The Hispanic population in the United States grew by 15.2 million, or 43 percent, between 2000 and 2010, accounting for more than half of the total growth in the U.S. population in the last decade.¹ This level of growth is expected to continue into the foreseeable future, with particularly large increases projected in the Hispanic adolescent age group.² Furthermore, the Hispanic adolescent population consists of youth of different national origins with diverse cultural norms. As the Hispanic adolescent population continues to grow, it will become increasingly important to monitor substance use and other behavioral health problems among these youth as a whole and also by subgroups. Gaining a better understanding of substance use among Hispanic adolescents can help inform public health policy, build prevention and treatment programs that target the specific needs of these young people, and ultimately expand access to services for individuals who need them.

Substance Use among Hispanic Adolescents

In Brief

- Compared with the national average for adolescents aged 12 to 17, Hispanic adolescents had lower rates of past month cigarette use (8.1 vs. 10.2 percent), marijuana use (6.5 vs. 6.9 percent), and nonmedical use of prescription-type drugs (2.9 vs. 3.3 percent)
- Among Hispanic adolescents, marijuana use increased from 6.1 percent in 2008 to 8.1 percent in 2009, and remained steady at 8.0 percent in 2010; nonmedical use of prescription-type drugs increased from 2.2 percent in 2008 to 3.3 percent in 2009, and remained steady at 3.4 percent in 2010
- Among Hispanic adolescents, substance use varied by Hispanic subgroup; past month alcohol use, for example, ranged from 21.6 percent among Spanish adolescents to 13.8 percent among Puerto Rican adolescents
- Among Hispanic adolescents, those who were born in the United States had higher rates of past month cigarette use, alcohol use, and marijuana use than those who were not born in the United States
This report examines substance use among Hispanic adolescents aged 12 to 17. Combined data from the 2004 to 2009 National Surveys on Drug Use and Health (NSDUHs) are used when discussing estimates, while the discussion on trends uses data from the 2002 to 2010 NSDUHs. The report presented here is one in a series of reports intended to describe adolescent substance use within racial and ethnic subpopulations of the United States.

**Demographic Characteristics**

Combined 2004 to 2009 NSDUH data indicate that an annual average of 4.6 million persons aged 12 to 17—18.2 percent of the total population in this age group—identified themselves as Hispanic. Two thirds (67.8 percent) of Hispanic adolescents were of Mexican origin, 10.2 percent were of Central or South American origin, and 10.0 percent were of Puerto Rican origin. The majority of Hispanic adolescents (81.8 percent) were born in the United States.

Compared with adolescents in the Nation as a whole, Hispanic adolescents were more likely to be living in poverty (31.8 vs. 18.1 percent) and were less likely to have health insurance coverage (81.4 vs. 92.0 percent).

**Trends in Substance Use**

Among Hispanic adolescents, marijuana use increased from 6.1 percent in 2008 to 8.1 percent in 2009, and remained steady at 8.0 percent in 2010; nonmedical use of prescription-type drugs increased from 2.2 percent in 2008 to 3.3 percent in 2009, and remained steady at 3.4 percent in 2010 (Figure 1). Cigarette use decreased...
among Hispanic adolescents between 2002 and 2010. Alcohol use declined from 16.6 percent in 2002 to 13.9 percent in 2010.

**Past Month Substance Use**

Combined 2004 to 2009 data indicate that rates of past month substance use generally were lower among Hispanic adolescents compared with the national average for adolescents (Figure 2). The rate of past month cigarette use was lower among Hispanic adolescents than the national average for adolescents (8.1 vs. 10.2 percent). Statistically significant differences were found for past month marijuana use (6.5 vs. 6.9 percent) and nonmedical use of prescription-type drugs (2.9 vs. 3.3 percent). The rate of past month alcohol use among Hispanic adolescents was similar to the national average for adolescents.

**Substance Use by Hispanic Subgroup and Nativity**

Among Hispanic adolescents, cigarette and alcohol use varied by Hispanic subgroup (Figure 3). Past month cigarette use ranged from 12.1 percent among adolescents of Spanish origin to 4.6 percent among adolescents of Dominican origin. Past month alcohol use ranged from 21.6 percent among adolescents of Spanish origin to 13.8 percent among adolescents of Puerto Rican origin.

Past month marijuana use varied across Hispanic subgroups, but there was little variation in nonmedical use of prescription-type drugs (Figure 4). Marijuana use ranged from 9.6 percent among adolescents of Spanish origin to 3.2 percent among adolescents of Dominican origin.

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).
Hispanic adolescents born in the United States had higher rates of past month alcohol use, cigarette use, and marijuana use than those who were not born in the United States (Figure 5). The difference in rates of nonmedical use of prescription-type drugs was not statistically significant.

### Substance Use by Age Group

For adolescents aged 12 to 14, there were statistically significant differences between rates for Hispanic youths and the national averages for youths for past month cigarette use and past month alcohol use, with cigarette use being slightly lower and alcohol use being slightly higher among Hispanics (Table 1). Among adolescents aged 15 to 17, rates of past month cigarette use, marijuana use, and nonmedical use of prescription-type drugs among Hispanics were significantly lower than the national averages, while there was no statistically significant difference in rates of alcohol use.

### Substance Use by Gender

Compared with the national averages for adolescent females, adolescent Hispanic females had lower rates of past month cigarette use and marijuana use (Figure 6). Differences in rates of alcohol use and nonmedical use of prescription-type drugs were not statistically significant. Adolescent Hispanic males had a lower rate of past month cigarette use than the national average for adolescent males; however, there were no
Discussion

Recent increases in rates of marijuana use and nonmedical use of prescription-type drugs among Hispanic adolescents suggest a need for prevention and treatment programs that target this population. Although substance use among Hispanic adolescents was generally lower than among adolescents in the Nation as a whole, certain subgroups of the Hispanic adolescent population had rates of use that exceeded the rates in the general population, and Hispanic adolescents born in the United States were more likely to use illicit substances than Hispanic adolescents born elsewhere. While Hispanic adolescents had lower prevalence rates than national averages for certain substances, prevention and treatment strategies targeting this population need to account for the variations by age, gender, and nativity to help assist Hispanic adolescents maintain or achieve a healthier lifestyle.

End Notes


3 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 Hispanic group regardless of their racial identification. Individuals who identify themselves as Hispanic are asked to name a Hispanic subgroup that best describes them; response options include Mexican/Mexican American/Chicano, Puerto Rican, Central or South American, Cuban/Cuban American, Dominican (from the Dominican Republic), Spanish (from Spain), and other. Respondents may select more than one Hispanic subgroup.

4 Respondents were asked if they were born in the United States, and responses to this question were used to differentiate U.S.-born versus foreign-born Hispanics. All findings in the report pertain strictly to residents of the United States, not to persons living in other countries. No information is collected on citizenship; thus, no inferences can be made in this regard.

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). The poverty variable is available for the years from 2005 to 2009; therefore, information for this estimate is restricted to combined data from these years.

6 Nonmedical use of prescription-type drugs 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.

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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 2009 data used in this report are based on information obtained from 135,311 persons aged 12 to 17, including 22,195 Hispanics. 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 two-volume publication:


Also available online: http://oas.samhsa.gov.