

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

Spring, 2007  
Current Revision May, 2010

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 Hawaii Epidemiological Profile for Substance Abuse Prevention**

## **TABLE OF CONTENTS**

Executive summary.....	5
SPF-SIG background .....	6
SPF-SIG recommended focus area .....	7
Section One: Data from Hawaii Epidemiological Profile.....	8
Overall Alcohol Prevalence .....	9
Age at initial use .....	10
Current alcohol users .....	11
Perceptions of availability.....	13
Access to alcohol .....	13
Risk and protective factors.....	14
Exposure to alcohol.....	16
Parental attitude toward alcohol use .....	16
Peers’ disapproval of weekend drinking.....	18
Perceived risk of weekend drinking.....	20
Section Two: Hawaii County provided data.....	23
Alcohol arrests .....	24
Alcohol treatment.....	26
Next steps.....	27
Further information.....	27
Participants.....	28
<b>TABLES</b>	
Table 1. Risk and Protection in Peer-Individual, Family, School, and Community Domains .....	15
Table 2. Charge Code Definitions .....	24
Table 3. Number of Alcohol Related Youth Arrests, 2005 .....	24
Table 4. Number of Alcohol Related Youth Arrests, 2006 .....	25
Table 5. Number of Alcohol Related Youth Arrests, 2007 .....	25

## FIGURES

Figure 1. SPF SIG Program Model.....	6
Figure 2. Monthly (30-Day) Use of Alcohol among Students by Ethnicity, 2003.....	9
Figure 3. Monthly (30-Day) Use of Alcohol among Students by Grade Level, 2003.....	9
Figure 4. Mean Age at First Use of Alcohol among Current Users by Ethnicity, 2003.....	10
Figure 5. Mean Age at First Use of Alcohol among Current Users by Gender, 2003.....	10
Figure 6. Alcohol Use Patterns among Current Users by Gender, 2003 .....	11
Figure 7. Mean Age of First Alcohol Use among Current Users by Gender, 2003.....	11
Figure 8. Alcohol Dependence/Abuse among Current Users by Gender, 2003 .....	12
Figure 9. Alcohol Dependence/Abuse among Current Users by Grade Level, 2003 .....	12
Figure 10. Ability to Purchase Alcohol by Current Users by Gender and Grade Level, 2003.....	13
Figure 11. Alcohol Offers Made to Students by Current Use Status, 2003.....	14
Figure 12. Exposure to Alcohol Use among Students by Current Use Status, 2003 .....	16
Figure 13. Parental Attitudes of Students by Current Use Status, 2003 .....	17
Figure 14. Parental Attitudes of Students by Gender, 2003 .....	17
Figure 15. Peers' Disapproval of Weekend Drinking by Current Use Status, 2003 .....	18
Figure 16. Peers' Disapproval of Weekend Drinking by Grade Level, 2003.....	19
Figure 17. Peers' Disapproval of Weekend Drinking by Gender, 2003.....	19
Figure 18. Peers' Disapproval of Weekend Drinking by Ethnicity, 2003 .....	20
Figure 19. Perceived Risk of Weekend Drinking by Current Use Status, 2003.....	21
Figure 20. Perceived Risk of Weekend Drinking by Grade Level, 2003 .....	21
Figure 21. Perceived Risk of Weekend Drinking by Gender, 2003 .....	22
Figure 22. Perceived Risk of Weekend Drinking by Ethnicity, 2003 .....	22
Figure 23. Youth Enrolled in Alcohol Treatment, 2006.....	26

## EXECUTIVE SUMMARY

The *Hawaii 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 Hawaii 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 Hawaii 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 Hawaii County revealed:

- (1) There are gender, grade, and ethnic differences in the use of alcohol.
- (2) Prevalence of alcohol use in youth in Hawaii County is higher 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 *Hawaii 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 HAWAII STATE AND HAWAII COUNTY 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 Hawaii 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 Hawaii County. Understanding the different alcohol use patterns within our state can provide insights regarding Hawaii County 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 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

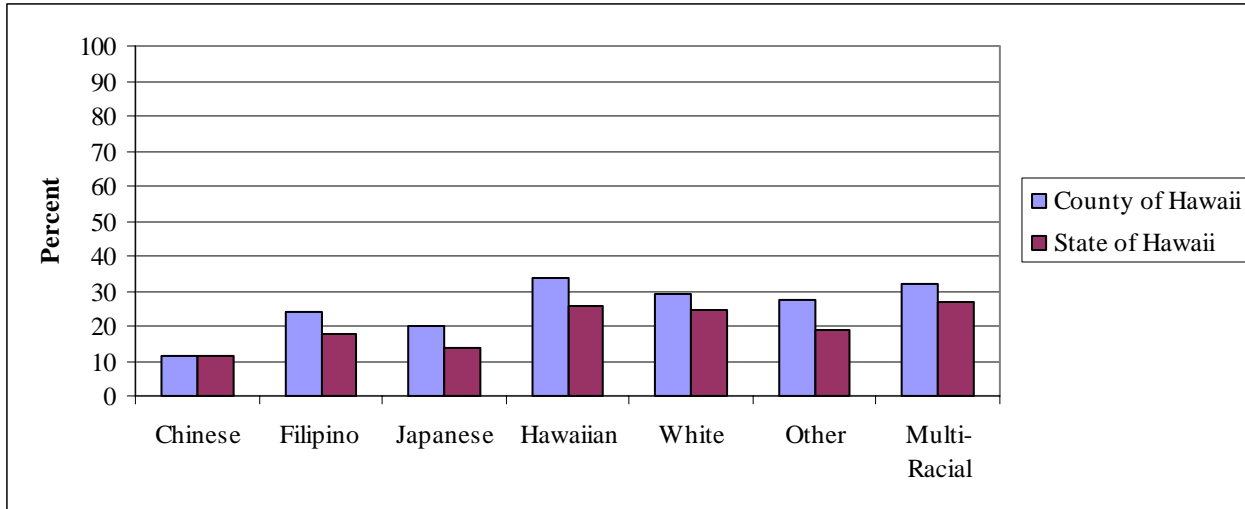
Note: Since the 2007 data from various data sources was not available at the time of completion of this profile, data from 2005 or earlier was used as available.



## OVERALL ALCOHOL PREVALENCE

As seen in Figure 2, “Multi-racial,” “Hawaiian,” and “White” students consistently had higher percentages of monthly alcohol use than students of other ethnic categories at both the County and State levels. “Chinese,” “Japanese,” and “Filipino” had lower percentages of monthly alcohol use at the County and State levels.

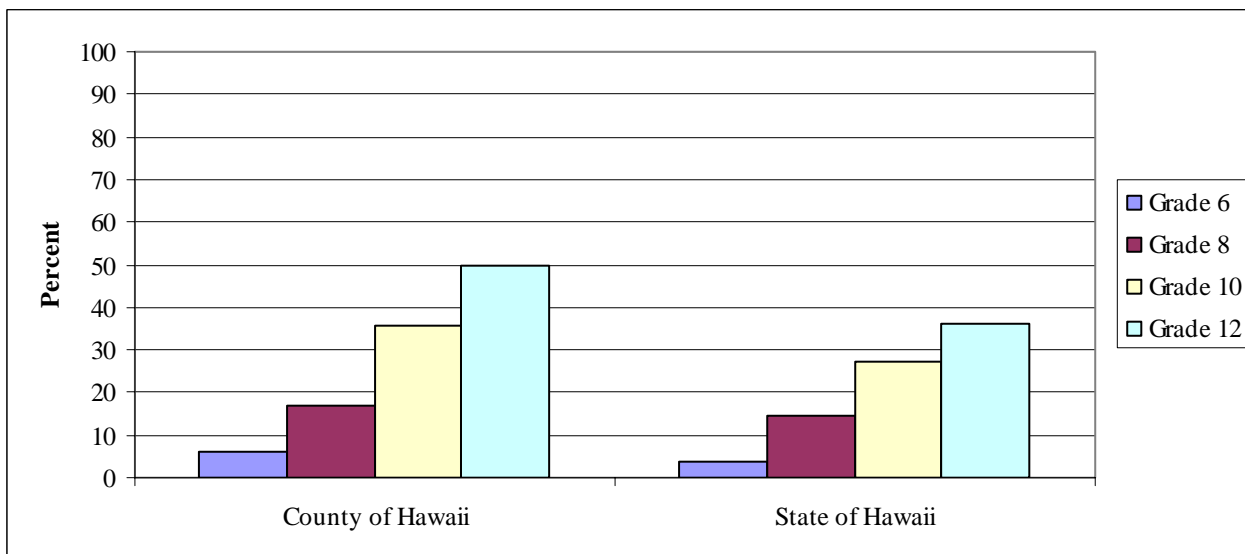
**Figure 2. Monthly (30-Day) Use of Alcohol among Students by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 3 shows that the percentage of monthly alcohol use increased with grade levels in Hawaii County and at the State level. In Hawaii County, 6.2% of 6<sup>th</sup> grade students had used alcohol in the past 30 days. This percentage increased to 49.8% in the 12<sup>th</sup> grade.

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

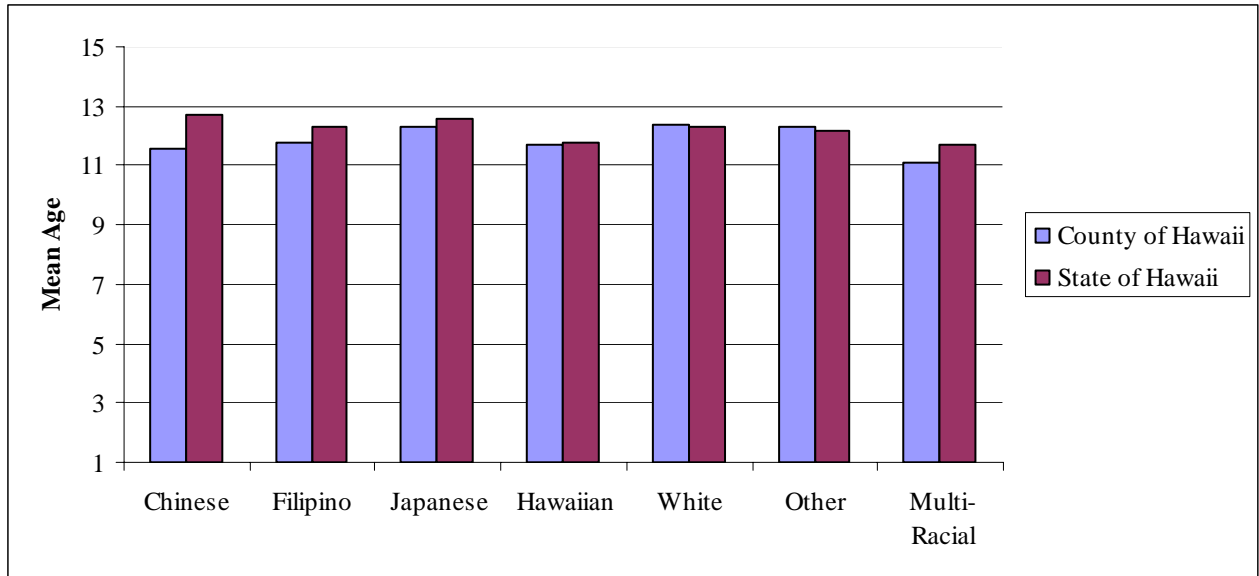


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## AGE AT INITIAL USE

As seen in Figure 4, “Hawaiian,” “Chinese” and “Multi-racial” current users started using alcohol at slightly younger ages in Hawaii County compared to other ethnicities. However, at the State level students of “Hawaiian,” “Multi-racial,” and “Other” ethnicities started using alcohol at slightly younger ages.

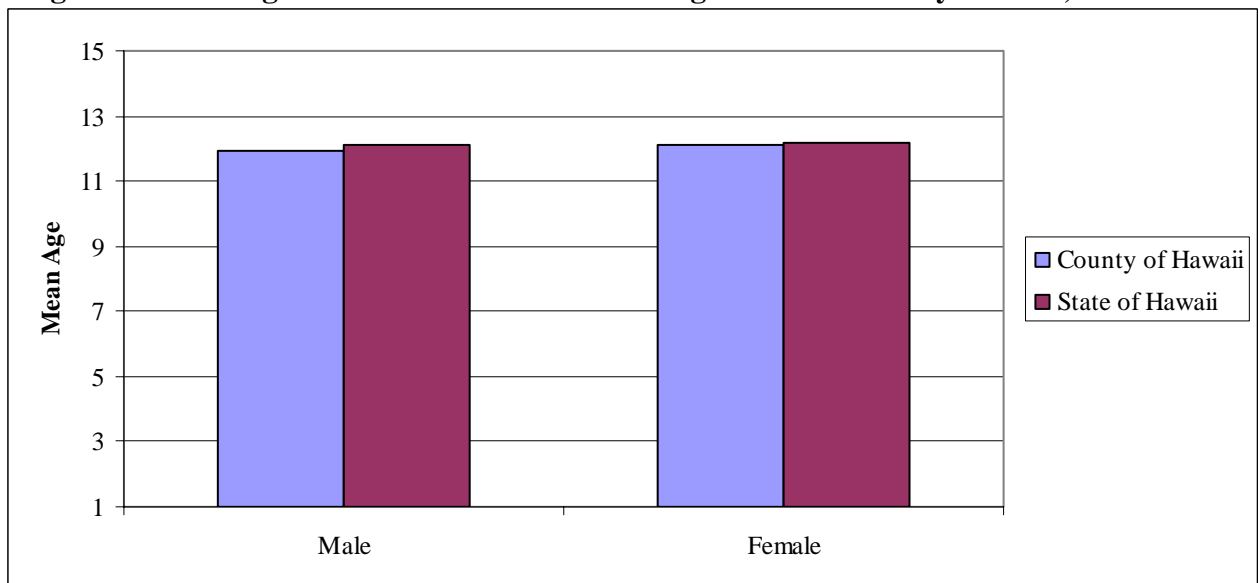
**Figure 4. Mean Age at First Use of Alcohol among Current Users by Ethnicity, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 5 shows the mean age at first use of alcohol by gender. Males and females starting using alcohol at about 12 years of age at both the County and State levels.

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

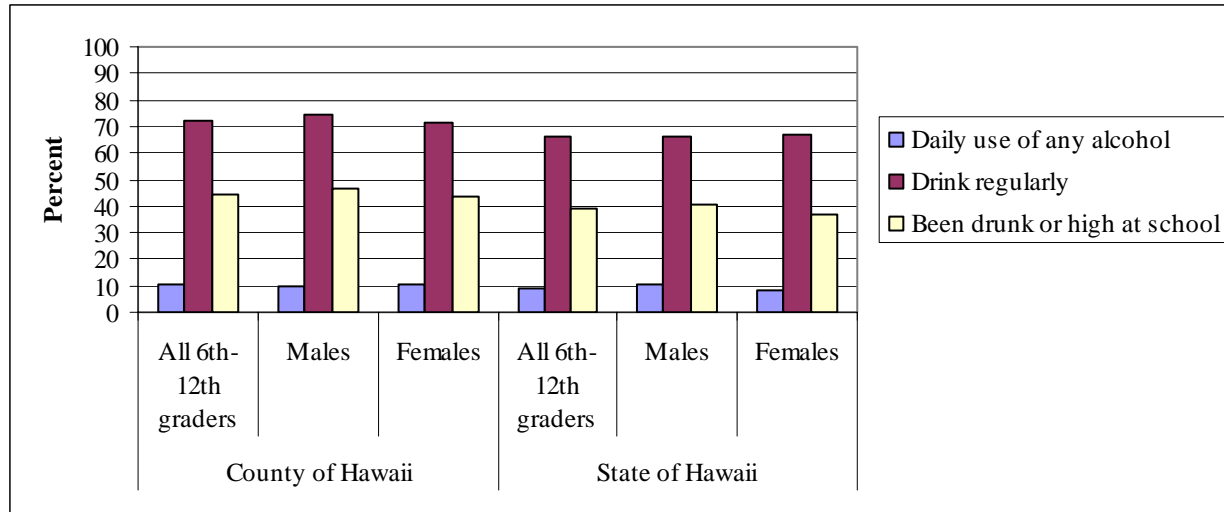


Source: Hawaii State Department of Health 2003 Student ATOD Survey

## CURRENT ALCOHOL USERS

The following data presents the behavioral characteristics associated with using alcohol among current alcohol users. Figure 6 shows that about 10% of all students at both the County and State level reported “daily use of any alcohol.” About 70% of male and female students in Hawaii County and 65% of male and female students at the State level reported that they “drink regularly.” However, male users were more likely to have “been drunk or high at school” than female users at both the County and State level.

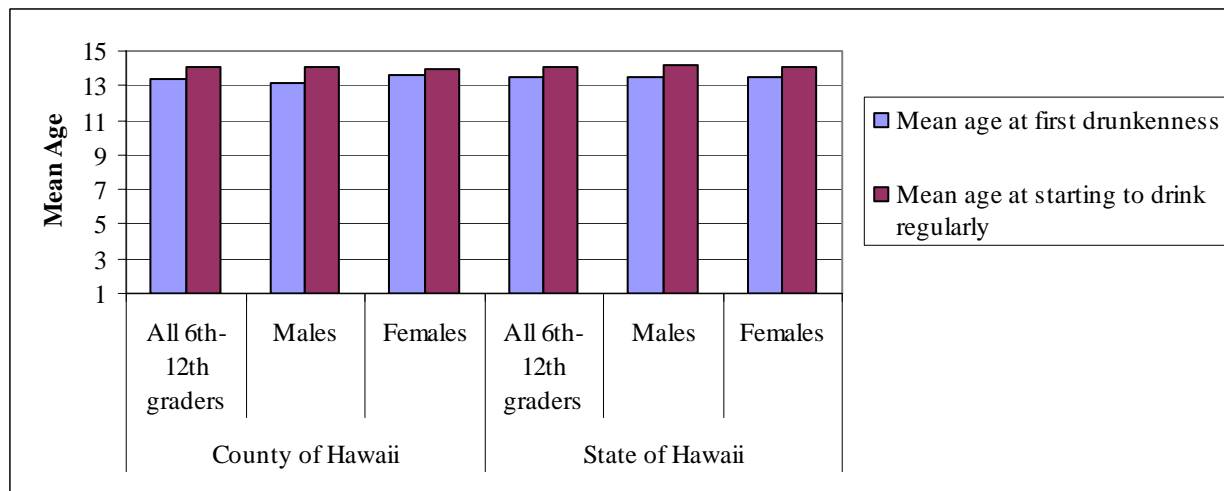
**Figure 6. Alcohol Use Patterns among Current Users by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 7 indicates that males and females in Hawaii County and at the State level reported the age of 13 as the “mean age at first drunkenness.” The “mean age of starting to drink regularly” for males and females was about 14 years old at the County and State levels.

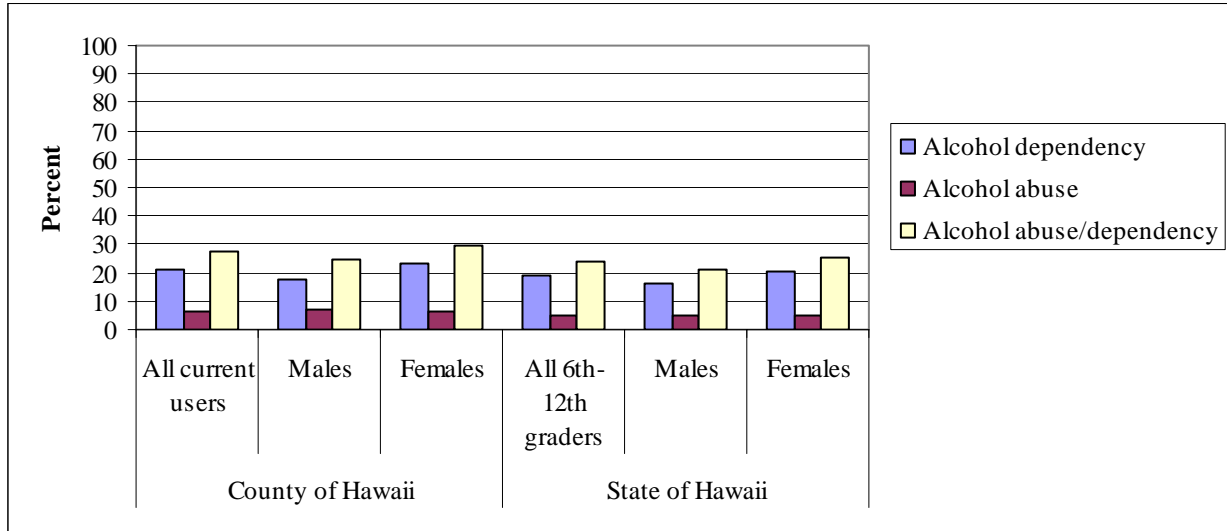
**Figure 7. Mean Age of First Alcohol Use among Current Users by Gender, 2003**



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. Figure 8 shows alcohol dependence among students by gender. “Alcohol dependency” was higher in Hawaii County (20.8%) compared to the State level (18.9%). With regard to “alcohol abuse” among current users, there was only a slight gender difference. However, slightly more females reported “alcohol abuse/dependency” compared to males at both the County and State levels.

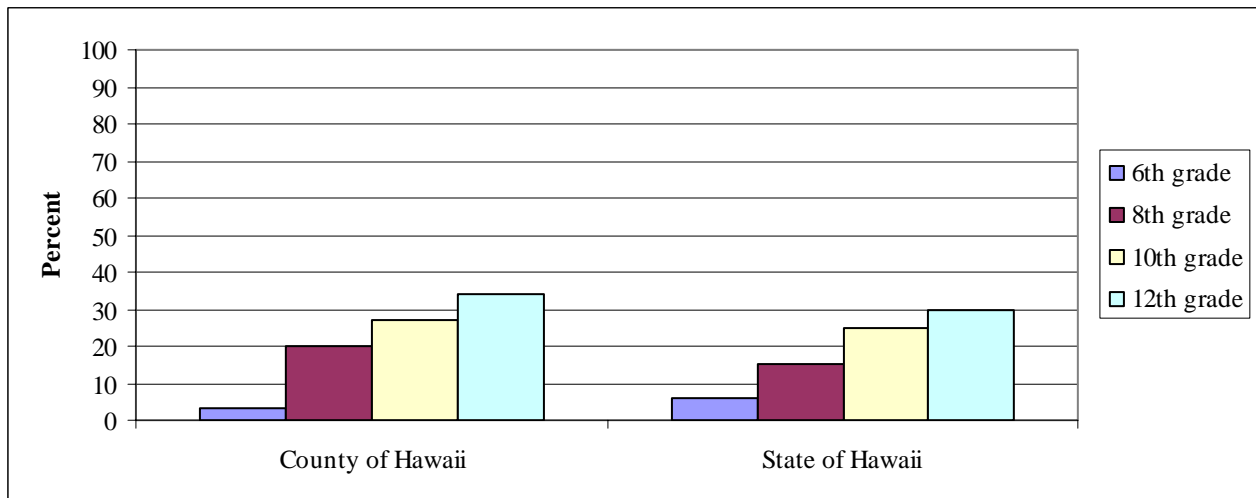
**Figure 8. Alcohol Dependence/Abuse among Current Users by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 9, alcohol dependence/abuse increased with grade level at both the County and State level. About 5% of youth in “6<sup>th</sup> grade” reported alcohol dependence/abuse. This number increased to over 30% in the “12<sup>th</sup> grade.”

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



Source: Hawaii State Department of Health 2003 Student ATOD Survey

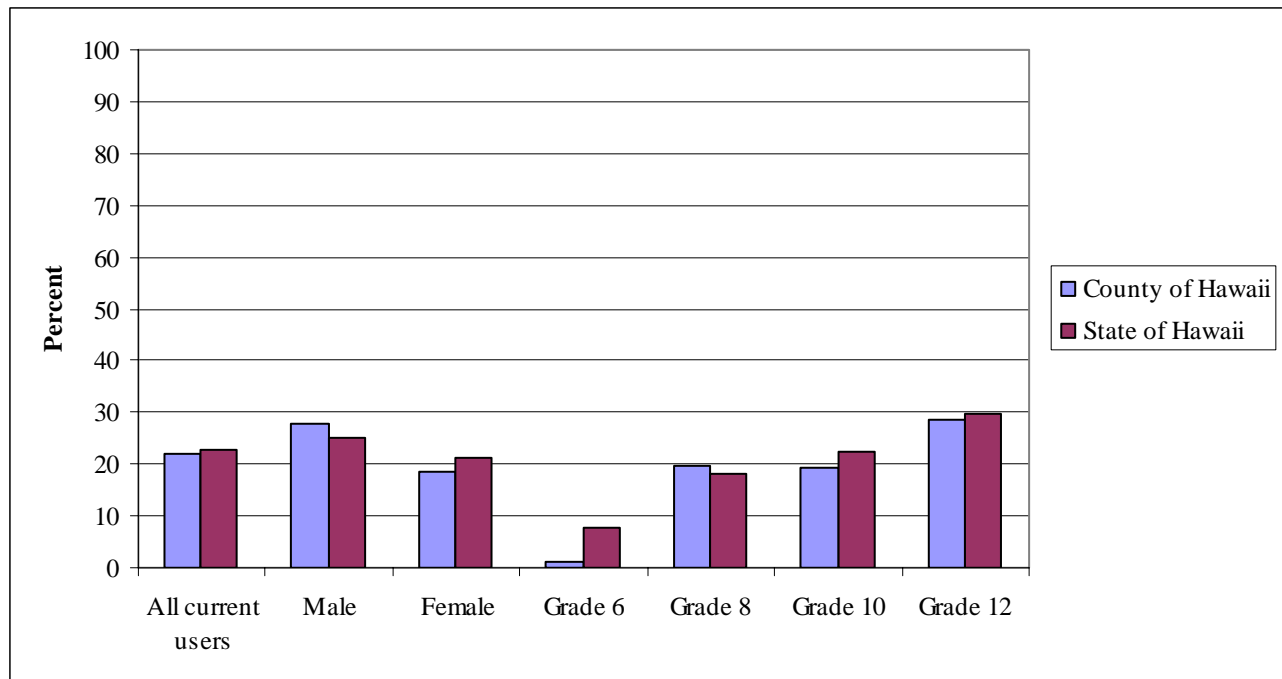
## PERCEPTIONS OF AVAILABILITY OF ALCOHOL

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 52% of the adults in Hawaii County believed it is “not at all difficult” for children to obtain alcohol.

## ACCESS TO ACLOHOL

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 alcohol users who reported being able to purchase alcohol. About 22% of “all current users” were able to purchase alcohol even though they were underage. Males were more likely to purchase alcohol than females at both the County and State levels. The ability to purchase alcohol appeared after “grade 6”.

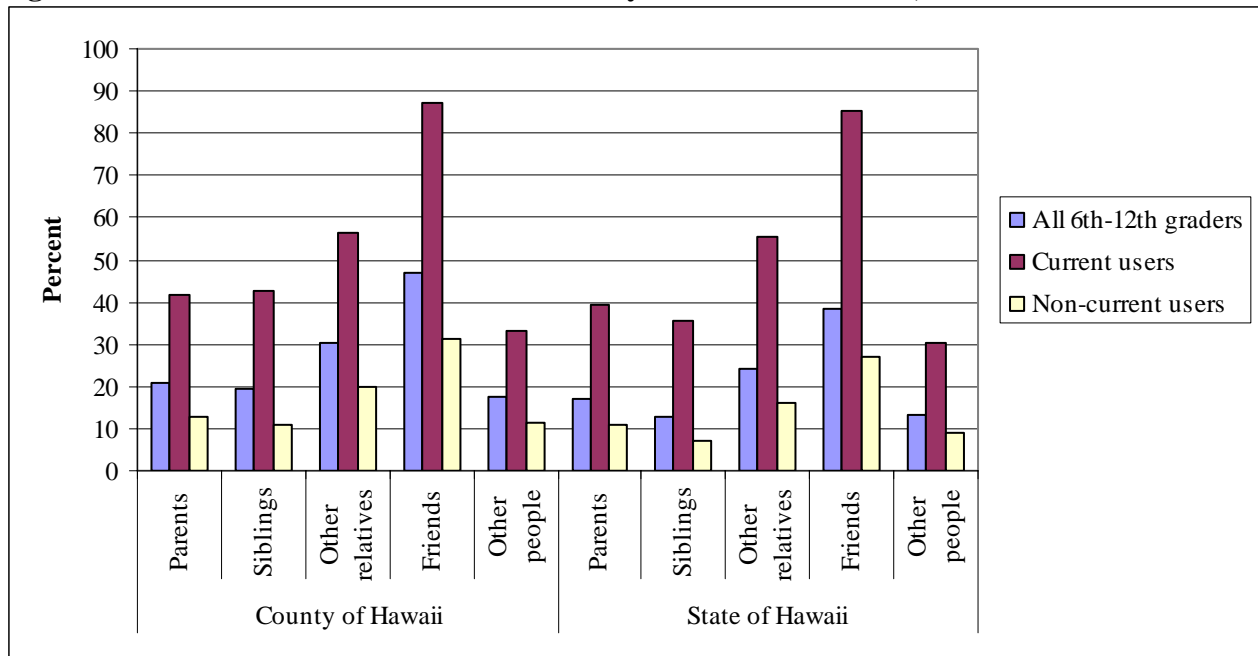
**Figure 10. Ability to Purchase Alcohol by Current Users by Gender and Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Alcohol is also accessible to many students through various sources. Figure 11 shows who typically offered alcohol to youth. A majority of “all 6<sup>th</sup>-12<sup>th</sup> graders,” “current users,” and “non-current users” had offers made to them by “friends,” followed by “other relatives” at both the County and State levels.

**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**

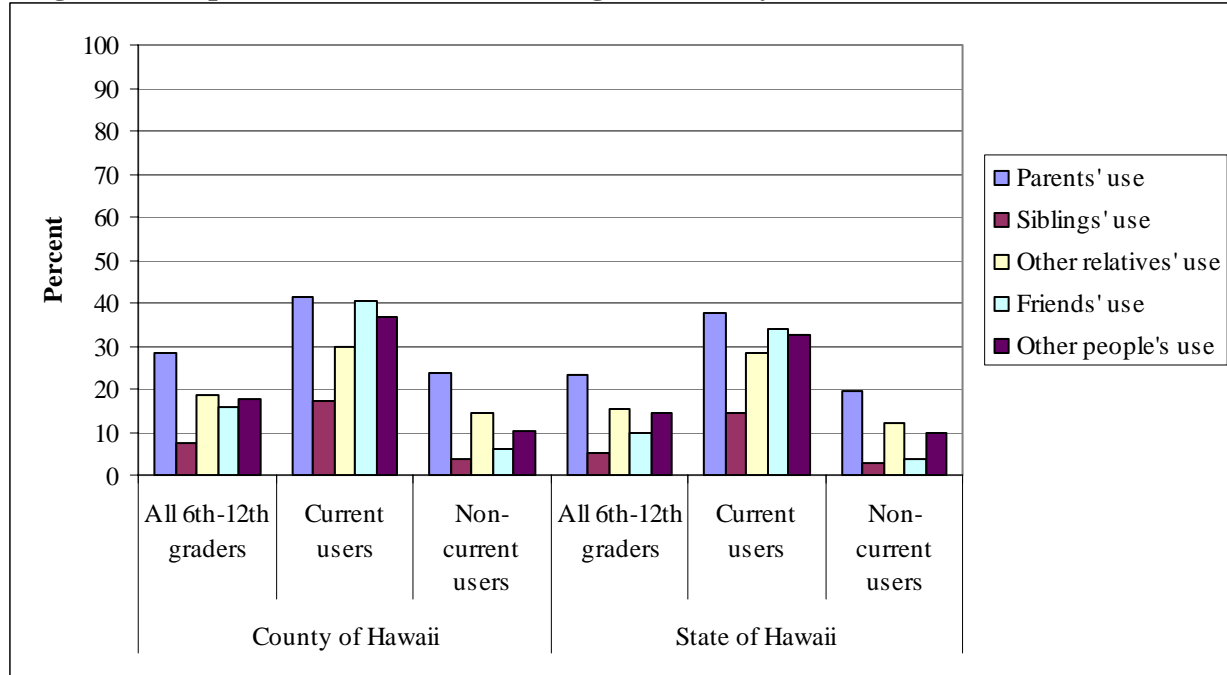
Domain	Risk Factors	Protective Factors
<b>Peer-Individual</b>	<ul style="list-style-type: none"> <li>• Early initiation of problem behaviors</li> <li>• Favorable attitudes toward ATOD use</li> <li>• Low perceived ATOD-use risk</li> <li>• Antisocial behaviors</li> <li>• Favorable attitudes toward antisocial 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 ages 12-17 can be found in Figure 12. “Parents” were ranked as the highest source of exposure for “all 6<sup>th</sup>-12<sup>th</sup> graders,” 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,” “friends,” “siblings,” and “other people” in their community.

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



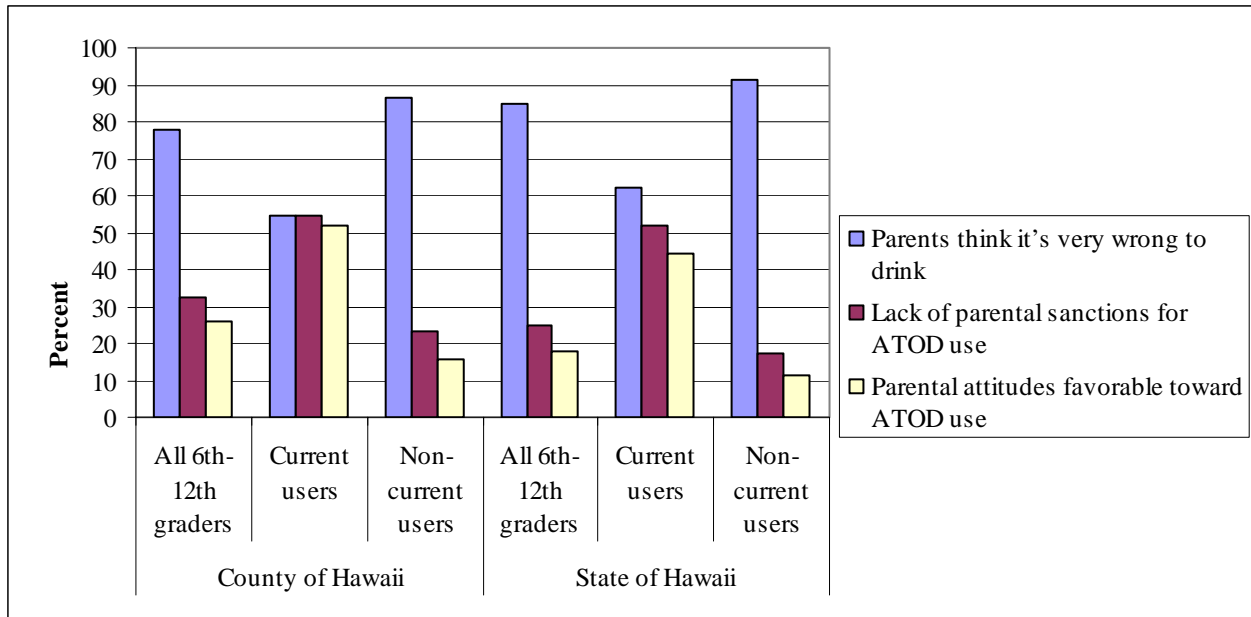
Source: Hawaii State Department of Health 2003 Student ATOD Survey

## PARENTAL ATTITUDES TOWARD ALCOHOL USE

The following data presents student perceptions of parental attitudes toward underage drinking and ATOD use. Figure 13 (next page) shows that for Hawaii County, 77.6% of students reported that their “parents think it’s very wrong to drink.” However, 32.2% of students also reported a “lack of parental sanctions for ATOD use” and 25.9% reported “parental attitudes favorable toward ATOD use.”



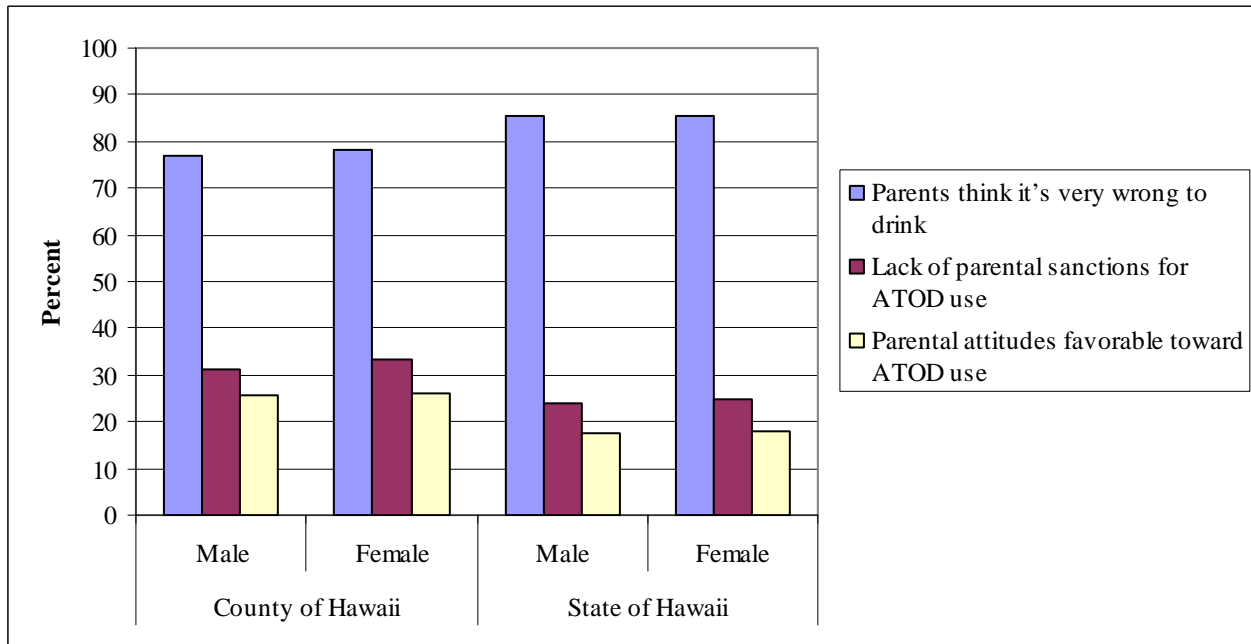
**Figure 13. Perceived Parental Attitudes of Students by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 14, about the same percentage of males and females reported that their “parents think it’s very wrong to drink” (about 75% in Hawaii County and 85% at the State level). More males and females at the County level compared to the State level reported a “lack of parental sanctions for ATOD use” and “parental attitudes favorable toward ATOD use.”

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



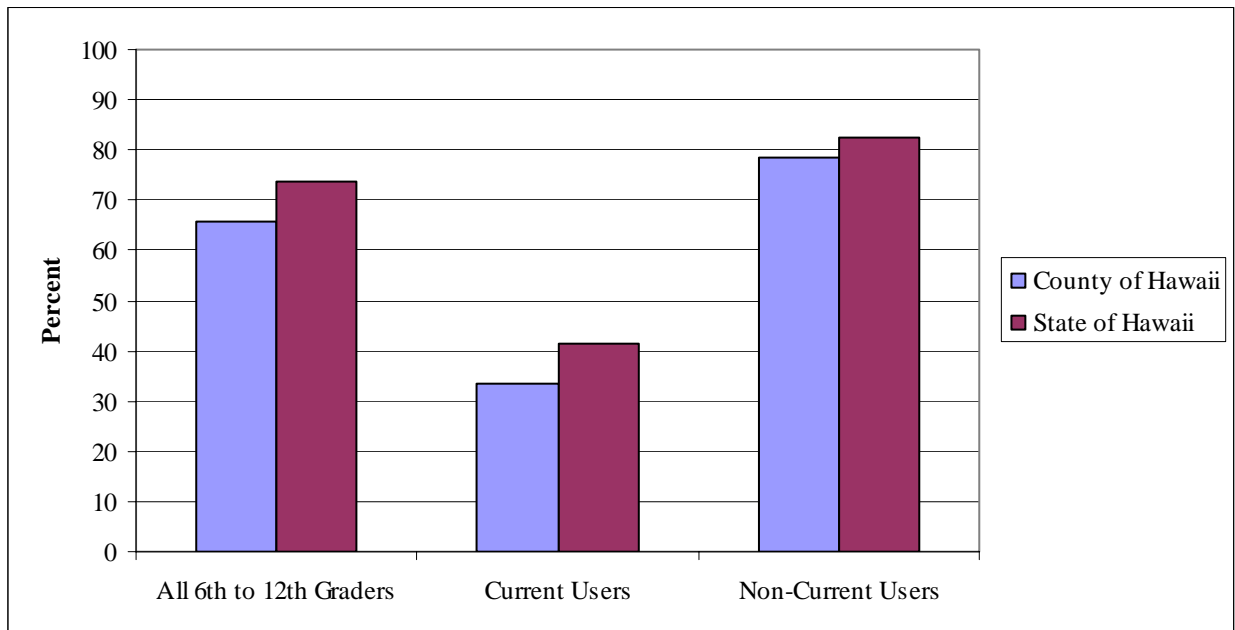
Source: Hawaii State Department of Health 2003 Student ATOD Survey

## 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 Hawaii County reported less disapproval of weekend drinking compared to the State level.

As indicated in Figure 15, about 65% of "all 6<sup>th</sup>-12<sup>th</sup> graders" in Hawaii County and over 70% of "all 6<sup>th</sup>-12<sup>th</sup> graders" in the State of Hawaii reported that their friends had negative attitudes toward weekend drinking. Almost 80% of "non-current users" at both the County and State levels reported disapproval of weekend drinking by peers. However, of "current users" only about 30% in Hawaii County and 40% at the State level reported disapproval of weekend drinking by peers.

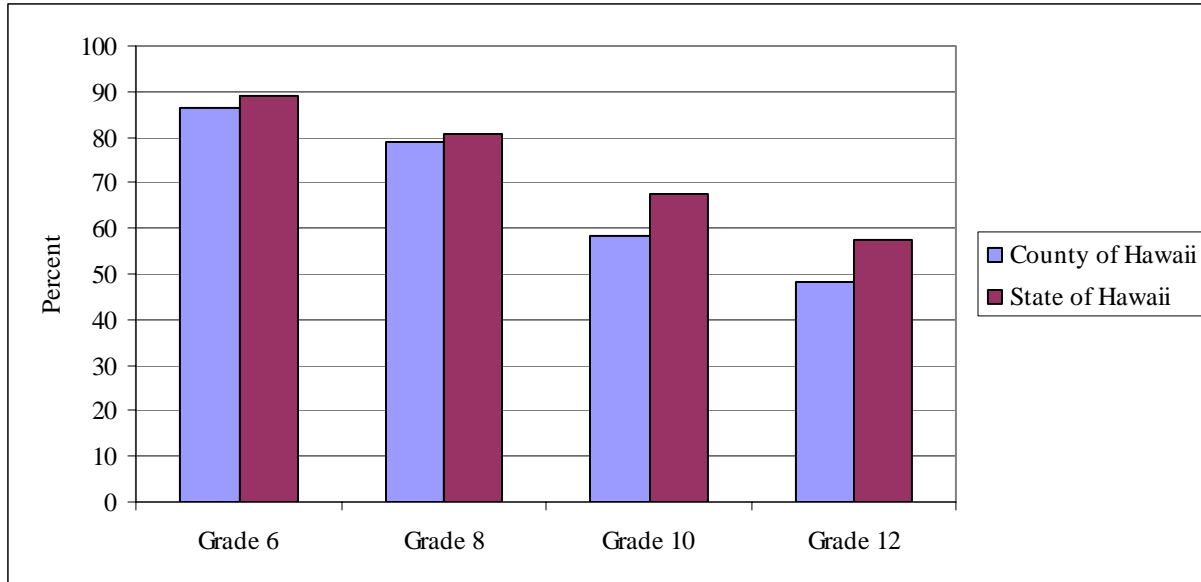
**Figure 15. Peers' Disapproval of Weekend Drinking by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 16, disapproval of peers' weekend drinking declined as grade level increased at both the County and State levels. In Hawaii County, there was a drop from 86.3% disapproval among 6<sup>th</sup> graders to 48.2% among 12<sup>th</sup> graders.

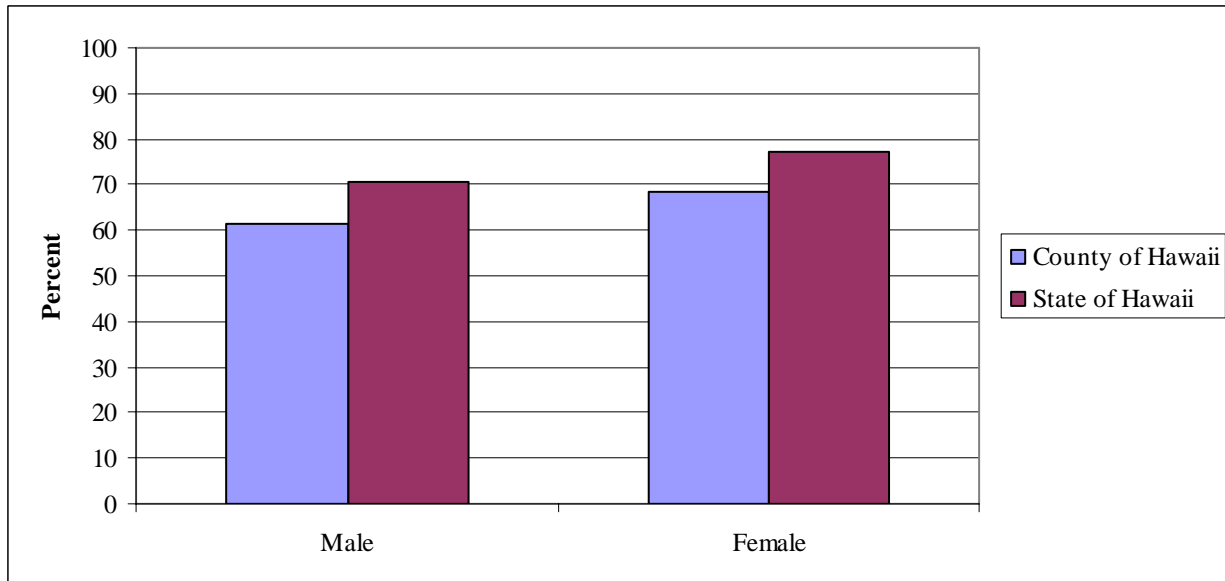
**Figure 16. Peers' Disapproval of Weekend Drinking by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 17 reports on disapproval of weekend drinking by gender. Female students reported a higher percentage of disapproval of weekend drinking by peers at both the County and State levels compared to males.

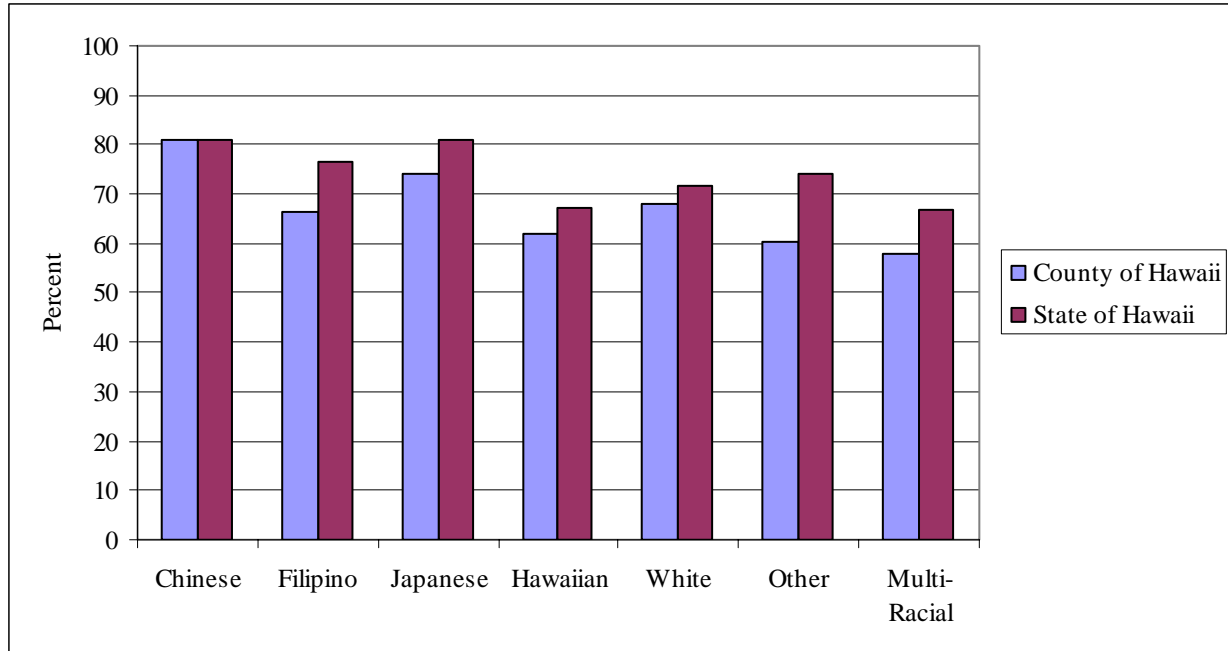
**Figure 17. Peers' Disapproval of Weekend Drinking by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As indicated in Figure 18, in Hawaii County “Hawaiian,” “Other,” and “Multi-racial” students tended to be less disapproving of peers weekend drinking. At the State level, “Multi-racial,” “Hawaiian,” and “White” students were more disapproving of weekend drinking.

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



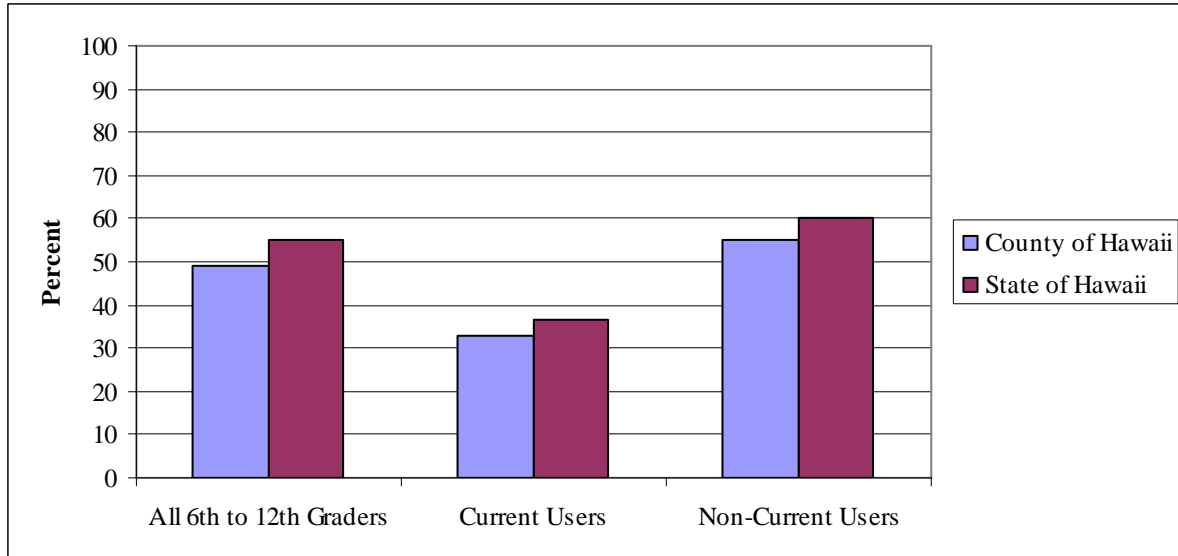
Source: Hawaii State Department of Health 2003 Student ATOD Survey

**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 youth ages 12-17. In general, Hawaii County youth perceived less risk of weekend drinking than at the State level.

As seen in Figure 19, in Hawaii County the perceived risk from weekend drinking was higher among “non-current users” than “current users” (55.1% vs. 32.7%, respectively). This same pattern was seen at the State level.

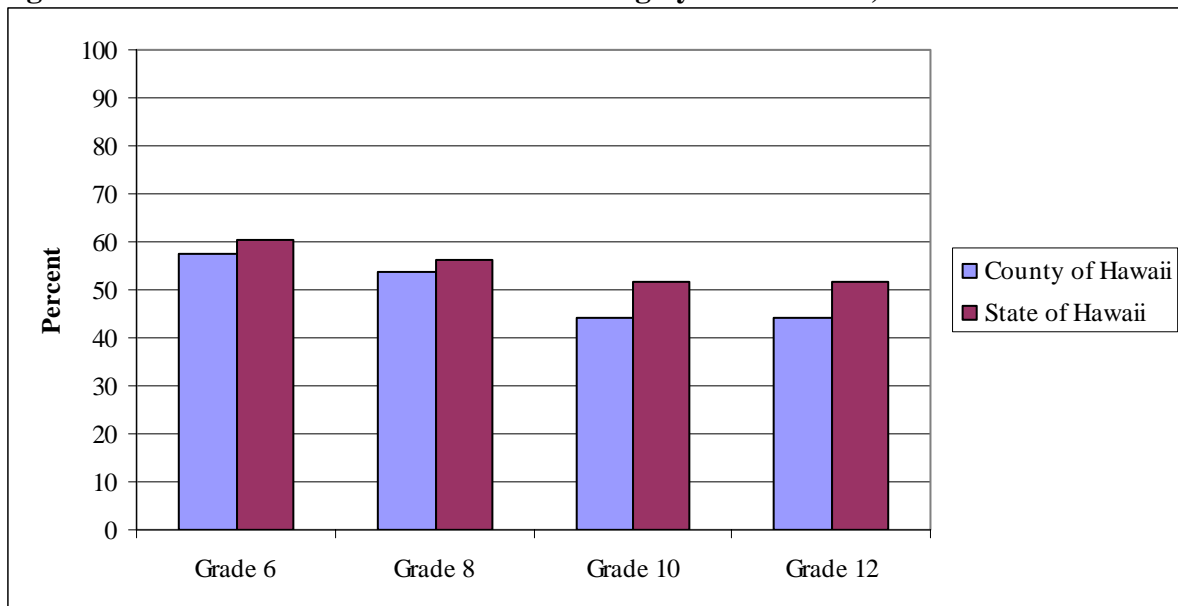
**Figure 19. Perceived Risk of Weekend Drinking by Current Use Status, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 20 shows that the perceived risk of weekend drinking declined from “grade 6” to “grade 8” and then to “grade 10.” From “grade 10” to “grade 12” the percentage of perceived risk of weekend drinking remained about the same. These patterns were seen at both the County and State levels.

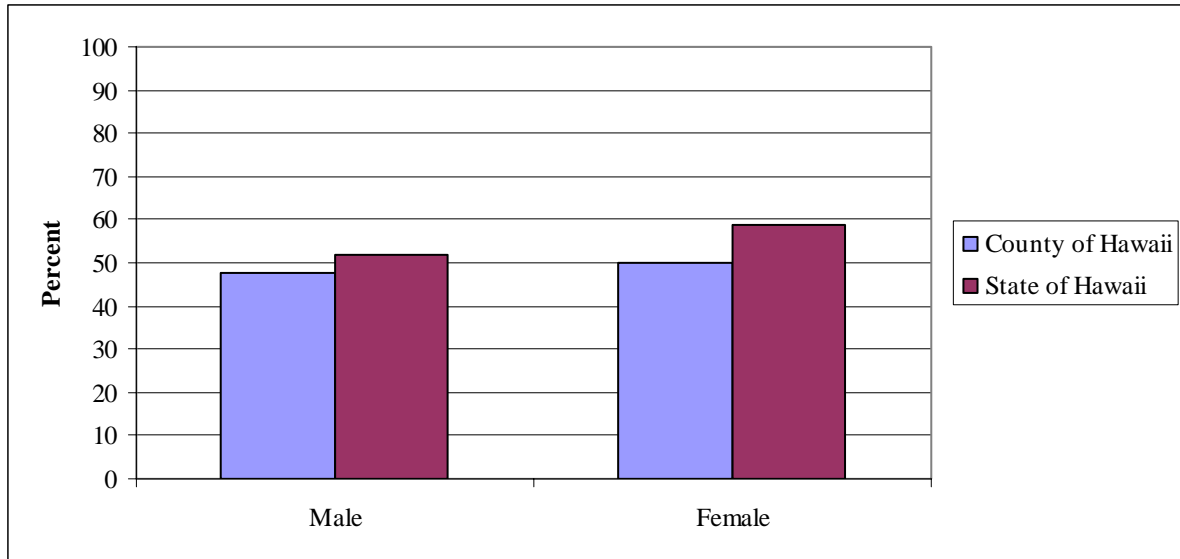
**Figure 20. Perceived Risk of Weekend Drinking by Grade Level, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 21 presents data on the perceived risk of weekend drinking by gender. In Hawaii County, the perceived risk from weekend drinking was higher among female students than males (50.1% vs. 47.7%, respectively). This pattern was also seen at the State level.

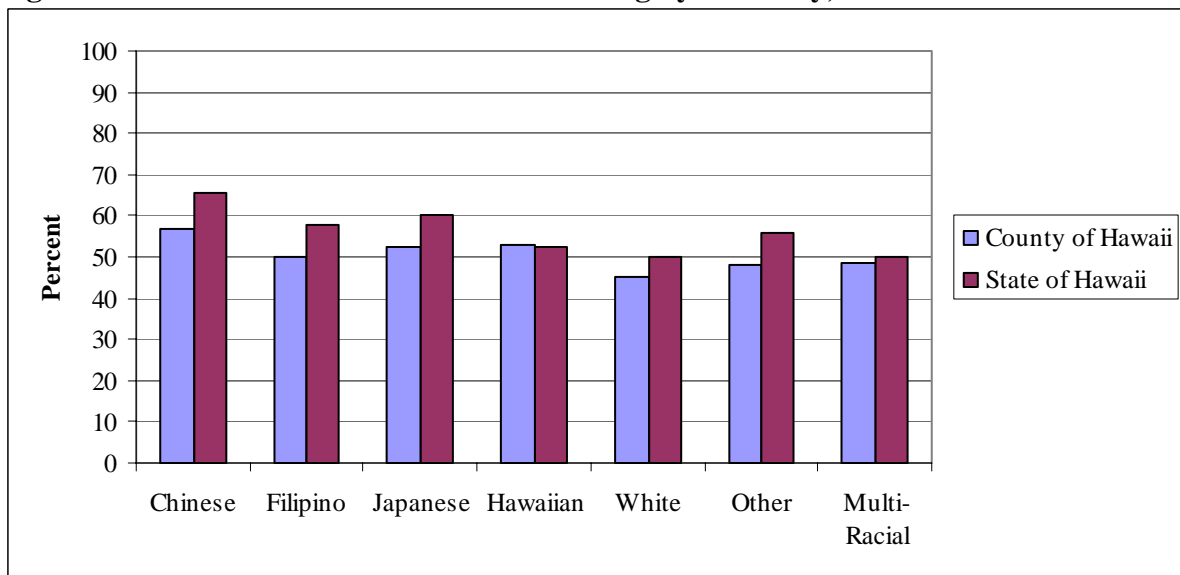
**Figure 21. Perceived Risk of Weekend Drinking by Gender, 2003**



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 22, “Other,” “White,” and “Multi-racial” students had lower perceived risk weekend drinking compared to other ethnicities at the County level. Youth of “Chinese” ethnicity had the highest levels of perception of risk of drinking on the weekend at both the County and State level.

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

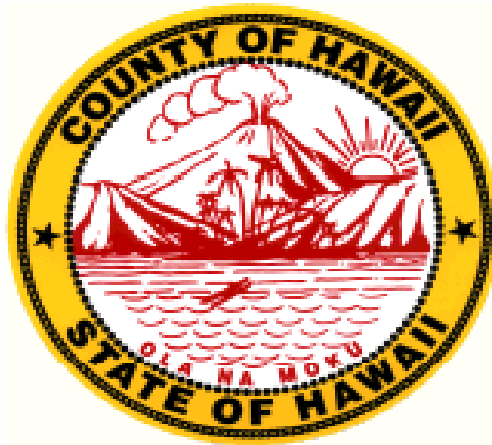


Source: Hawaii State Department of Health 2003 Student ATOD Survey

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

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

Tables 3-5 show the number of youth alcohol related arrests for 2005-2007. Table 2 defines the charge code definitions used in Tables 3-5. In 2005-2007 the most violations were seen for prohibitions by minors (LIQ VIOL/MINOR). Across years there were more violations for juvenile males than females.

**Table 2. Charge Code Definitions**

Description	Abbreviation
Consume or Possess Liquor while operating a motor vehicle	C/P LIQ OP VEH
Consume or Possess Liquor while a passenger in a motor vehicle	CONSUM/POSS LIQ
Alcohol in Park	DLNR ALCOHOL IN PARK
Consume or Possess liquor or drugs in a state park	DLNR LIQ/DRUG PRK
Blood alcohol level less than 0.08	DUI UNDER 21
Prohibitions - Minors	LIQ VIOL/MINOR
Liquor Prohibit	LIQ PROHIBITED
Liquor Prohibit	LIQUOR PROHIBIT
possession of open liquor container	OPEN LIQ/MO VEH
Minor Drinking Intoxicated	MINOR DRINKING

Source: County of Hawaii, Office of Prosecuting Attorney and the Hawaii Police Department

**Table 3. Number of Alcohol Related Youth Arrests, 2005**

Charge Type	Gender	Age				
		10-12	13-14	15	16	17
C/P LIQ OP VEH	Male	-	-	1	1	-
	Female	-	-	-	1	-
CONSUM/POSS LIQ	Male	-	-	-	2	-
	Female	-	-	-	-	-
DLNR ALCOHOL IN PARK	Male	-	-	-	1	-
	Female	-	-	-	-	-
DLNR LIQUOR/DRUG PARK	Male	-	1	1	1	3
	Female	-	-	-	1	-
DUI UNDER 21	Male	-	-	2	4	3
	Female	-	-	1	2	-
LIQ VIOL/MINOR	Male	1	8	4	18	21
	Female	-	-	4	6	4
LIQUOR	Male	-	4	-	7	13



PROHIBIT	Female	-	-	3	4	4
OPEN LIQ/MO VEH	Male	-	-	-	1	-
	Female	-	-	-	-	-

Source: County of Hawaii, Office of Prosecuting Attorney and the Hawaii Police Department

**Table 4. Number of Alcohol Related Youth Arrests, 2006**

Charge Type	Gender	Age				
		10-12	13-14	15	16	17
DLNR LIQUOR/ DRUG PARK	Male	-	-	-	2	5
	Female	1	1		6	1
DUI UNDER 21	Male	-	-	1	4	5
	Female	-	-	-	-	2
LIQ VIOL/MI NOR	Male	1	2	6	11	15
	Female	1	2	2	17	9
LIQUOR PROHIBI T	Male	-	-	4	4	7
	Female	-	1	3	8	8

Source: County of Hawaii, Office of Prosecuting Attorney and the Hawaii Police Department

**Table 5. Number of Alcohol Related Youth Arrests, 2007**

Charge Type	Gender	Age				
		10-12	13-14	15	16	17
C/P LIQ OP VEH	Male	-	-	-	-	2
	Female	-	-	-	-	-
CONSUM /POSS LIQ	Male	-	-	1	-	-
	Female	-	-	-	-	-
DLNR ALCOHO L IN PARK	Male	-	-	-	-	4
	Female	-	1	-	-	-
DUI UNDER 21	Male	-	-	2	2	9
	Female	-	-	-	1	1
ILIQ PROHIBI	Male	-	-	-	1	-
	Female	-	-	-	-	-

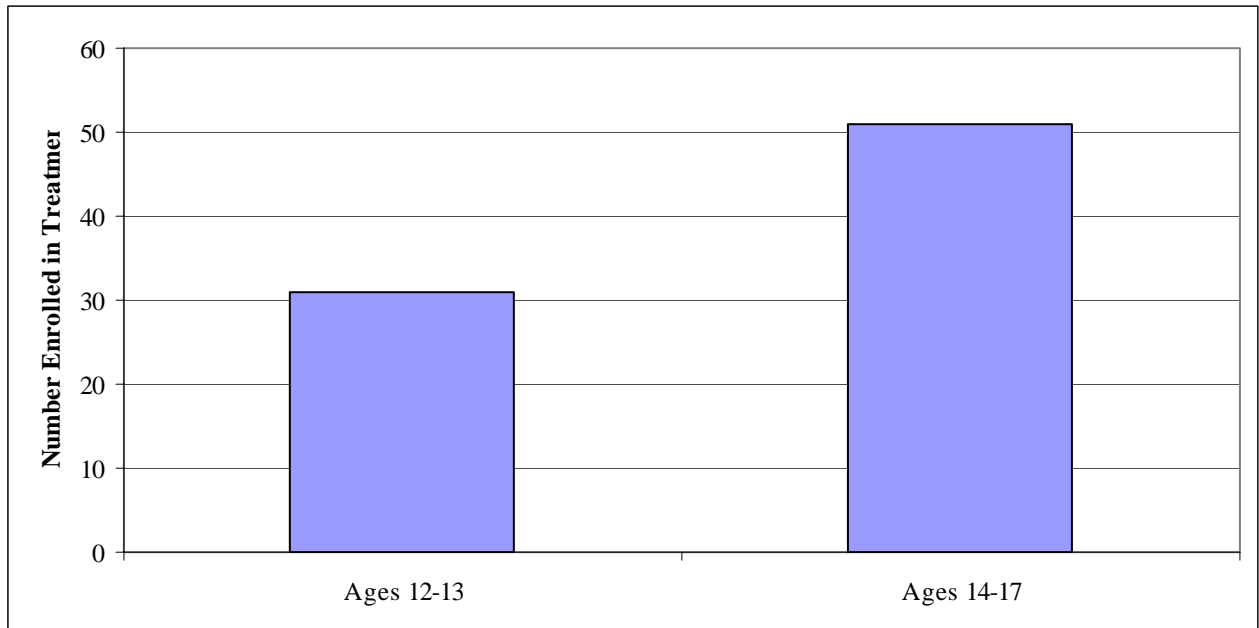
TED						
LIQ VIOL/MI NOR	Male	-	3	9	13	25
	Female	-	5	6	3	5
LIQUOR PROHIBI T	Male	-	-	3	3	6
	Female	-	1	1	1	2
LIQUOR TO MINOR	Male	-	-	-	-	-
	Female	-	1	1	-	2
MINOR DRINKIN G	Male	-	-	-	-	-
	Female	-	-	-	1	-

Source: County of Hawaii, Office of Prosecuting Attorney and the Hawaii Police Department

### Alcohol Treatment

The following data was provided by agencies that are funded by the Hawaii Department of Health, Alcohol and Drug Abuse Division to supply alcohol and drug treatment services. As seen in Figure 23, the most enrollees for alcohol treatment were seen in ages 14-17. There were 31 youth ages 12-13 enrolled in treatment for alcohol in Hawaii County.

**Figure 23. Youth Enrolled in Alcohol Treatment, 2006**



Source: Alcohol and Drug Abuse Division Hawaii Department of Health

## **NEXT STEPS**

This profile presents the collection, analyses, interpretation, and application of community-level epidemiological data to promote understanding of the alcohol use in Hawaii 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 Hawaii 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 Hawaii 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