

The NSDUH Report

June 24, 2010

Substance Use among American Indian or Alaska Native Adults

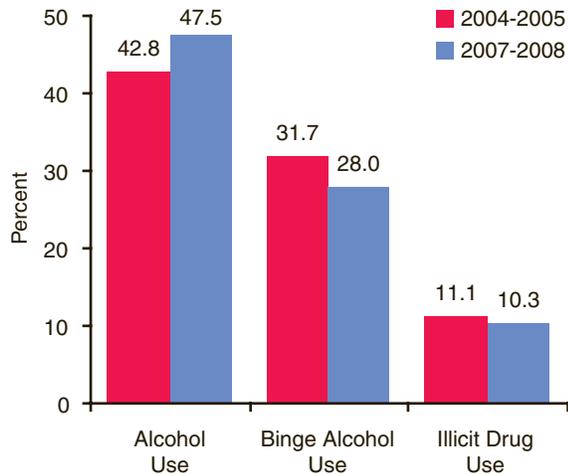
In Brief

- The rate of past month alcohol use was lower among American Indian or Alaska Native adults than the national average for adults (43.9 vs. 55.2 percent); the rates of past month binge alcohol use and illicit drug use, however, were higher among American Indian or Alaska Native adults than the national averages (30.6 vs. 24.5 percent and 11.2 vs. 7.9 percent, respectively)
- The percentage of American Indian or Alaska Native adults who needed treatment for an alcohol or illicit drug use problem in the past year was higher than the national average for adults (18.0 vs. 9.6 percent)
- One in eight (12.6 percent) American Indian or Alaska Native adults in need of alcohol or illicit drug use treatment in the past year received treatment at a specialty facility; this rate did not differ significantly from the national average of 10.4 percent

Over the past several decades, the population of the United States has become increasingly diverse. According to the U.S. Census Bureau, about one third of the population belongs to a racial/ethnic minority group; this percentage is projected to increase to 54 percent by 2050.¹ As the country becomes more diverse, it becomes increasingly important to address health and health care disparities related to race/ethnicity, as well as age and gender, socioeconomic status, geography, and disability. The Nation's success in reducing these disparities today, to a large extent, will determine the health of our Nation tomorrow.

One area of concern is assessing substance use and abuse and ensuring access to substance abuse treatment. Substance abuse affects millions of people every year and imposes untold health, social, and economic costs on individuals, families, and communities. Although it affects people in all racial/ethnic groups, research has shown that there is considerable variation among these groups.

Figure 1. Past Month Substance Use among American Indians or Alaska Natives Aged 18 or Older: 2004-2005 versus 2007-2008



Source: 2004, 2005, 2007, and 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Gaining a better understanding of the behavioral health needs of particular racial/ethnic groups can help inform public health policy, build prevention and treatment programs that target the different needs of these populations, and expand access to services for individuals who need them.

This report uses data from the National Survey on Drug Use and Health (NSDUH) to examine substance use and treatment need among single-race non-Hispanic American Indian or Alaska Native adults aged 18 or older.² Other reports in this series will examine similar issues among American Indian or Alaska Native adolescents and among adults and adolescents in other racial/ethnic groups. According to the U.S. Census Bureau, 2 million people—1.0 percent of the total population in 2008—identify themselves as non-Hispanic American Indian or Alaska Native adults of one race.³ This report is based on NSDUH data from 2004 to 2008.

Demographic and Socioeconomic Characteristics

Combined 2004 to 2008 NSDUH data indicate that American Indian or Alaska Native adults were somewhat younger than the national average for adults, a pattern that was more pronounced for women than men (data not shown). For example, 17.8 percent of American Indian or Alaska Native adult females were aged 18 to 25 compared with the national average of 14.2 percent for adult females. Among adult males, the percentage aged 18 to 25 was 16.0 percent for American Indians or Alaska Natives and 15.5 percent overall. Compared with the national average, American Indian or Alaska Native adults were more likely to live in non-metropolitan counties (47.9 vs. 16.8 percent). Nearly one sixth of American Indian or Alaska Native adults (15.8 percent) were without health insurance, a percentage similar to the national average of 15.0 percent for adults.⁴

Combined 2005 to 2008 data indicate that, compared with the national average, American Indian or Alaska Native adults were more likely to be living in poverty (27.6 vs. 11.5 percent).⁵

Trends in Substance Use

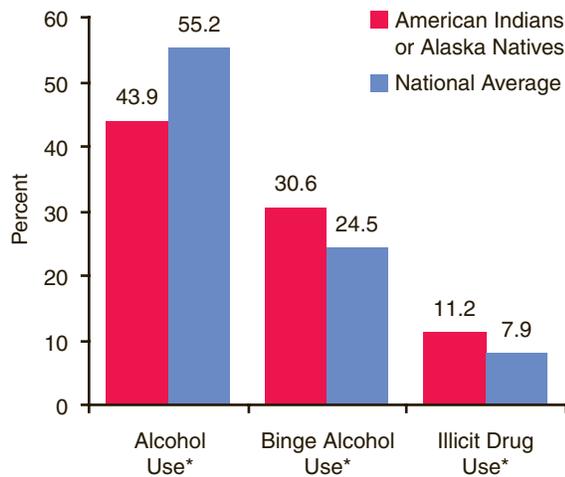
Among American Indian or Alaska Native adults, rates of past month alcohol use, binge alcohol use, and illicit drug use in combined 2007 and 2008 were not significantly different from rates in combined 2004 and 2005 (Figure 1).^{6,7}

Past Month Alcohol and Illicit Drug Use

Combined 2004 to 2008 data indicate that, in the past month, 43.9 percent of American Indian or Alaska Native adults used alcohol, 30.6 percent reported binge alcohol use, and 11.2 percent used an illicit drug (Figure 2).

The rate of past month alcohol use was lower among American Indian or Alaska Native adults than the national average. The rates of past month binge alcohol use and illicit drug use among American Indian or Alaska Native adults, however, were higher than the national averages.

Figure 2. Past Month Substance Use among American Indians or Alaska Natives Aged 18 or Older Compared with the National Average: 2004 to 2008



* The difference between American Indians or Alaska Natives and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Substance Use, by Age Group

The rate of past month alcohol use was lower among American Indian or Alaska Native adults than among adults in the general population in each of the three age groups presented in Table 1. Past month binge alcohol use among American Indians or Alaska Natives aged 26 to 49 was higher than the national average for this age group (39.4 vs. 28.9 percent). Past month illicit drug use among American Indians or Alaska Natives aged 18 to 25 was higher than the national average for this age group (25.4 vs. 19.7 percent).

Substance Use among Women

Compared with the national averages for adult women, adult American Indian or Alaska Native females had a lower rate of past month alcohol use but higher rates of past month binge alcohol use and illicit drug use (Figure 3).

Substance Use among Men

Compared with the national averages for adult men, adult American Indian or Alaska Native males had a lower rate of past month alcohol use but a higher rate of past month illicit drug use (Figure 3).

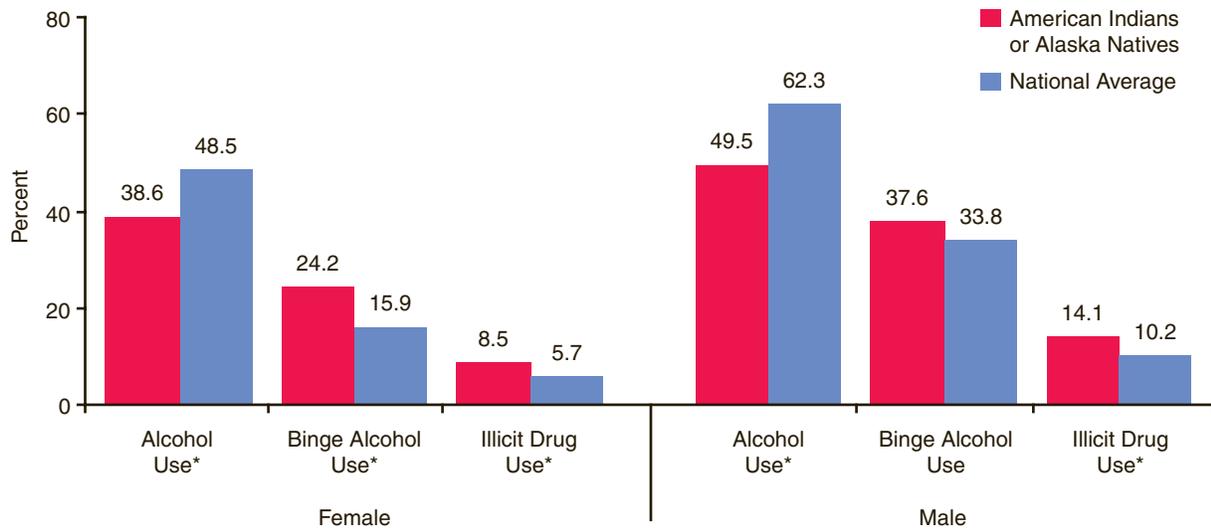
Table 1. Past Month Substance Use among American Indians or Alaska Natives Aged 18 or Older Compared with the National Average, by Age Group: Percentages, 2004 to 2008

Age Group	Alcohol Use		Binge Alcohol Use		Illicit Drug Use	
	American Indians or Alaska Natives	National Average	American Indians or Alaska Natives	National Average	American Indians or Alaska Natives	National Average
Aged 18 to 25	52.0*	61.1	41.2	41.6	25.4*	19.7
Aged 26 to 49	51.3*	60.5	39.4*	28.9	11.7	8.7
Aged 50 or Older	31.0*	46.9	14.9	13.0	4.1	2.5

* The difference between American Indians or Alaska Natives and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

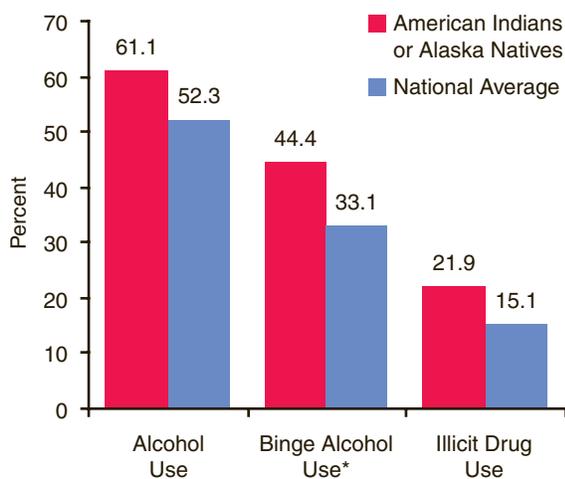
Figure 3. Past Month Substance Use among American Indians or Alaska Natives Aged 18 or Older Compared with the National Average, by Gender: 2004 to 2008



* The difference between American Indians or Alaska Natives and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

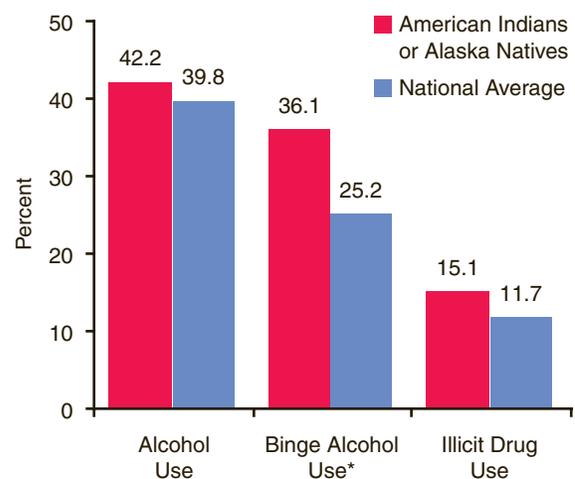
Figure 4. Past Month Substance Use among American Indians or Alaska Natives Aged 18 or Older Who Were Uninsured Compared with the National Average: 2004 to 2008



* The difference between American Indians or Alaska Natives and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 5. Past Month Substance Use among American Indians or Alaska Natives Aged 18 or Older Living in Poverty Compared with the National Average: 2005 to 2008



* The difference between American Indians or Alaska Natives and the national average is statistically significant at the .05 level.

Source: 2005 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Substance Use among Uninsured Persons

Uninsured American Indian or Alaska Native adults were more likely than uninsured adults in the general population to have binge on alcohol in the past month (44.4 vs. 33.1 percent); differences between these two groups for past month alcohol use or illicit drug use were not statistically significant (Figure 4).

Substance Use among Persons Living in Poverty

The rate of past month binge alcohol use among American Indian or Alaska Native adults living in poverty was higher than among adults in the general population living in poverty (36.1 vs. 25.2 percent); the rates of past month alcohol use and illicit drug use, however, did not differ significantly from the national averages for adults living in poverty (Figure 5).

Substance Use Treatment

Combined 2004 to 2008 data indicate that 18.0 percent of American Indian or Alaska Native adults (194,000 people) were classified as being in need of treatment for a substance use problem in the past year, with 14.8 percent in need of treatment for an alcohol problem and 6.0 percent in need of treatment for an illicit drug use problem.⁸ These rates were higher than the national averages of 9.6, 8.1, and 2.9 percent, respectively.

About one in eight (12.6 percent) American Indian or Alaska Native adults in need of substance use treatment in the past year (24,000 persons) received it at a specialty facility.⁹ This rate is not significantly different from the national average (10.4 percent).

Discussion

As the Federal Government and States move forward with the interrelated tasks of reducing disparities and reforming health care, it will be important to monitor data on substance use and treatment need among racial/ethnic minorities. The findings in this report highlight variations in substance use and treatment need between American Indian or Alaska Native adults and adults in the Nation as a whole and suggest subgroups that may benefit from increased attention from the prevention and treatment systems.

End Notes

- 1 U.S. Census Bureau. (2008, August 14). *An older and more diverse Nation by midcentury* [U.S. Census Bureau News]. Retrieved May 13, 2010, from <http://www.census.gov/newsroom/releases/archives/population/cb08-123.html>
- 2 NSDUH asks a series of questions about race/ethnicity. First, respondents are asked about their Hispanic origin; then they are asked to identify which racial grouping best describes them: white, black or African American, American Indian or Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, or other. Respondents may select more than one race. For this report, American Indian or Alaska Native refers to persons identifying themselves as American Indian or Alaska Native only. Persons identifying as both American Indian or Alaska Native and Hispanic or as both American Indian or Alaska Native and another racial group are not included.
- 3 Numbers were calculated from various census tables: U.S. Census Bureau. (2009, December 22). *National characteristics*. Retrieved May 13, 2010, from <http://www.census.gov/popest/national/asrh/natasrh.html>
- 4 A respondent is classified as having health insurance coverage if he or she has private insurance, Medicare, Medicaid/Children's Health Insurance Program (CHIP), Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), Veterans Affairs (VA), military health care, or any other type of health insurance. All other respondents were classified as without health insurance or uninsured.
- 5 NSDUH gathers data on family income, size, and composition (i.e., number of children) and respondent's age. This information is used to determine the respondent's poverty level. The poverty level is calculated as a percentage of the U.S. Census Bureau's poverty threshold by dividing the respondent's reported total family income by the appropriate poverty threshold amount. If a family's total income is less than the family's poverty threshold, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. census poverty threshold). Persons aged 18 to 22 living in college dormitories were excluded from this analysis because poverty status is not determined for this group. The poverty variable is available for the years from 2005 to 2008; therefore, information for this estimate is restricted to combined data from these years.
- 6 Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.
- 7 NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs; nonmedical use of stimulants includes methamphetamine use.
- 8 NSDUH classifies persons as needing treatment for alcohol or illicit drug use if they meet the criteria for dependence or abuse or if they received specialty treatment in the past year. NSDUH defines substance dependence or abuse using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- 9 Substance use treatment at a specialty facility is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers; it excludes treatment received in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.

Suggested Citation

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Findings from the SAMHSA 2004 to 2008 National Surveys on Drug Use and Health (NSDUHs)

Substance Use among American Indian or Alaska Native Adults

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2004 to 2008 data used in this report are based on information obtained from 227,791 persons aged 18 or older, including 2,879 American Indians or Alaska Natives. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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