

County of Maui: 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.



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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.



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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 Maui Epidemiological Profile for Substance Abuse Prevention

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EXECUTIVE SUMMARY

The *Maui 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 Maui County specific data taken from the *State of Hawaii Epidemiological Profile for Substance Abuse Prevention*. Section Two data is unique County contributed data 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 Maui 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 Maui County revealed:

- (1) There are gender, grade, and ethnic differences in the use of alcohol.
- (2) Alcohol prevalence use among all 6th-12th graders in Maui 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 *Maui 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 AND MAUI 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 Maui 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 Maui 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



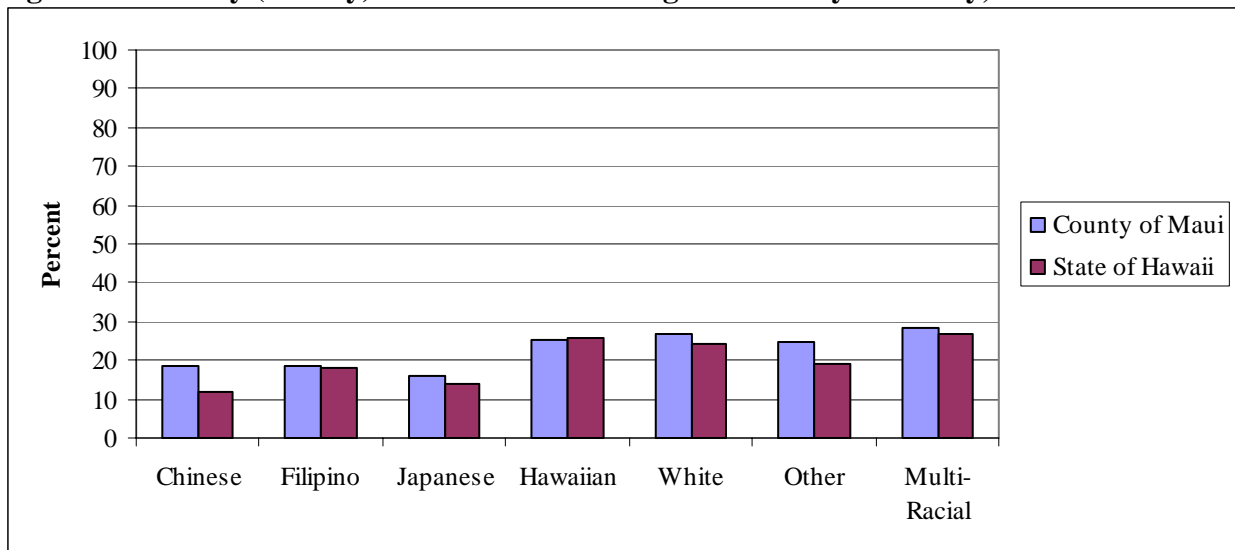
For the:
Alcohol and Drug Abuse Division (ADAD)
Hawaii Department of Health

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,” “Hawaiian,” and “White” students in Maui County consistently had a higher percentage of monthly alcohol use than students of other ethnic categories. Students of “Filipino,” “Japanese,” and “Chinese” ethnicities tended to have lower percentages of monthly alcohol use.

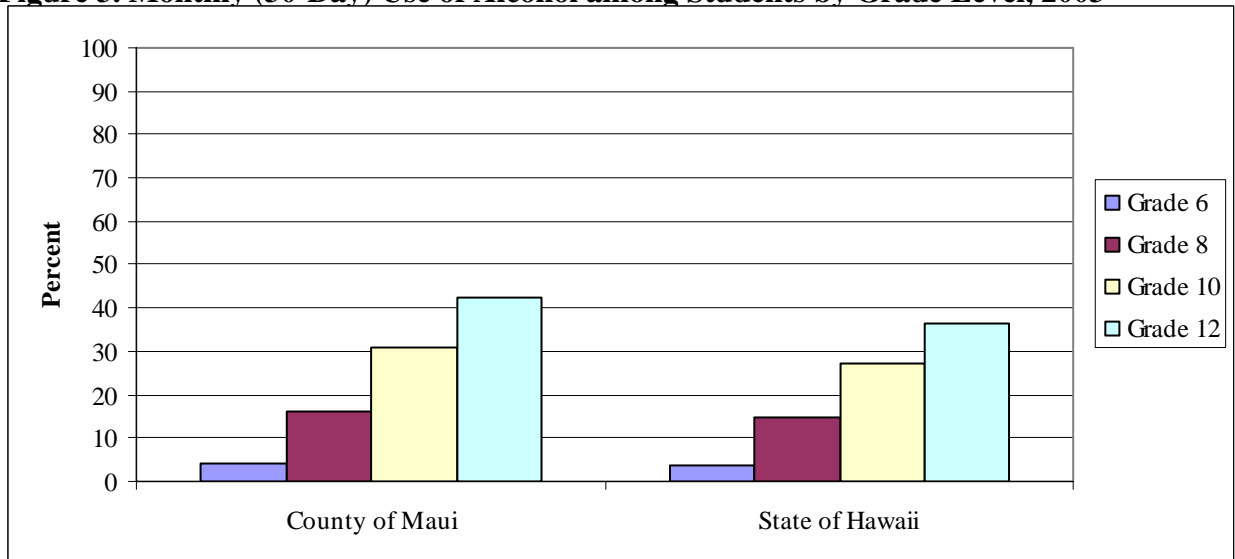
Figure 2. Monthly (30-Day) Use of Alcohol among Students by Ethnicity, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 3 shows that alcohol use increased through the school years at both the County and State level. In Maui County, 4.3% of 6th grade students had used alcohol in the past 30 days. This number increased to 42.5% in the 12th grade.

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

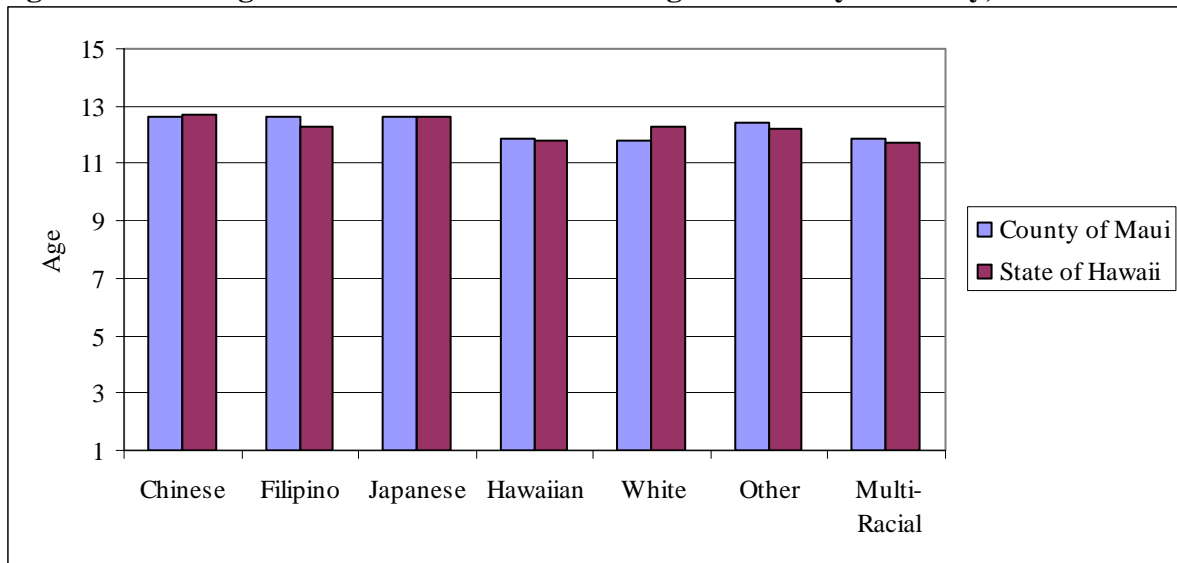


Source: Hawaii State Department of Health 2003 Student ATOD Survey

AGE AT INITIAL USE

As indicated in Figure 4, “White,” “Hawaiian,” and “Multi-racial” students in Maui County started using alcohol at a slightly younger age compared to other ethnicities. Compared to the State level, “Chinese” and “White” students in Maui County started using alcohol at a younger age.

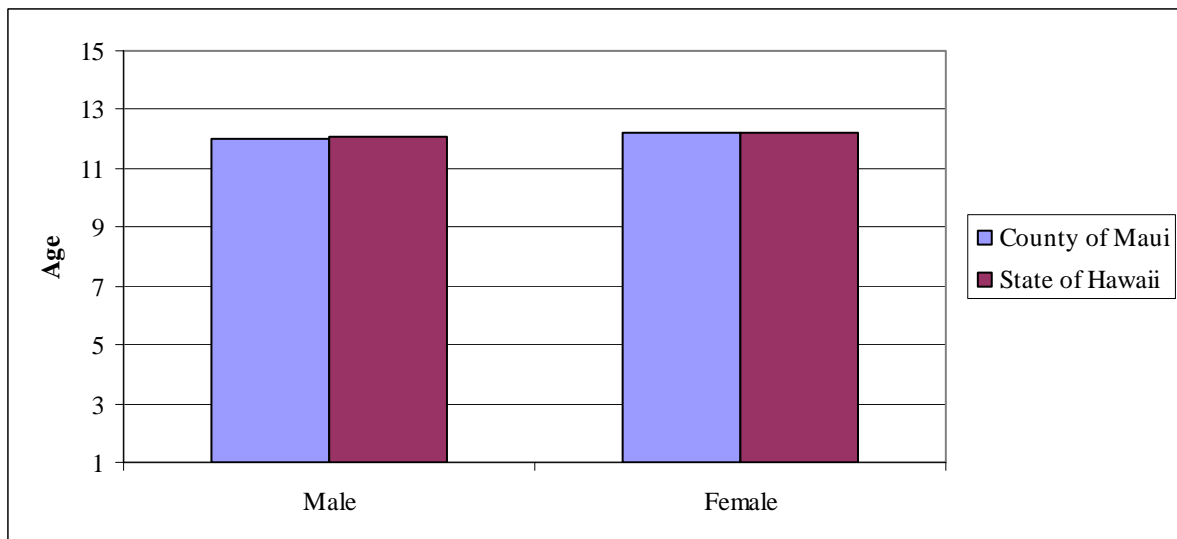
Figure 4. Mean Age at First Use of Alcohol among Students by Ethnicity, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 5, the average age of first use was 12 years across genders. This trend was seen at both the County and State levels.

Figure 5. Mean Age at First Use of Alcohol among Students by Gender, 2003

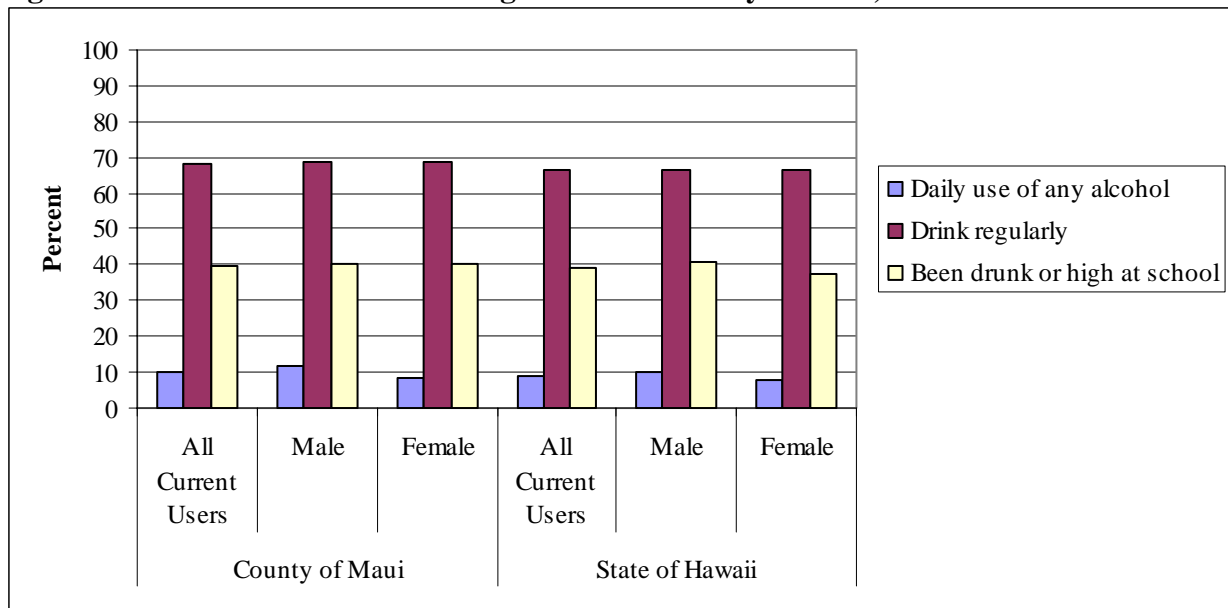


Source: Hawaii State Department of Health 2003 Student ATOD Survey

CURRENT ALCOHOL USERS

The following data presents the behavioral characteristics associated with using alcohol among current alcohol users. As indicated in Figure 6, male students were more likely than female students to report “daily use of any alcohol.” In Maui County, male and female users were about equally likely to have “been drunk or high at school” (about 40%) and “drink regularly” (70%).

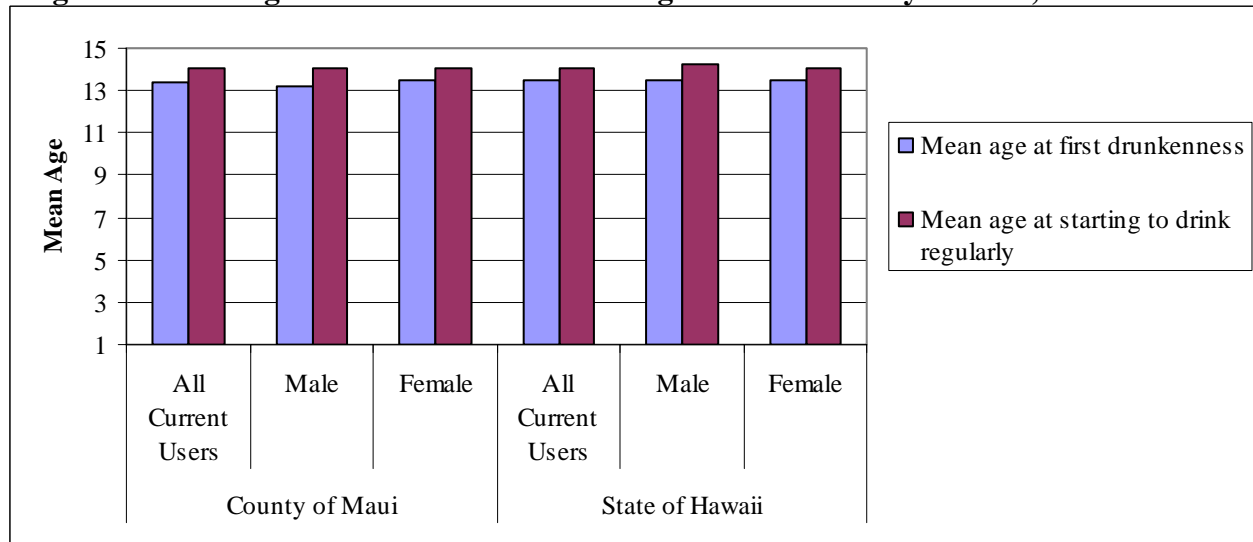
Figure 6. Alcohol Use Patterns among Current Users by Gender, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 7 indicates that in Maui County male and female users started to “drink regularly” and were first drunk at about age 13. This trend was consistent at the State level.

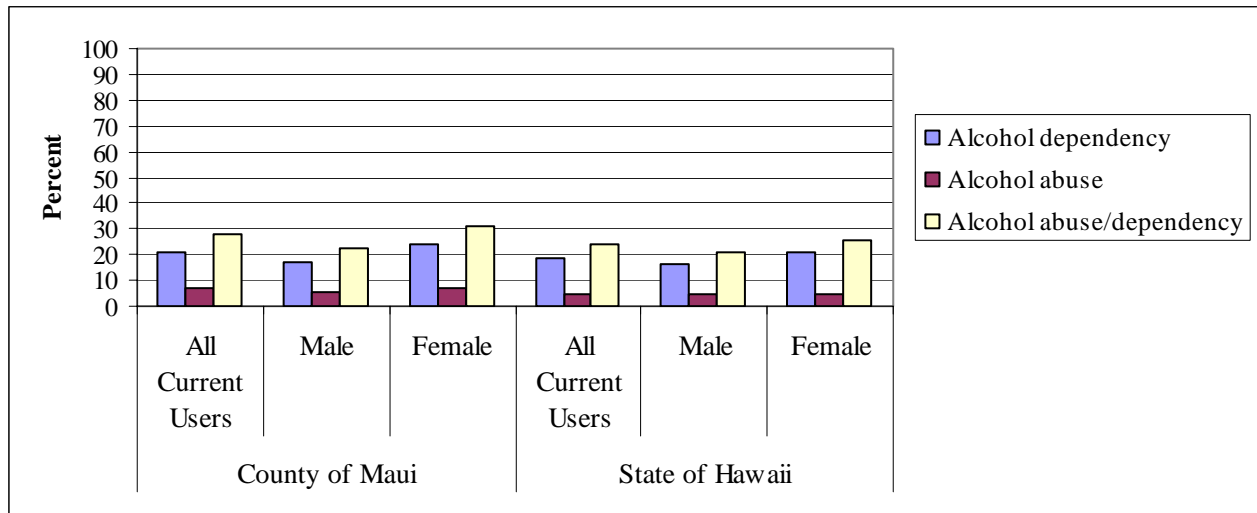
Figure 7. Mean Age of First Alcohol Use among Current Users by Gender, 2003



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 shown in Figure 8, “alcohol dependency” was higher among students in Maui County (20.9%) who reported using alcohol in the past 30 days compared to the State level (18.9%). With regard to “alcohol abuse” and “alcohol abuse/dependency” among current users, female users were more likely than their male counterparts to abuse or be dependent on alcohol at both the County and State levels.

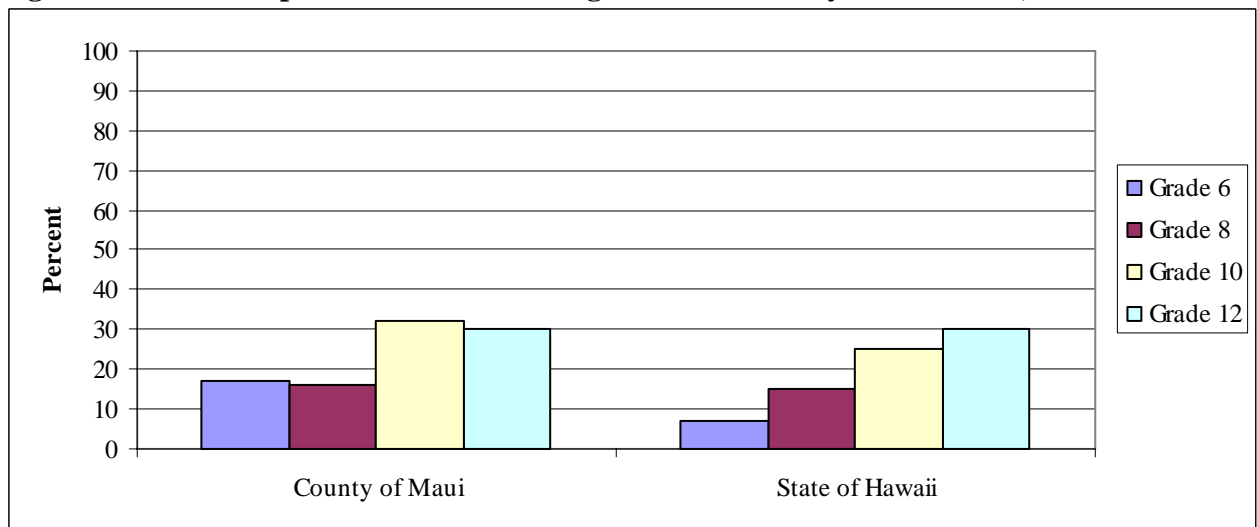
Figure 8. Alcohol Dependence/Abuse among Student Users by Gender, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 9, alcohol use and dependence increased with school grade at the State level. There is no such pattern seen at the County level. In Maui County, “grade 10” had the highest percent of alcohol dependence/abuse.

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



Source: Hawaii State Department of Health 2003 Student ATOD Survey

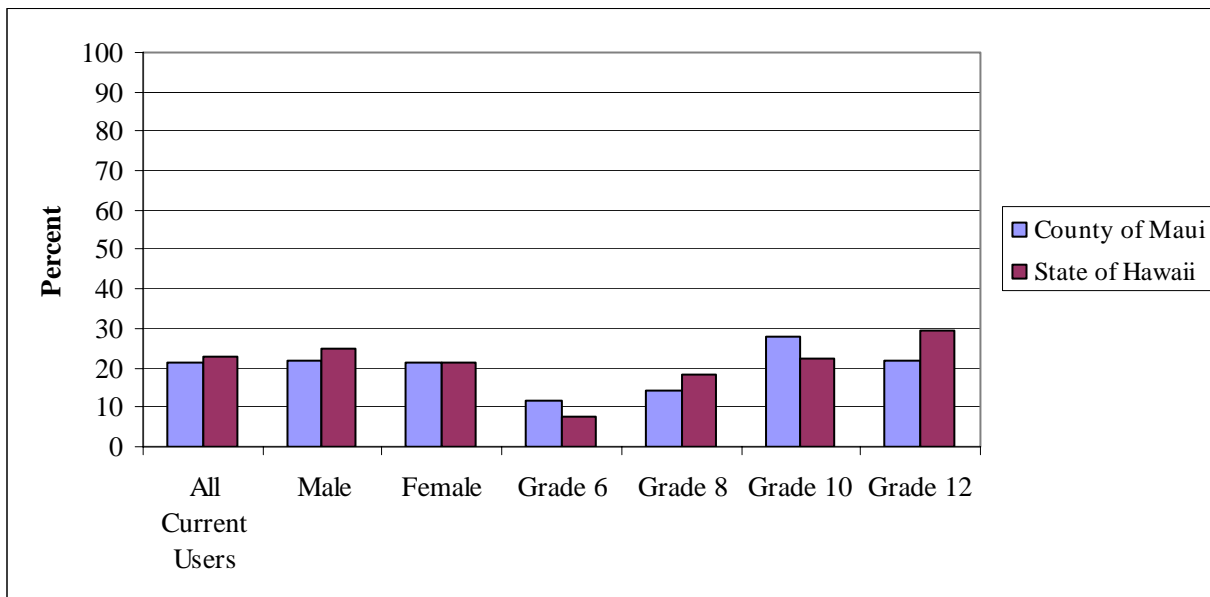
PERCEPTIONS OF AVAILABILITY OF ALCOHOL

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 Maui 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. About 21% of “all current users” in Maui County were able to purchase alcohol even though they were underage. Similar percentages of users of both sexes reported the ability to purchase alcohol at the County level. However, at the State level more males were able to purchase alcohol. The ability to purchase alcohol seems to appear after 6th grade.

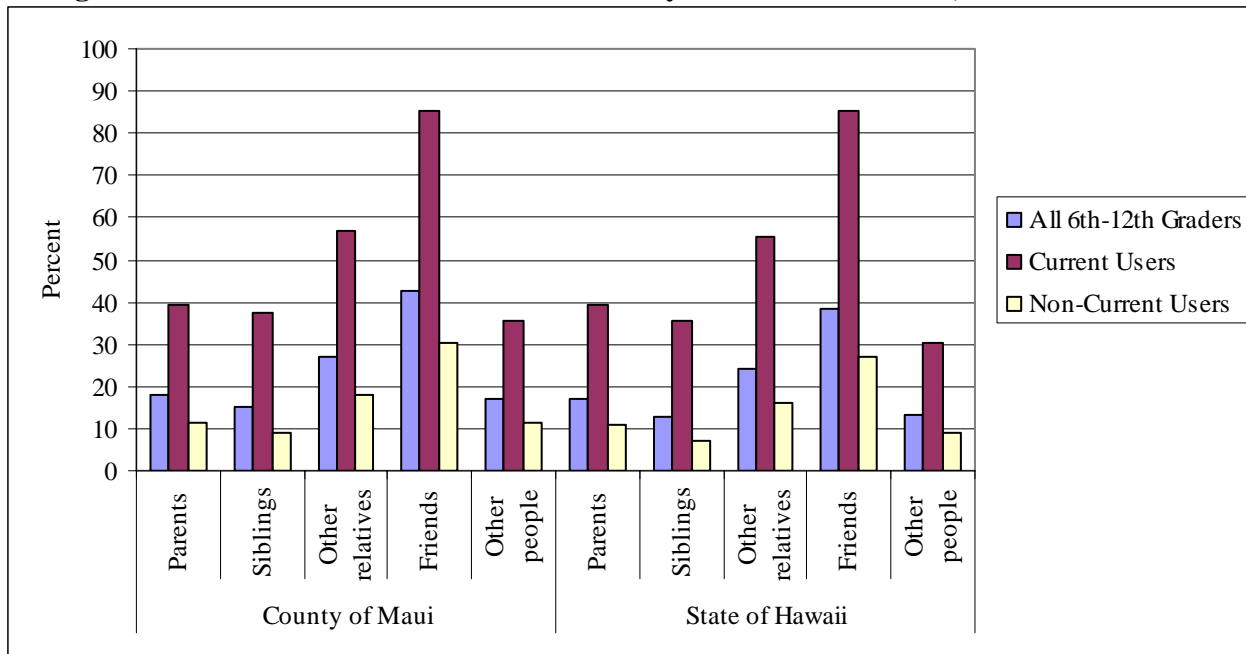
Figure 10. Ability to Purchase Alcohol by Current Users by Gender and Grade Level, 2003



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. As seen in Figure 11, at both the County and State levels “friends” were the most common avenue for “current users” to obtain 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 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

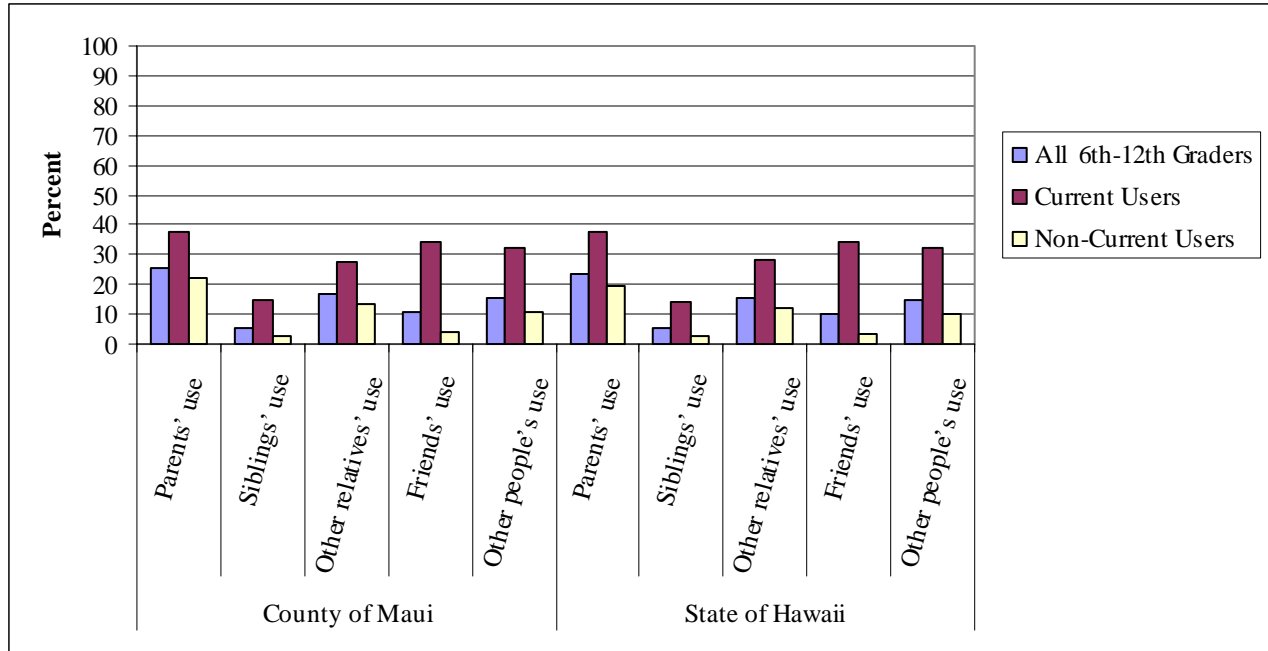
Domain	Risk Factors	Protective Factors
Peer-Individual	<ul style="list-style-type: none"> • Early initiation of problem behaviors • Favorable attitudes toward ATOD use • Low perceived ATOD-use risk • Antisocial behaviors • Favorable attitudes toward antisocial behaviors • Friends' ATOD use • Interaction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

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 Hawaii’s intermediate and high school students can be found in Figure 12. Among “current users,” “parents’ use” was ranked as the highest source of exposure at both the County and State levels, followed by “friends’ use.” “Current users” were more likely than “non-current users” to be exposed to alcohol use. This pattern is seen at both the County and State levels.

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

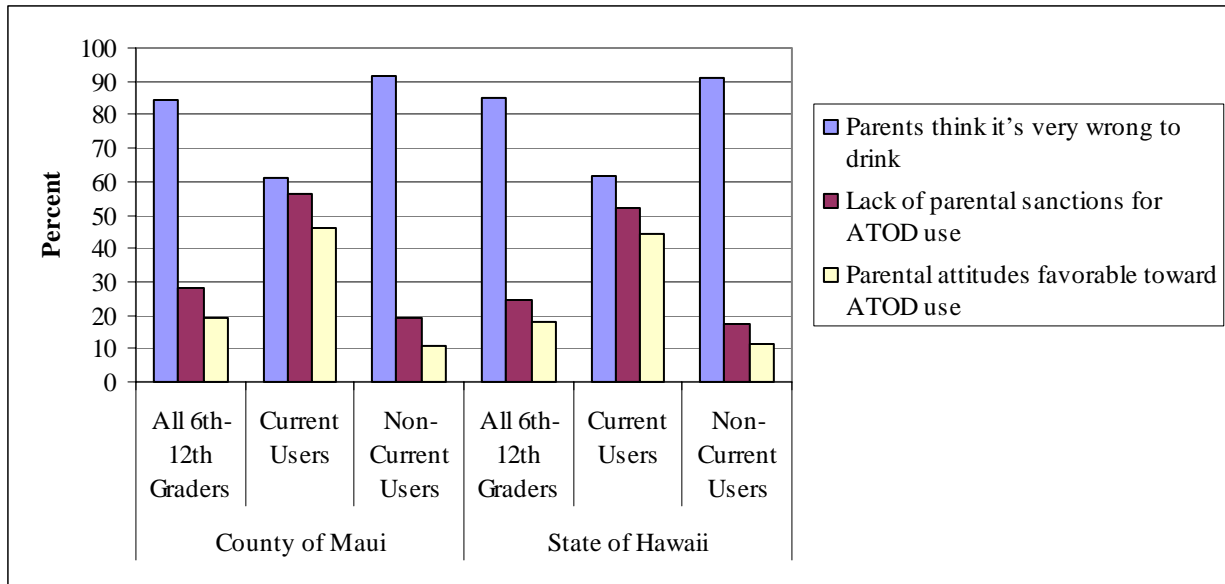


*Percents may equal to greater than 100 due to participants listing all that apply
 Source: Hawaii State Department of Health 2003 Student ATOD Survey

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), at the County level 84.3% of students believed their parents consider underage drinking to be “very wrong.” However, 28% of students also reported a “lack of parental sanctions for ATOD use” and 19% reported that “parental attitudes were favorable toward ATOD use.” More than 90% of “noncurrent users” reported that their “parents think it’s very wrong to drink.”

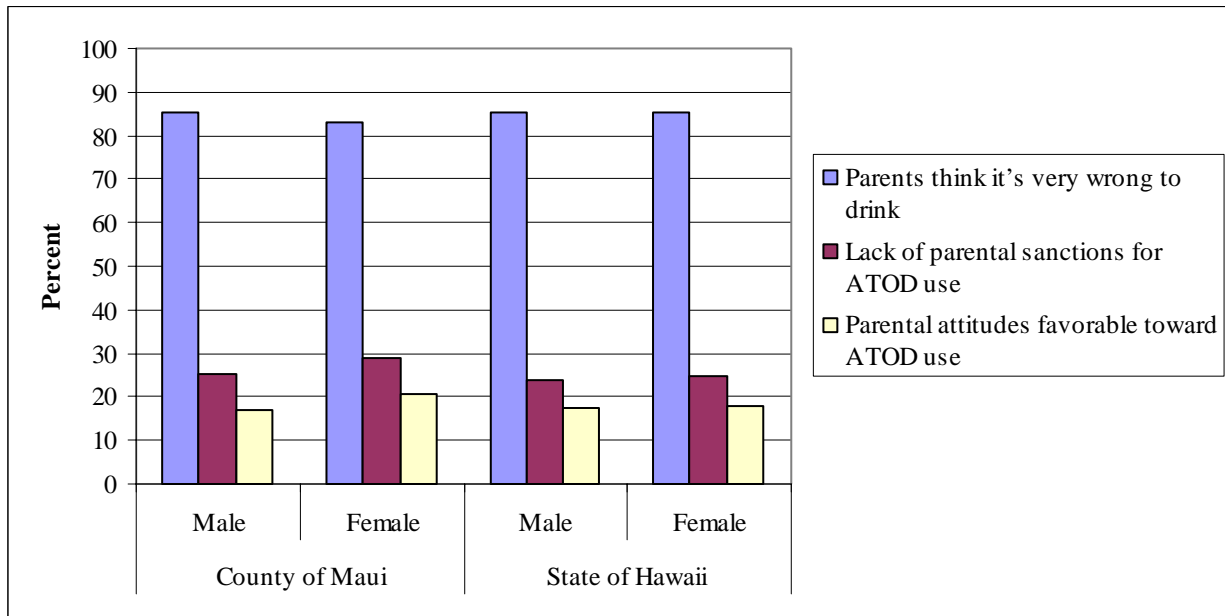
Figure 13. Perceived Parental Attitudes of Students by Current Use Status, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 14 presents data on how youth perceive their parents' attitude toward underage drinking and ATOD use by gender. At the County level slightly more males than females reported that "parents think it's very wrong to drink." However, slightly more females reported that there is a "lack of parental sanctions for ATOD use" and "parental attitudes favorable toward ATOD use" compared to males.

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



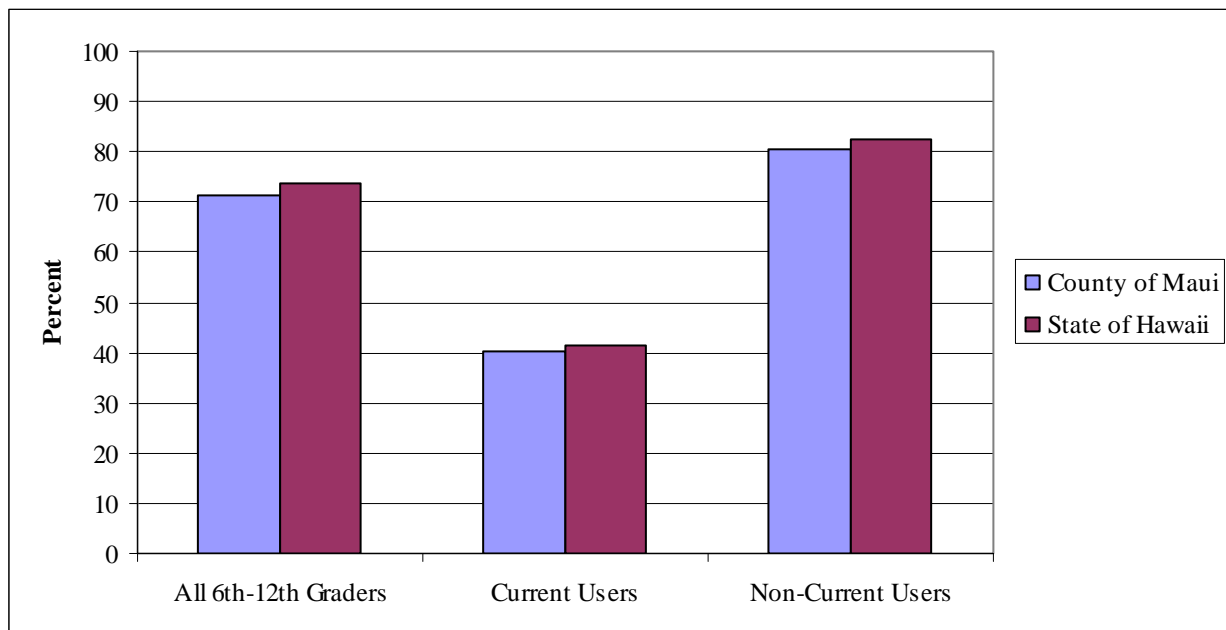
Source: Hawaii State Department of Health 2003 Student ATOD Survey

PEERS' DISAPPROVAL OF WEEKEND DRINKING

In addition to parents, peers 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 Maui County perceive less disapproval of weekend drinking compared to the State level.

As indicated in Figure 15, about 71% of "all 6th-12th graders" in Maui County reported disapproving of peers' weekend drinking compared to about 74% at the State level. "Non-current users" reported a higher percentage of disapproval of weekend drinking compared to "current users" at both the County and State levels.

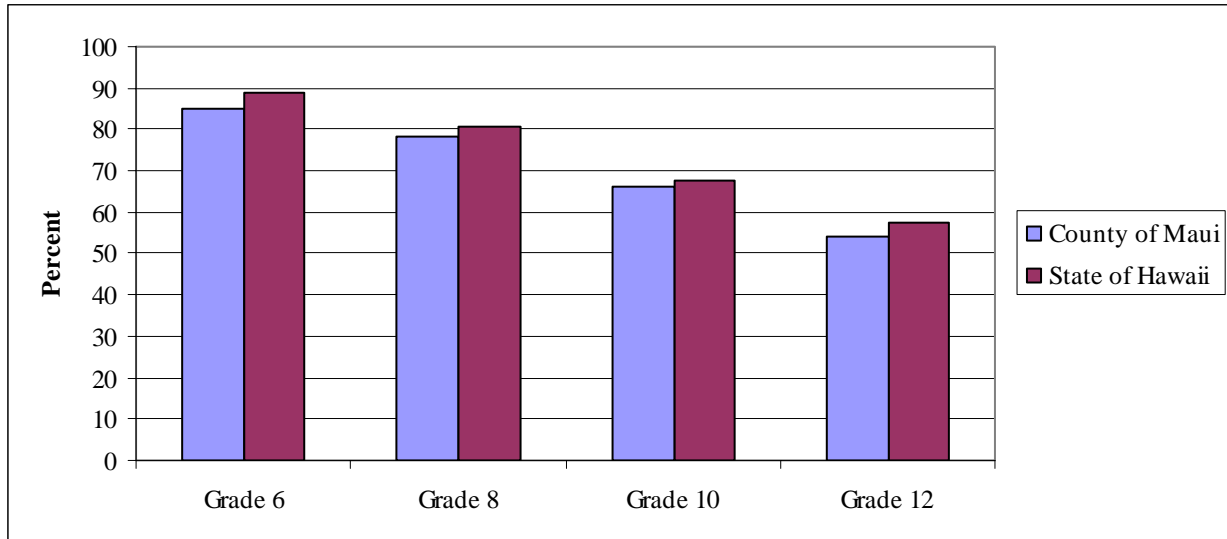
Figure 15. Peers' Disapproval of Weekend Drinking by Current Use Status, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 16, disapproving attitudes toward peers weekend drinking declined as grade level increased at both the County and State levels. In Maui County, there was a gradual decline from 84.8% disapproval among 6th graders to 54.1% among 12th graders.

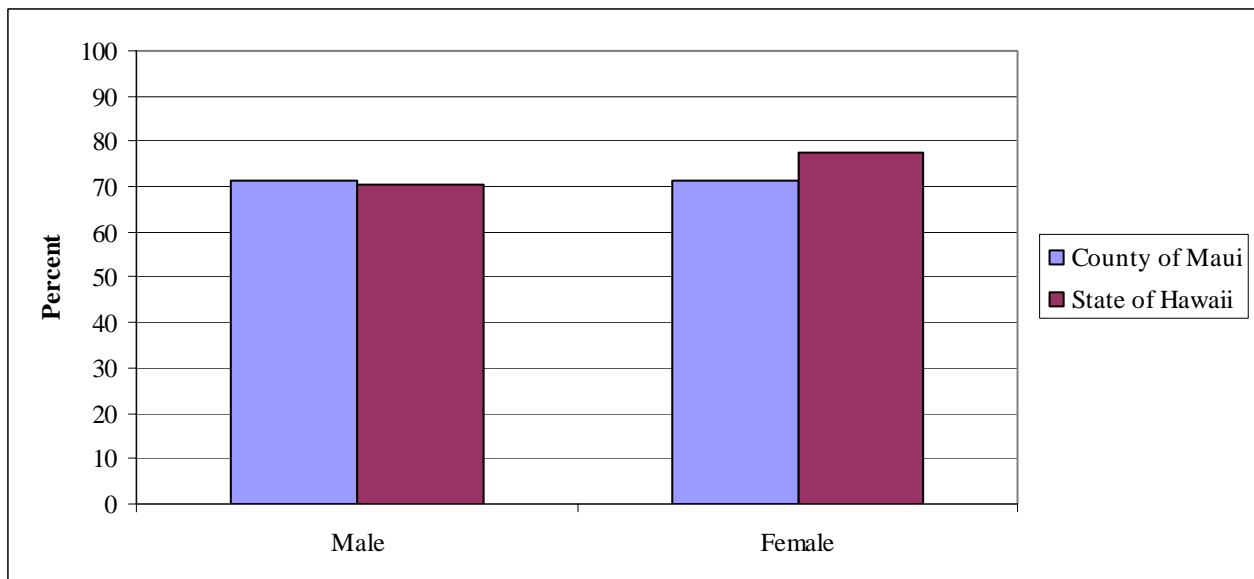
Figure 16. Peers' Disapproval of Weekend Drinking by Grade Level, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 17 shows that more female students reported a higher percentage disapproving of weekend drinking at the State level. However, in Maui County no gender difference among the percentage of students who reported disapproval of weekend drinking was found.

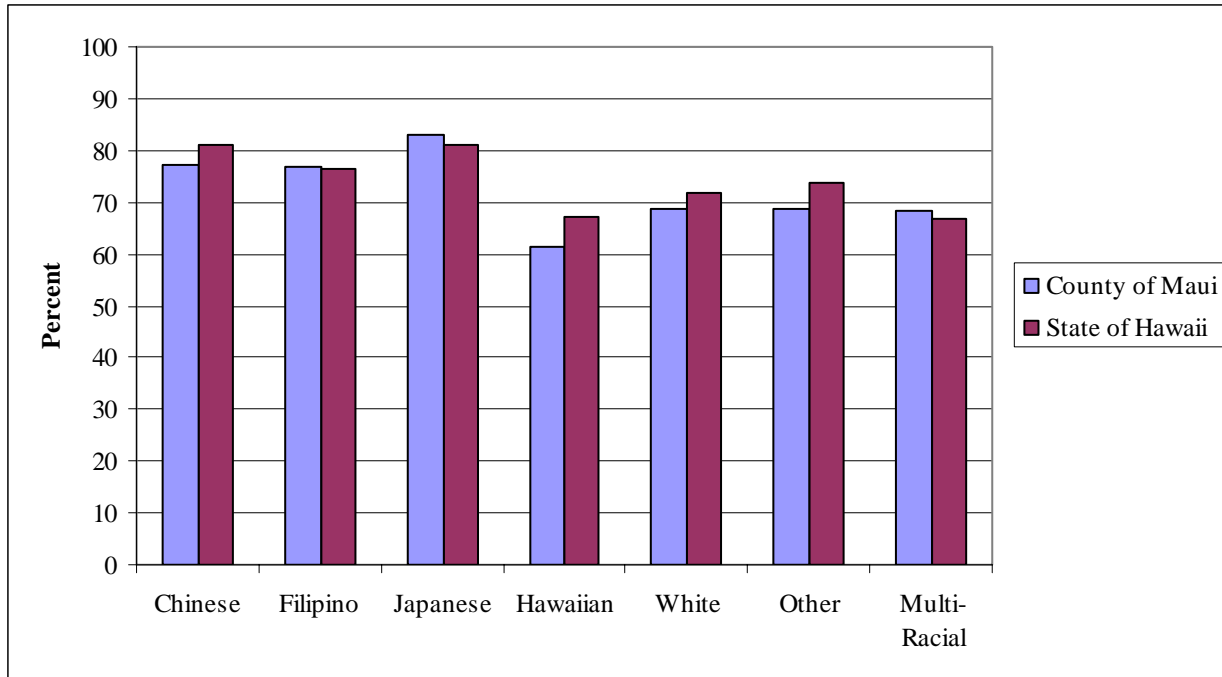
Figure 17. Peers' Disapproval of Weekend Drinking by Gender, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 18 indicates that at both State and County levels, students of “Hawaiian,” “White,” “Other” and “Multi-racial” ethnicities reported less disapproval of weekend drinking. In contrast, students of “Japanese,” “Chinese,” and “Filipino” ethnicities were more likely to disapprove of weekend drinking.

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



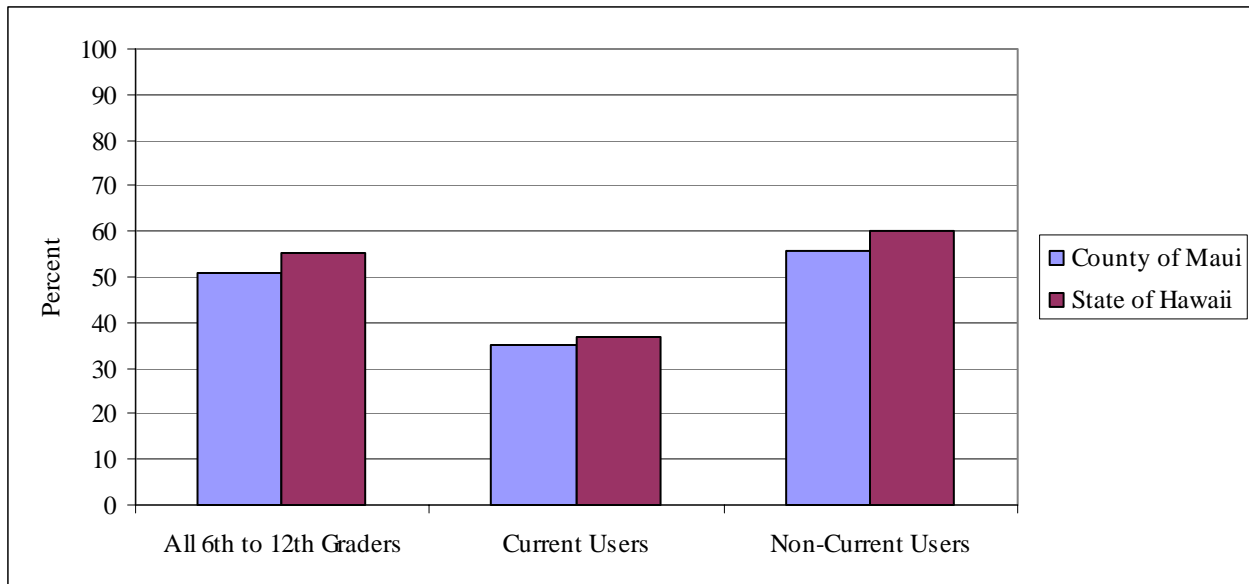
Source: Hawaii State Department of Health 2003 Student ATOD Survey

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 present the perceived risks associated with weekend drinking among youth ages 12-17. In general, Maui County youth perceived less risk of weekend drinking than at the State level.

As seen in Figure 19, about half of “all 6th-12th graders” in Maui County (51.0%) considered weekend drinking to be a health risk. The perceived risk of weekend drinking was higher among “non-current users” than “current users” at the County and State levels.

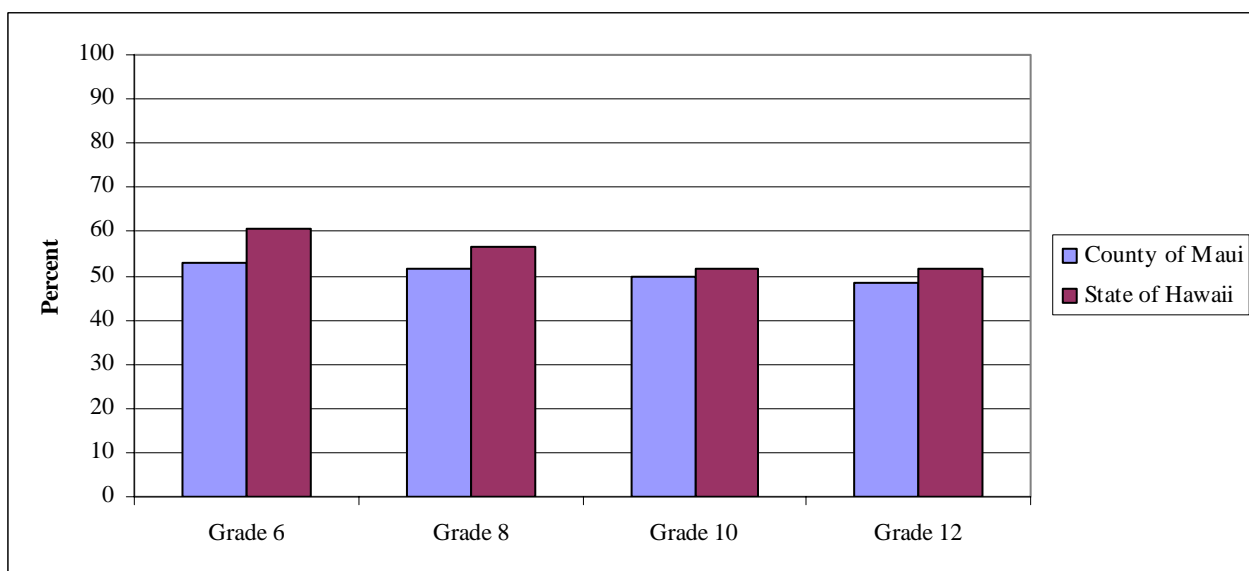
Figure 19. Perceived Risk of Weekend Drinking by Current Use Status, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 20 shows that at both the County and State levels, perception of risk declined with higher school grade. The largest difference between County and State levels was seen in “grade 6” (53% vs. 60%, respectively).

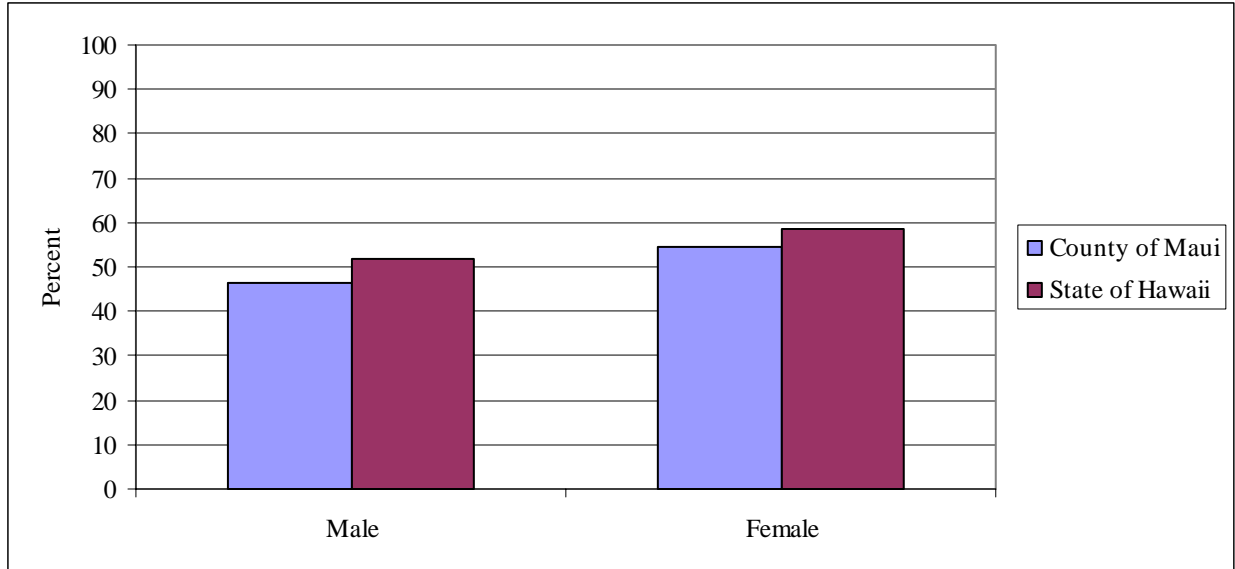
Figure 20. Perceived Risk of Weekend Drinking by Grade Level, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

Figure 21 displays the perceived risk of weekend drinking by gender. At both the County and State levels, more females than males perceived there being a greater risk of weekend drinking.

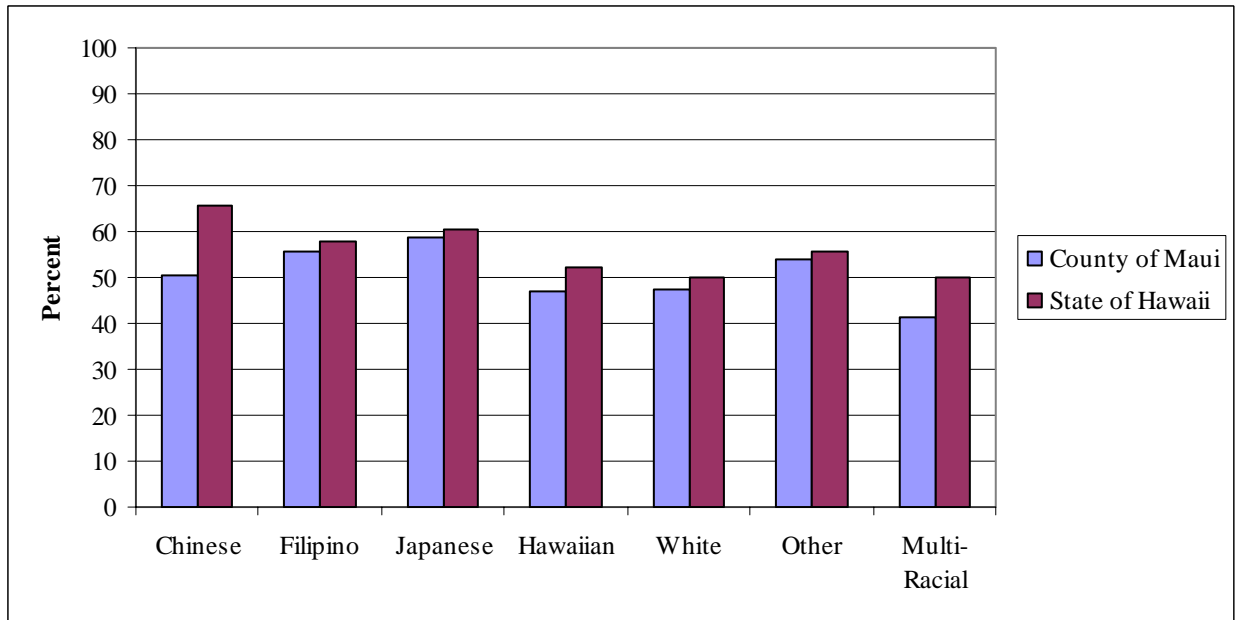
Figure 21. Perceived Risk of Weekend Drinking by Gender, 2003



Source: Hawaii State Department of Health 2003 Student ATOD Survey

As seen in Figure 22, “Hawaiian,” “White,” and “Multi-racial” students tended to have lower levels of risk perception at both the State and County levels. Ethnic groups with the largest difference between State and County were “Chinese,” “Multi-racial,” and “Hawaiian.”

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

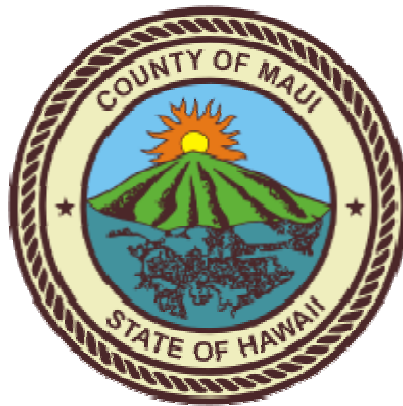


Source: Hawaii State Department of Health 2003 Student ATOD Survey

Section Two: County Provided Data

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



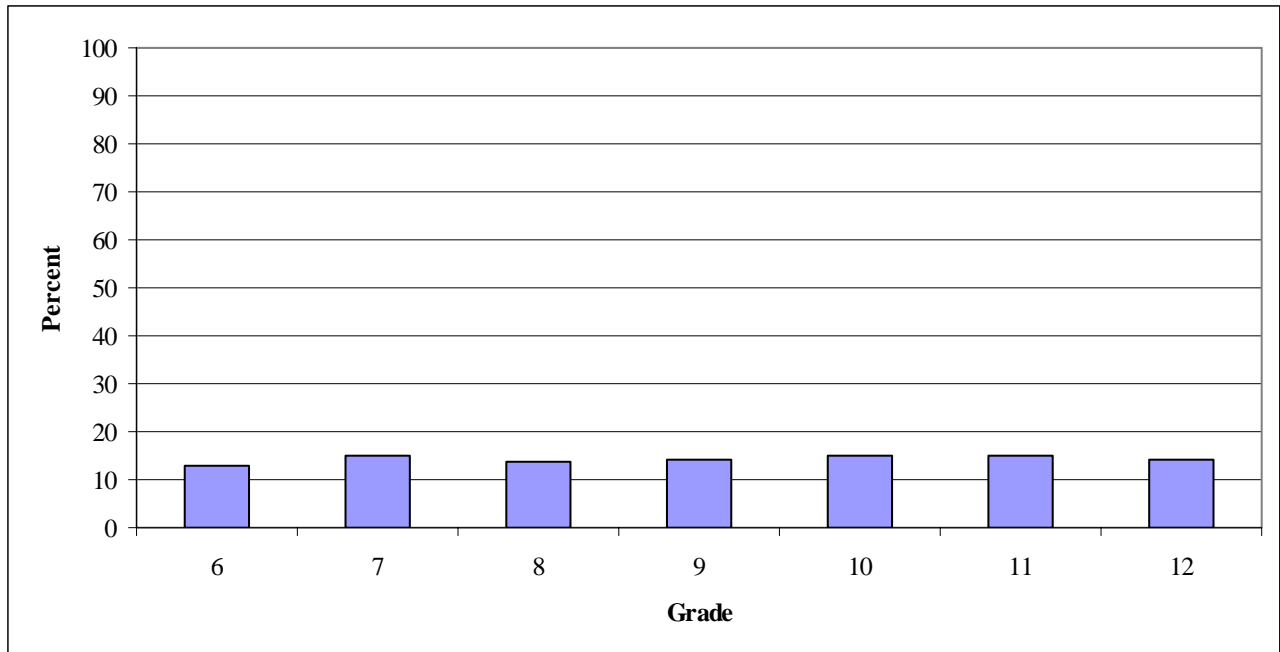
ISLAND OF LANAI PRIDE SURVEY RESULTS

The following data were provided by the Risk and Protective Factor Questionnaire developed by Pride Surveys for grades 6-12. This random sample survey was distributed to Lanai High and Elementary School students that participated at Lanai Youth Centers to identify the levels of risk and protective factors that predict problem behavior among youth, such as alcohol use. Supplemental data including detailed results from the Lanai Pride Survey are available upon request.

Underage Drinking Risk and Protective Factors

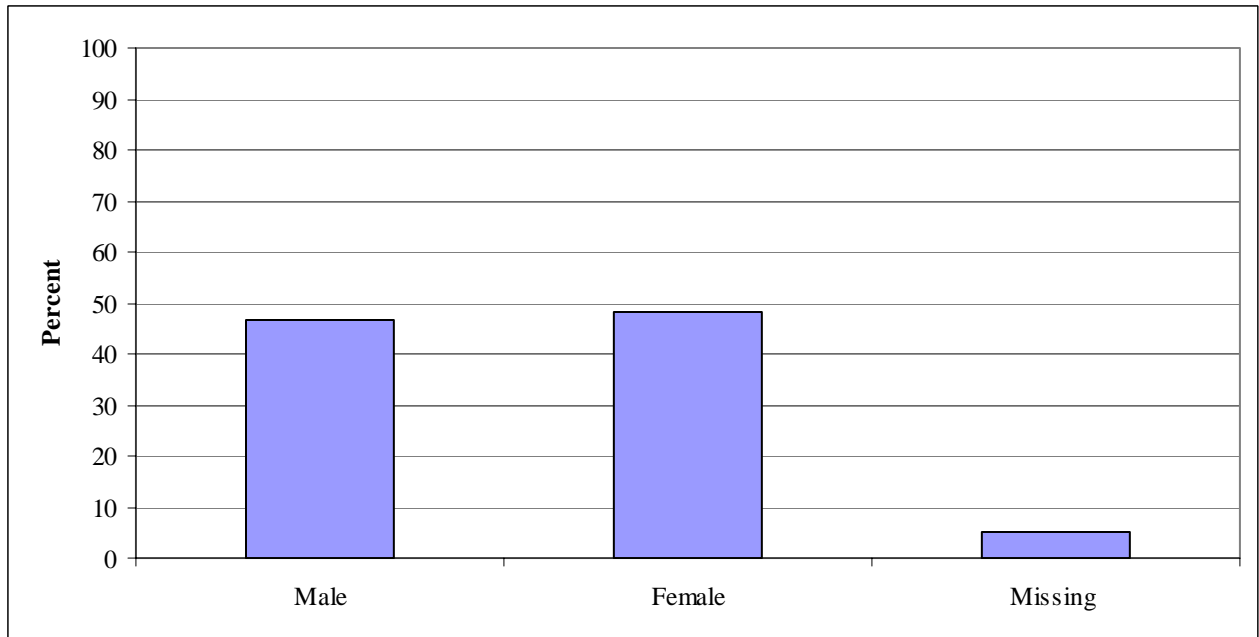
Figures 23-25 show the demographics of participants in the Pride Survey. The Pride Survey was taken by 307 youth in grades 6-12 on the island of Lanai. About 46% of participants were male and 48% female. The majority of youth were of “Asian/Pacific Islander” ethnicity, followed by “other” ethnicity.

Figure 23. Participants by Grade Level



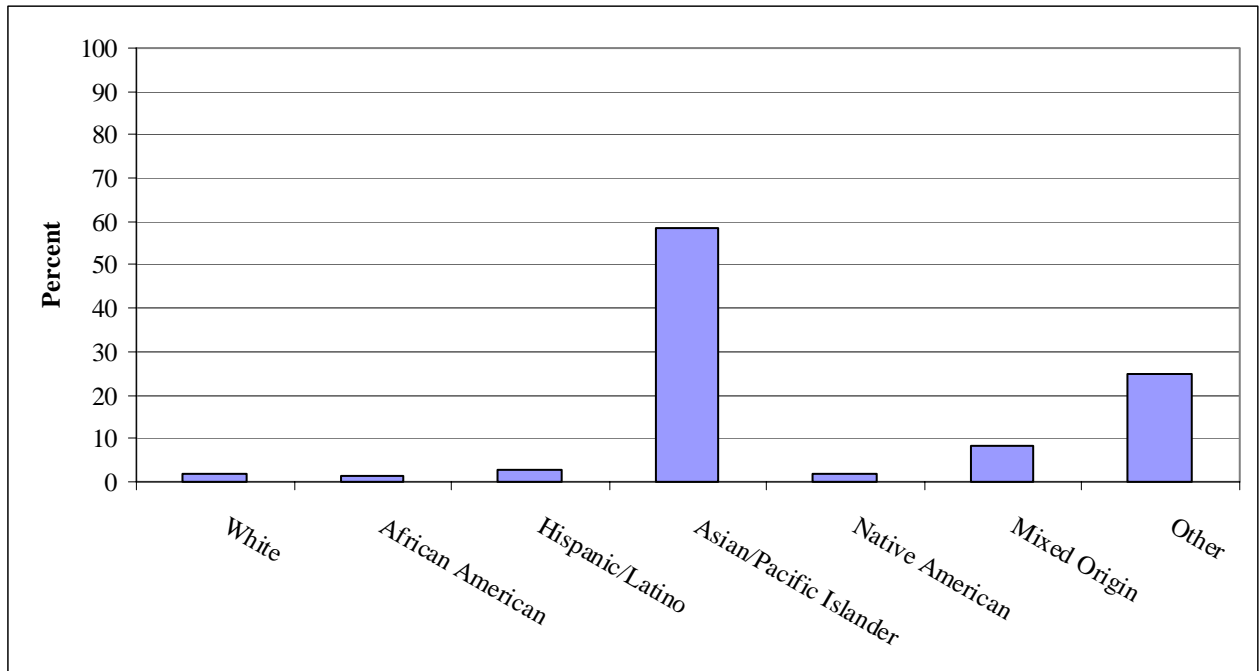
Source: Pride Survey

Figure 24. Participants by Gender



Source: Pride Survey (*missing data due to participants leaving the question blank)

Figure 25. Participants by Ethnicity

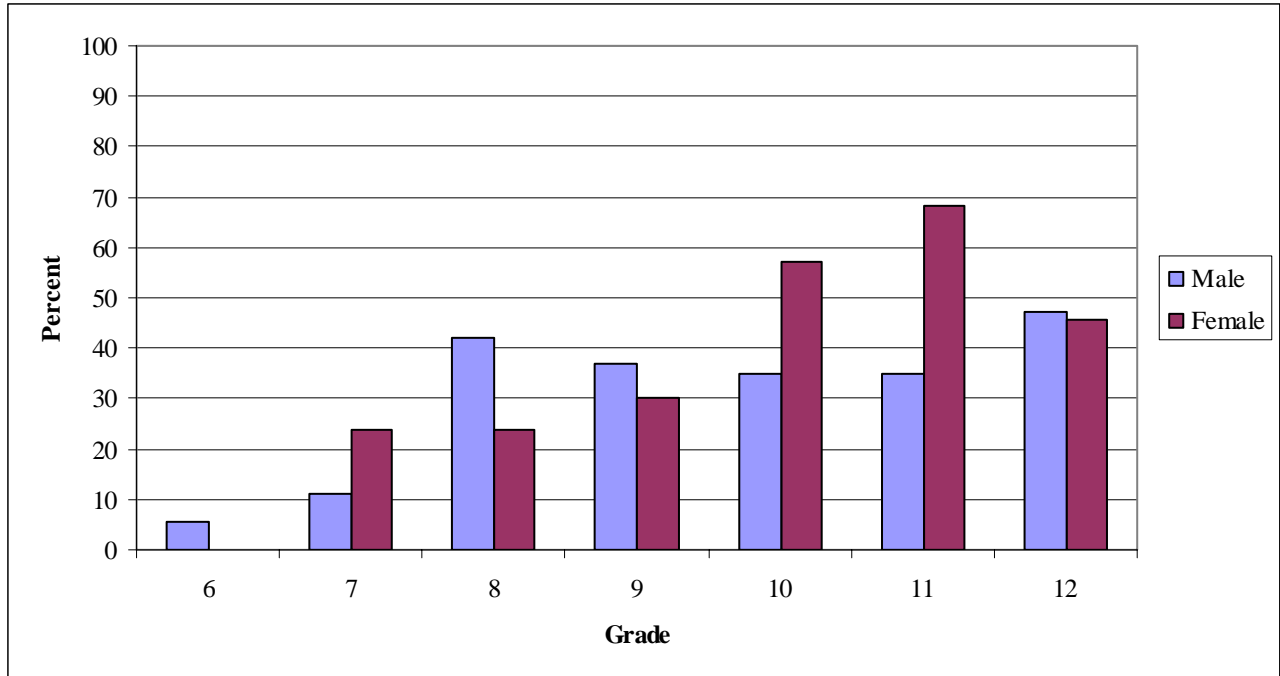


Source: Pride Survey

Current Alcohol Use

Figure 26 presents data on the percent of alcohol use by grade and gender. Youth in grades “10,” “11,” and “12” used more alcohol than those in the lower grade levels (6th-9th grade). More females than males used alcohol in grades “10” (57.1% vs. 34.8%, respectively) and “11” (68.2% vs. 34.8%, respectively). However, by grade “12” alcohol use was about equivalent for males and females.

Figure 26. Percent of Alcohol Use by Gender and Grade Level

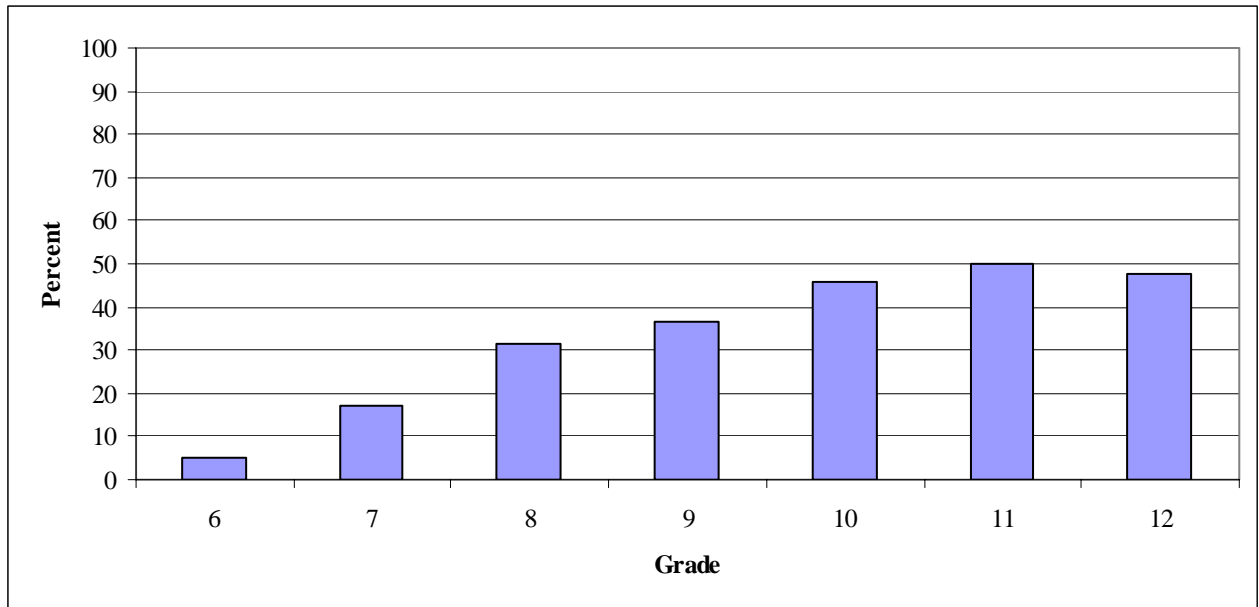


Source: Pride Survey

Alcohol Use in the Past 30 Days

Figure 27 (next page) reports on the average alcohol use over the past 30 days by grade level. The highest percent of youth that reported using alcohol in the past 30 days were 11th graders (50%), followed by 12th graders (47.6%). Grades “6” and “7” reported using the lowest amount of alcohol (5% and 17.1%, respectively).

Figure 27. Alcohol Use in the Past 30 Days by Grade Level

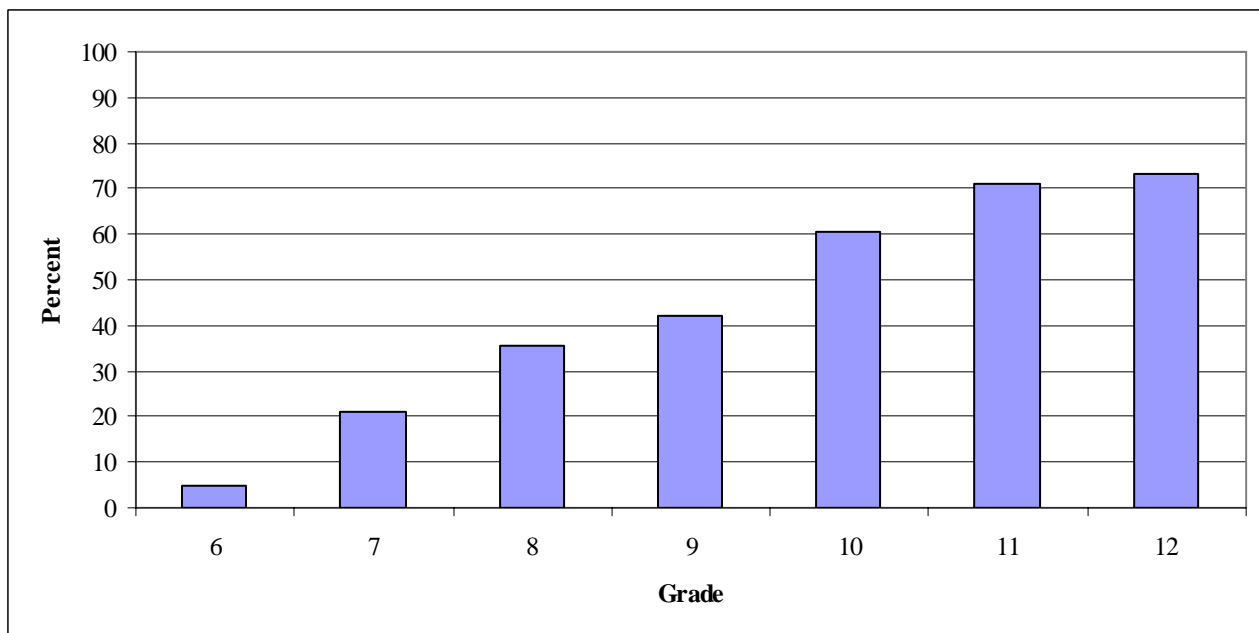


Source: Pride Survey

Annual Alcohol Use

As seen in Figure 28, the annual average percentage of youth alcohol use ranged from a low of 0.5% in grade “6” to a high of 73.2% in grade “12.” The prevalence of alcohol use increased with grade level.

Figure 28. Alcohol Use in the Past Year by Grade Level

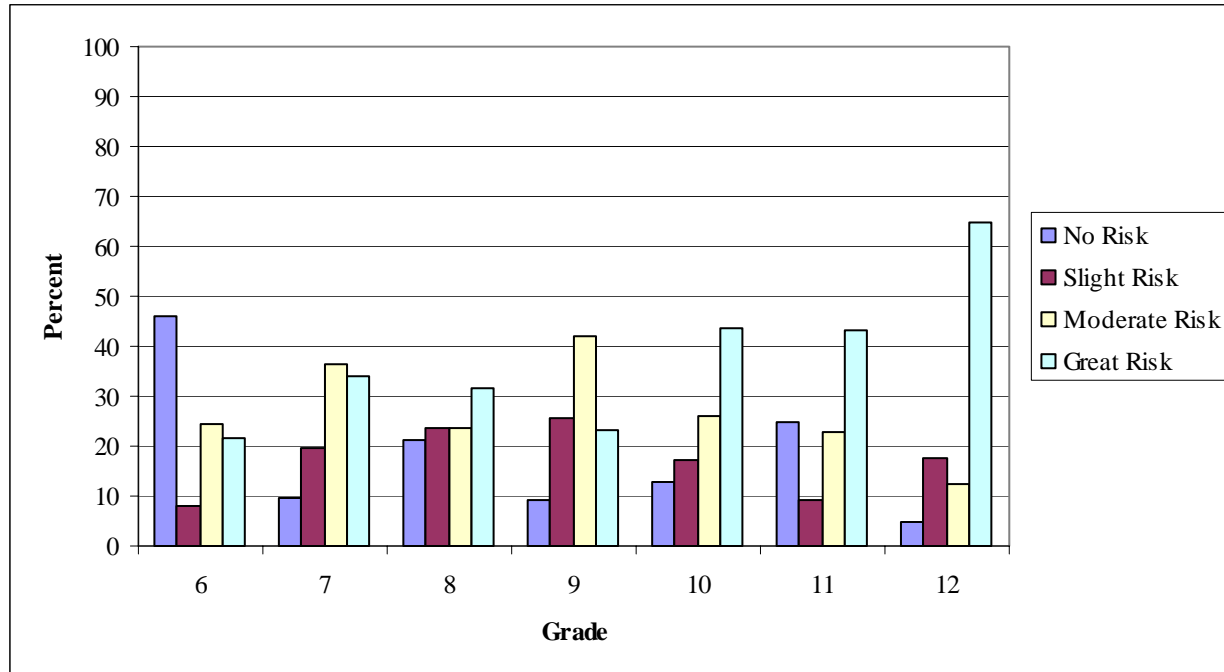


Source: Pride Survey

Perceptions of Risk of Alcohol Use

Figure 29 indicates that 6th graders reported the highest level of “no risk” for alcohol use (45.9%) compared to only 5% of 12th graders. About 65% of 12th graders and about 43% of 10-11th graders reported alcohol use was a “great risk.” About 25% of 6th, 8th, 10th, and 11th graders reported that there was a “moderate risk” with using alcohol. Almost 23% of 8th graders reported a “moderate risk.”

Figure 29. Perception of Risk Level of Using Alcohol by Grade Level

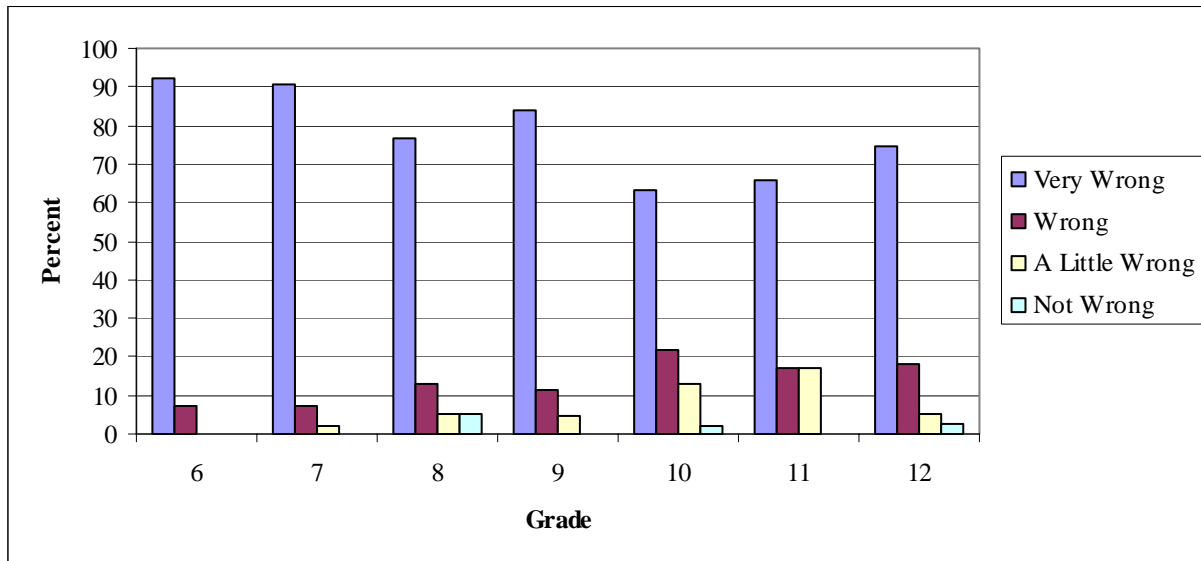


Source: Pride Survey

Perceptions of Parents Disapproval of Using Alcohol

As seen in figure 30 (next page), there is a large gap in students who perceive that their parents think the use of alcohol is “very wrong” and “wrong,” “a little wrong,” and “not at all wrong.” Between 63.0% and 92.3% of students in grade levels 6-12 reported that their parents think it is “very wrong” for them to use alcohol, while 0-21.7% reported that their parents think it is “wrong,” “a little bit wrong,” and “not wrong at all” for them to drink alcohol.

Figure 30. Perceptions of Parents Disapproval of Using Alcohol by Grade Level

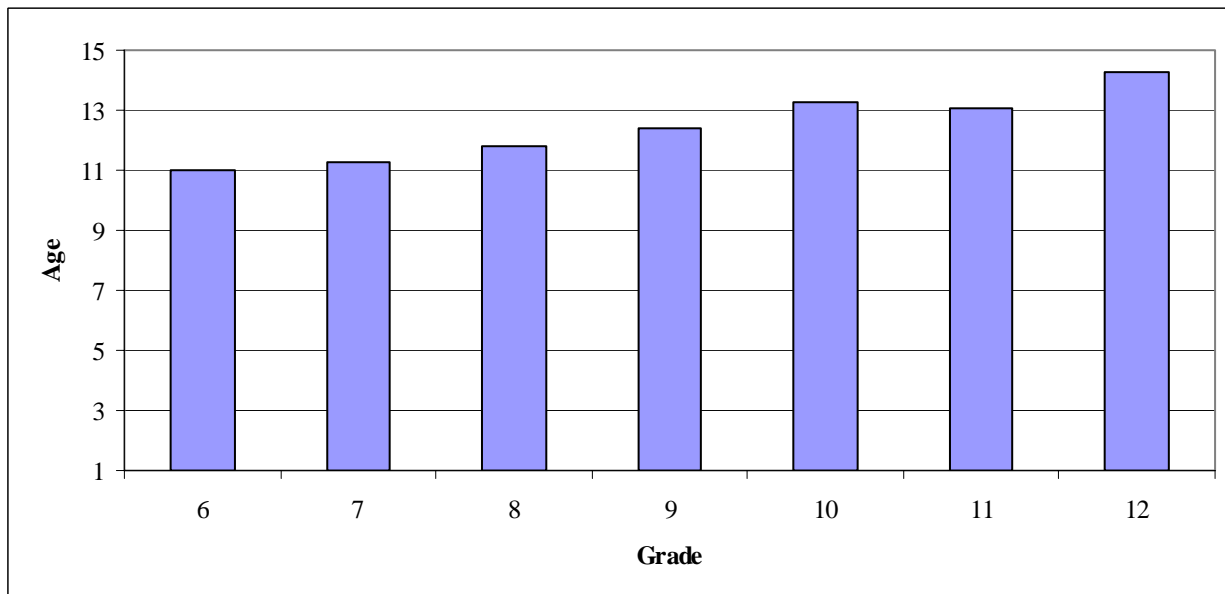


Source: Pride Survey

Average Age of First Use of Alcohol

As seen in Figure 31, the overall average age of first use of alcohol was 12.8 years old. The age of first use increases with grade level. Sixth graders first started drinking at 11 years old, 9th graders at 12.4 years old, and 12th graders at 14.2 years old.

Figure 31. Average Age of First Use of Alcohol by Grade Level

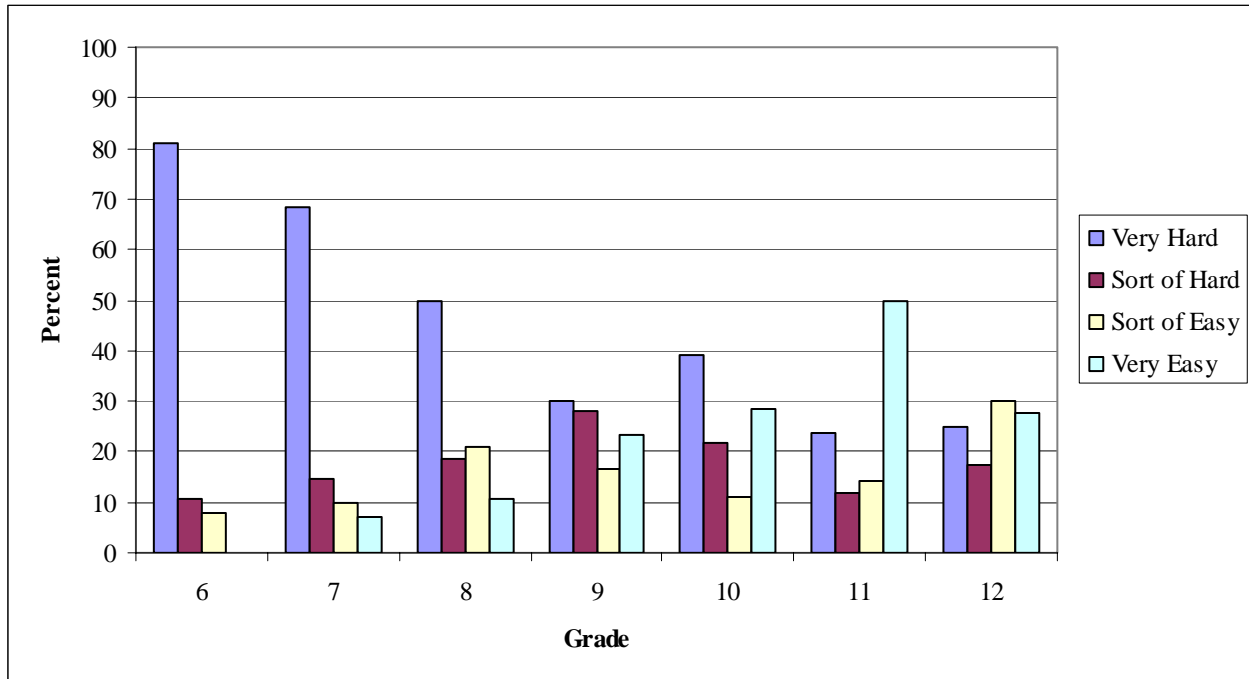


Source: Pride Survey

Perception of Ease of Availability of Alcohol

As seen in Figure 32, over 80% of 6th graders feel it is “very hard” to obtain alcohol, while only 25% of 12th graders think that it is “very hard” to obtain alcohol. Half of 11th graders think it is “very easy” to get alcohol. No 6th graders reported that it is “very easy” to get alcohol.

Figure 32. Perceived Availability of Alcohol by Grade Level

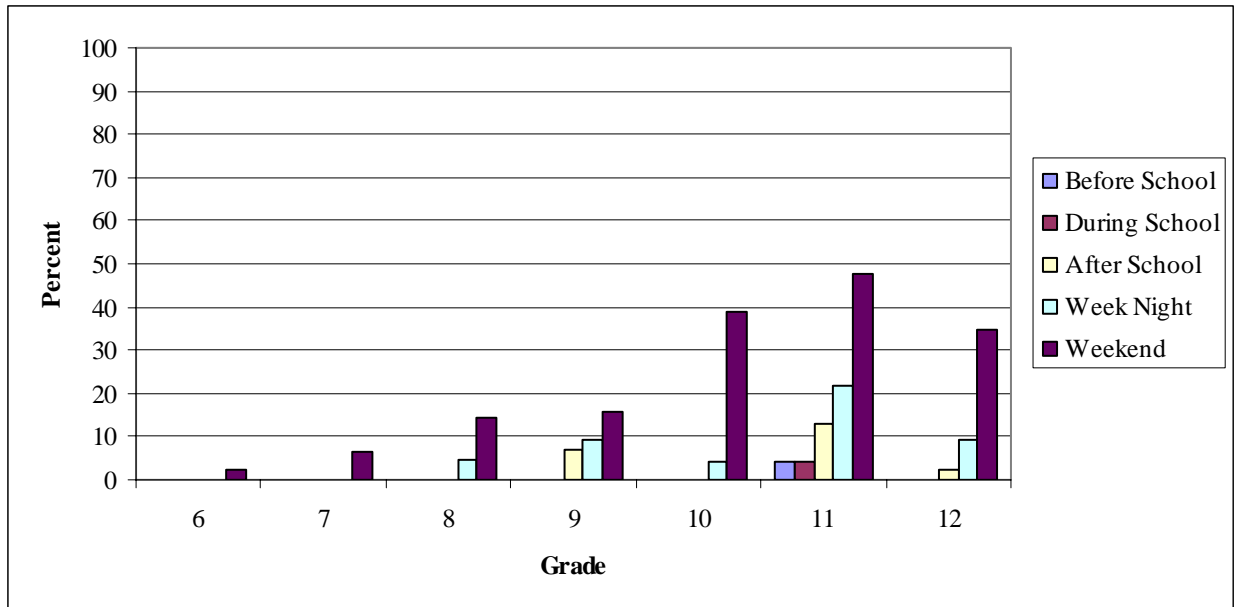


Source: Pride Survey

When Youth Use Alcohol

Figure 33 (next page) illustrates at what time of week or day youth tend to drink alcohol. A majority of youth across all grade levels used alcohol on the “weekend.” More 11th graders used alcohol on the “week night” and “after school” more than any other grade.

Figure 33. When Youth Use Alcohol by Grade Level

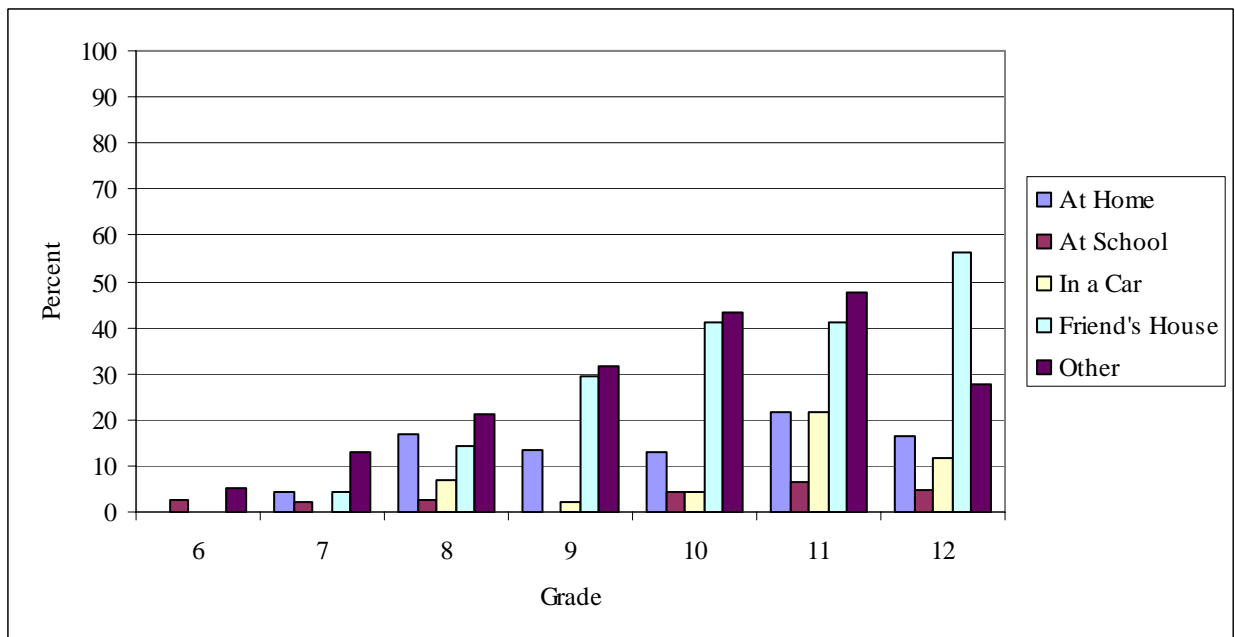


Source: Pride Survey

Where Youth Drink Alcohol

As seen in Figure 34, youth at all grade levels reported drinking mostly at a “friend’s house” or “other” place. Less than 10% of youth reported drinking “at school.” Just over 20% of 11th graders drank “in a car,” while 7% of 8th graders report that that they drank “in a car.”

Figure 34. Where Youth Drink Alcohol by Grade Level

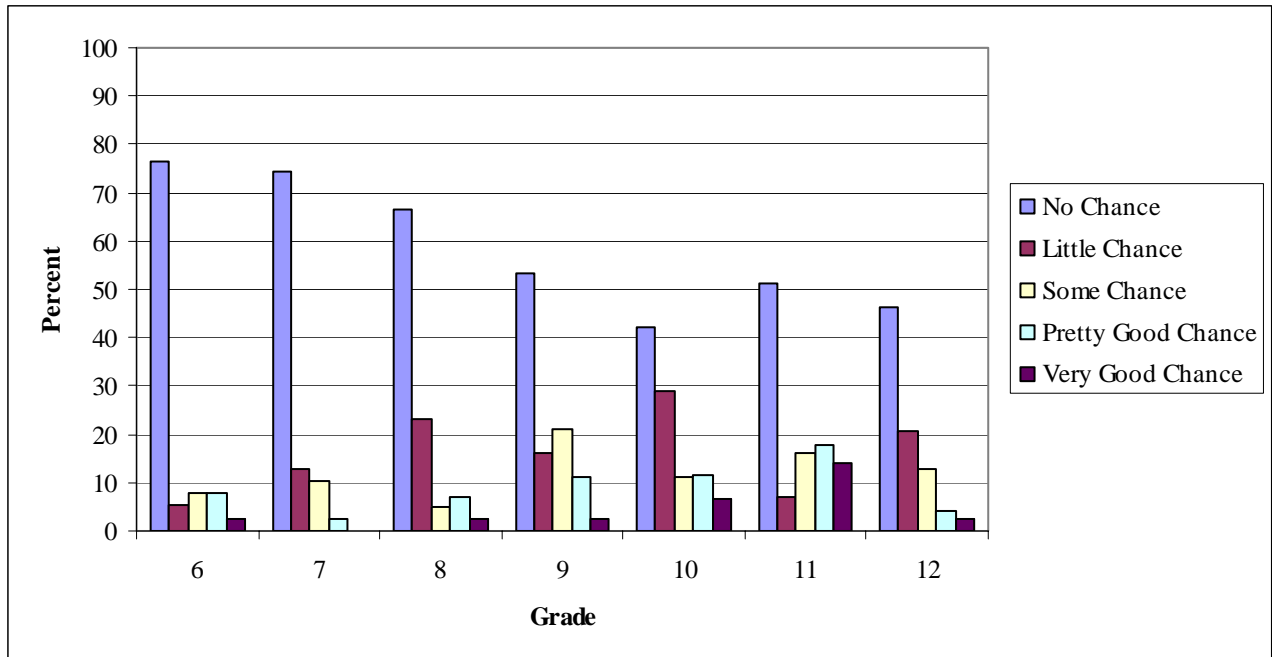


Source: Pride Survey

Perceptions of Looking “Cool” When Drinking Alcohol

As seen in Figure 35, a majority of youth across all grade levels reported that there was “no chance” of being seen as “cool” if they drank regularly. Fourteen percent of 11th graders think there was a “very good chance” of being seen as “cool” if they drank regularly. About 20% of 9th graders think there was “some chance” of being seen as “cool” if they drank regularly.

Figure 35. Percentage of Youth that think they would be seen as “Cool” if they began Drinking Alcoholic Beverages Regularly, that is, At Least Once or Twice a Month



Source: Pride Survey

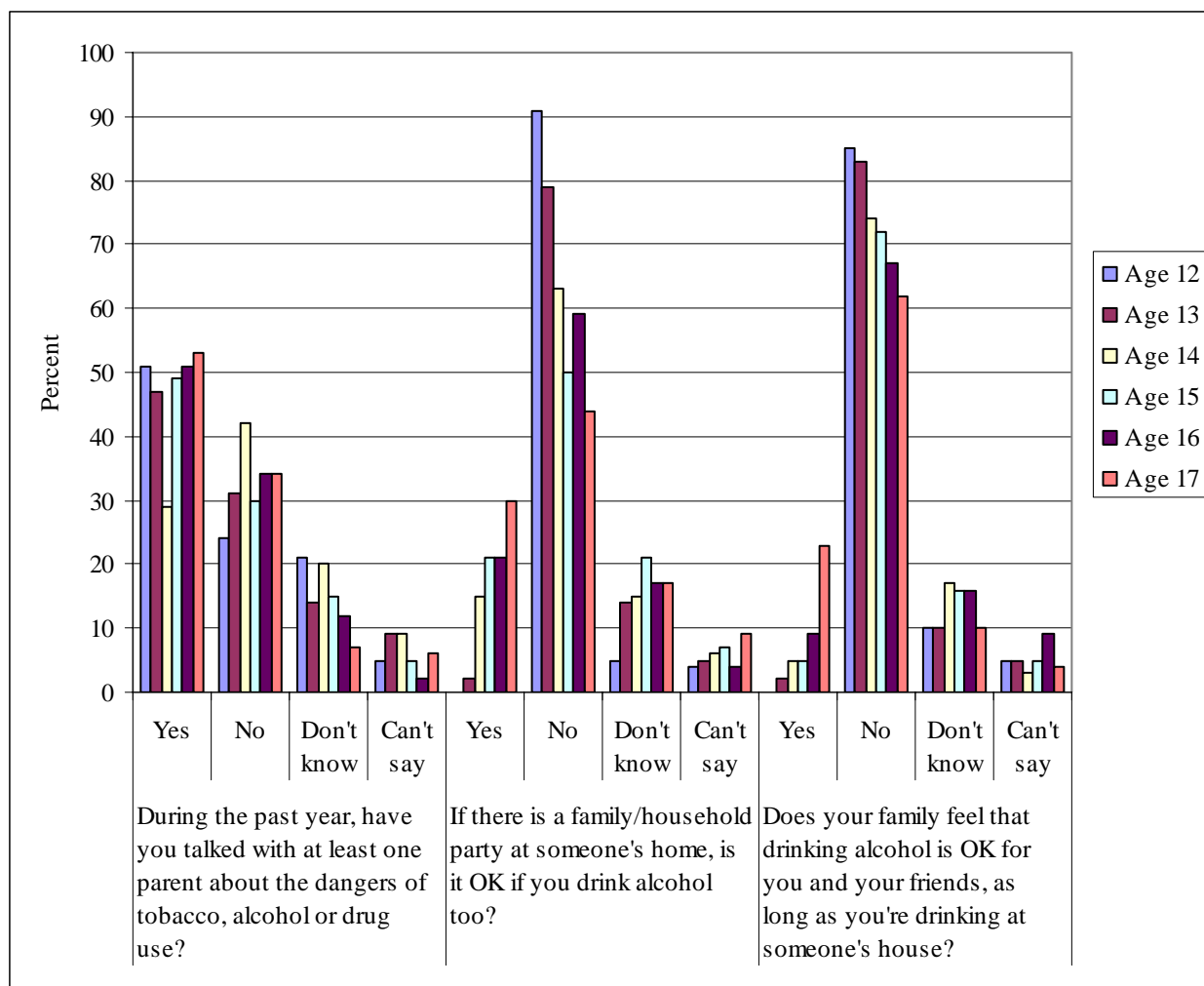
YOUTH ALCOHOL SURVEY-ISLAND OF MAUI

The following data was provided by the Maui County Youth Alcohol Survey. This survey was distributed by Maui County to a random sample of youth ages 12-17 years old that participate in various youth groups or after-school programs on the island of Maui. A total of 545 surveys were collected. There were 56% females and 44% males that participated. The percentage of participants by age was as follows: 18% were age 12, 11% were age 13, 19% were age 14, 20% were age 15, 15% were age 16, and 17% were age 17.

Parental and Family Influence

Figure 36 presents data on parental and family influence on alcohol use. Except for youth “age 14,” a majority of youth reported that they have talked with their parents over the past year about tobacco, alcohol or other drug use. However, the differences between age groups were not significant. There was a significant difference between age groups who reported that they can drink alcohol at a family/household party and those that cannot ($p < 0.05$). More students across all ages reported that they were not allowed to drink at a family/household party. There was also a significant difference between those who reported that they were allowed versus not allowed to drink alcohol at someone’s house ($p < 0.05$).

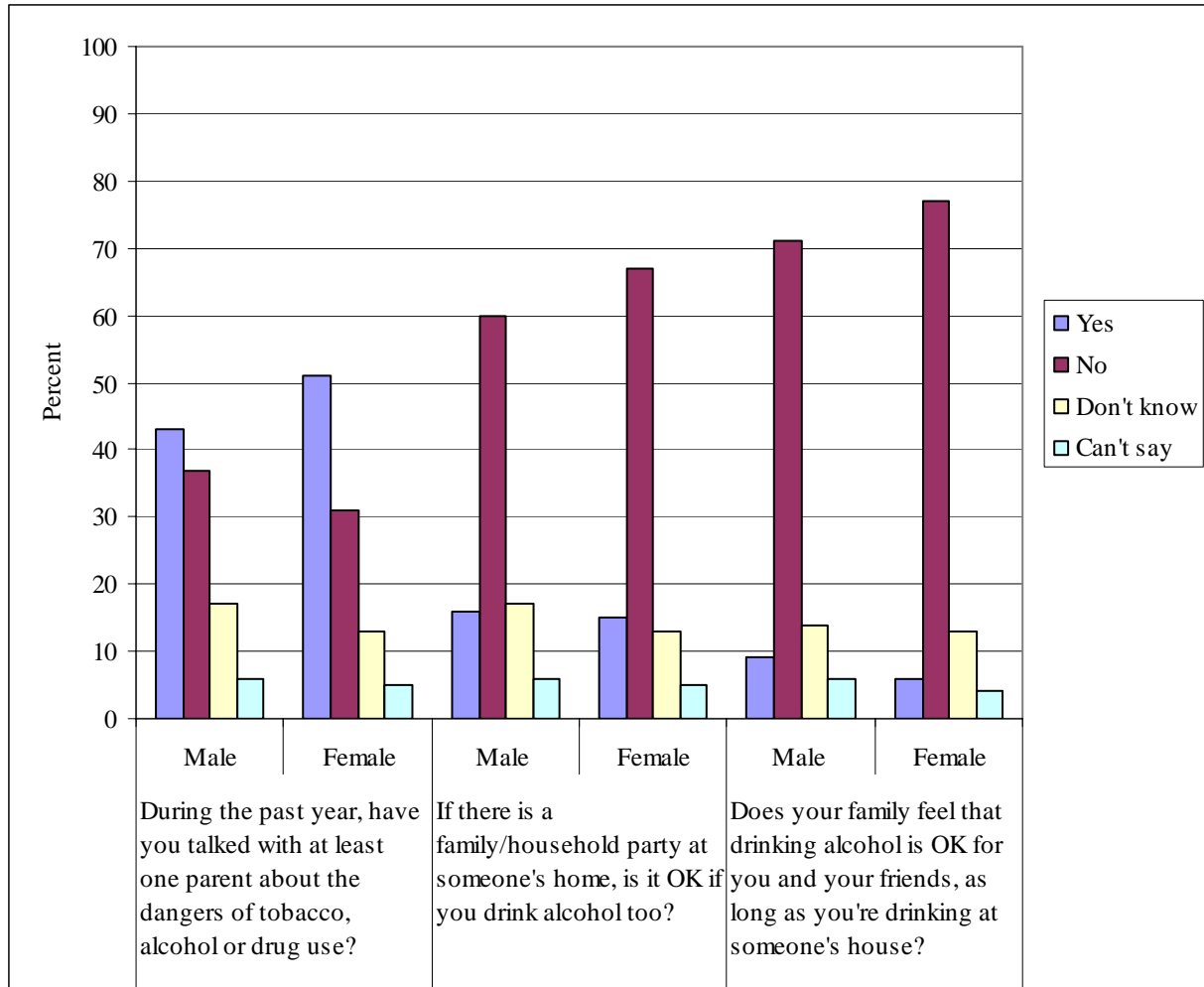
Figure 36. Parental and Family Influence on Alcohol Use by Age



Source: Maui County Youth Alcohol Survey

As indicated in Figure 37, more females than males reported that they have talked with their parents over the past year about the dangers of tobacco, alcohol, or drug use. There was not a statistical significance between genders. There were higher percentages of females who reported that they would not be able to drink at a family/household party or at someone's house; however, there were no apparent significant differences between males and females.

Figure 37. Parental and Family Influence on Alcohol Use by Gender

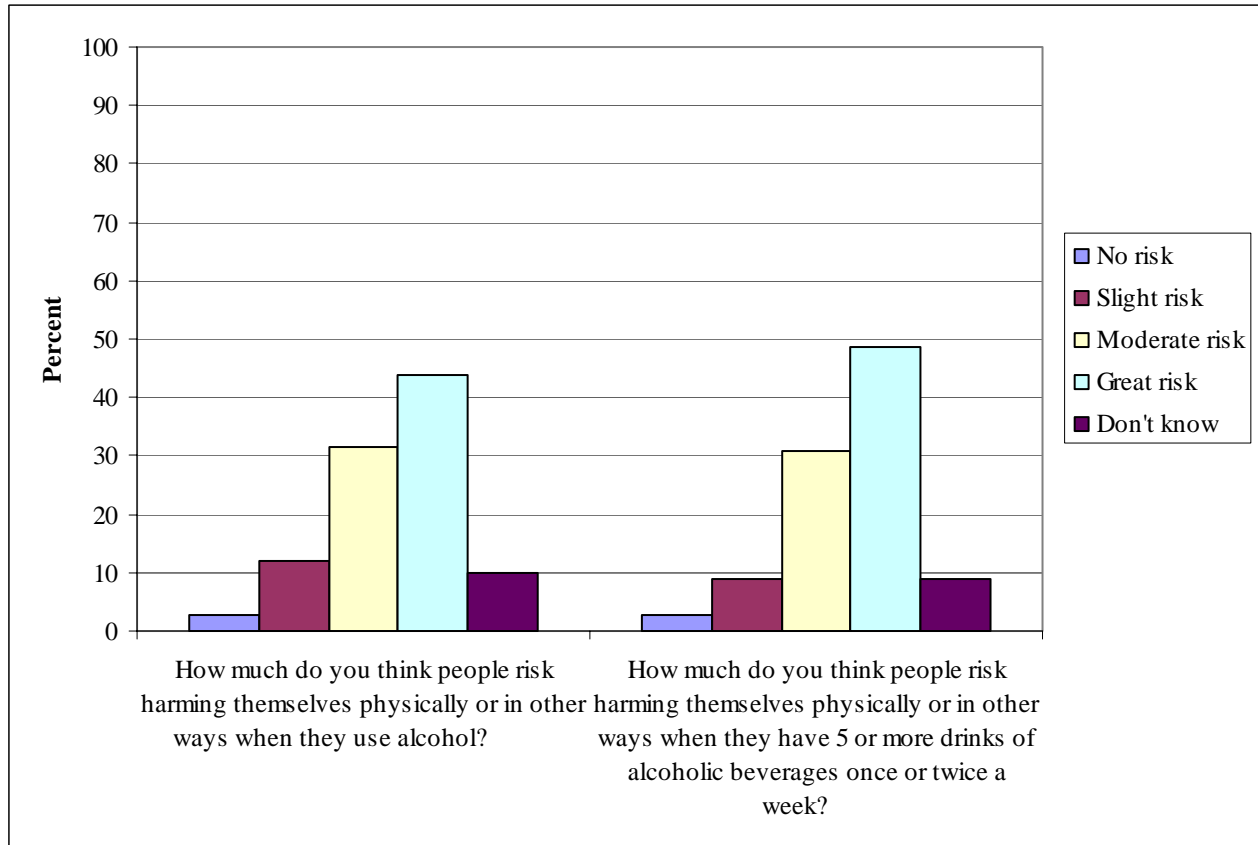


Source: Maui County Youth Alcohol Survey

Perceived Risk of Harm from Alcohol Use

Figure 38 reports on the perceived risk of harm from using alcohol and from drinking 5 or more drinks of an alcoholic beverage once or twice a week. A majority of youth reported that there was a “moderate risk” or “great risk” in harming themselves when using alcohol. Similarly, a majority of youth thought that there was a “moderate risk” or “great risk” of people harming themselves when they drank 5 or more alcoholic beverages once or twice a week.

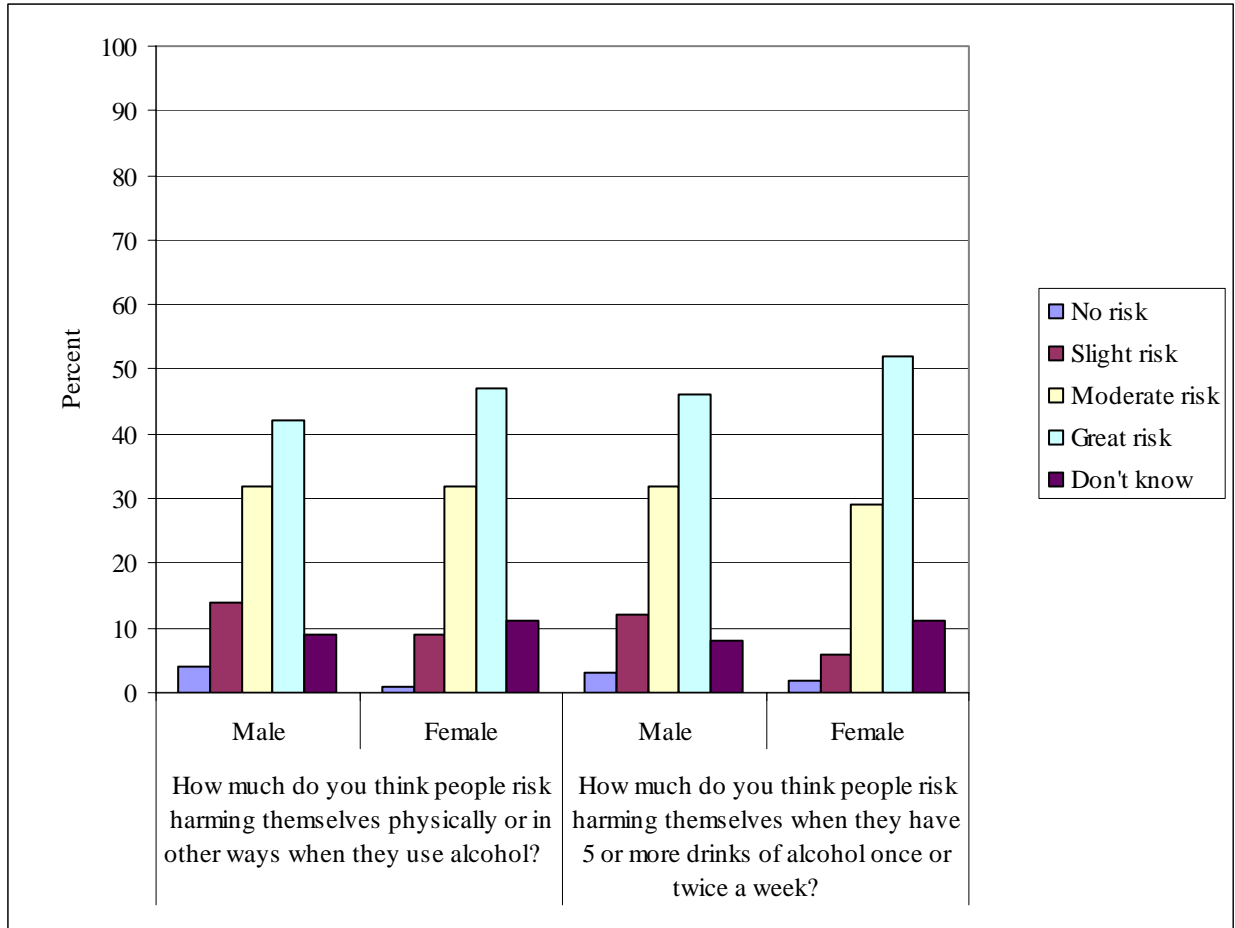
Figure 38. Perceived Risk of Harm of Alcohol Use



Source: Maui County Youth Alcohol Survey

Figure 39 reports on the risk of harm from using alcohol by gender. More females than males report there being a “great risk” of harm when using alcohol and when drinking 5 or more alcoholic drinks once or twice a week. The differences between males and females are significant ($p < 0.05$). About the same percent of males and females reported there being a “moderate risk” when using alcohol and when drinking 5 or more alcoholic drinks once or twice a week.

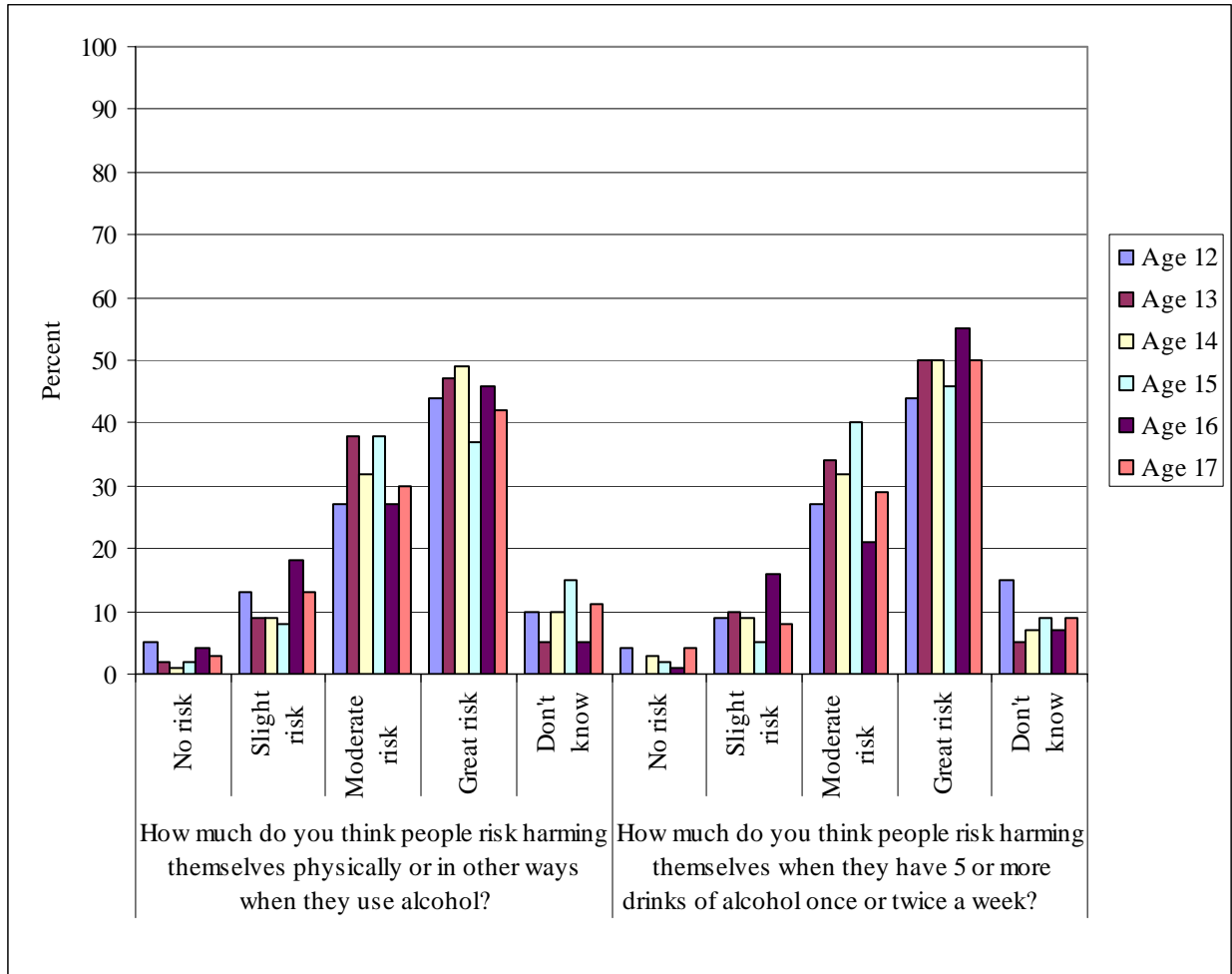
Figure 39. Perceived Risk of Harm of Using Alcohol by Gender



Source: Maui County Youth Alcohol Survey

Figure 40 reports on the perceived risk of harm of using alcohol by age. There were no significant differences between age groups for reporting the risk of alcohol use. A majority of students across all ages reported a “moderate risk” or “great risk” of using alcohol and drinking 5 or more drinks of an alcoholic beverage once or twice a week.

Figure 40. Perceived Risk of Harm of Using Alcohol by Age

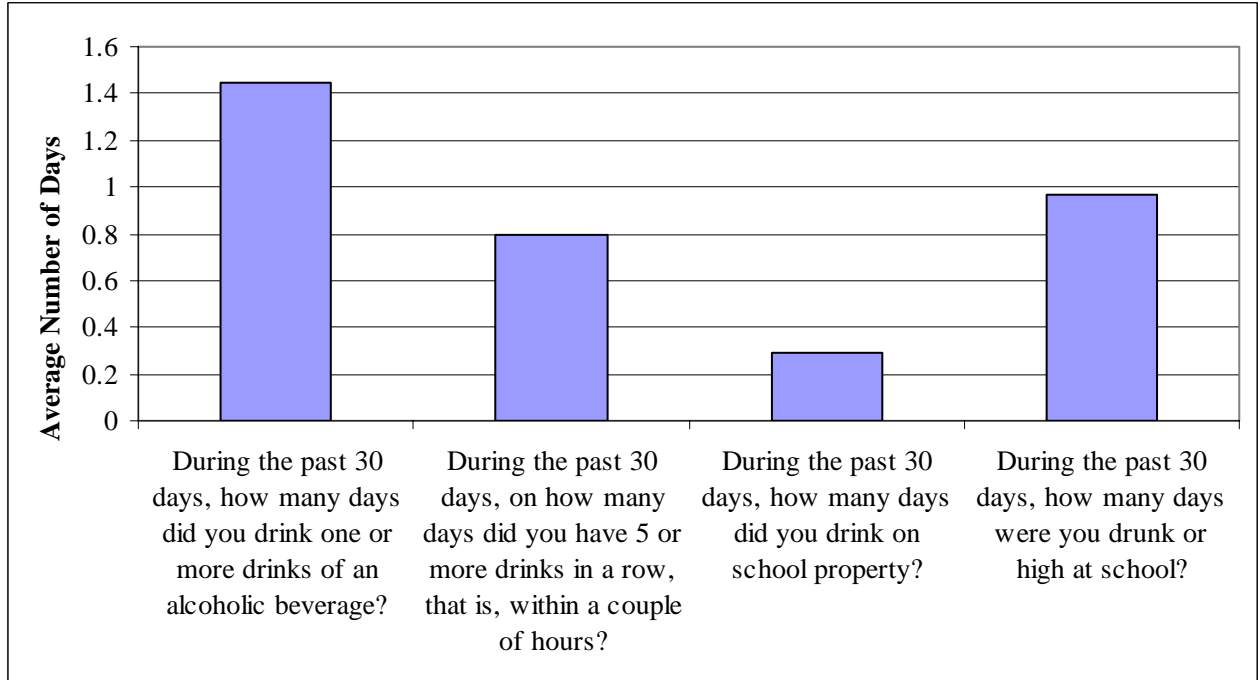


Source: Maui County Youth Alcohol Survey

Average Alcohol Use

Figure 41 reports the average values on the number of drinks that youth consumed over the past 30 days. Due to low prevalence rates, the average number of drinks can be less than one drink. Across all grades, the average number of days over the past 30 days that drinks were consumed was about 1.4. On average, youth were drunk about 1 day over the past month. Youth consumed alcohol on school property on an average of less than one day.

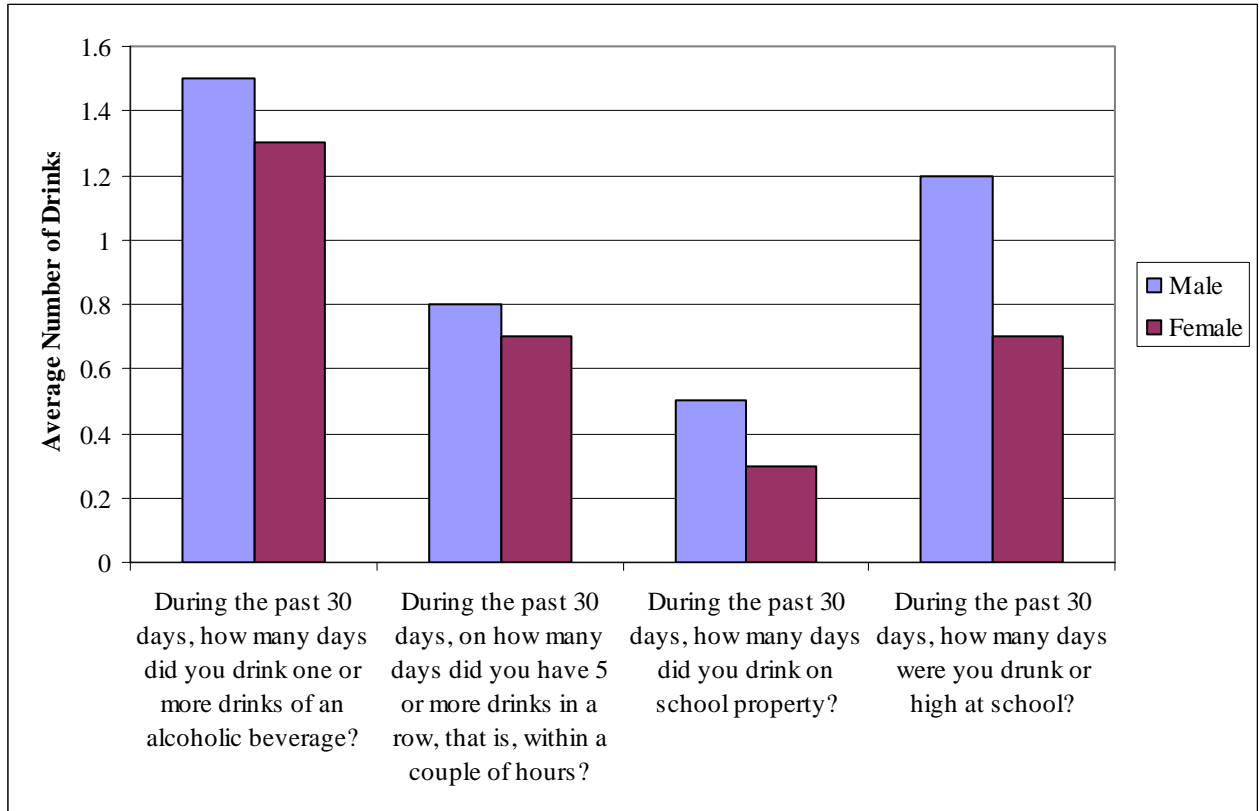
Figure 41. Average 30 Day Alcohol Use



Source: Maui County Youth Alcohol Survey

Figure 42 reports on the average 30 day alcohol use by gender. More males than females reported that they drank alcoholic beverages in the past 30 days, drank 5 or more drinks in a row within a couple of hours, drank on school property, and were drunk at school. There were no significant differences between males and females found.

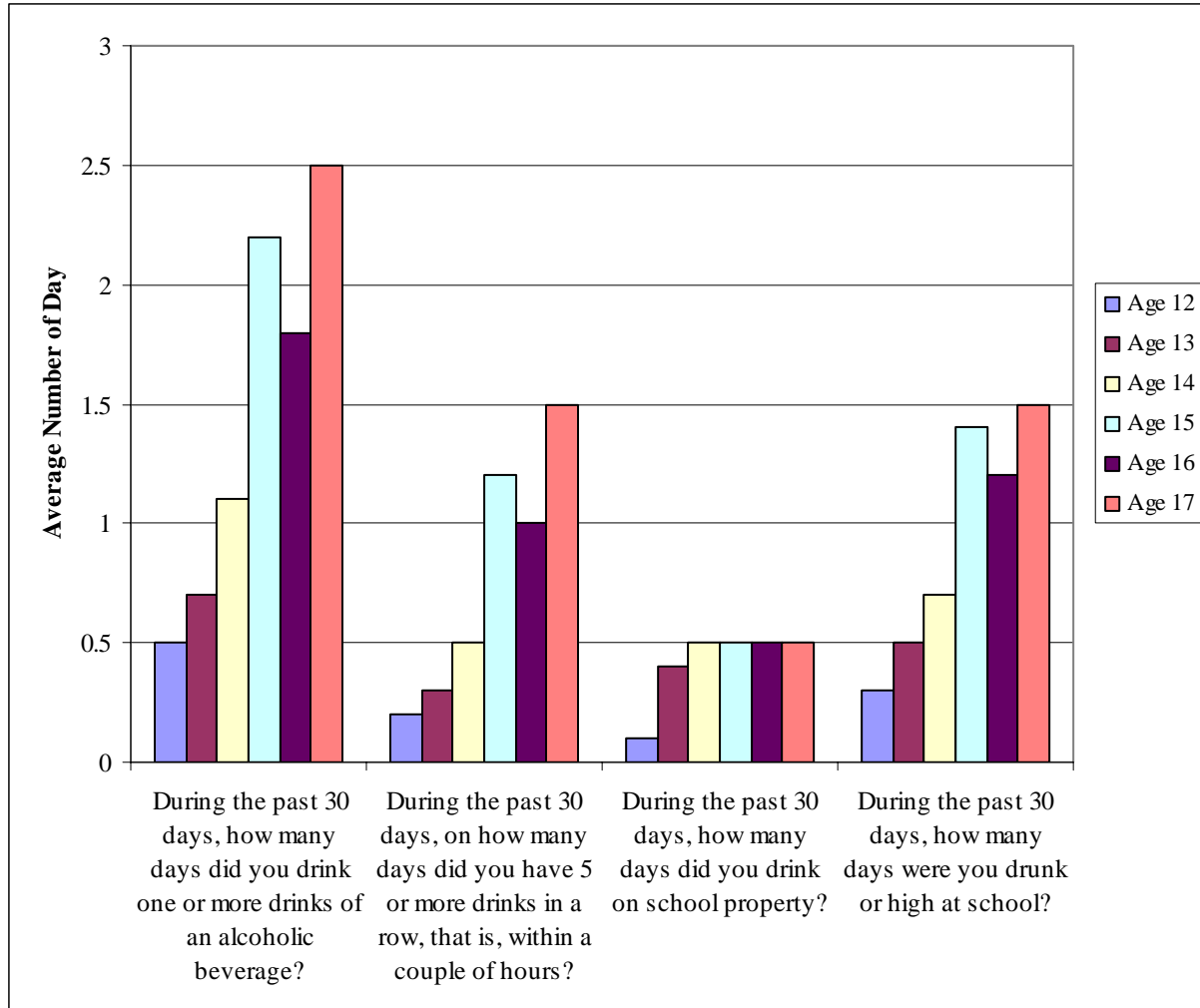
Figure 42. Average 30 Day Alcohol Use by Gender



Source: Maui County Youth Alcohol Survey

As indicated in Figure 43, more 15-17 year olds reported a greater number of days that they had drinks over the past 30 days than those who were 12-14 years old. There was a significant difference ($p < 0.05$) in the number of days one or more alcoholic drink was consumed by 12 and 15 year olds and 12 and 17 year olds. There was also a significant difference ($p < 0.05$) between 12 and 17 years old in the number of reported days they consumed 5 or more beverages in a few hours. There were no significant differences among youth for drinking on school property or being drunk at school.

Figure 43. Average 30 Day Alcohol Use by Age

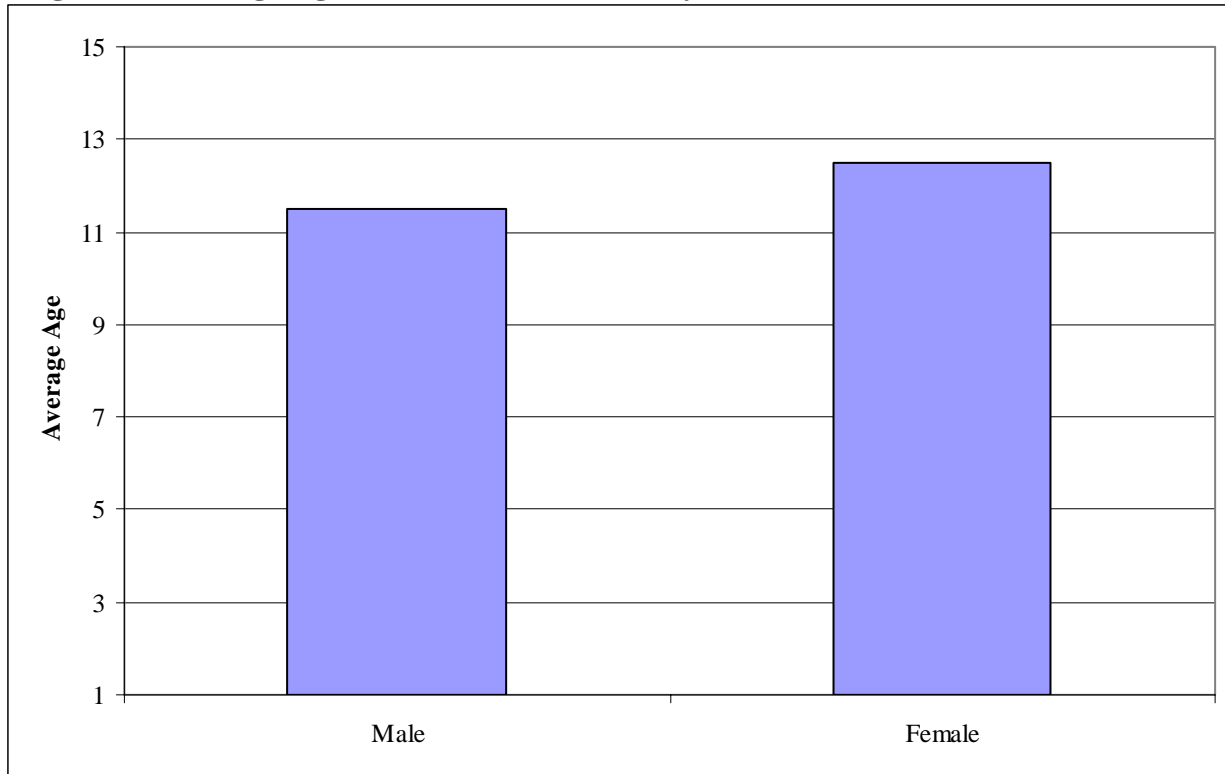


Source: Maui County Youth Alcohol Survey

Age of First Use

Figure 44 illustrates the average age of first use of alcohol by gender. Among males, the average age of first use of alcohol was 11.5 years old. Among females, the average age of first use of alcohol was 12.5 years old. There was a significant difference between males and females ($p < 0.05$).

Figure 44. Average Age of First Use of Alcohol by Gender



Source: Maui County Youth Alcohol Survey

NEXT STEPS

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

Member Affiliation
Office of the Lt. Governor
Criminal Justice Agencies
ADAD, Department of Health
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