

The NSDUH Report

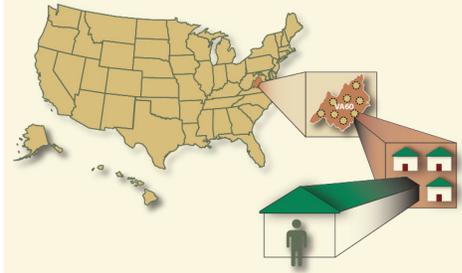
November 2012

Need for and Receipt of Substance Use Treatment among American Indians or Alaska Natives

Approximately 2.9 million persons in the United States indicated in the 2010 census that they are American Indian or Alaska Native (0.9 percent of the U.S. population).¹ Although the American Indian or Alaska Native population is relatively small compared with other racial/ethnic groups in the United States, this population is disproportionately affected by a variety of health problems, including substance abuse.² The Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to reducing disparities in access to and quality of care for racial and ethnic minorities, including the American Indian or Alaska Native population.³ The overall health and well-being of the Nation is improved by the extent to which the population has access to substance use treatment if it is needed. Better understanding of whether American Indians or Alaska Natives with alcohol and illicit drug abuse problems seek and receive specialty treatment may help improve treatment and outreach programs for this population.

The National Survey on Drug Use and Health (NSDUH) gathers information on substance use treatment need and service utilization. NSDUH classifies persons as needing substance use treatment if they meet the criteria for substance dependence or abuse (based on symptoms they report) or if they received substance use treatment at a specialty facility in the past year.^{4,5,6} Respondents are also asked if there was any time during the past 12 months when they felt they needed substance use treatment. Persons who felt the need for treatment but did not receive treatment were asked if they made an effort to receive treatment in the past 12 months.

This issue of *The NSDUH Report* examines the need for and receipt of substance use treatment among non-Hispanic American Indians or Alaska Natives (hereafter referred to as American Indians or Alaska Natives) aged 12 or older.⁷ Comparisons are made between American Indians or Alaska Natives and persons from other racial/ethnic backgrounds. All estimates in this report are annual averages based on the combined 2003 to 2011 data.



IN BRIEF

Combined 2003 to 2011 data indicate that American Indians or Alaska Natives were more likely than persons from other racial/ethnic groups to have needed treatment for alcohol or illicit drugs in the past year (17.5 vs. 9.3 percent)

Among persons in need of alcohol or illicit drug use treatment, American Indians or Alaska Natives were more likely to have received specialty substance use treatment in the past year than persons from other racial/ethnic groups (15.0 vs. 10.2 percent)

Among individuals who needed but did not receive treatment in the past year, American Indians or Alaska Natives were more likely than persons from other racial/ethnic groups to feel the need for and make an effort to get treatment

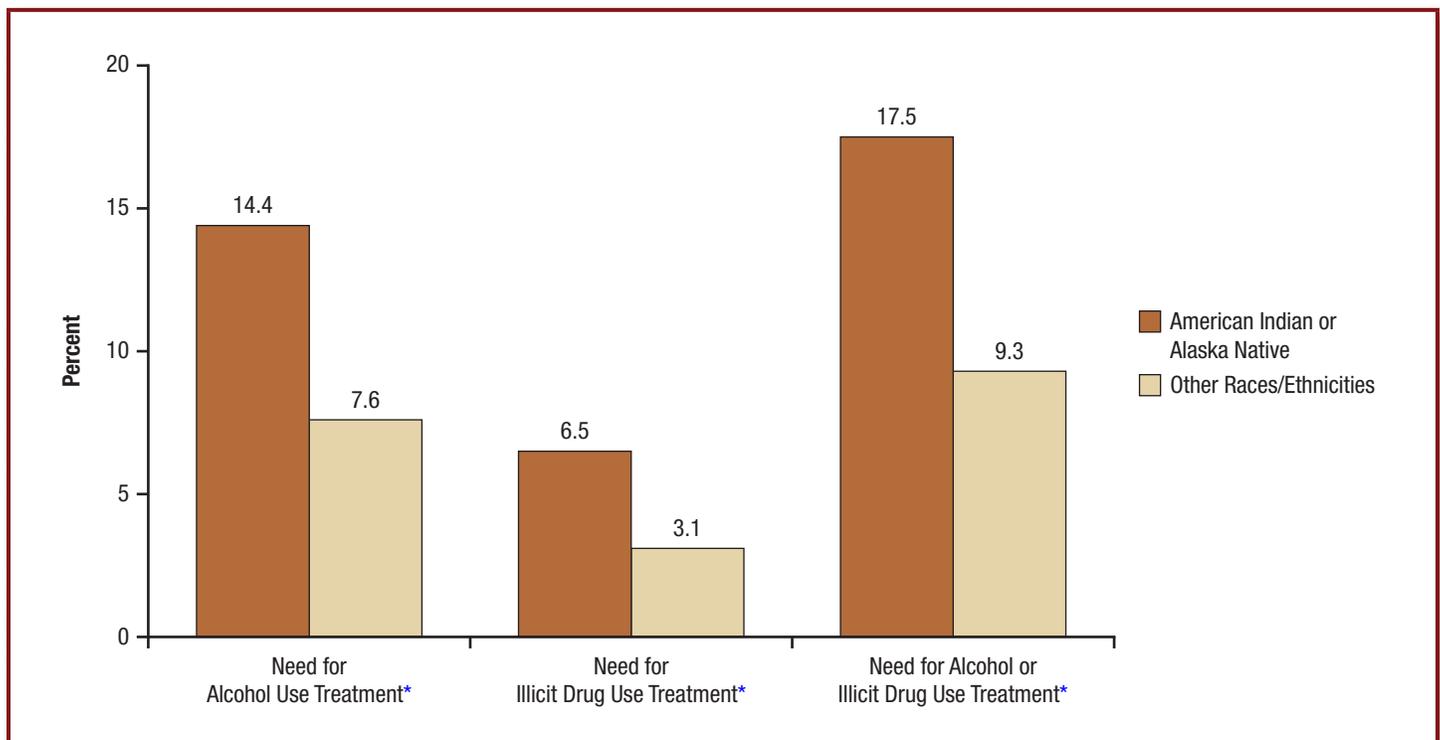
Need for and Receipt of Specialty Treatment in the Past Year

Combined 2003 to 2011 data indicate that American Indians or Alaska Natives were more likely than persons from other racial/ethnic groups to have needed treatment for substance use in the past year. That is, 17.5 percent of American Indians or Alaska Natives (219,000 persons) and 9.3 percent of persons from other racial/ethnic groups (22.8 million persons) needed treatment for illicit drug or alcohol use (Figure 1). Among persons aged 12 years or older, American Indians or Alaska Natives were more likely than persons from other racial/ethnic groups to have needed treatment for alcohol use (14.4 vs. 7.6 percent). Similarly, American Indian or Alaska Natives were more likely than persons from other racial/ethnic groups to have needed treatment for illicit drug use (6.5 vs. 3.1 percent).

Among persons aged 12 or older in need of substance use treatment, American Indians or Alaska Natives were more likely than persons from other racial/ethnic groups to have received specialty treatment. An estimated 33,000 American Indians or Alaska Natives (15.0 percent) and 2.3 million persons from other racial/ethnic groups (10.2 percent) needed and received specialty treatment for illicit drug or alcohol use (Figure 2).

American Indians or Alaska Natives were more likely than persons from other racial/ethnic groups in need of alcohol use treatment to have received specialty treatment (12.4 vs. 8.1 percent) and American Indians or Alaska Natives were as likely as persons from other racial/ethnic groups in need of illicit drug use treatment to have received specialty treatment for illicit drug use (21.1 vs. 17.9 percent).

Figure 1. Need for Substance Use Treatment in the Past Year among American Indian or Alaska Native Persons Aged 12 or Older, Compared with Persons of Other Races/Ethnicities: 2003 to 2011



* Difference between American Indians or Alaska Natives and persons of other races/ethnicities is significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2003 to 2005, 2006 to 2010 (revised March 2012), and 2011.

Self-Perceived Need for and Efforts to Receive Specialty Treatment

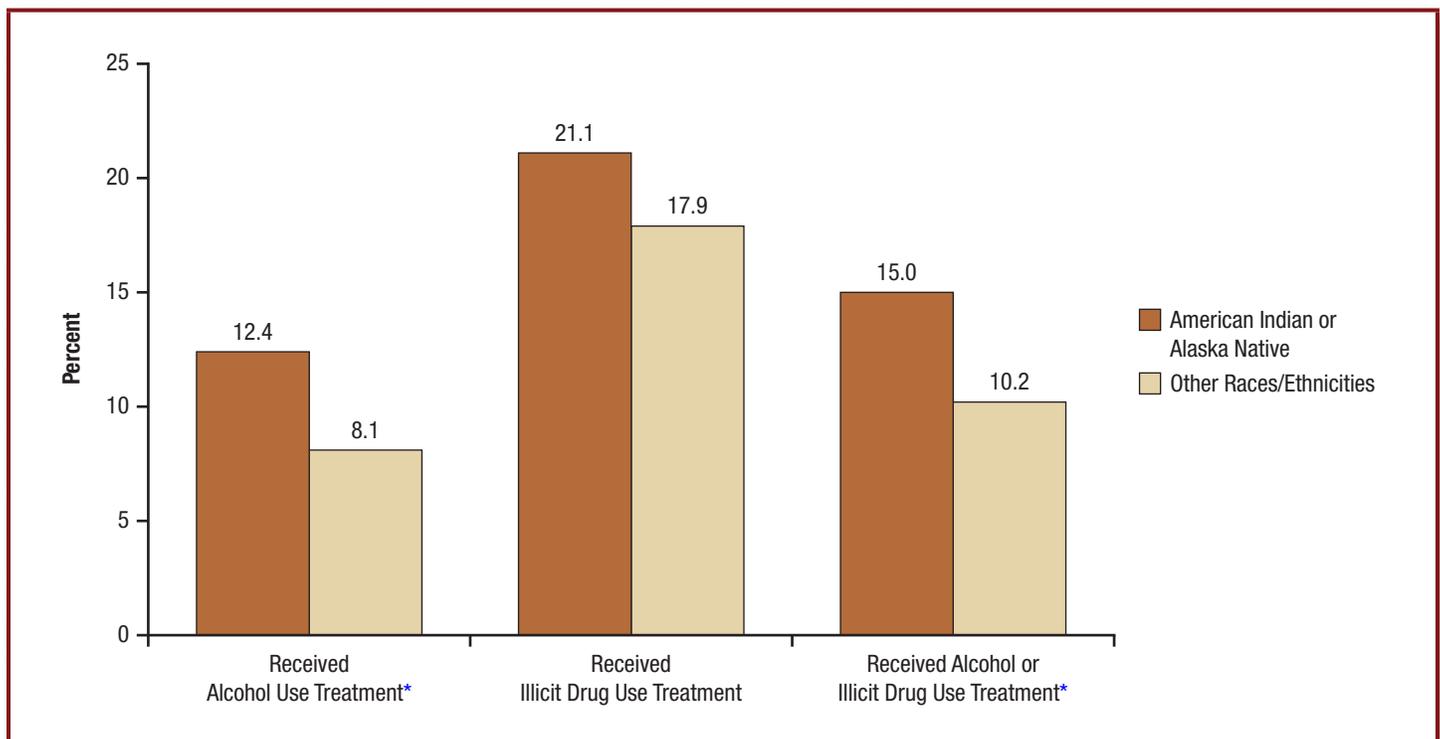
An estimated 186,000 American Indians or Alaska Natives needed but did not receive specialty substance use treatment, compared with 20.5 million persons from other racial/ethnic groups. Among American Indians or Alaska Natives who needed but did not receive treatment for an alcohol or illicit drug use problem in the past year, 92.2 percent did not feel the need for treatment, 3.5 percent felt the need for treatment but did not make an effort to get it, and 4.3 percent felt the need for treatment and made an effort to get it (Figure 3). In comparison, among persons from other racial/ethnic groups, 94.8 percent did not feel the need for treatment, 3.7 percent felt the need for treatment but did not make an effort to get it, and 1.5 percent felt the need for treatment and made an effort to get it. Among those who needed but did not receive treatment, American Indians or Alaska Natives

were more likely than persons from other racial/ethnic groups to have felt the need for and made an effort to get treatment (4.3 vs. 1.5 percent).

Individuals Needing and Receiving Treatment by Demographic Characteristics

American Indians or Alaska Natives were more likely to need alcohol or illicit drug use treatment than persons of other racial/ethnic groups by age, gender, poverty level, and rural/urban residence (Table 1).⁸ Among persons aged 12 or older in need of substance use treatment, American Indian or Alaska Native women were more likely than women from other racial/ethnic groups to have received specialty treatment (15.8 vs. 10.0 percent). A higher percentage of American Indians or Alaska Natives living in urban areas who needed treatment received specialty treatment (17.8 percent) compared with persons of other racial/ethnic groups living in urban areas (10.5 percent).

Figure 2. Receipt of Specialty Substance Abuse Treatment in the Past Year among American Indian or Alaska Native Persons Aged 12 or Older in Need of Treatment, Compared with Persons of Other Races/Ethnicities: 2003 to 2011



* Difference between American Indians or Alaska Natives and persons of other races/ethnicities is significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2003 to 2005, 2006 to 2010 (revised March 2012), and 2011.

Figure 3. Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among American Indian or Alaska Native Persons Aged 12 or Older Needing but Not Receiving Substance Use Treatment, Compared with Persons of Other Races/Ethnicities: 2003 to 2011

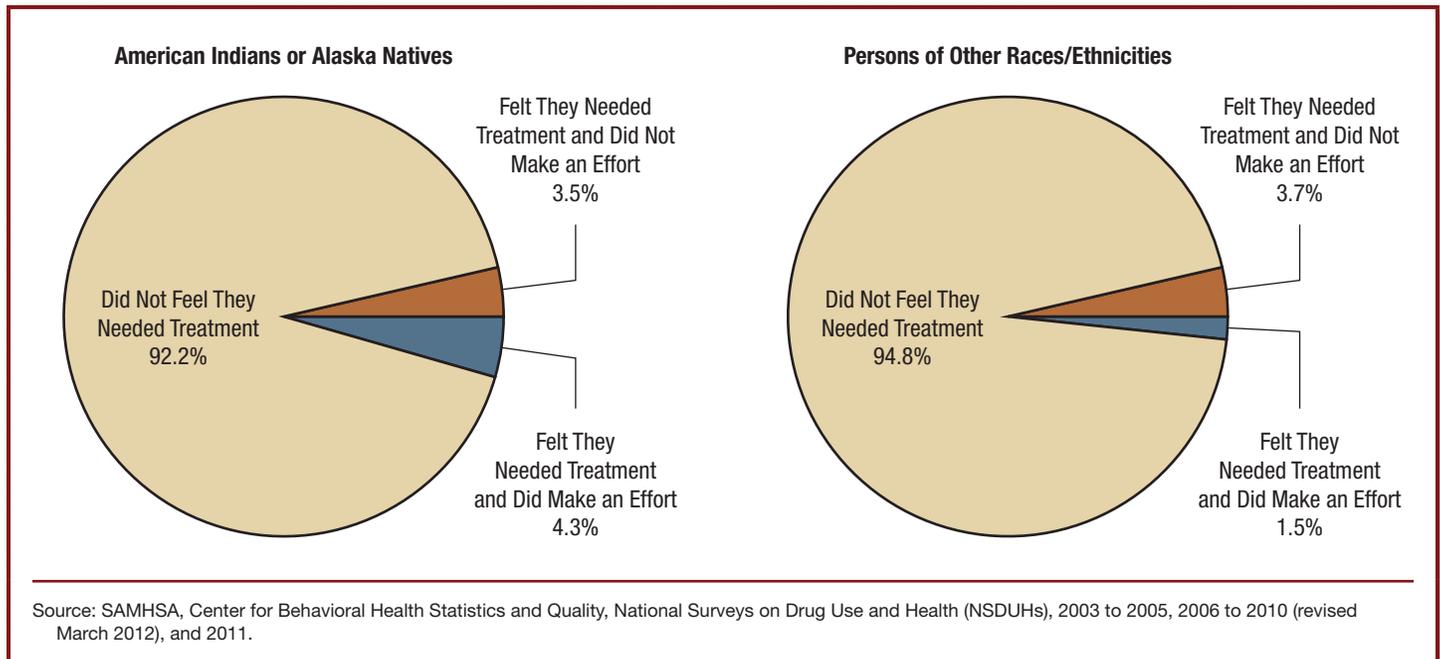


Table 1. Need for and Receipt of Treatment at a Specialty Facility for Substance Use in the Past Year among American Indian or Alaska Native Persons, Compared with Persons of Other Races/Ethnicities, by Demographic Characteristics: 2003 to 2011

Demographic Characteristic	Needed Treatment: American Indians or Alaska Natives	Needed Treatment: Persons of Other Races/Ethnicities	Needed and Received Treatment: American Indians or Alaska Natives	Needed and Received Treatment: Persons of Other Races/Ethnicities
Total	17.5*	9.3	15.0*	10.2
Aged 12 to 17	16.1*	7.9	12.5	8.4
Aged 18 to 25	29.8*	21.7	10.5	7.8
Aged 26 to 44	22.7*	11.5	14.7	12.1
Aged 45 or Older	9.6*	4.7	—	11.9
Male	21.4*	12.1	14.4	10.7
Female	13.9*	6.4	15.8*	10.0
Rural	18.7*	7.4	11.7	10.2
Urban	16.6*	9.6	17.8*	10.5
Less than 100% Federal Poverty Level (FPL)**	22.4*	12.4	19.4	18.1
100%-199% FPL**	16.6*	9.5	15.4	12.6
200% or More FPL**	13.4*	8.4	10.1	7.9

— Low precision; no estimate reported.

* Difference between American Indians or Alaska Natives and persons of other races/ethnicities is significant at the .05 level.

** Estimates are based on a definition of the Federal Poverty Level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Estimates for poverty are only based on 2005 to 2011 data.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2003 to 2005, 2006 to 2010 (revised March 2012), and 2011.

Discussion

This report shows that from 2003 to 2011, American Indians or Alaska Natives were more likely to need treatment for a substance use problem, and they were more likely to receive specialty treatment for a substance use problem than persons from other racial/ethnic groups. Specifically, for both alcohol and illicit drug use, American Indians or Alaska Natives were more likely to need treatment. Although American Indians or Alaska Natives were more likely to receive alcohol use treatment, they were not more likely to receive illicit drug use treatment than members of other racial/ethnic groups who needed treatment. The findings presented here may help guide prevention and outreach efforts for the American Indian or Alaska Native population.

End Notes

1. American Indian or Alaska Native refers to persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. This category includes people who indicated their race(s) as "American Indian or Alaska Native" or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup'ik, Central American Indian groups, or South American Indian groups. Humes, K. R., Jones, N. A., & Ramirez, R. R. (2011). *Overview of race and Hispanic origin: 2010* (2010 Census Briefs; C2010BR-02). Washington, DC: U.S. Department of Commerce.
2. Urban Indian Health Institute. (2011). *Community health profile: National aggregate of Urban Indian Health organization service areas*. Retrieved from http://www.uihi.org/wp-content/uploads/2011/12/Combined-UIHO-CHP_Final.pdf
3. U.S. Department of Health and Human Services. (2011). *HHS action plan to reduce racial and ethnic disparities: A Nation free of disparities in health and health care*. Washington, DC: Author.

4. NSDUH defines dependence on or abuse of alcohol and illicit drugs using criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
5. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006.
6. 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.
7. 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/ 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, respondents identifying themselves as Hispanic were assigned to the other race/ethnicity group regardless of their racial identification. American Indian or Alaska Native refers to persons identifying themselves as American Indian or Alaska Native only. Persons identifying as American Indians or Alaska Natives and another racial group are included in the category of persons selecting two or more races.
8. Rural and urban areas are defined according to the 2000 Census block-level designations of "rural" or "urban."

Suggested Citation

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (November 2012). *The NSDUH Report: Need for and Receipt of Substance Use Treatment among American Indians or Alaska Natives*.

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 2003 to 2011 data used in this report are based on information obtained from 8,200 American Indians or Alaska Natives aged 12 or older, and 604,400 persons aged 12 or older of other race/ethnicities. 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 Center for Behavioral Health Statistics and Quality (CBHSQ), 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:

Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.samhsa.gov/data/NSDUH.aspx>.



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