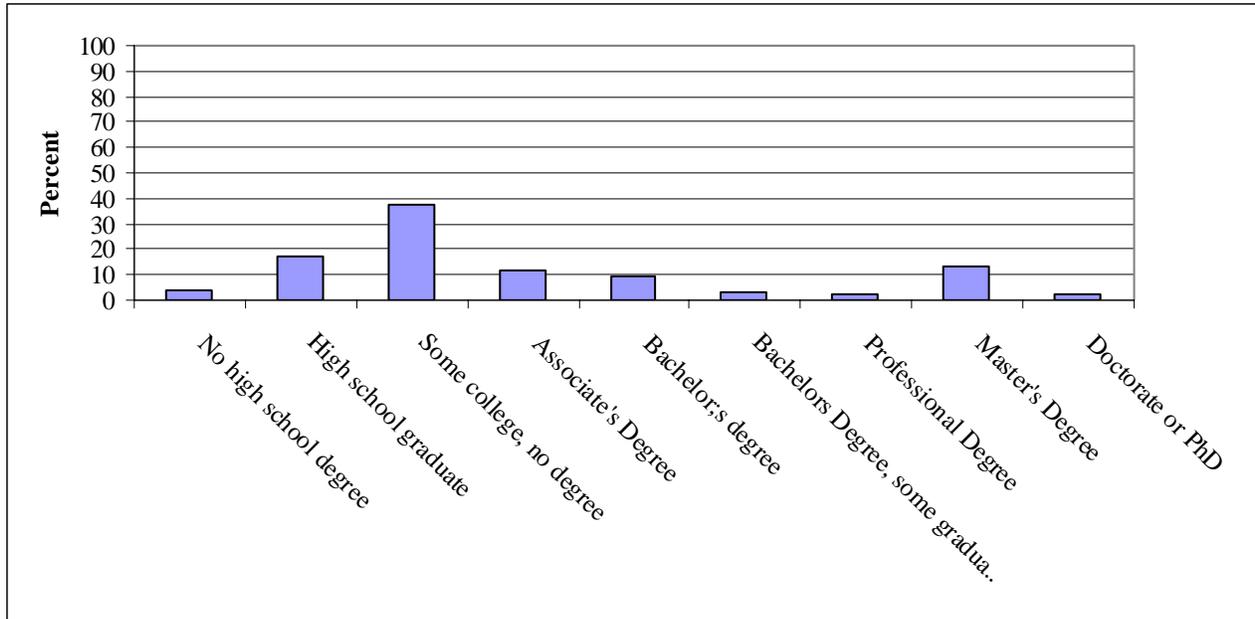
**Figure 34. Participants born in the United States**



\*Totals may not add to 100% due to missing data  
Source: Town Hall Meeting Surveys

As seen in figure 35, nearly 37% of adult participants reported that they had “some college, no degree.” About 8% had a “bachelor’s degree” and 17% had a “master’s degree.”

**Figure 35. Level of Education of Adult Participants**

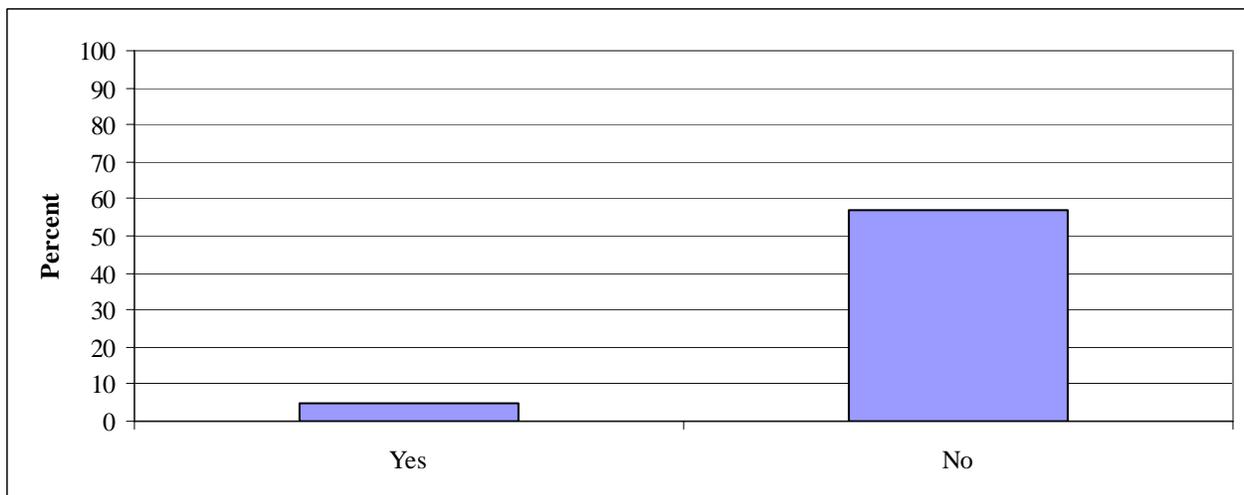


\*Totals may not add to 100% due to missing data

Source: Town Hall Meeting Surveys

Figure 36 shows that over 50% of youth report that they do not have a job.

**Figure 36. Youth Reported Having a Job**



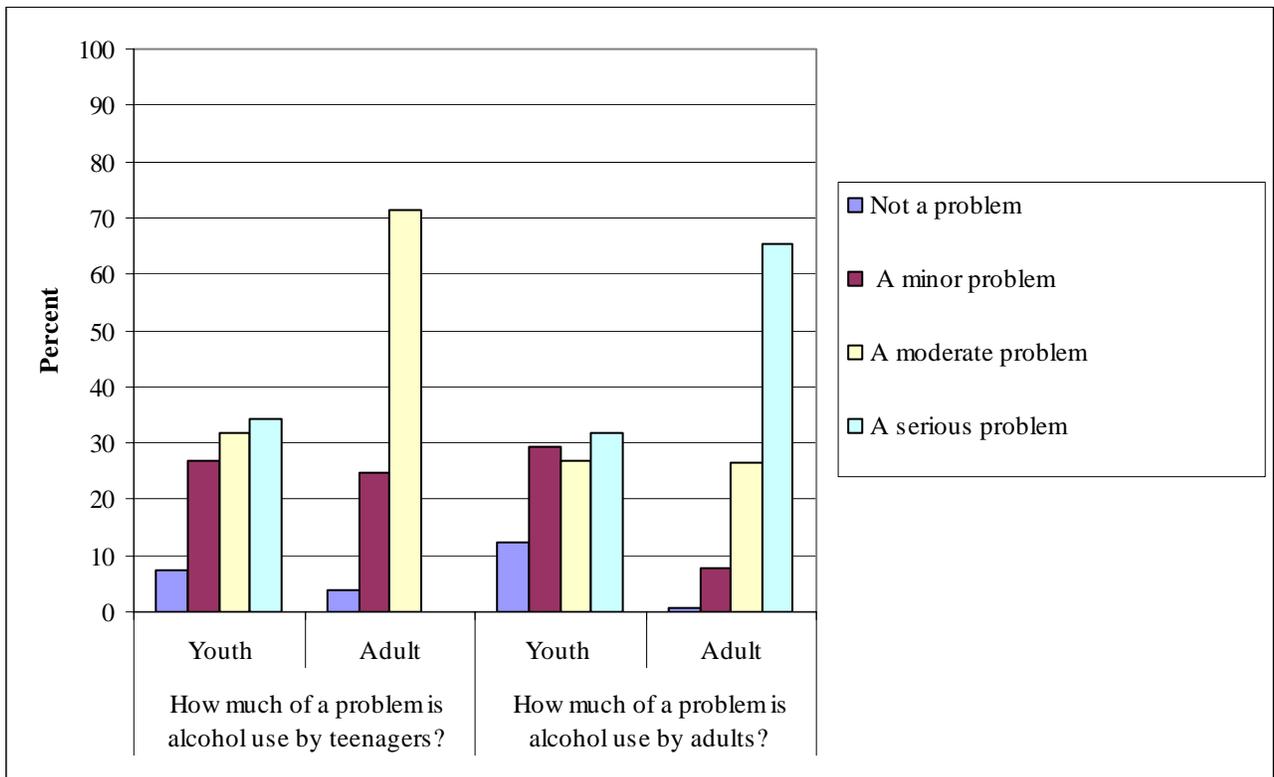
\*Totals may not add to 100% due to missing data

Source: Town Hall Meeting Surveys

## Alcohol Use and Perceptions

Figure 37 reports on adult and youth perceptions of alcohol being a problem. About 70% of adults compared to just over 30% of youth thought that alcohol use in teenagers was “a moderate problem.” No adults reported teenage alcohol use as being “a serious problem,” while about 35% of youth thought alcohol use was “a serious problem.” More than twice the percentage of adults compared to youth thought that alcohol use among adults was “a serious problem.” About 10% of youth and fewer than 5% of adults did not think alcohol use was a problem in adults.

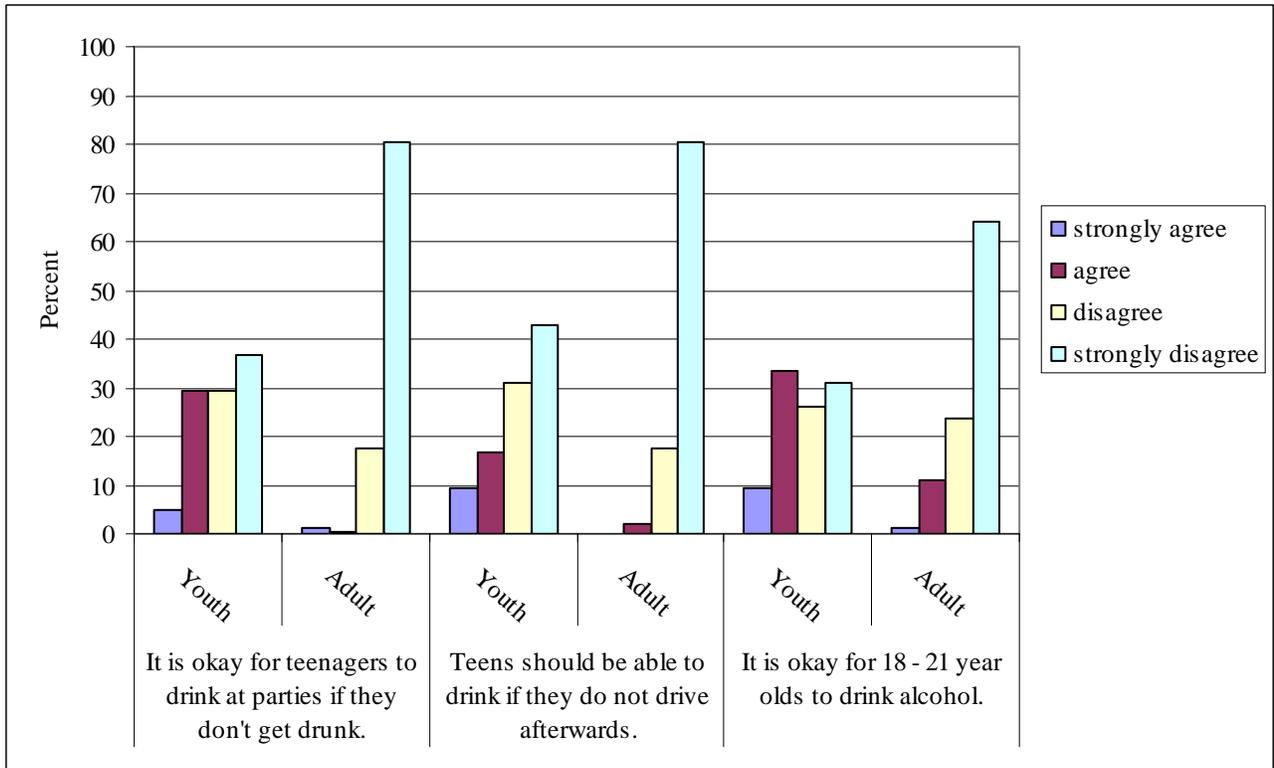
**Figure 37. Perception of Alcohol Being a Problem**



Source: Town Hall Meeting Surveys

Figure 38 reports on adult and youth perceptions on the extent to which youth should use alcohol. About 80% of adults and 35% of youth reported that they “strongly disagree” that youth can drink at a party if they do not get drunk and youth can drink if they do not drive. Around 25% of youth and adults “disagree” that it is okay for 18-21 year olds to drink alcohol, but over 65% of adults and 30% of youth reported that they “strongly disagree” that it is okay for 18-21 year olds to drink alcohol.

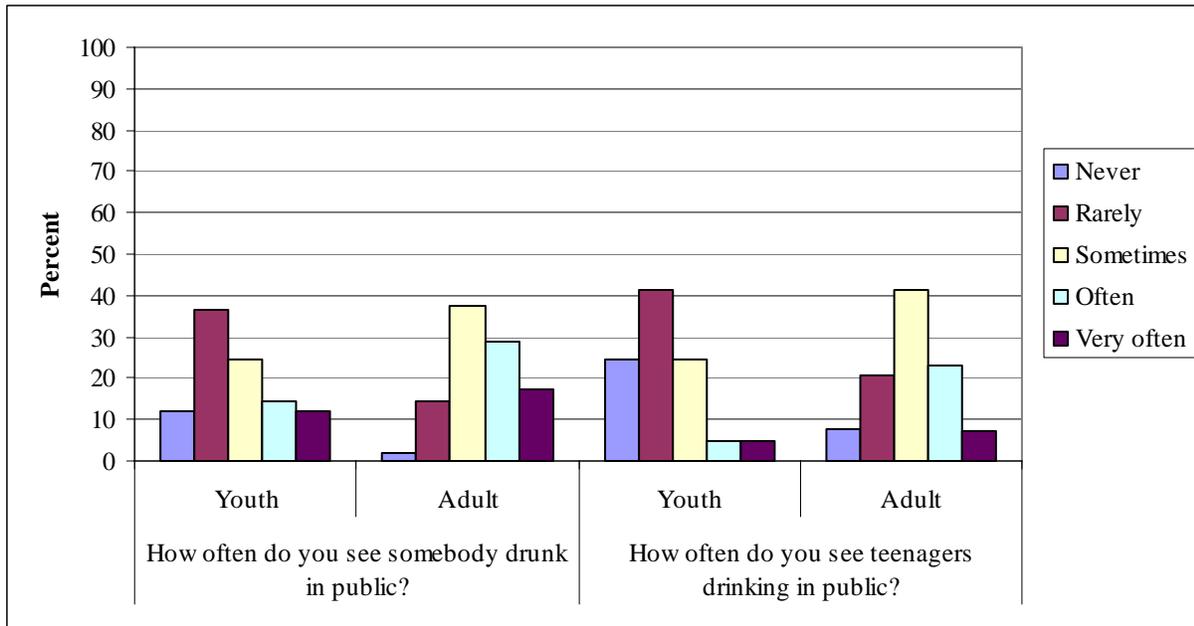
**Figure 38. Extent to Which Youth should use Alcohol**



Source: Town Hall Meeting Surveys

As seen in Figure 39 (next page), over 35% of youth reported that they “rarely” see somebody drunk in public, while about 35% of adults “sometimes” see someone drunk in public. Over 40% of youth reported that they “rarely” see teenagers drinking in public. However, over 40% of adults reported that they “sometimes” see teenagers drinking in public.

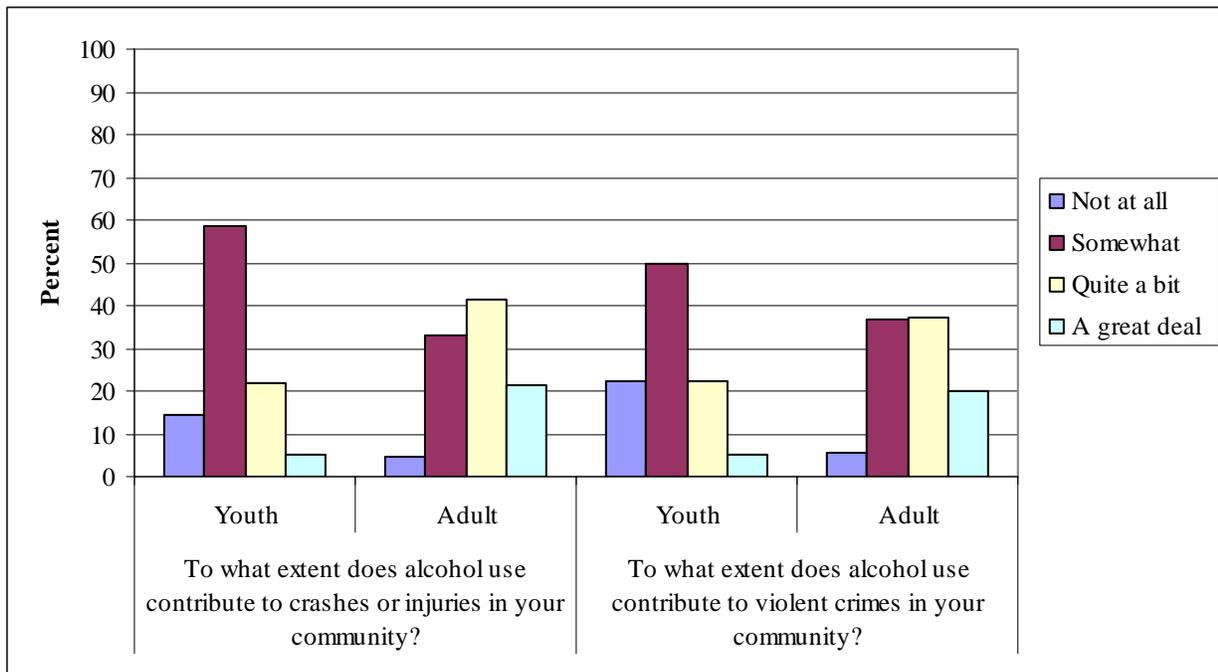
**Figure 39. Perceptions of Public Drinking**



Source: Town Hall Meeting Surveys

As seen in Figure 40, almost 60% of youth and 30% of adults reported that alcohol “somewhat” contributes to crashes and injuries. Similarly, more youth reported that alcohol contributes “somewhat” to violent crimes more than adults (50% vs. 35%, respectively).

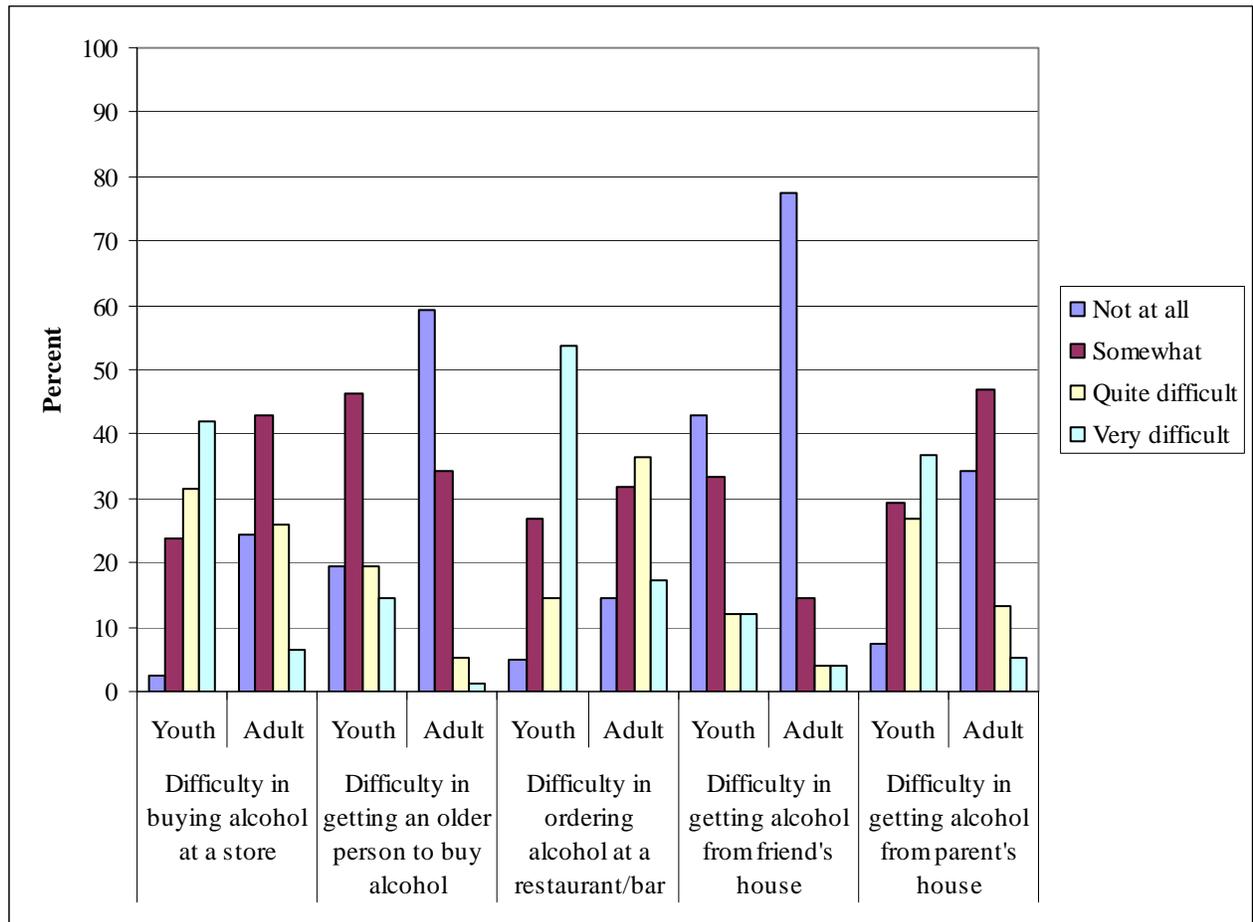
**Figure 40. Alcohol Contribution to Injury and Crime**



Source: Town Hall Meeting Surveys

Figure 41 indicates that over 40% of youth and about 5% of adults thought it is “very difficult” for youth to buy alcohol in a store. More adults reported that it is “not at all difficult” for youth to buy alcohol in a store. Similarly, more adults reported that it is “not at all difficult” for youth to get an older person to buy alcohol for them. More youth than adults reported that it is “very difficult” for youth to order alcohol in a restaurant, while more adults reported that it is “not at all difficult” for youth to order alcohol in a restaurant. Almost 80% of adults and over 40% of youth reported that it is “not at all difficult” for youth to get alcohol from a friend’s house. About 35% of youth and only about 5% of adults thought it is “very difficult” to get alcohol from a parent’s house.

**Figure 41. Degree of Difficulty for Youth to Access Alcohol**

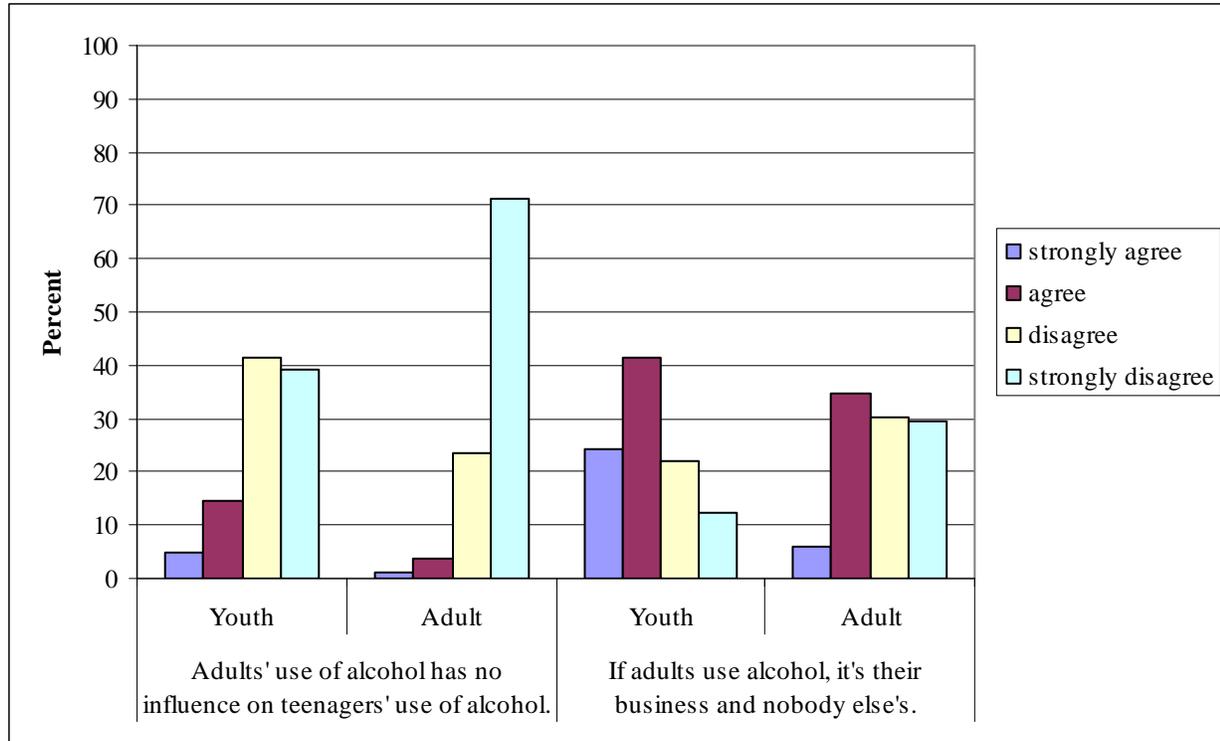


Source: Town Hall Meeting Surveys

## Adult's Influence on Youth Alcohol Use

Figure 42 shows adult's influence on youth using alcohol. Over 70% of adults and almost 40% of youth "strongly disagree" that adult's use of alcohol has no influence over teenager's use of alcohol. Over 40% of youth and about 35% of adults "agree" that if an adult used alcohol it is only their business and nobody else's.

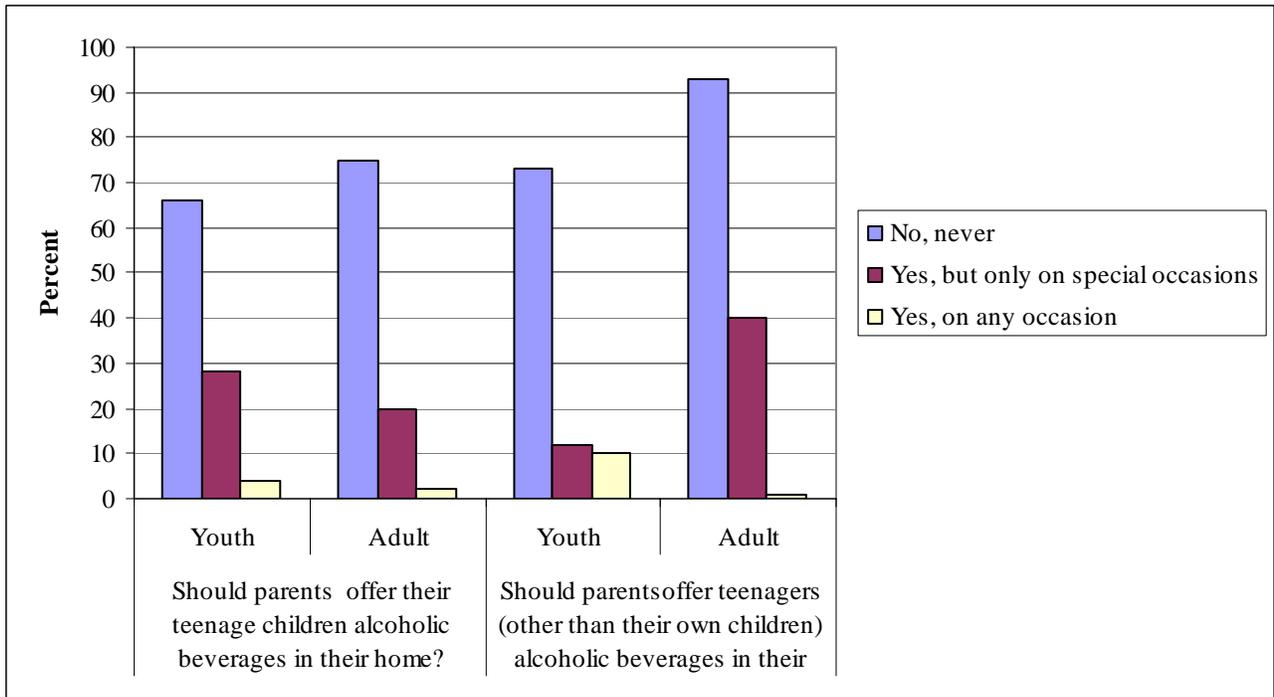
**Figure 42. Adult's Influence on Youth Alcohol Use**



Source: Town Hall Meeting Surveys

Figure 43 (next page) reports on adult and youth perceptions on whether adults should offer teenagers alcohol. About 65% of youth and 75% of adults did not feel it is ever okay to offer their teenagers alcohol. Just fewer than 30% of youth and 20% of adults reported that it is okay to offer alcohol to their teenagers on special occasions. However, only 11% of youth and 40% of adults reported that it is okay to offer other teenagers alcohol on special occasions. More youth than adults reported that it is okay on any occasion to offer teenagers alcohol.

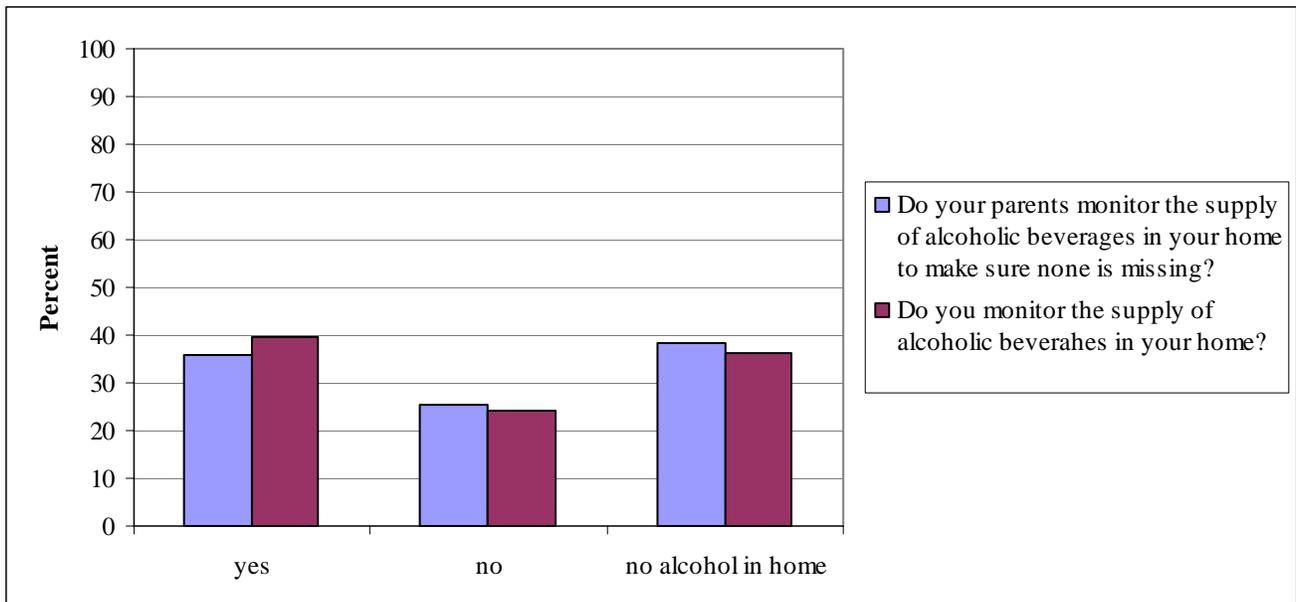
**Figure 43. Is it Okay for Parents to Offer Teenagers Alcohol?**



Source: Town Hall Meeting Surveys

As seen in Figure 44, just over 35% of youth reported that their parents monitor the alcohol supply in their home, while about 25% said that their parents do not monitor this. About 40% of the parents stated that they monitor the alcohol supply in their home, while about 25% do not.

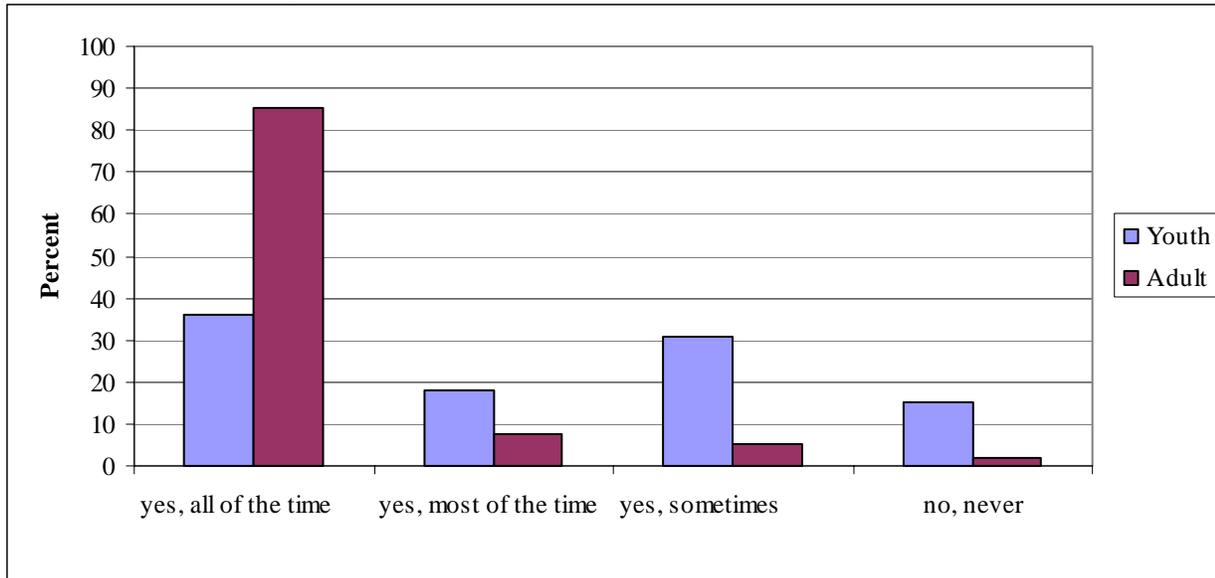
**Figure 44. Alcohol Monitoring in the Home**



Source: Town Hall Meeting Surveys

Figure 45 indicates that about 85% of adults and 35% of youth thought that parents should check to see if there is adult supervision at a party that teenagers are attending. About 15% of youth and about 2% of adults thought that parents never need to check to see if there is adult supervision at a party that teenagers are attending.

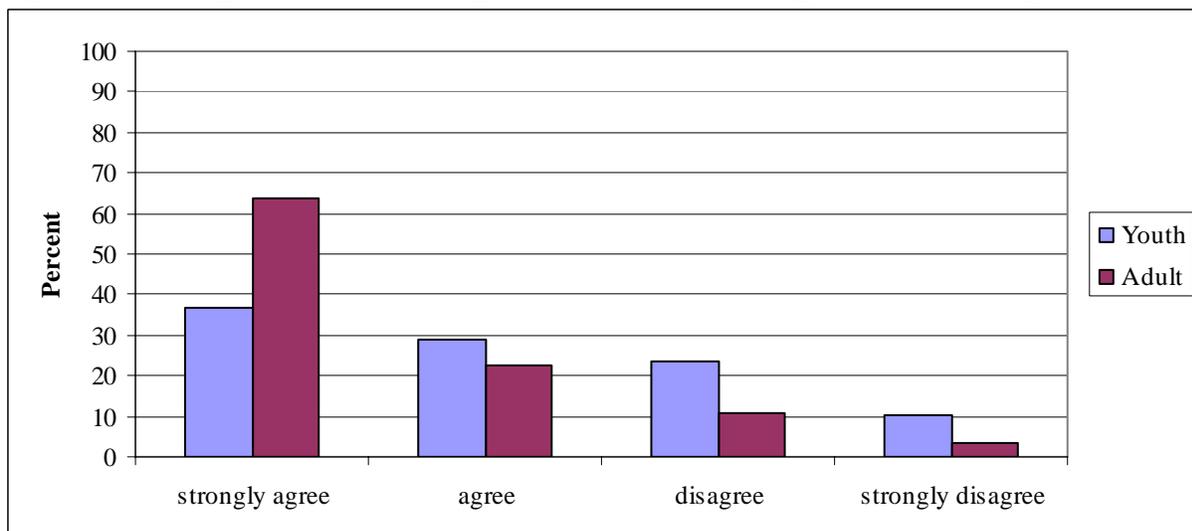
**Figure 45. Adult Supervision of Youth Alcohol Use**



Source: Town Hall Meeting Surveys

As seen in Figure 46, over 60% of adults and about 35% of youth “strongly agree” that only non-alcoholic beverages should be served at community events. About 10% of youth and 5% of adults “strongly disagree” that only non-alcoholic beverages should be served at community events.

**Figure 46. Perception about Serving Non-Alcoholic Beverages at Community Events**

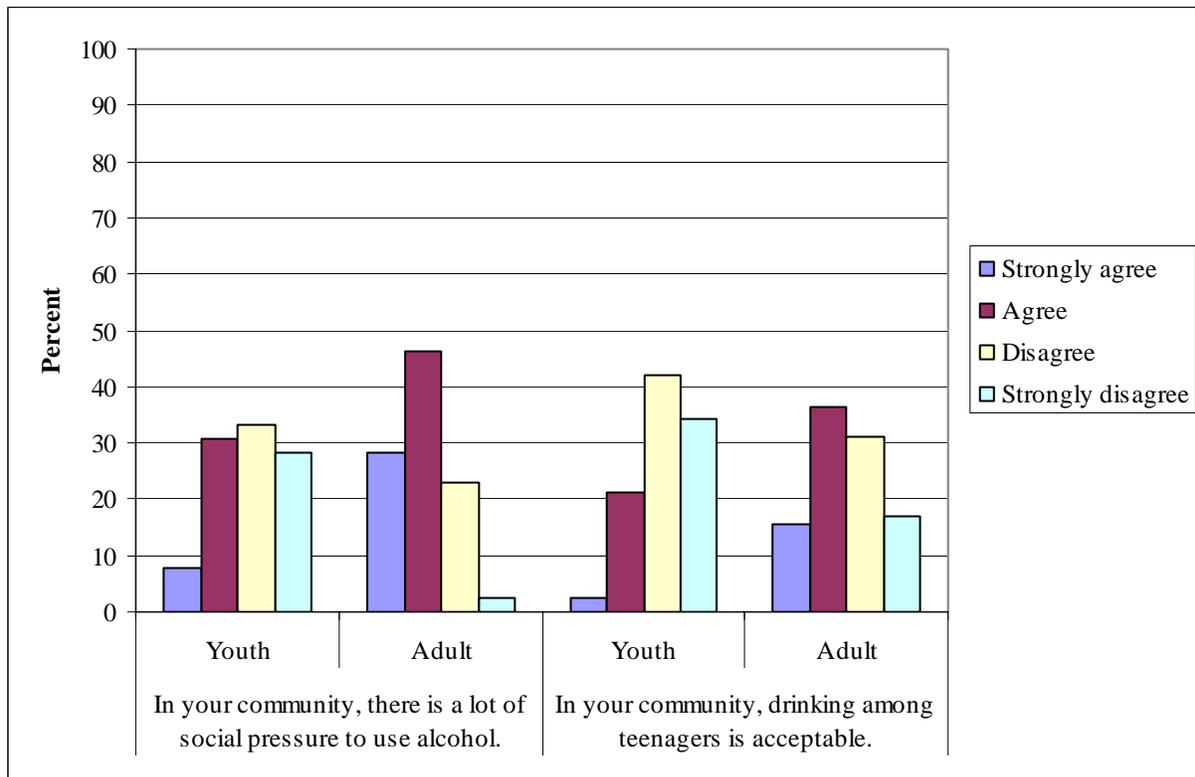


Source: Town Hall Meeting Surveys

## Youth Pressure to Use Alcohol

Figure 47 reports on pressure for youth to use alcohol. More adults than youth “agree” that there is social pressure for youth to use alcohol (about 30% vs. 45%, respectively). About 25% of youth and fewer than 5% of adults “strongly disagree” that there is social pressure to use alcohol. About 45% of youth and 30% of adults “disagree” that drinking among teenagers is acceptable. Just over 35% of adults and about 20% of youth “agree” that drinking among teenagers is acceptable.

**Figure 47. Pressure to Use Alcohol**

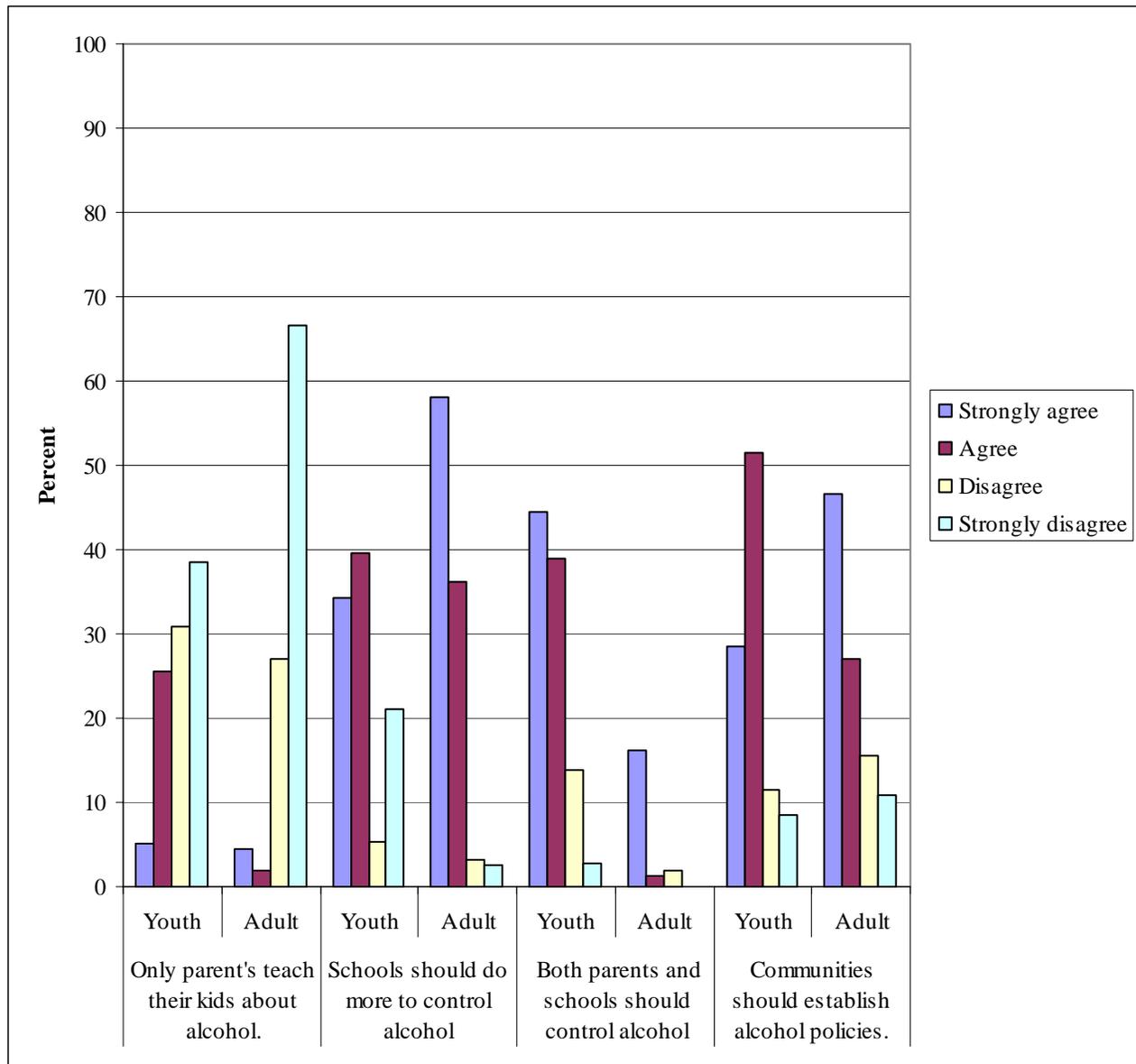


Source: Town Hall Meeting Surveys

## Community Impact on Changing Youth Alcohol Use

As seen in Figure 48, about 35% of youth and 65% of adults “strongly disagree” that parents should be the only ones to teach kids about alcohol. About 15% of adults and over 40% of youth “strongly agree” that “both parents and schools should control alcohol.” Adults and youth report that they “agree” that the local community should establish their own alcohol policies.

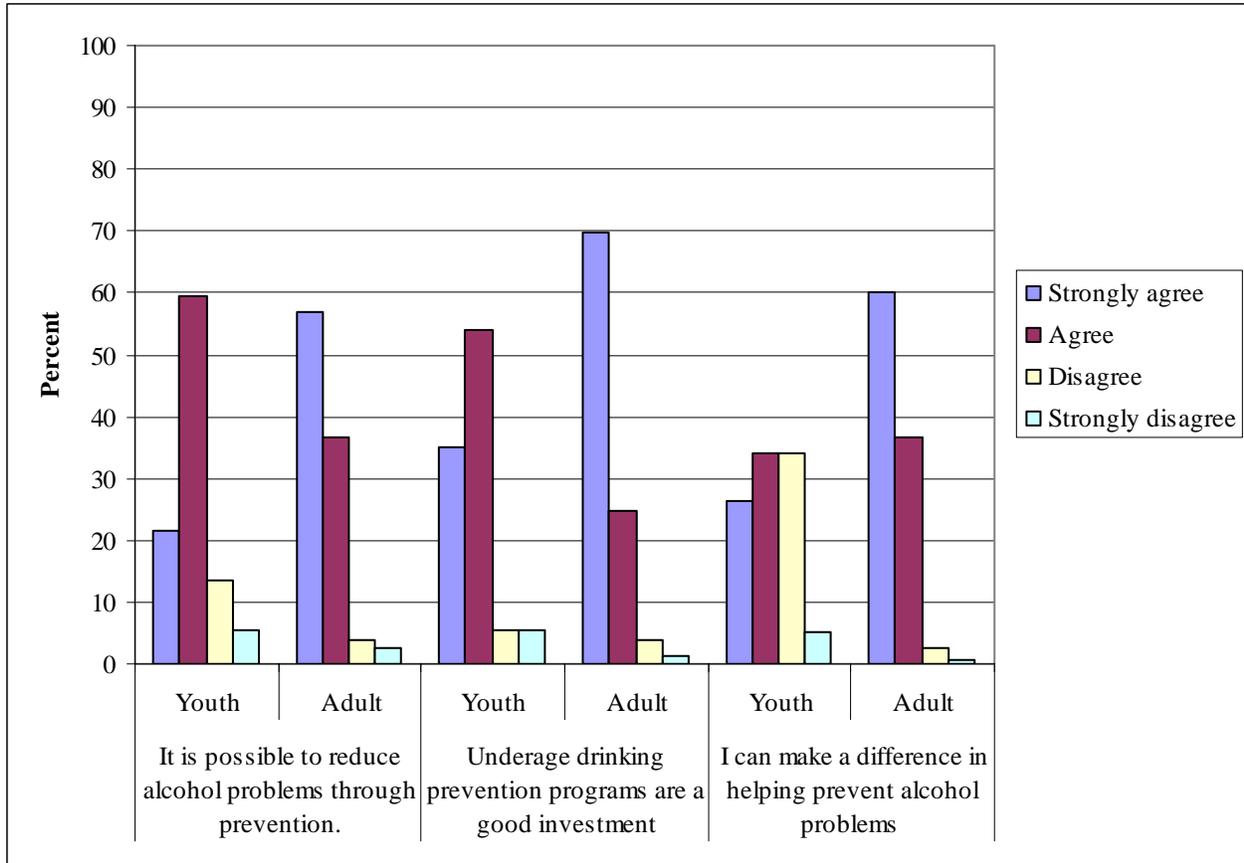
**Figure 48. Community Responsibility to Make Change in Youth Alcohol Use**



Source: Town Hall Meeting Surveys

As seen in Figure 49, about 55% of adults “strongly agree” and 60% of youth “agree” that it is possible to reduce alcohol problems through prevention. Seventy percent of adults “strongly agree,” while about 55% of youth “agree” that alcohol prevention programs are a good investment. About 60% of adults “strongly agree” that they can make a difference in helping prevent alcohol problems. Just over 30% of youth both “agree” and “disagree” that they can make a difference in preventing alcohol problems.

**Figure 49. Perceived Ability to Make Change in Youth Alcohol Use**



Source: Town Hall Meeting Surveys

## **NEXT STEPS**

This profile presents the collection, analyses, interpretation, and application of community-level epidemiological data to promote understanding of the alcohol use in Kauai County and its consequences. It provides baseline information needed in the first step of the five-steps State Prevention Framework, which consists of (1) assessing problems and setting priorities; (2) evaluating and mobilizing capacity to address them; (3) informing prevention planning and funding decisions; (4) guiding the selection of appropriate and effective strategies for implementation; and (5) monitoring key milestones, evaluating initiatives, and adjusting prevention efforts as needed.

In the months and years ahead, special attention will be paid to profiling local needs through increased assessment of county-level data. State data will be expanded to assist Kauai County to develop their SPF SIG strategic plans and to develop more targeted and effective prevention strategies.

Future directions for the county level data include (1) data illustrating the percentages of 6th- to 12th-grade students receiving alcohol offers from significant people in their lives, (2) risk and protective factors among intermediate and high school students in their various ecological environments—peer-individual, family, school, and community, (3) current alcohol users reporting alcohol abuse or dependence by grade and ethnicity, and (4) ability of youth to obtain alcoholic beverages from retail establishments, family members, friends, and strangers. These indicators are available at the State level.

## **FURTHER INFORMATION**

If more detailed information is desired regarding data, please visit our website to view appendices. The following appendices are available on the website:

- Appendix A. Background on Kauai County Epidemiological Profile
- Appendix B. Hawaii Drug Information Network
- Appendix C. List of Acronyms and Abbreviations
- Appendix D. Data Sources Reviewed
- Appendix E. Constructs and Indicators Reviewed
- Appendix F. Constructs and Indicators Used in Priority Assessment
- Appendix G. Data Sources Used and Years of Data Collected
- Appendix H. Hawaii-Specific Indicators
- Appendix I. Rating Form for Selecting Priority Assessment Criteria
- Appendix J. Rating Form for Setting Priority for ATOD Constructs
- Appendix K. Results of Indicator-Level Analysis
- Appendix L. Descriptive Statistics of 46 Indicators for Priority Assessment
- Appendix M. State Advisory Council

The Hawaii State profile and its development methods are also available for viewing on the website: <http://hawaii.gov/health/substance-abuse/prevention-treatment/survey/HiEpi.html>

## SPF-SIG PARTICIPANTS

| <b>Member Affiliation</b>   |
|---|
| Office of the Lt. Governor  |
| Criminal Justice Agencies   |
| ADAD, Department of Health  |
| Department of Education   |
| Department of Health (includes<br>Mental Health and Minority<br>Health) |
| Department of Social Services   |
| Office of Youth Services  |
| Drug Enforcement Administration   |
| County Police Departments   |
| Department of the Attorney<br>General                                   |
| Social Provider Organizations   |
| Social Science Research<br>Organizations                                |
| Medical Examiner's Office   |
| University of Hawaii  |
| Other Community Organizations   |