

# **City and County of Honolulu: Epidemiological Profile of Alcohol Related Behaviors among Youth**

Spring, 2007  
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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.



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.

### Office of Public Health Studies

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.



### Center on the Family

UNIVERSITY OF HAWAII AT MĀNOA

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 Honolulu Epidemiological Profile for Substance Abuse Prevention**

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## EXECUTIVE SUMMARY

The *City and County of Honolulu 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 Honolulu 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 Honolulu 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 the City and County of Honolulu revealed:

- (1) There are gender, grade, and ethnic differences in the use of alcohol.
- (2) Prevalence of alcohol use in Honolulu County youth 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 *City and County of Honolulu 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 with sustainability and cultural competence 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 THE CITY AND COUNTY OF HONOLULU 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 the City and County of Honolulu 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 the City and County of Honolulu. Understanding the different alcohol use patterns within our state and county can provide insights regarding the City and County of Honolulu and subpopulations 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



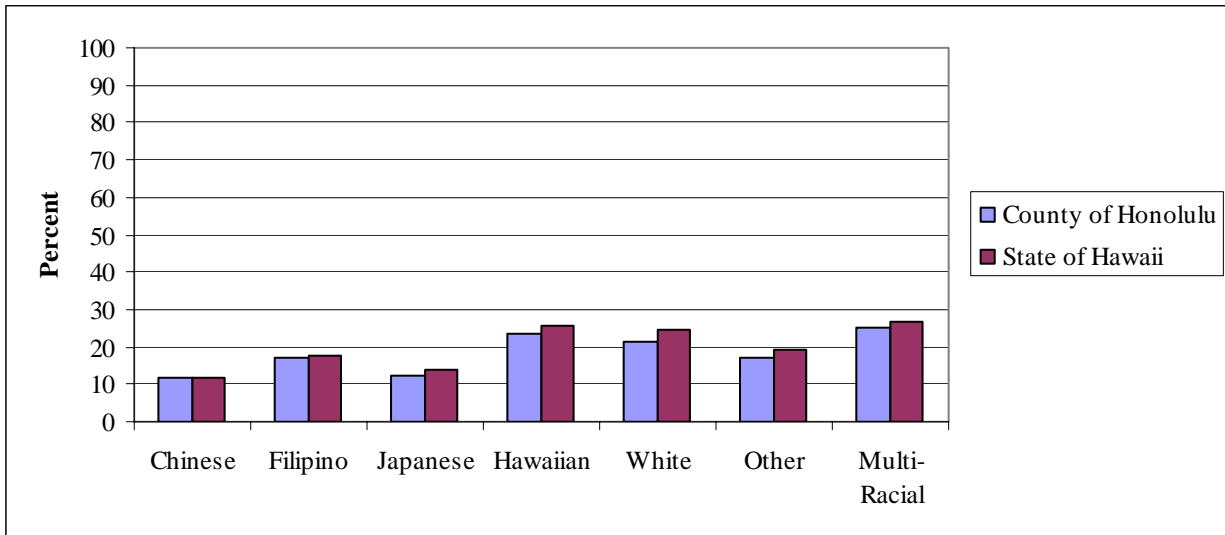
For the:  
Alcohol and Drug Abuse Division (ADAD)  
Hawaii Department of Health

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

Figure 2 indicates that as found at the state level, “Multi-racial,” “Hawaiian,” and “White” students in Honolulu County consistently had higher percentages of alcohol use than students of other ethnic categories. Compared to the overall state prevalence, “Filipino,” “Japanese,” “Hawaiian,” “White,” “Multi-racial,” and “other” ethnicities tended to have lower percentages of alcohol use.

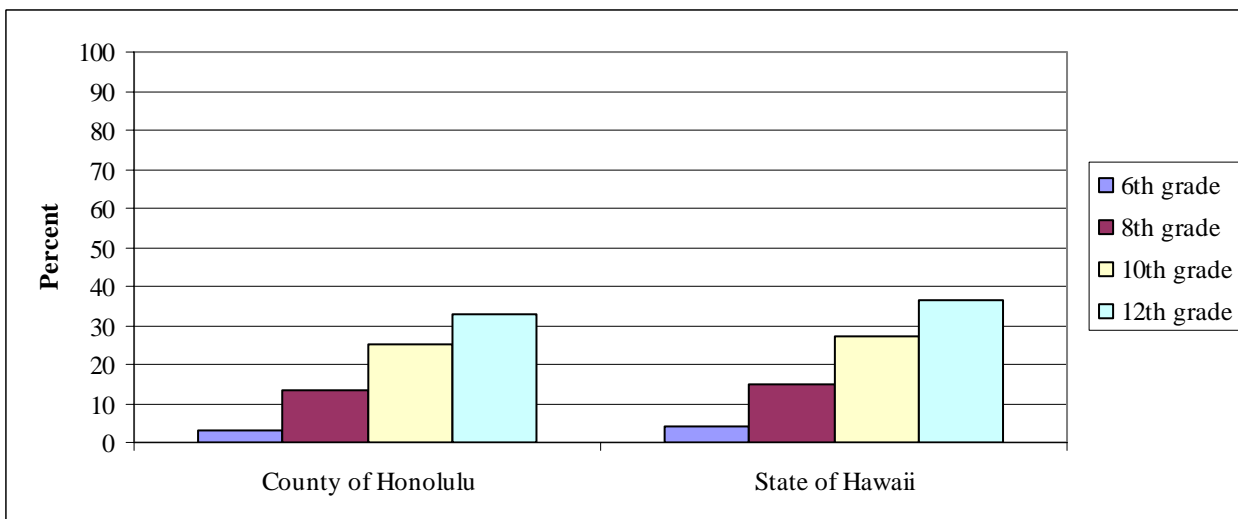
**Figure 2. Monthly (30-Day) Use of Alcohol among Students by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 3, alcohol use increased through the school years at both the State and County level. In Honolulu County, 3.1% of “6<sup>th</sup> grade” students had used alcohol in the past 30 days, up to 33% in the “12<sup>th</sup> grade.”

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

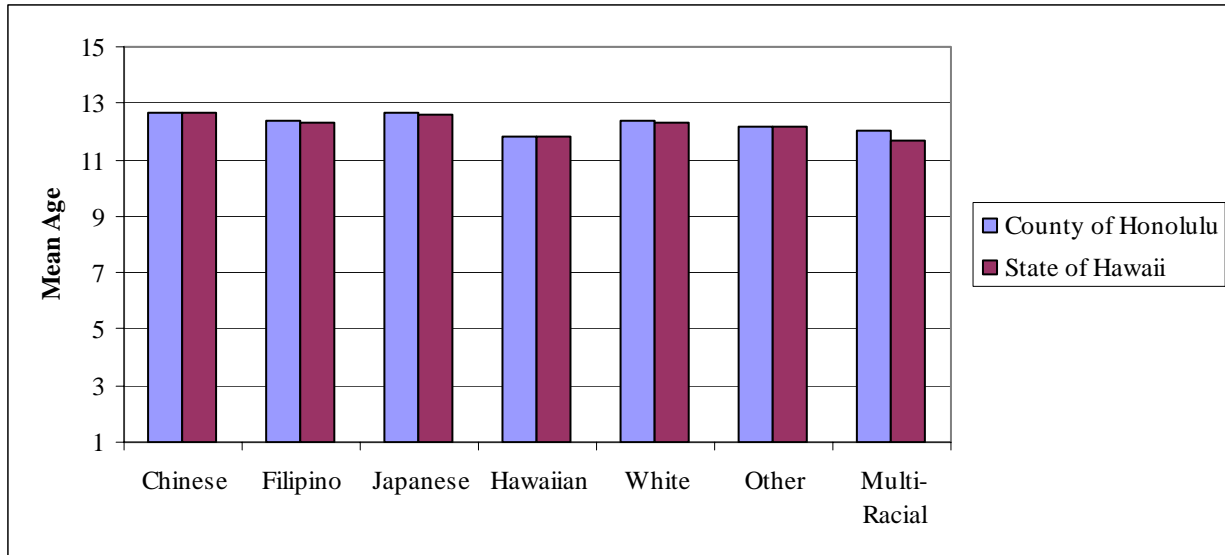


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## AGE AT INITIAL USE

As seen in Figure 4, in Honolulu County, “Hawaiian” and “Multi-racial” users started using alcohol at slightly younger ages compared to other ethnicities. This same pattern was seen at the State level.

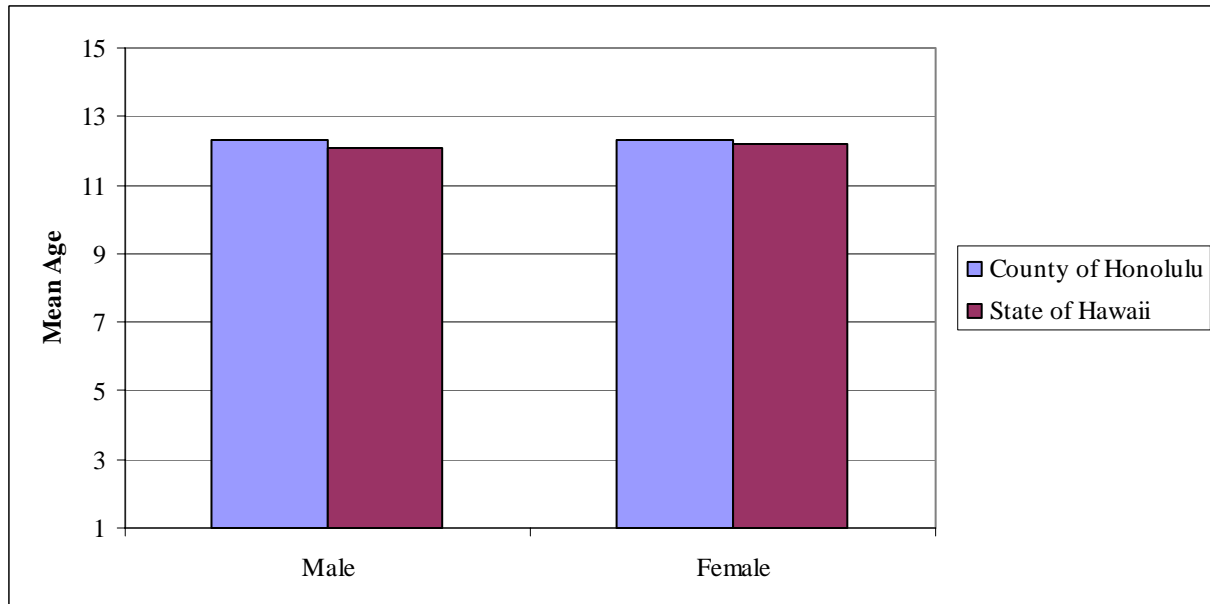
**Figure 4. Mean Age at First Use of Alcohol among Current Users by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As evident in Figure 5, in Honolulu County and at the State level, the average age of first use was 12 years old.

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

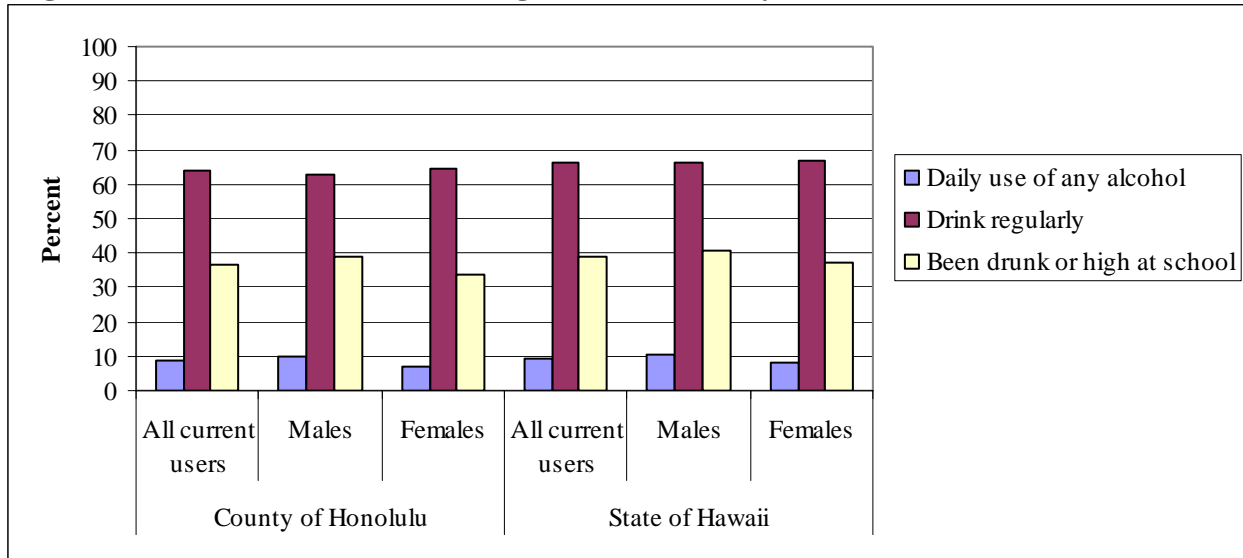


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## CURRENT ALCOHOL USERS

The following data shows behavioral characteristics associated with using alcohol among current alcohol users. Figure 6 shows that male students were more likely than female students to report “daily use of any alcohol.” Male users were more likely to have “been drunk or high at school” than female users. However, slightly more females tended to “drink regularly” compared to males.

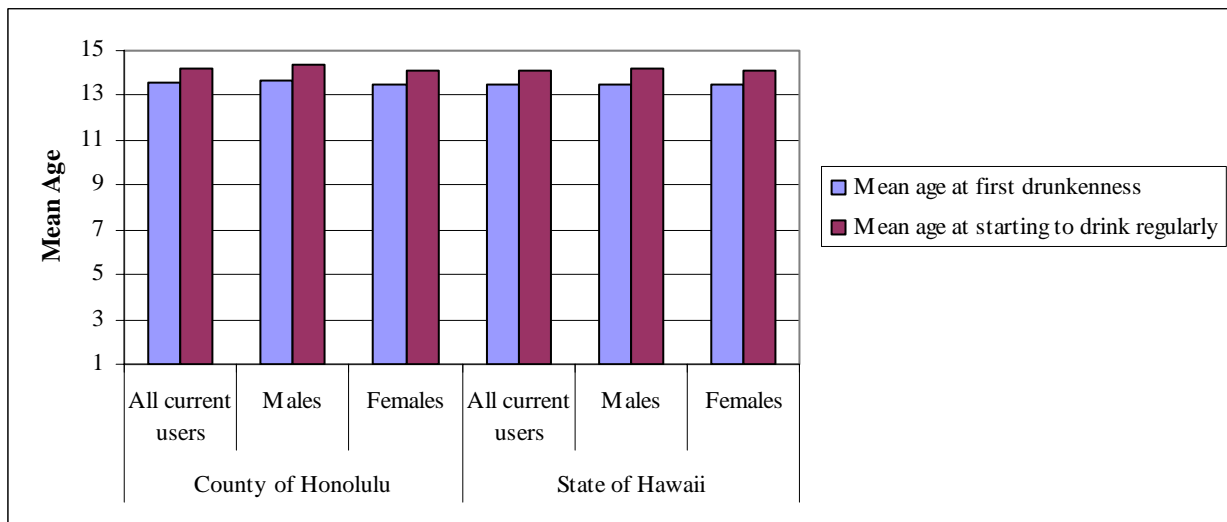
**Figure 6. Alcohol Use Patterns among Current Users by Gender, 2003**



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 age 13.

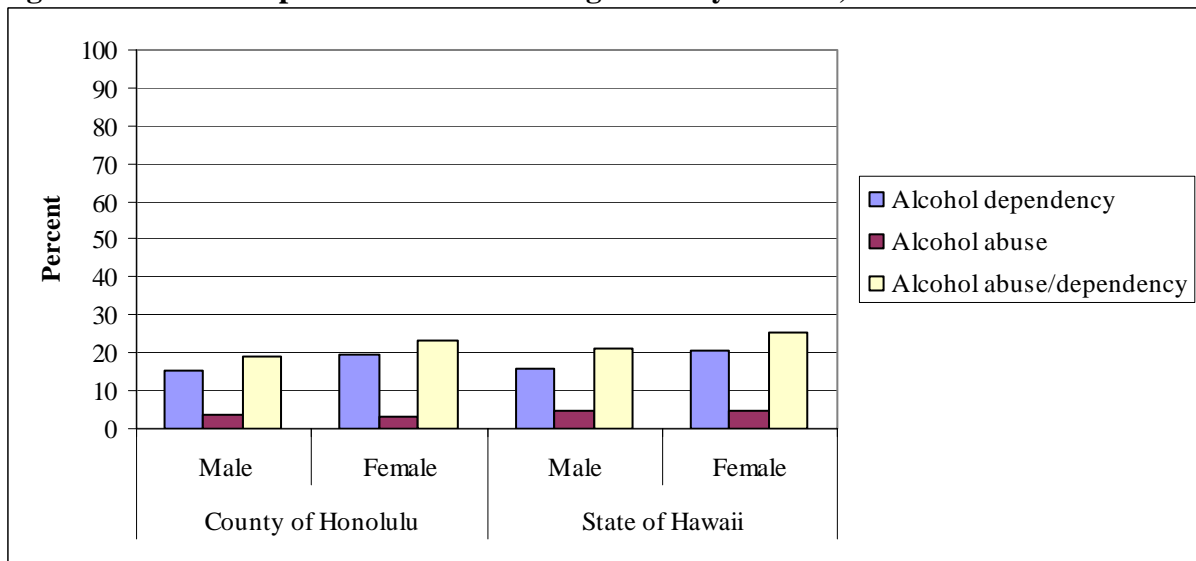
**Figure 7. Mean Age of First Alcohol Use among Current Users by Gender, 2003**



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, “alcohol dependency” was higher among females (19.4%) than males (15.3%) at the County level. However, with regards to “alcohol abuse” and “alcohol abuse/dependency” about the same percentage of males and females abused alcohol at both the County and State level.

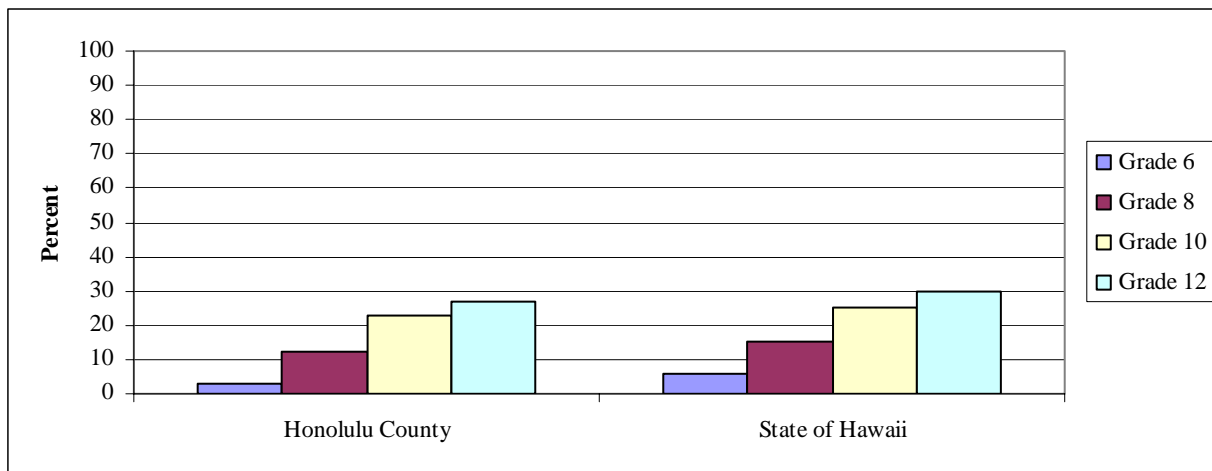
**Figure 8. Alcohol Dependence/Abuse among Users by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 9, alcohol use increased with school grade at both the County and State levels. High school seniors in Honolulu County reported the highest levels of dependence/abuse (over 25%), followed by “grade 10” (22%).

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



Source: Hawaii State Department of Health 2003 Student ATOD Survey

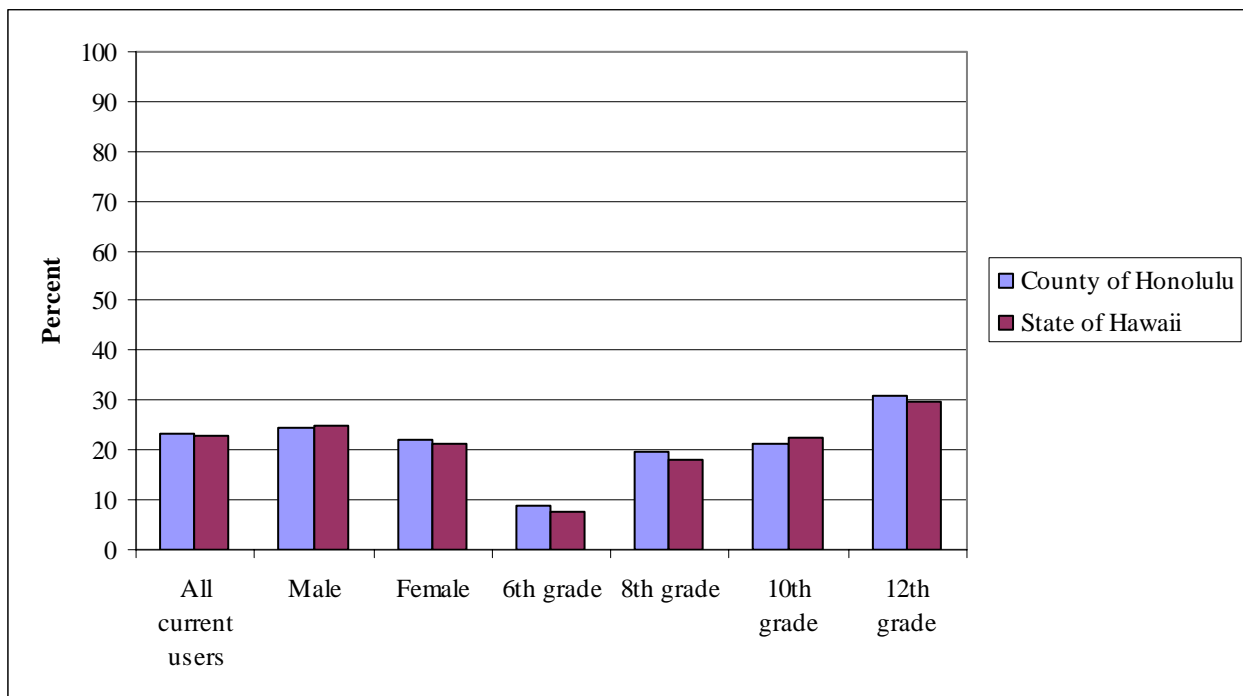
**PERCEPTIONS OF AVAILABILITY OF ALCOHOL**

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 43% of the adults in Honolulu 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. Honolulu County had a slightly higher percentage (23.3%) of youth that were able to buy alcohol compared to the State level. Males were more likely to purchase alcohol than females. The ability to purchase alcohol increased with grade level.

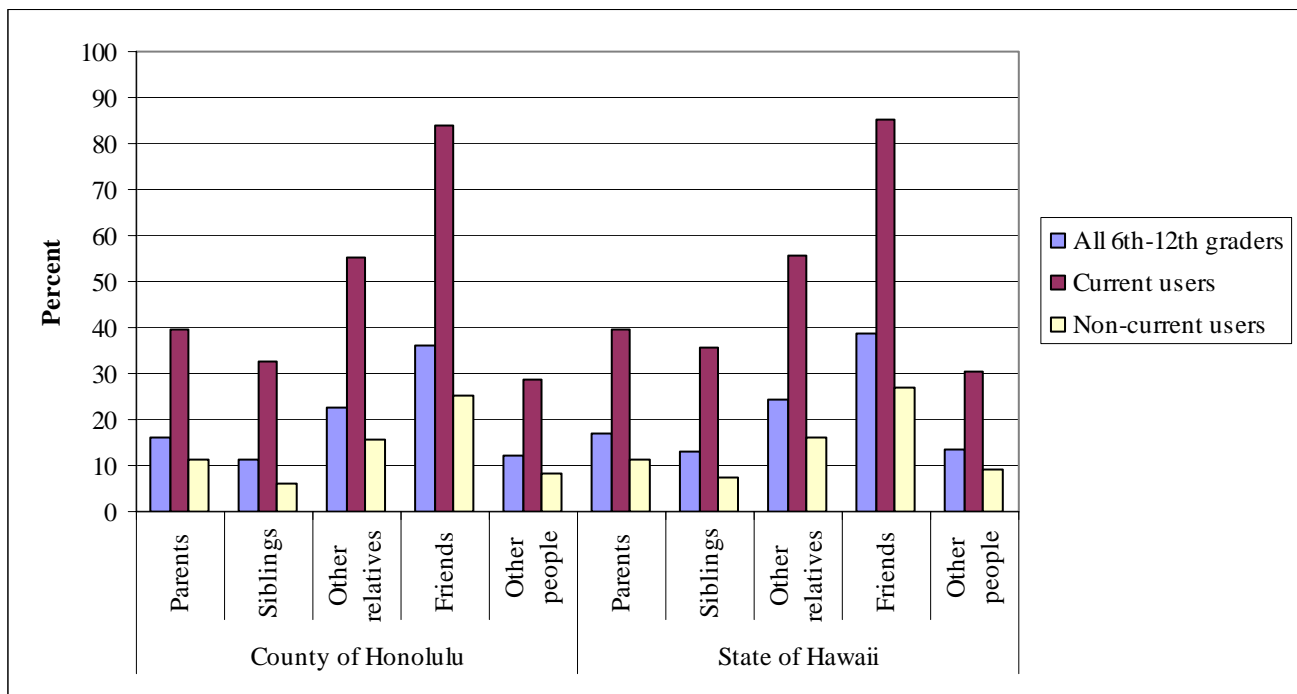
**Figure 10. Ability to Purchase Alcohol by Current Users by Gender and Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Alcohol is also accessible to many students through parents, siblings, other relatives, friends, and other people. Figure 11 shows that at both the County and State levels “friends” were the most common avenue for obtaining alcohol (over 80%), followed by “other relatives” (over 50%).

**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 (next page) 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>

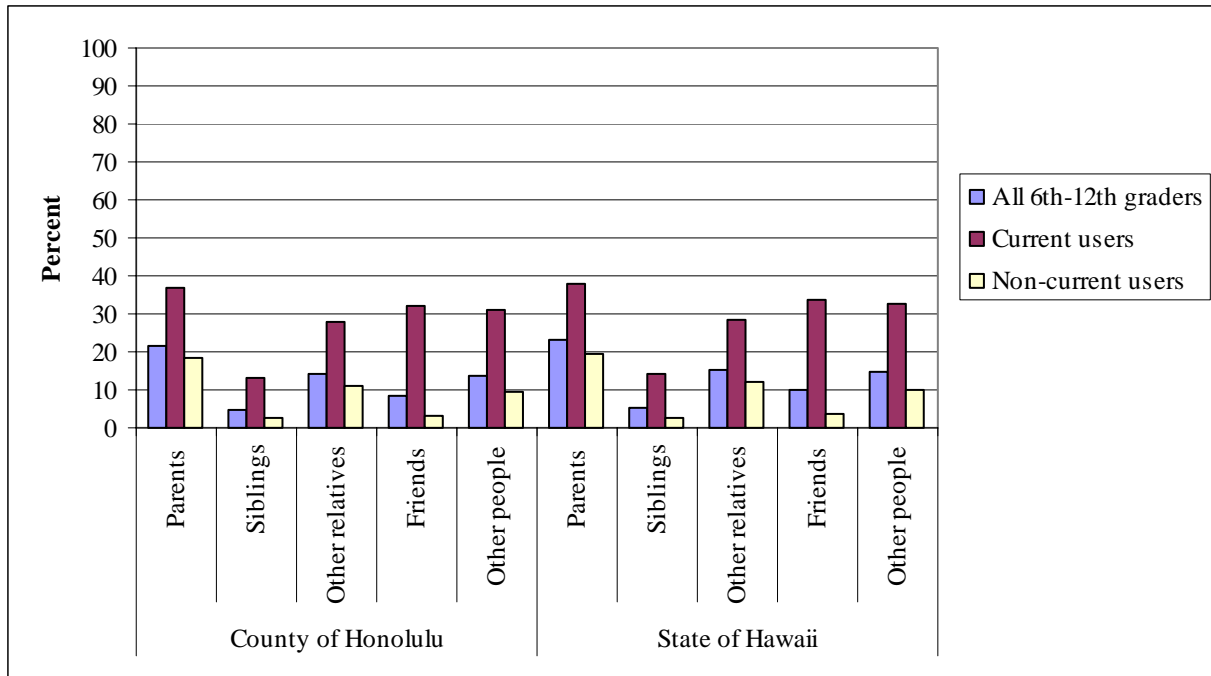
Source: Pearson, R. S. (2004). The 2003 Hawaii student alcohol, tobacco, and other drug use study (1987-2003); Hawaii adolescent prevention and treatment needs assessment. Honolulu: Hawaii Department of Health, Alcohol and Drug Abuse Division



## EXPOSURE TO ALCOHOL USE

The exposure to alcohol use among students can be found in Figure 12. “Parents” were ranked as the highest source of exposure, followed by “other relatives,” “other people,” and “friends.” “Current users” were more likely than “non-current users” to be exposed to alcohol use by “parents,” “siblings,” “friends,” and “other people” in their community. This same pattern was also seen at the State level.

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

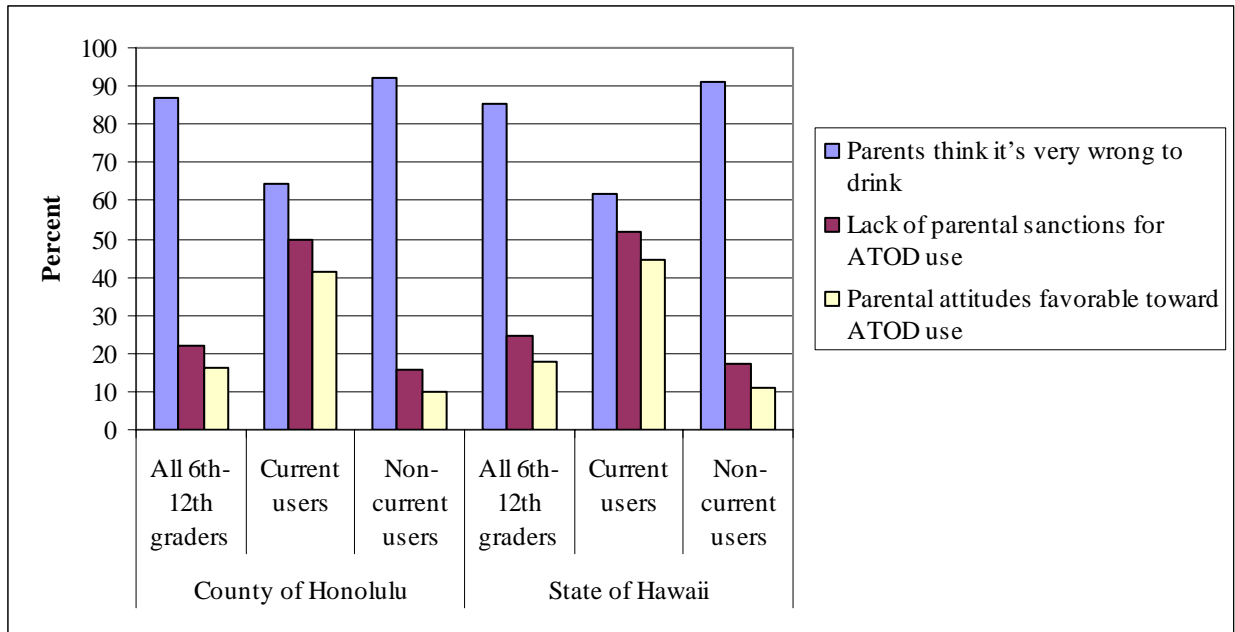


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## 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), for the County of Honolulu, 86.9% of “all 6<sup>th</sup>-12<sup>th</sup> graders” believed that their “parents think it’s very wrong to drink.” However, only about 65% of “current users” believed that their “parents think it’s very wrong to drink.” Just over 20% of “all 6<sup>th</sup>-12<sup>th</sup> graders” reported a “lack of parental sanctions for ATOD use” and 16% reported “parental attitudes favorable toward ATOD use.” Over 45% of “current users” reported “parental attitudes favorable toward ATOD use” in Honolulu County.

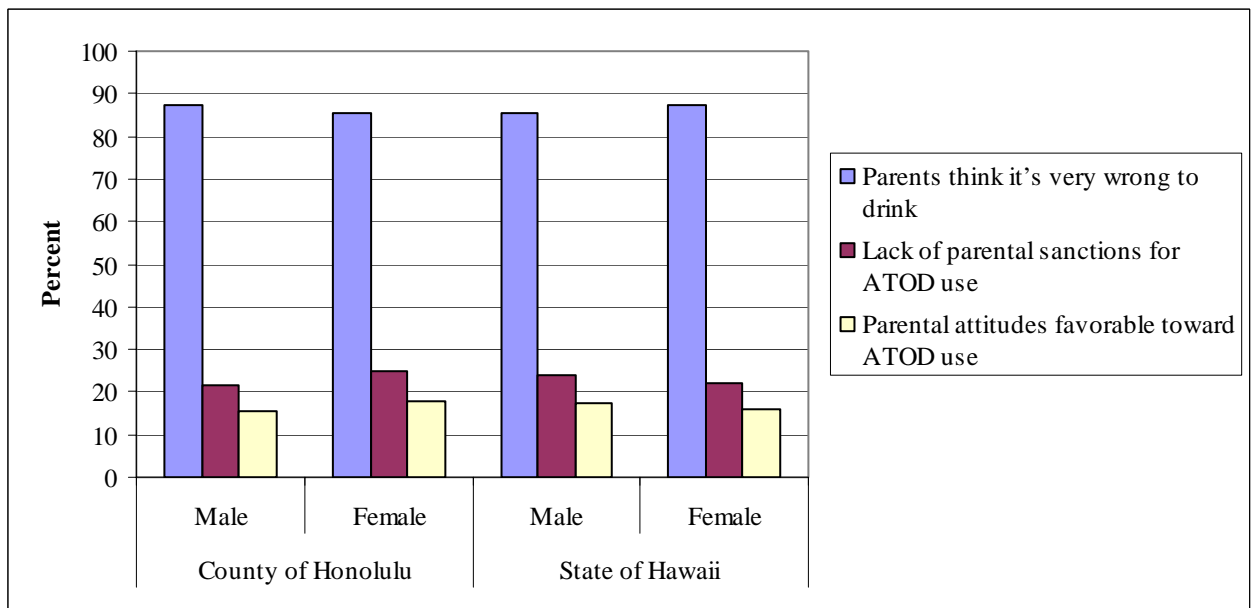
**Figure 13. Perceived Parental Attitudes of Students by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 14, over 80% of males and females at both the County and State levels report that their “parents think it’s very wrong to drink.” In Honolulu County, slightly more females reported “lack of parental sanctions for ATOD use” and “parental attitudes favorable toward ATOD use” than males.

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



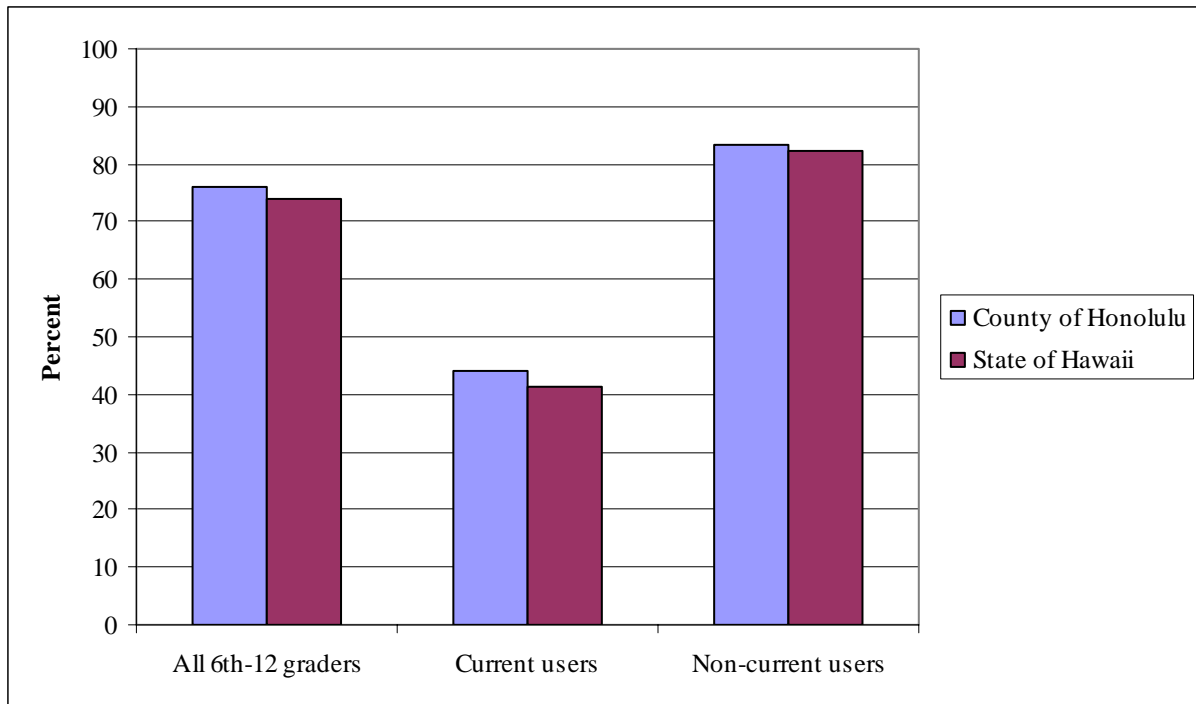
Source: Hawaii State Department of Health 2003 Student ATOD Survey

## 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 attitudes toward peers' weekend drinking as reported by students in the 2003 ATOD survey. In general, youth in Honolulu County perceive 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 Honolulu County reported that their peers disapproved of weekend drinking. "Non-current users" reported about 80% disapproval of weekend drinking, while "current users" reported only about 40% disapproval of weekend drinking. A similar pattern was seen at the State level.

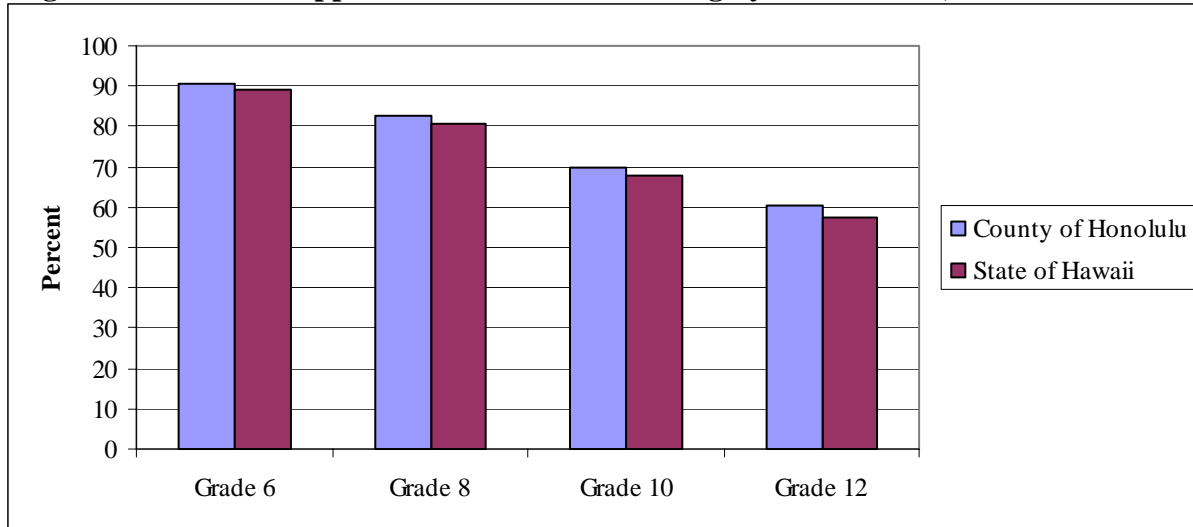
**Figure 15. Peers' Disapproval of Weekend Drinking by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As indicated in Figure 16, disapproval toward weekend drinking declined as grade level increased. There was a drop from 90.5% disapproval among “grade 6” to 60.5% among “grade 12.” This pattern was also apparent at the State level.

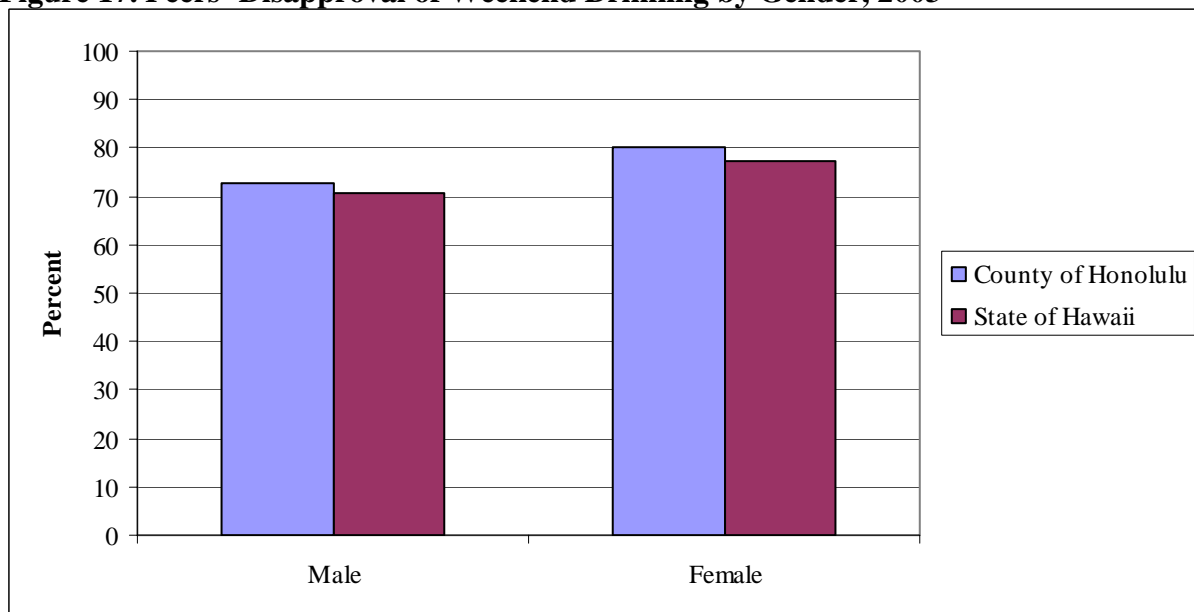
**Figure 16. Peers’ Disapproval of Weekend Drinking by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 17 reports on disapproval of peers’ weekend drinking by gender. Female students reported a slightly higher percentage (about 80%) of disapproval of weekend drinking at both the County and State levels compared to males (about 70%).

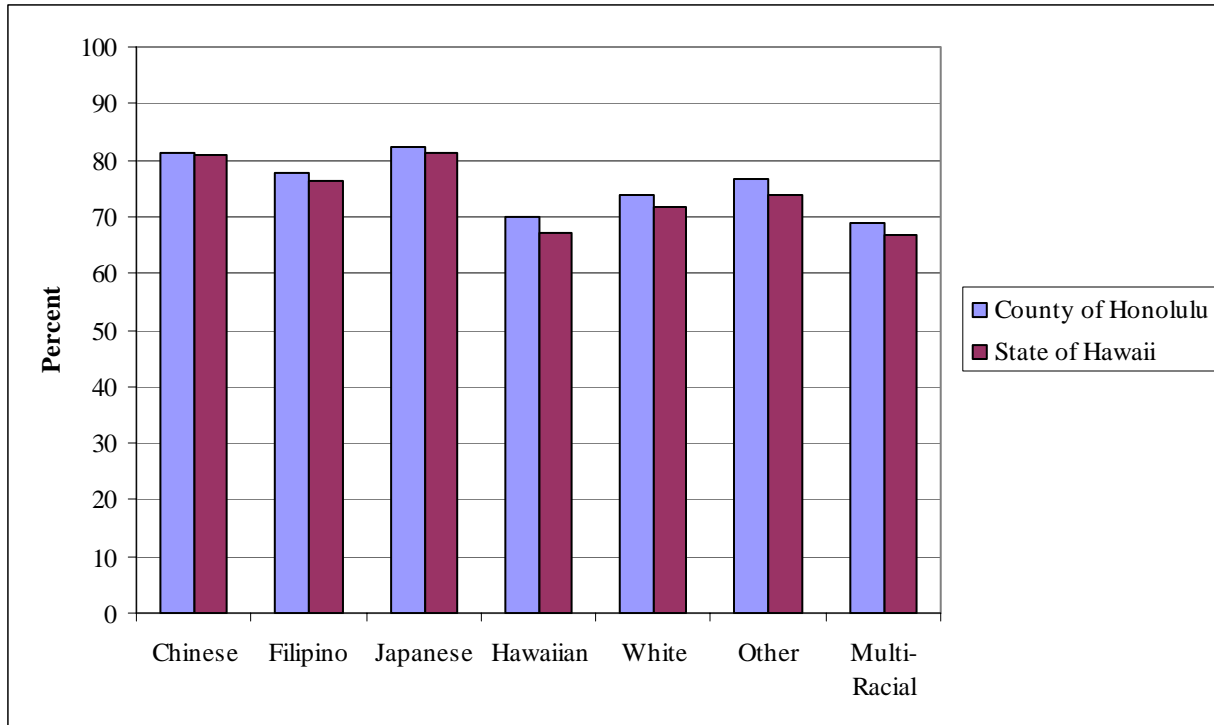
**Figure 17. Peers’ Disapproval of Weekend Drinking by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 18, in Honolulu County and at the State level, “Hawaiian,” “Multi-racial,” and “White” students tended to be less disapproving of weekend drinking compared to other ethnicities. In contrast, students of “Japanese” and “Chinese” ethnicities were more likely to disapprove of weekend drinking.

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



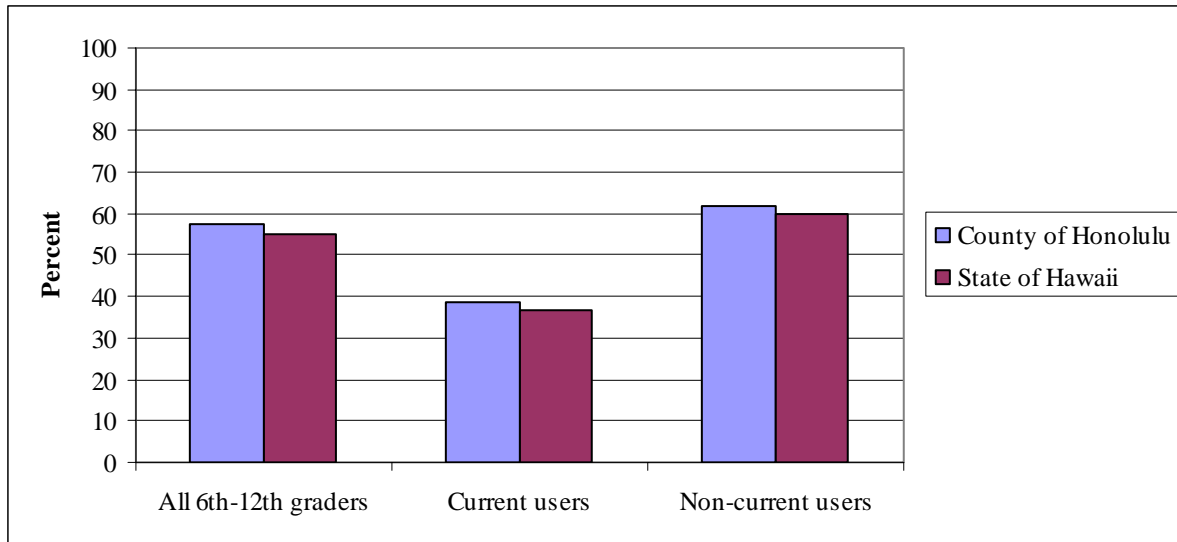
Source: Hawaii State Department of Health 2003 Student ATOD Survey

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

For most individuals, the perception of risk governs behavior. That is, there is a 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 show the perceived risks associated with weekend drinking among intermediate and high school students. In general, Honolulu County youth perceived more risk of weekend drinking than at the State level.

Figure 19 shows that more than half of “all 6<sup>th</sup>-12<sup>th</sup> graders” in Honolulu County (57.6%) considered weekend drinking to be a health risk. The perception of risk from weekend drinking was higher among “non-current users” than “current users” (61.9% vs. 38.7%, respectively). These same patterns were seen at the State level.

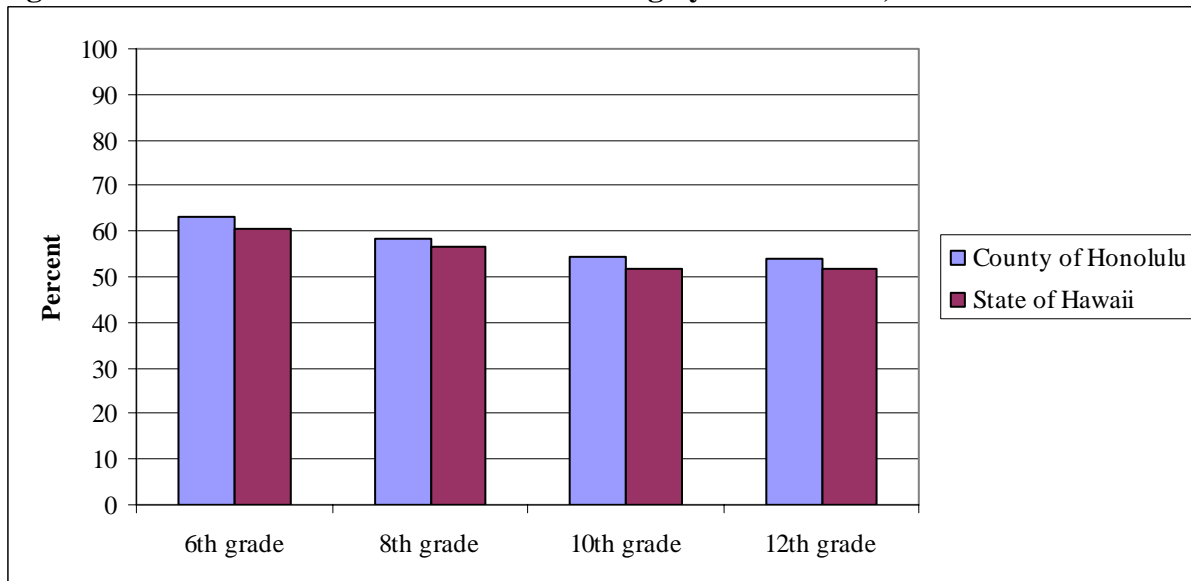
**Figure 19. Perceived Risk of Weekend Drinking by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 20, the perceived risk of weekend drinking gradually declined with grade level at both the County and State levels. Honolulu County had a slightly higher percentage of risk of weekend drinking in each grade level compared to the State level.

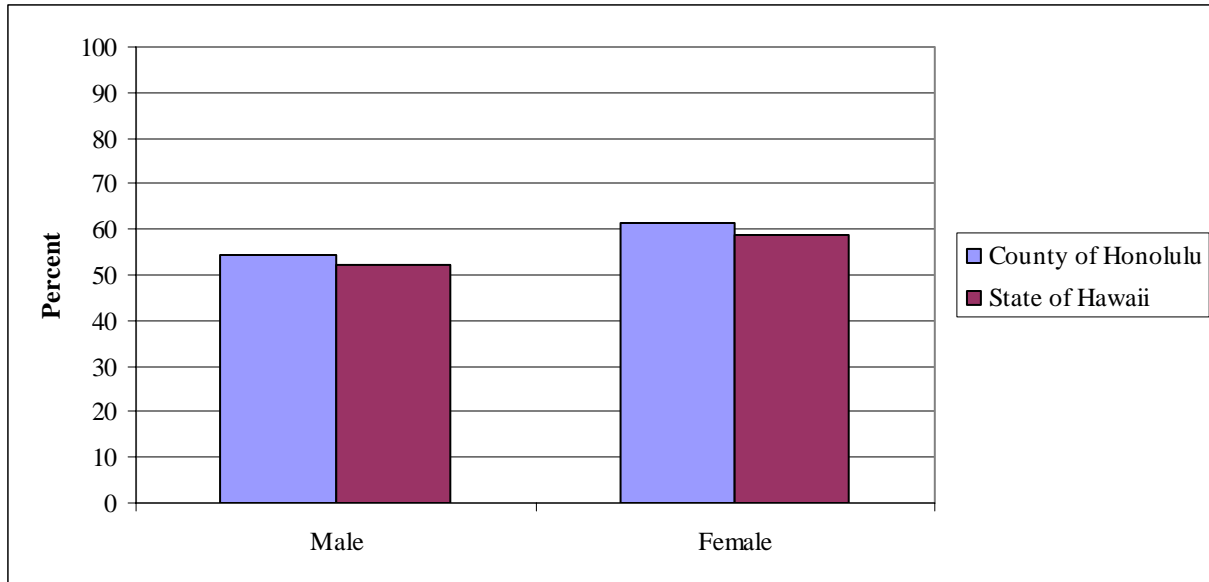
**Figures 20. Perceived Risk of Weekend Drinking by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

In Figure 21, it is evident that the perceived risk of weekend drinking was higher among females than males (61.5% vs. 54.2). This same pattern was seen at the State level.

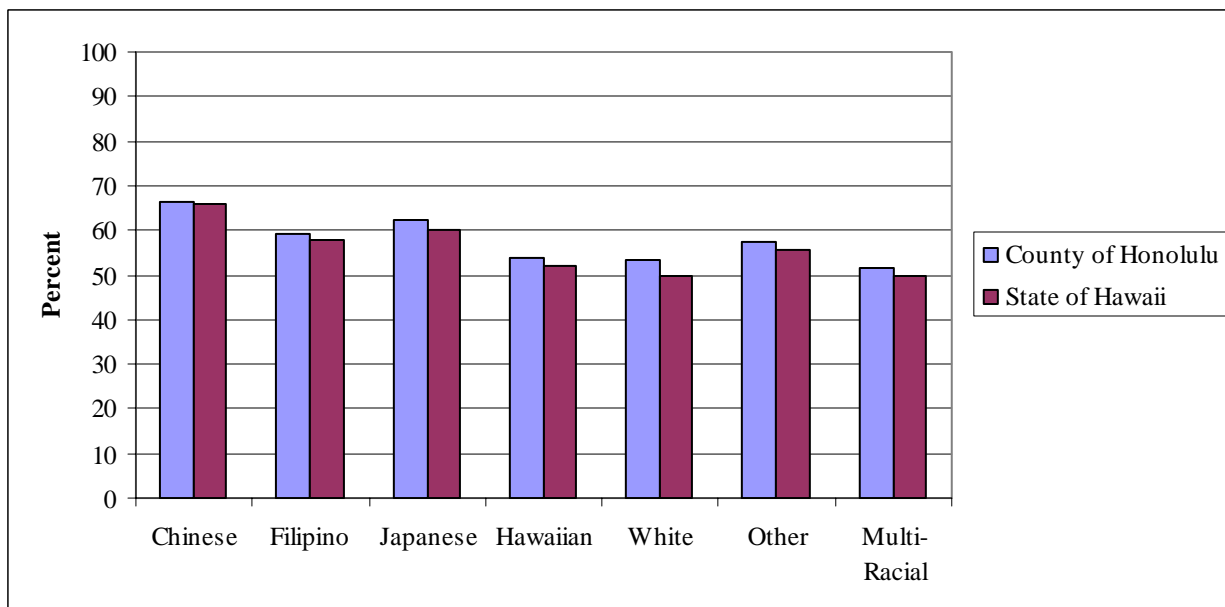
**Figure 21. Perceived Risk of Weekend Drinking by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 22, “Hawaiian,” “White,” and “Multi-racial” students had lower perceived risk of weekend drinking at both the County and State levels. “Chinese” and “Japanese” ethnicities had the highest perceptions of risk of weekend drinking.

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

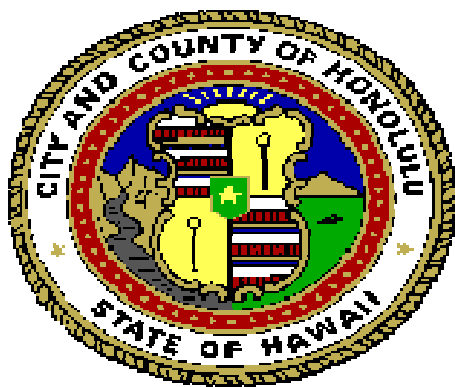


Source: Hawaii State Department of Health 2003 Student ATOD Survey

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

The following section is Honolulu County specific data and unique to this County Profile. The data was provided by the Honolulu 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 Honolulu 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.



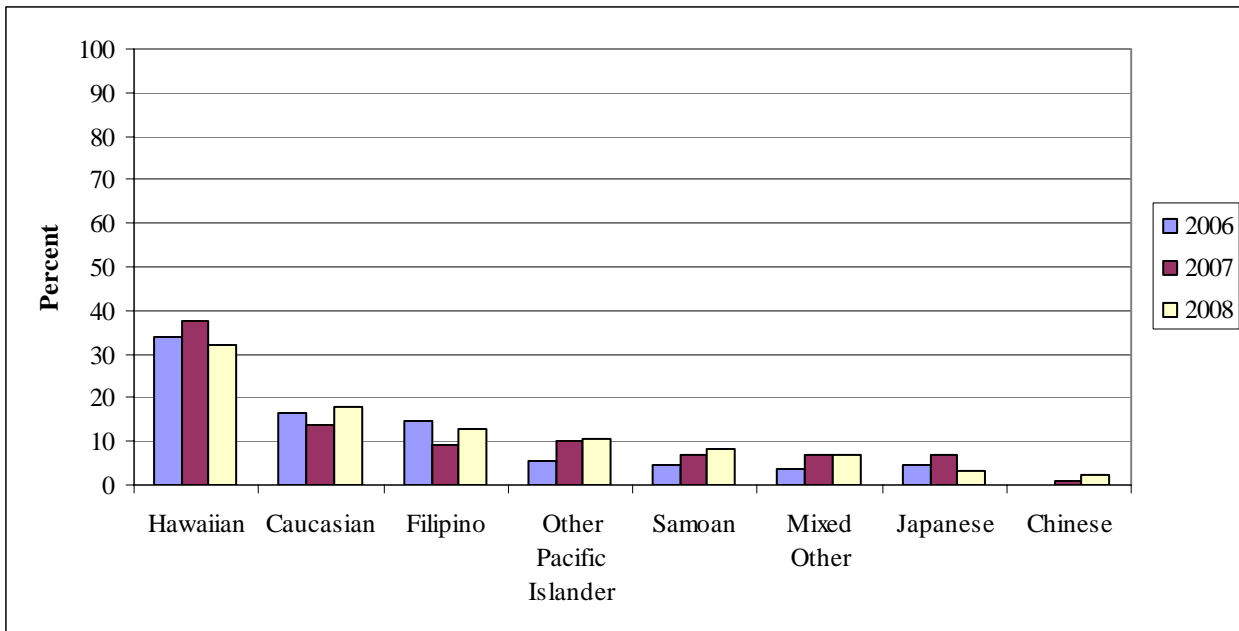


## Alcohol Related Arrests

The following data set was generated from the Juvenile Justice Information System and represent youth ages 12-17 years old.

The total number of alcohol related arrests increased from 109 in 2006 to 131 in 2007 and up to 134 in 2008. Figure 23 shows that in 2006, 2007, and 2008 the highest number of arrests was seen in “Hawaiian” followed by “Caucasian” ethnicities. Across all years, “Chinese” had the fewest alcohol related arrests.

**Figure 23. City and County of Honolulu Juvenile Alcohol Related Arrests, 2006-2008**

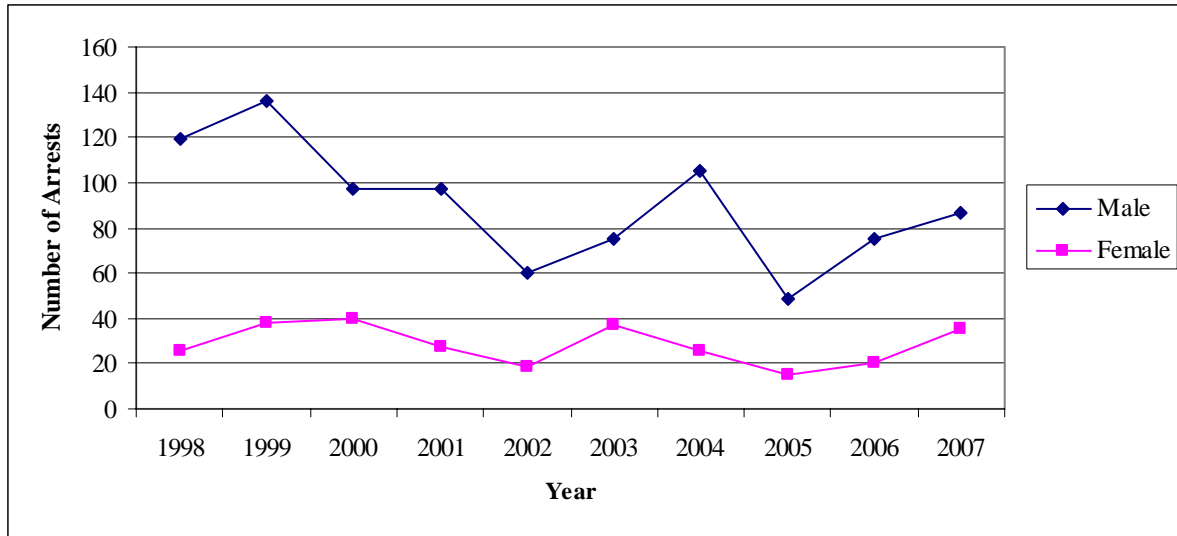


\*Not all ethnicities shown.

Source: State of Hawaii Attorney General’s Office

Figure 24 (next page) shows the number of juvenile alcohol related arrests by gender from 1998-2007. Consistent across years, there were more males than females arrested for alcohol related charges. The largest decrease in male arrests was seen between 2004 and 2005. However, there was no consistent pattern over time in the number of alcohol related arrests among youth.

**Figure 24. Number of Juvenile Alcohol Related Arrests by Gender between 1998 and 2007 for Youth Ages 12-17**



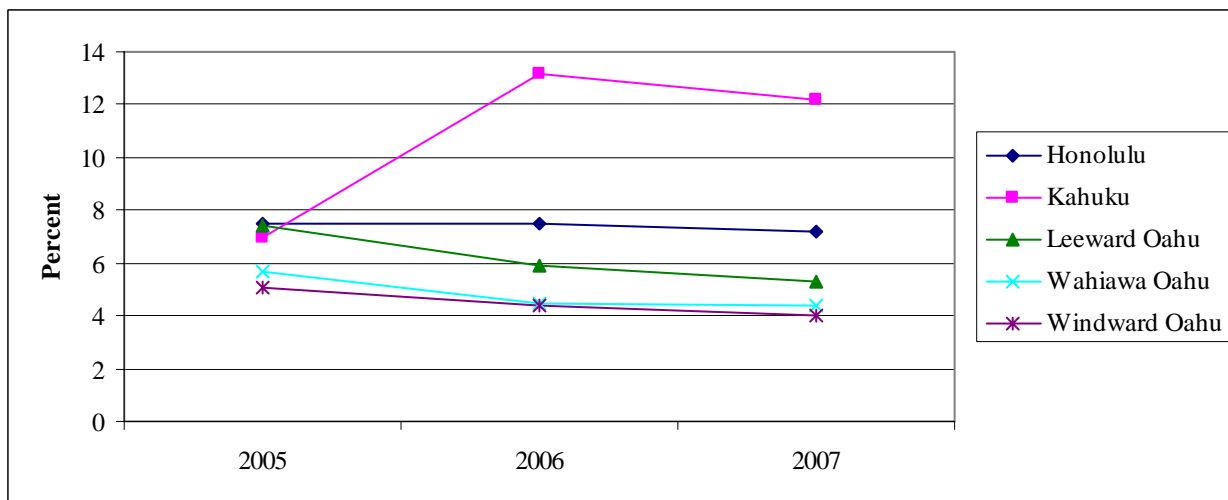
Source: State of Hawaii Attorney General’s Office

**Alcohol Related Emergency Department Visits**

The following data reflects emergency department visits for the City and County of Honolulu juveniles ages 12-17 for alcohol abuse/dependence.

Figure 25 shows that in 2005-07, the average percentage of emergency department admittance for alcohol use was 6%. “Kahuku” area had the greatest increase from 2005 to 2006, followed by “Honolulu” in the same years.

**Figure 25. Alcohol Abuse/Dependence Related Emergency Department (ED) Visits for Youth Ages 12-17, 2005-2007**



Source: Hawaii Health Information Corporation

## Underage Alcohol Sales

Table 2 shows the REACT and TEAMPLUS results from “sting” operations conducted by the liquor commission in 2006-2008. REACT (Retail Establishments Compliance Team) and Team PLUS (Preventing Liquor Underage Sales) are decoy operations that go into on-premise drinking establishments to see if underage selling is occurring.

Although not specifically aimed at 12-17 year olds, this data show that youth had access to alcohol at retail establishments. Table 2 shows that in 2007, the “sting” operations revealed that 47% of underage youth were able to successfully purchase alcohol. This was an increase from 35% in 2006. However, in 2008 this percentage dropped to 27%.

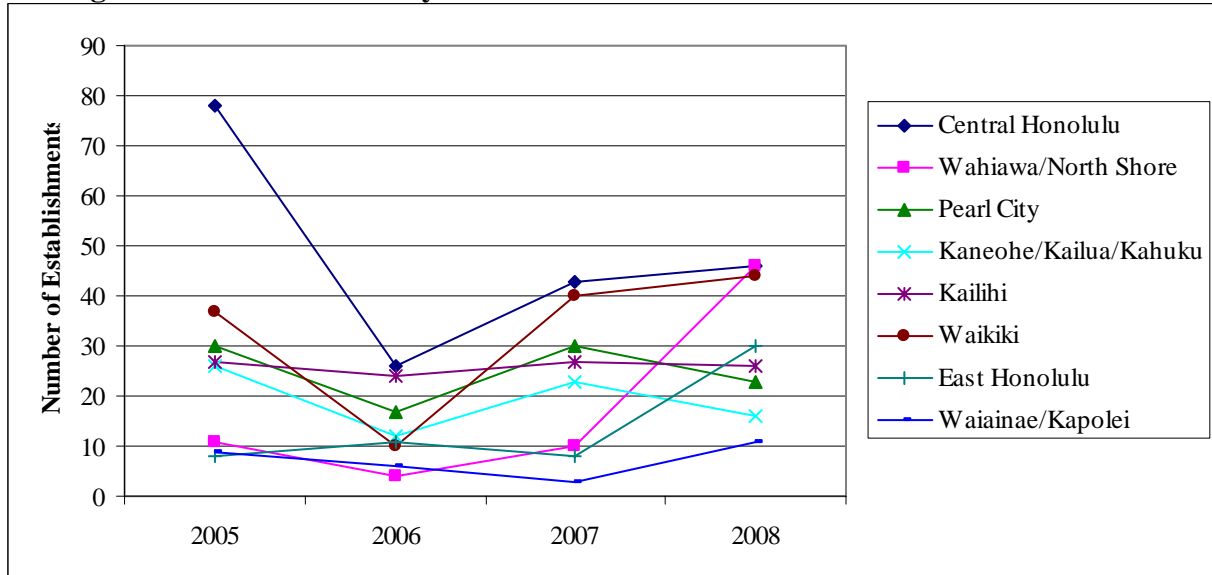
**Table 2. Underage Access to Alcohol through TEAMPLUS and REACT “Sting” Operations**

	Year	Total Attempted Purchase	Total Sale	Percentage Sale (%)
<b>TEAMPLUS</b>				
	2006	320	112	35
	2007	226	106	47
	2008	283	76	27
<b>REACT</b>				
	2007	184	36	20
	2008	184	49	27

Source: City and County of Honolulu’s Liquor Commission

In 2005, 226 liquor establishments were cited for selling alcohol to youth. This number decreased to 112 in 2006, increased to 184 in 2007, and increased again to 242 in 2008. Figure 26 (next page) presents liquor establishments cited for selling to youth by districts in Honolulu County. In 2005-2008, “Central Honolulu” had the largest number of establishments cited for selling alcohol to youth. “Waikiki” had the second largest number of establishments cited for selling alcohol to youth in 2005, 2007, and 2008. In 2006, “Kalihi” had the second highest number of establishments cited for selling alcohol to youth. In general throughout the 2005-2008 time span “Waianae/Kapolei” had the lowest number of establishments cited for selling alcohol to youth.

**Figure 26. Number of Establishments with Alcohol Licenses That Received a Violation of Selling to Alcohol to Minors by District**



Source: City and County of Honolulu’s Liquor Commission, districts not identified

**School-Based Alcohol Abuse Treatment**

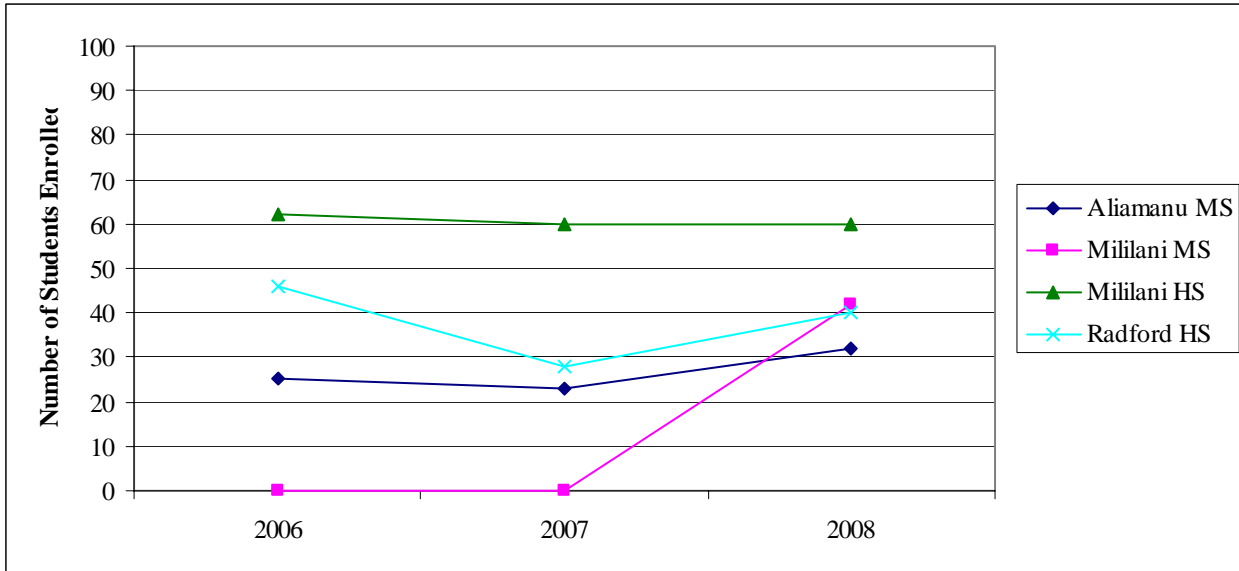
The following data was provided by Hina Mauka. Hina Mauka provides outpatient school-based treatment services to students with substance abuse problems in the City and County of Honolulu. Refer to Table 3 for student enrollment in Honolulu County public schools.

**Table 3. Student enrollment in Honolulu County Public Schools**

Student enrollment	2005-06	2006-07	2007-08
<b>Kalani</b>	1161	1141	1125
<b>Kaiser</b>	1025	990	979
<b>Aliamanu MS</b>	880	825	793
<b>Mililani MS</b>	1872	1822	1814
<b>Mililani HS</b>	2287	2462	2472
<b>Radford HS</b>	1343	1333	1225
<b>Highlands IS</b>	1011	1028	989
<b>Pearl City HS</b>	1980	1872	1896
<b>King IS</b>	764	733	708
<b>Castle HS</b>	1747	1652	1552
<b>Kalaheo HS</b>	1060	987	922
<b>Olomana YC</b>	202	171	179
<b>Kahuku High &amp; Int.</b>	1879	1793	1736

As seen in Figure 27, “Mililani HS” had the highest and most consistent numbers of enrollees in Hina Mauka from 2006-2009. “Mililani MS” had the largest increase in enrollees in Hina Mauka from 2007 to 2008 (about 40 youth).

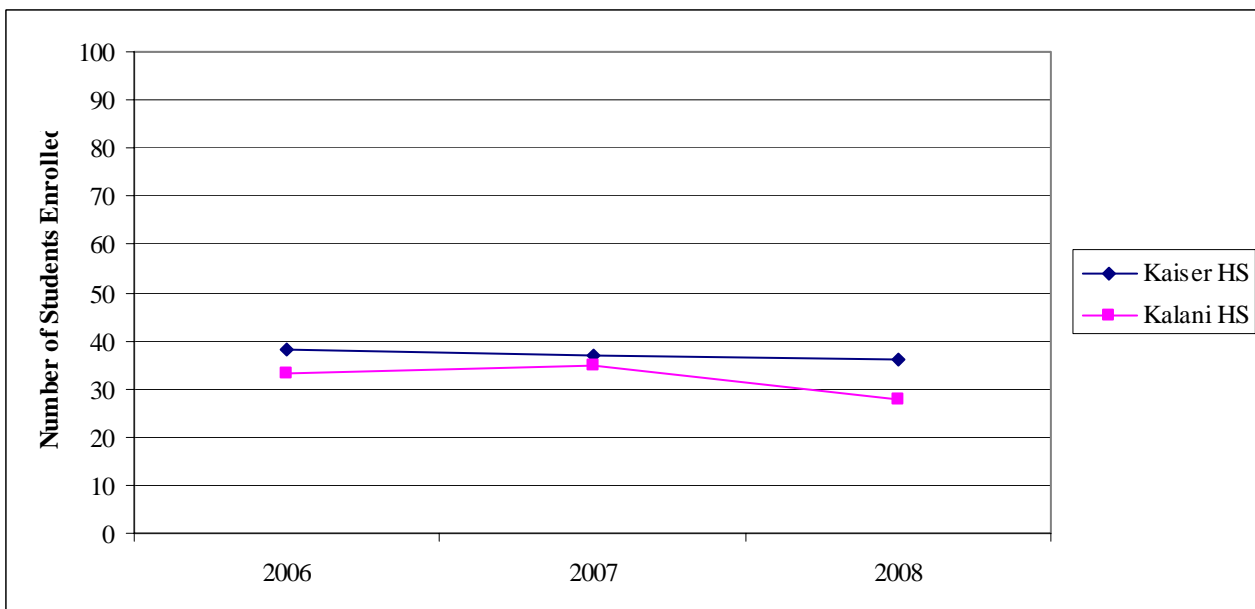
**Figure 27. Number of Youth Ages 12-17 Enrolled in Hina Mauka, Central Complex**



Source: Hina Mauka

Figure 28 shows that “Kalani HS” had a slight decrease in enrollees in Hina Mauka from 35 in 2007 to 28 in 2008. “Kaiser HS” was consistent across in the number of enrollees in Hina Mauka all three years.

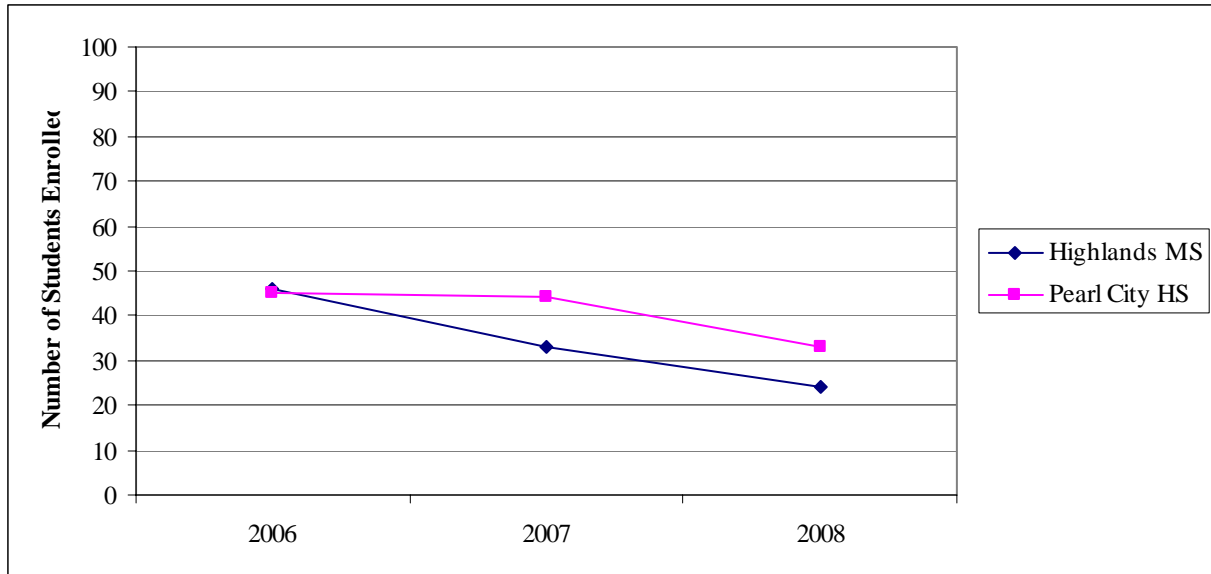
**Figure 28. Number of Youth Ages 12-17 Enrolled in Hina Mauka, Honolulu Complex**



Source: Hina Mauka

As seen in Figure 29, both “Highland MS” and “Pearl City HS” had a decline in the number of enrollees in Hina Mauka from 2006 to 2008.

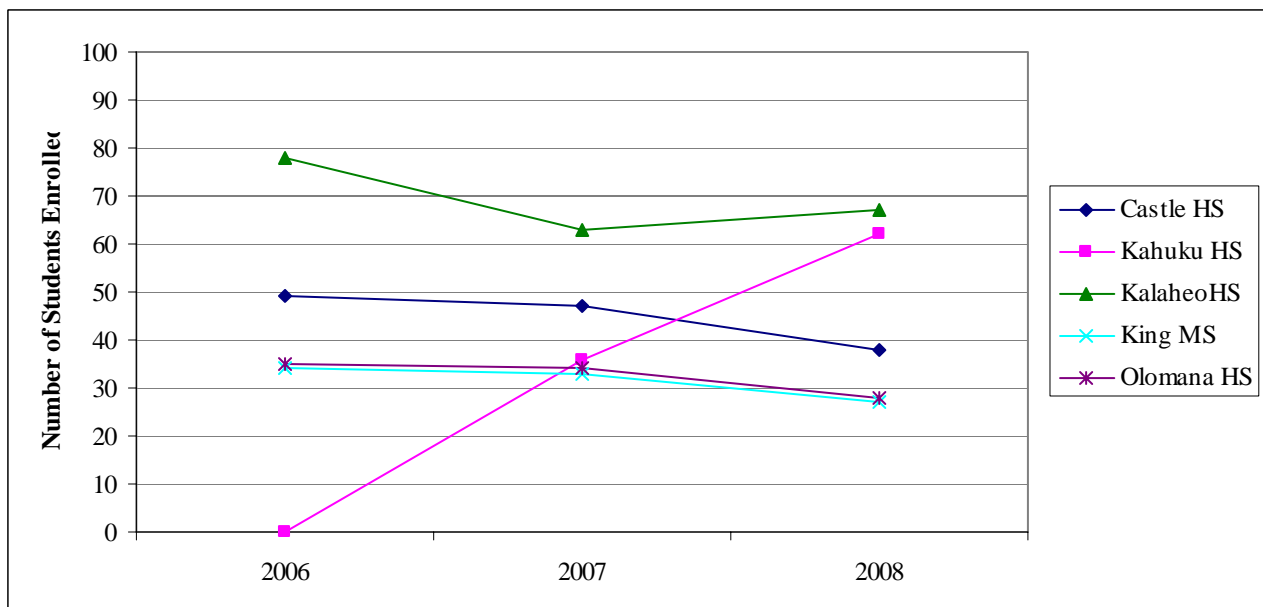
**Figure 29. Number of Youth Ages 12-17 Enrolled in Hina Mauka, Leeward Complex**



Source: Hina Mauka

Figure 30 shows that “Kahuku HS” had an increase in the number of enrollees in Hina Mauka from 0 in 2006 to over 60 in 2008. “Castle HS,” “King MS,” and “Olomana HS” had a decrease in the number of enrollees in Hina Mauka across years. “Kalaheo HS” had a decrease in the number of enrollees in Hina Muaka from 2006 to 2007, then an increase in 2008.

**Figure 30. Number of Youth Ages 12-17 Enrolled in Hina Mauka, Windward Complex**



Source: Hina Mauka

## **NEXT STEPS**

This profile presents the collection, analyses, interpretation, and application of community-level epidemiological data to promote understanding of the consumption of alcohol use in Honolulu County and its consequences. It provides baseline information needed in the first of five-steps in the 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 Honolulu 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 Honolulu 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

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Department of Education
Department of Health (includes Mental Health and Minority Health)
Department of Social Services
Office of Youth Services
Drug Enforcement Administration
County Police Departments
Department of the Attorney General
Social Provider Organizations
Social Science Research Organizations
Medical Examiner's Office
University of Hawaii
Other Community Organizations