

# 2018 National Survey on Drug Use and Health: American Indians and Alaska Natives (AI/ANs)

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# National Survey on Drug Use and Health (NSDUH)

- NSDUH is a comprehensive household interview survey of substance use, substance use disorders, mental health, and the receipt of treatment services for these disorders in the United States.
- NSDUH is collected face-to-face by field interviewers who read less sensitive questions to respondents and transition respondents to audio computer assisted self-interviewing for sensitive items.
- NSDUH covers the civilian, noninstitutionalized population, aged 12 or older:
  - Includes: Households, college dorms, homeless in shelters, civilians on military bases
  - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
- Data collected from January to December

# How Do We Use NSDUH?

- Provides a window into the state of substance use and mental health issues in the United States
- Helps to guide policy directions:
  - problem substances
  - prevalence of mental illness
  - intersection of substance use and mental health issues
  - provides insights that can be studied in the context of data from other agencies to help in decision-making about what types of resources are needed and where resources should be directed

# NSDUH 2017 Highlights

- Opioids epidemic:
  - New users of heroin significantly decreased relative to 2016
  - Significant decreases in pain reliever misuse were observed for all ages
  - Downward trend in heroin users
  - Estimated 2.1M with opioid use disorder
- Marijuana:
  - Significant increases in use by young adults (18-25 y.o.): past month and daily/near daily use; with significant increases in use by young adult women
  - Pregnant women using substances in greater numbers including significant increases in daily or near daily marijuana use
  - Frequent marijuana use was associated with opioid misuse, heavy alcohol use, and depression in youth 12-17 and young adults 18-25
- Young adults had increasing rates of serious mental illness, major depression, and suicidality
- Co-occurring substance use and mental disorders are common
- Major gaps in treatment received by affected individuals

# SAMHSA's Response to 2016-17 NSDUH Findings

- **2018: Launch of new approach to technical assistance and training**
- **Previous focus on technical assistance to grantees expanded to national approach**
  - ***Establishment of Clinical Support System for Serious Mental Illness***
    - National practitioner training efforts
    - Focus on appropriate use and monitoring of psychotropic medications
    - Use of clozapine in treatment refractory schizophrenia
    - Assisted outpatient treatment
  - ***Establishment of a regional system of Technology Transfer Centers throughout the U.S.***
    - Substance Abuse Prevention Technology Transfer Centers
    - Addiction Technology Transfer Centers
    - Mental Health Technology Transfer Centers with supplements for school-based services
      - Training and technical assistance tailored to needs of HHS regions
    - Native American/Alaska Native, Hispanic/Latino focus centers
  - ***Establishment of new national training/technical assistance programs***
    - State Targeted Response/State Opioid Response TA/T Program-over 1000 requests met
    - Privacy Technology Transfer Center addressing confidentiality and information sharing related to HIPAA and 42CFR
    - Eating Disorders Technology Transfer Center

# SAMHSA's Response to NSDUH Findings

- Established PCSS-Universities to embed DATA waiver training in pre-graduate education for physicians, nurse practitioners and physician assistants
- Expanded training and technical assistance on opioids issues in rural America through supplements to USDA Cooperative Extension programs
- Re-established the Drug Abuse Warning Network (DAWN)
- Expanded the Suicide Prevention Lifeline network
- Public targeted messaging based on areas of concern identified in NSDUH: marijuana, methamphetamine, suicide prevention

# Mental Illness and Substance Use Disorders among AI/AN Adults ( $\geq 18$ y.o.)

PAST YEAR, 2018 NSDUH, AI/AN 18+

Among AI/ANs with a substance use disorder:  
**1 IN 11 (9.1% or 15,000)** struggled with illicit drugs and alcohol

**10.8%**  
**(162,000)**  
People aged 18 or older had a substance use disorder (SUD)

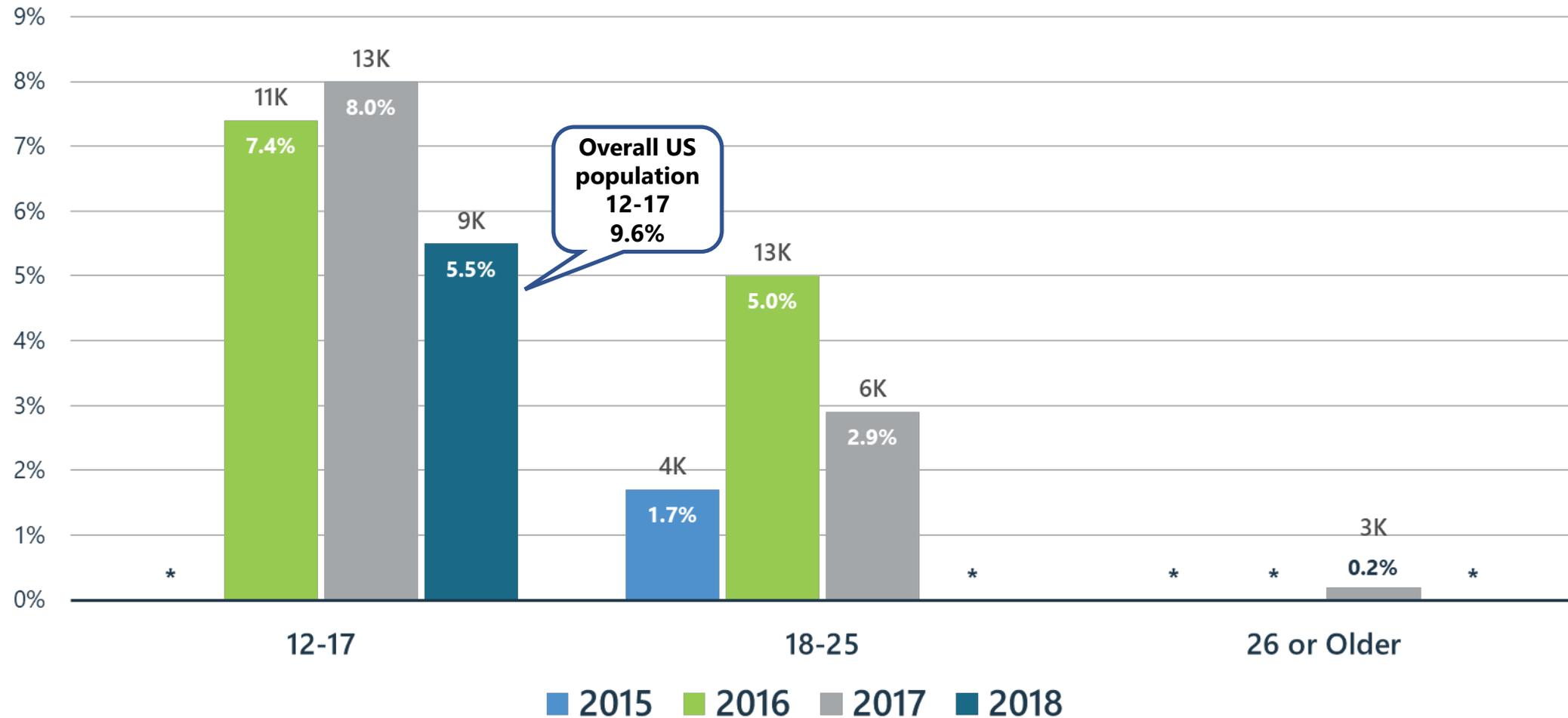
**5.3%**  
**(79,000)**  
People 18+ had BOTH an SUD and a mental illness

**22.1%**  
**(333,000)**  
People aged 18 or older had a mental illness

In 2018, **416,000** AI/AN adults had a mental and/or substance use disorder.

# Alcohol Initiates among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

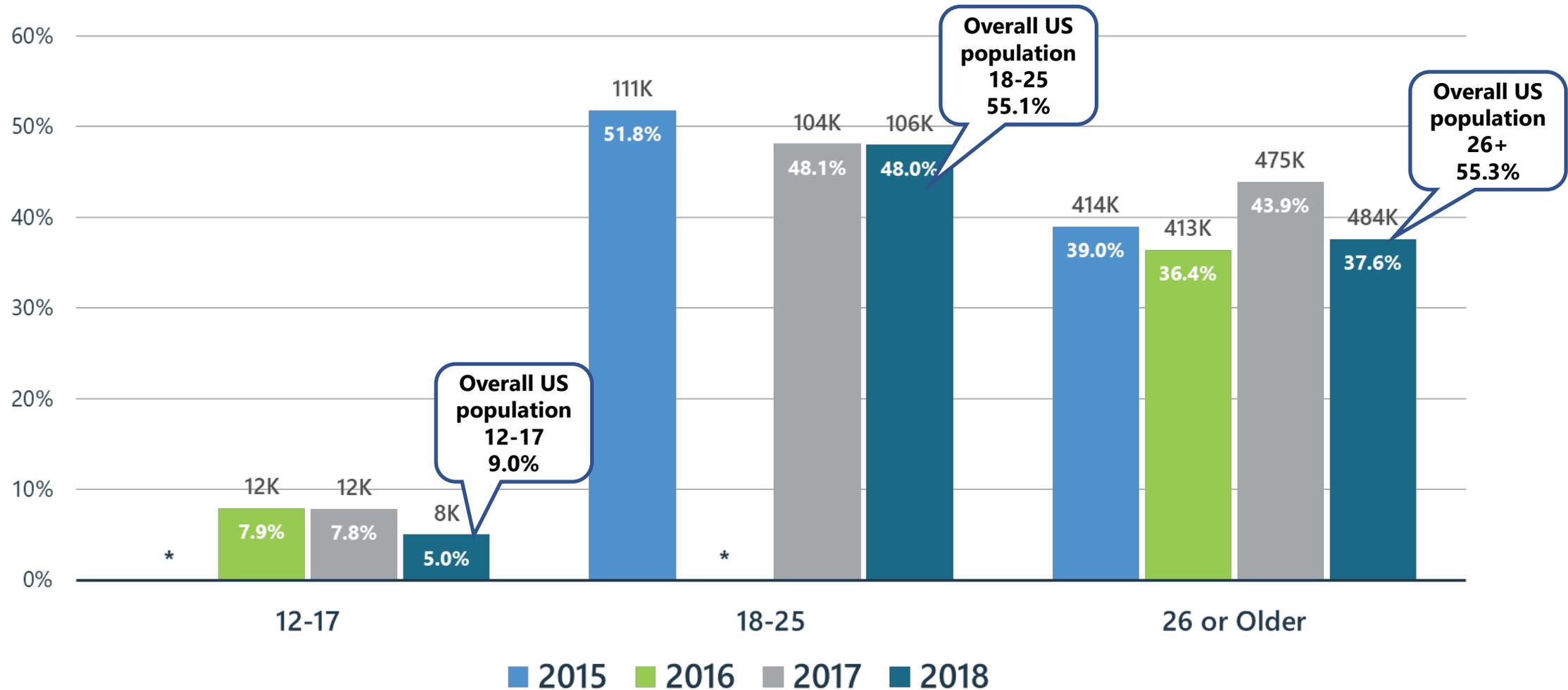


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Alcohol Use among AI/ANs

PAST MONTH, 2015-2018 NSDUH, AI/AN 12+

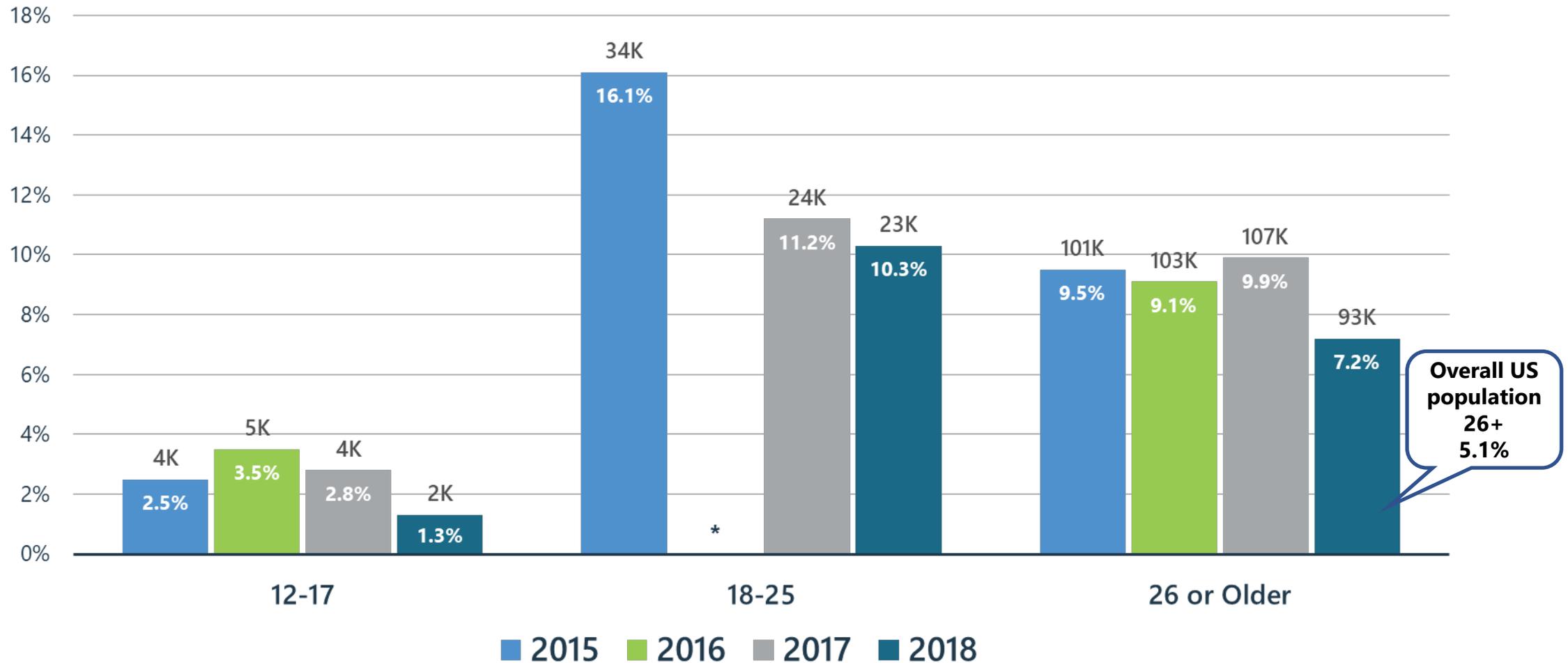


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Alcohol Use Disorder among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



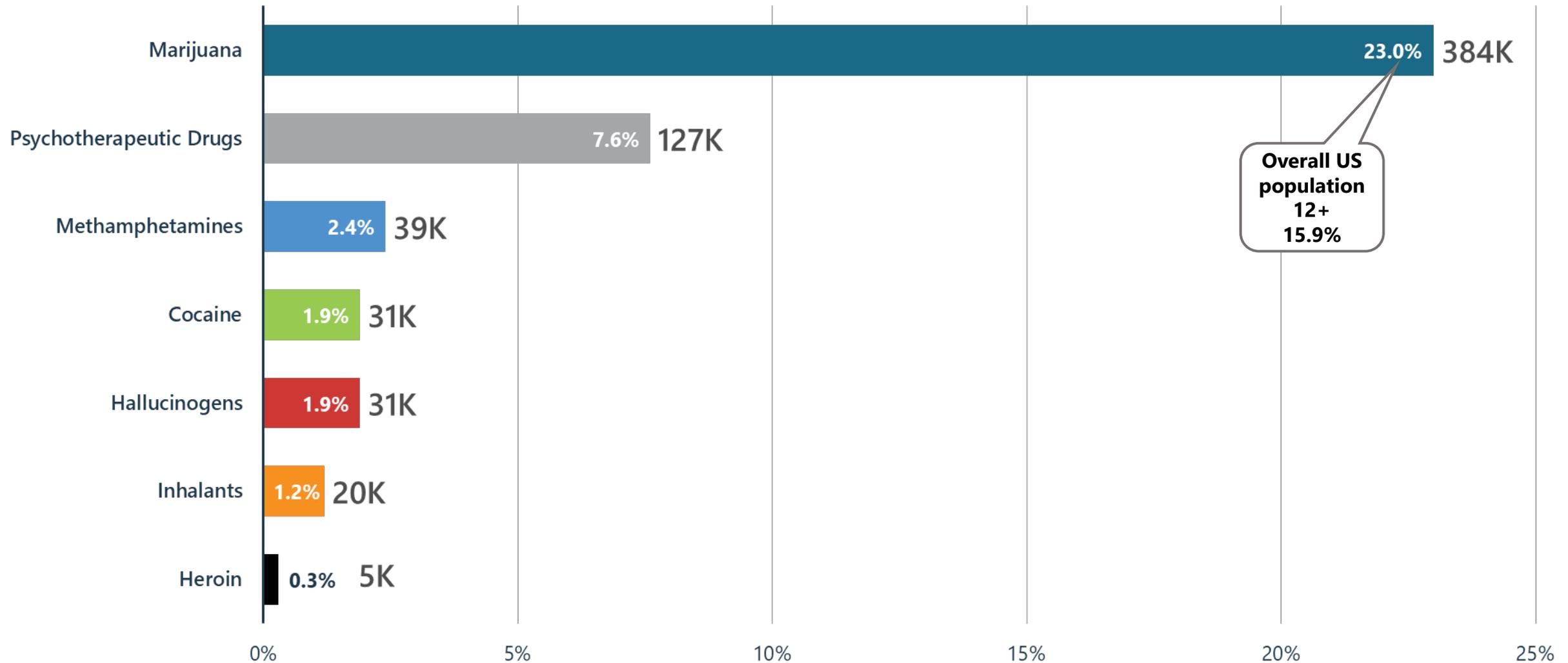
\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Summary: Alcohol Use in 2018

- No significant changes in initiation of alcohol use, alcohol use, and alcohol use disorder among AI/ANs across all age groups during 2015-2018
- **SAMHSA efforts on reductions in alcohol use in children/youth/transition age youth:**
- CSAP DFC program prioritizes alcohol use and has reported a 27% reduction in use in middle-school and a 23% reduction in use by high school students
- SAMHSA Prevention Technology Transfer Centers produce resources and materials related to alcohol misuse prevention
- CSAP 'Talk They Hear You' focuses on underage drinking
- CSAP requires Partnerships for Success grantees to emphasize underage drinking prevention
- CSAT has promoted SBIRT for alcohol use in all programs including CJ, PPW, adolescent treatment, HIV and homeless programs
- CSAT has funded SBIRT training in medical residencies and other healthcare practitioner programs which screen for hazardous alcohol use and use disorders

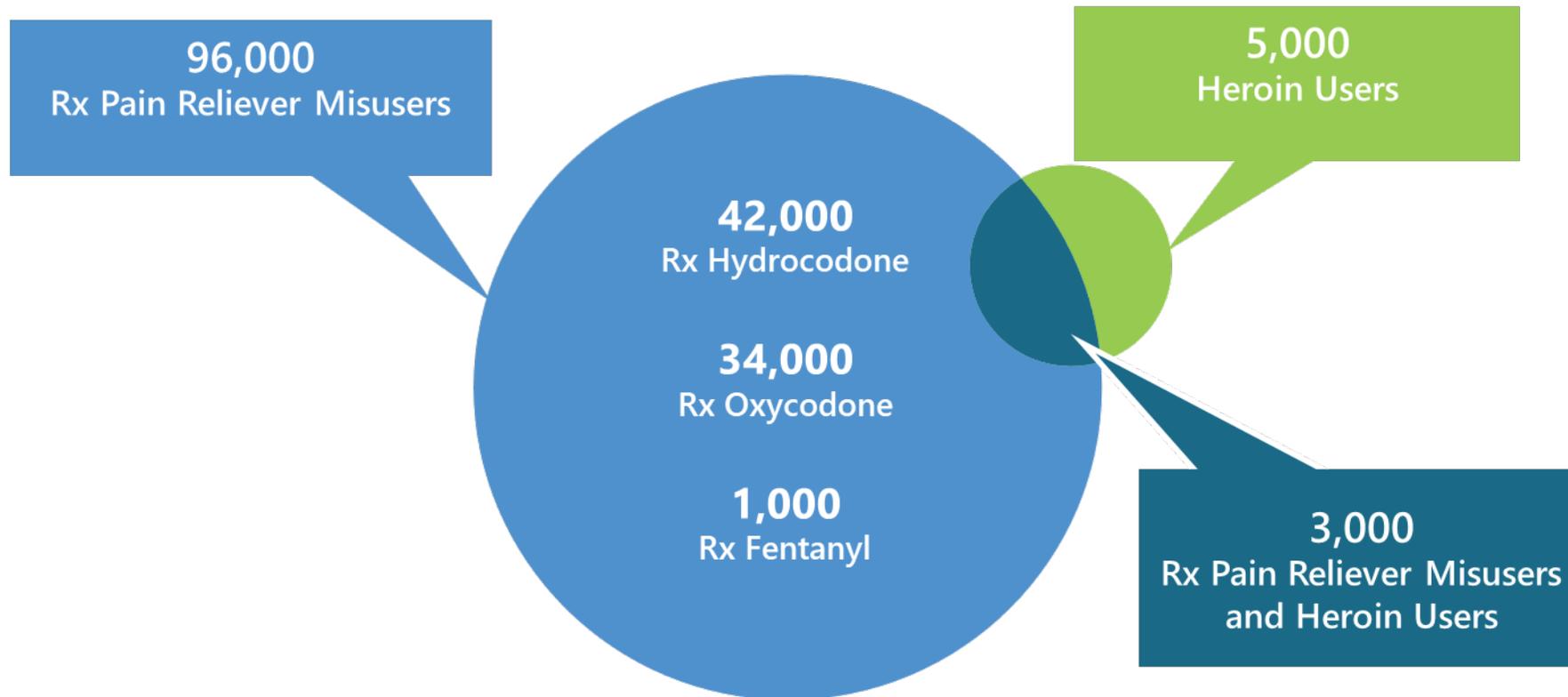
# Illicit Drug Use among AI/ANs: Marijuana Most Used Drug



# Prescription Pain Reliever Misuse among AI/ANs

PAST YEAR, 2018 NSDUH, AI/AN 12+

97,000 AI/ANs WITH OPIOID MISUSE (5.8% OF TOTAL POPULATION)

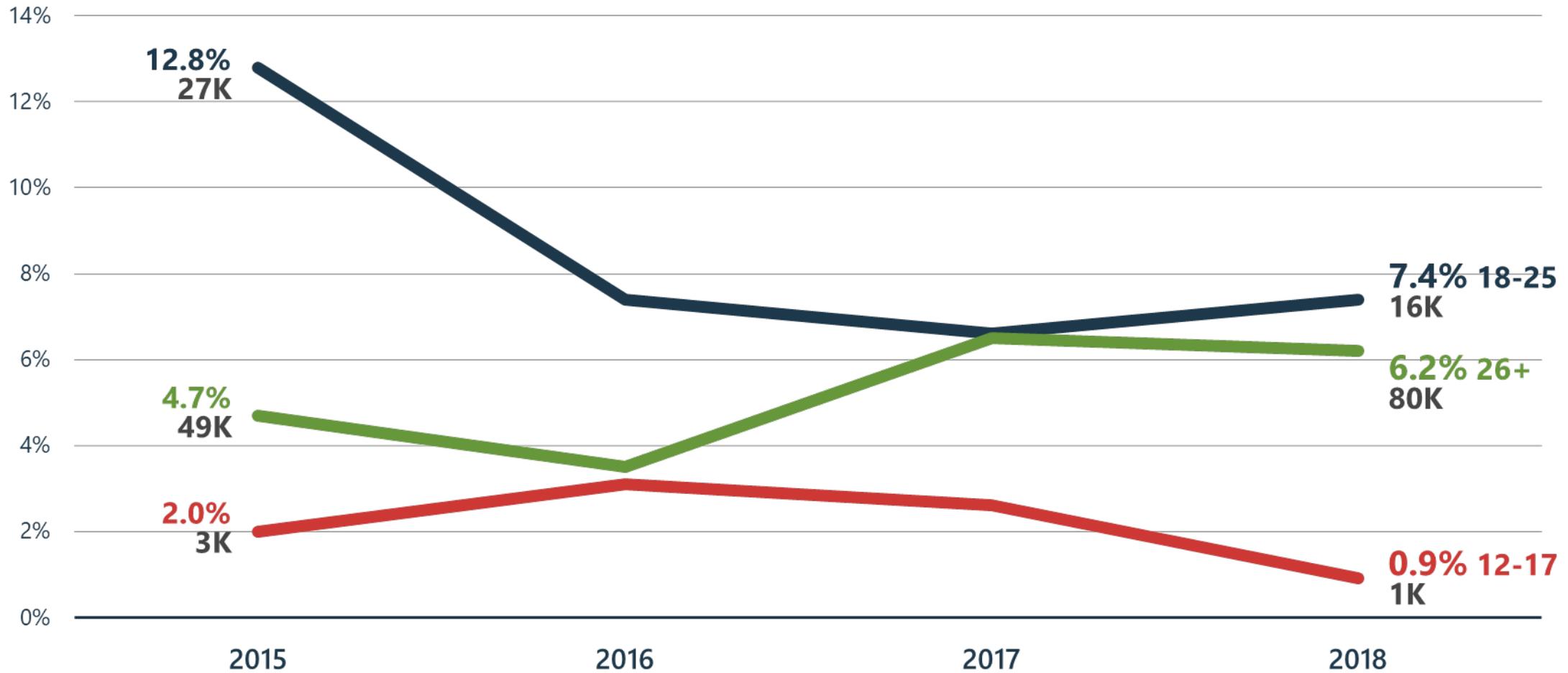


Rx = prescription.

Opioid misuse is defined as heroin use or prescription pain reliever misuse.

# Opioid Misuse among AI/ANs

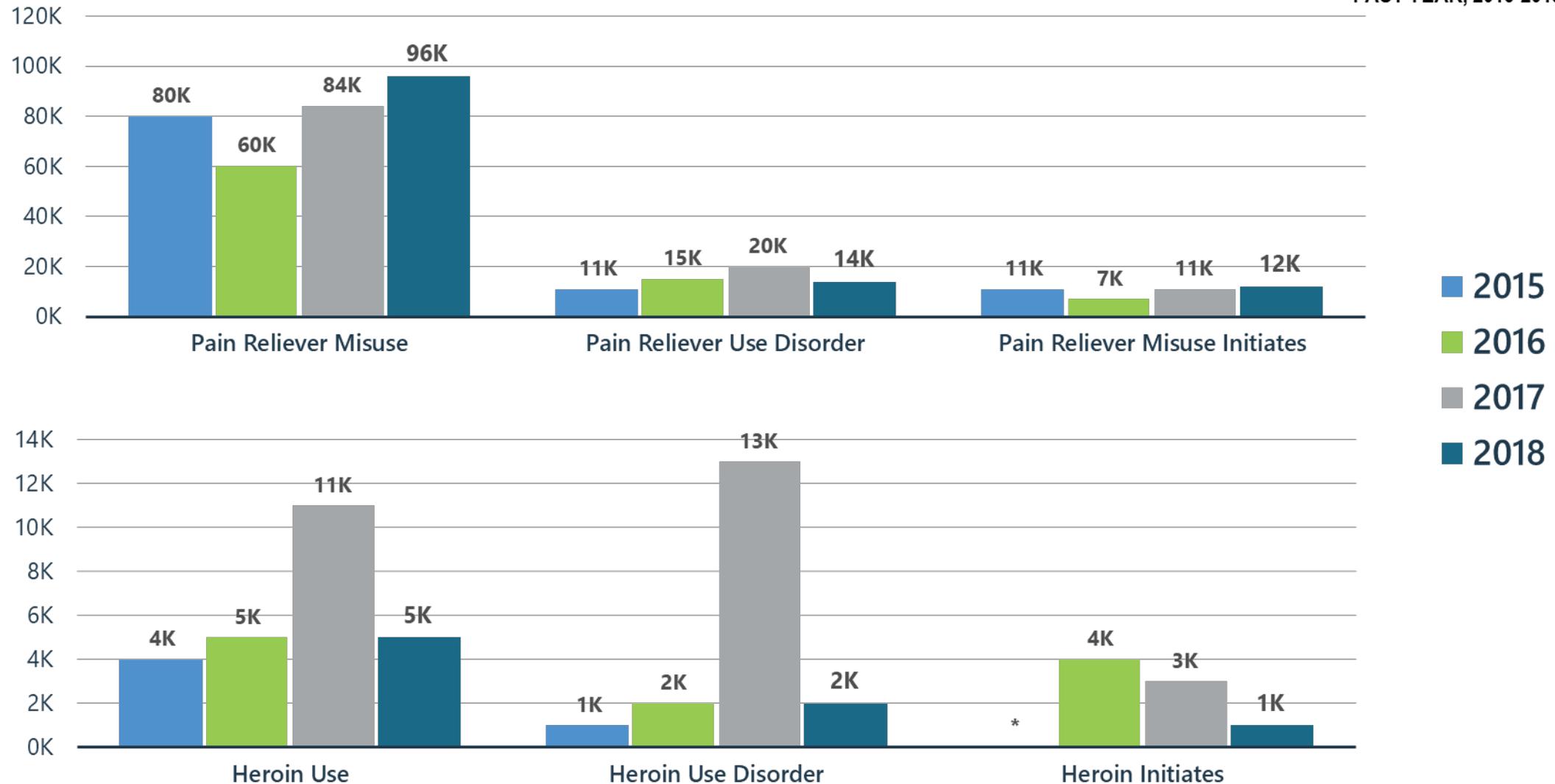
PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Prescription Pain Reliever Misuse and Heroin Use among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

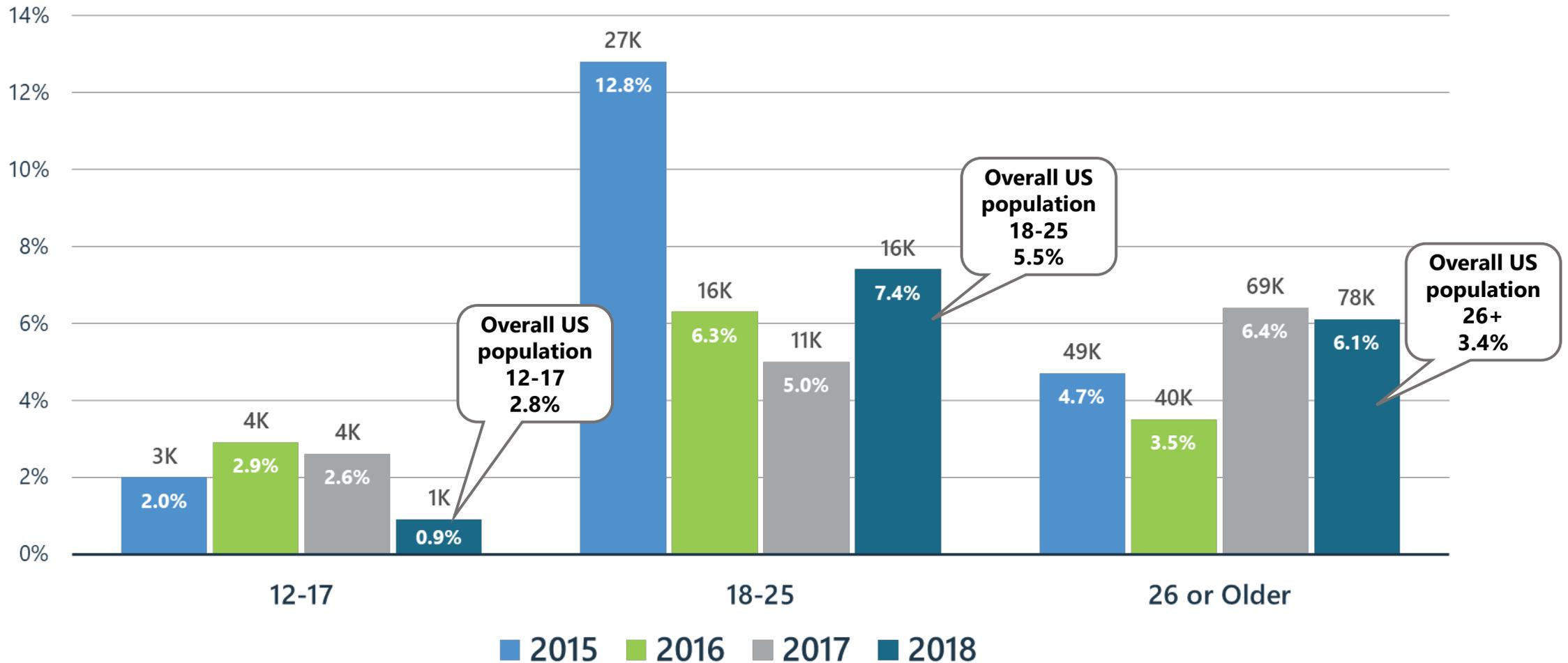


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Prescription Pain Reliever Misuse among AI/ANs

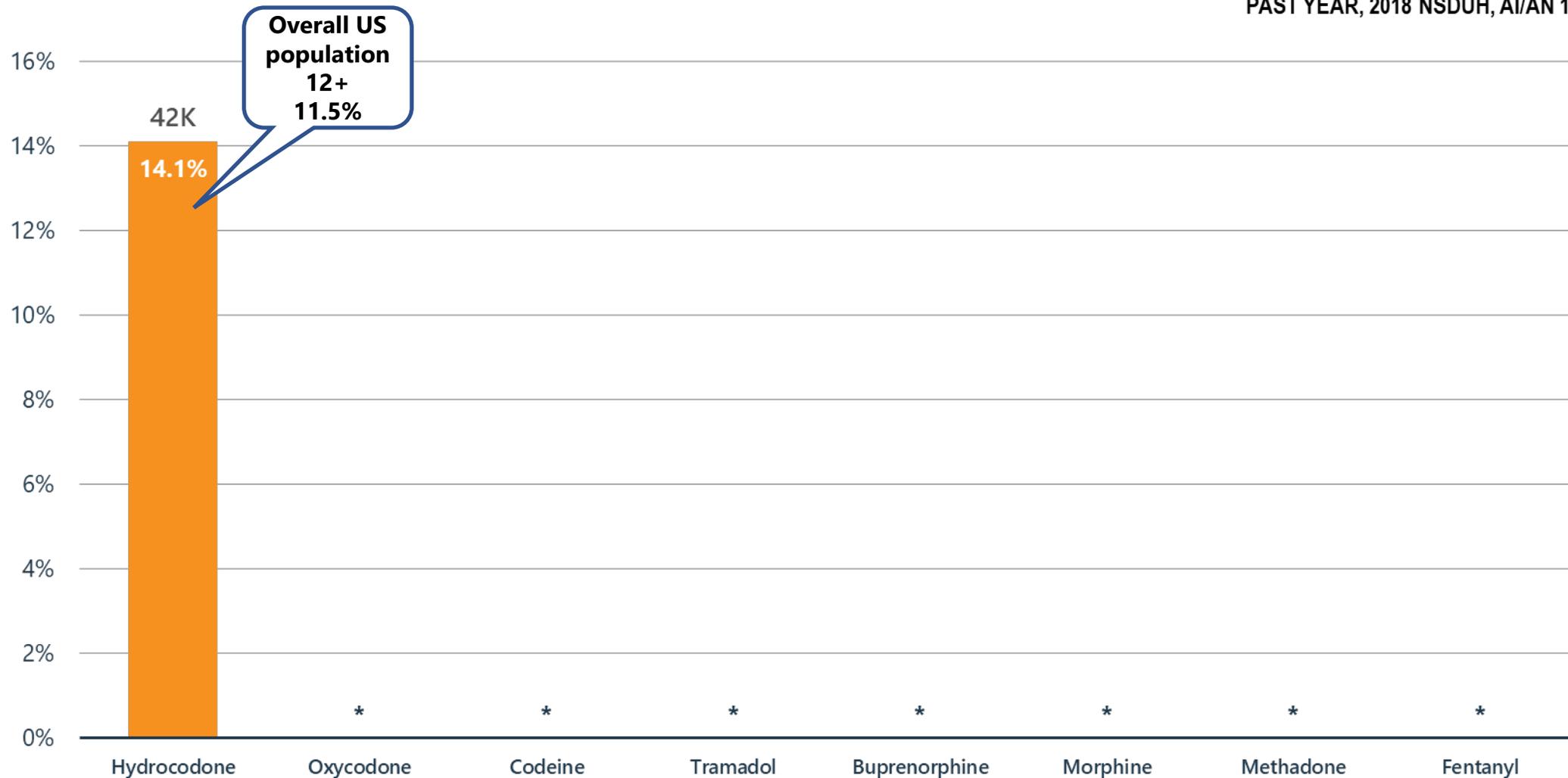
PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Misuse of Prescription Opioid Subtypes among AI/ANs

PAST YEAR, 2018 NSDUH, AI/AN 12+ SUBTYPE USERS

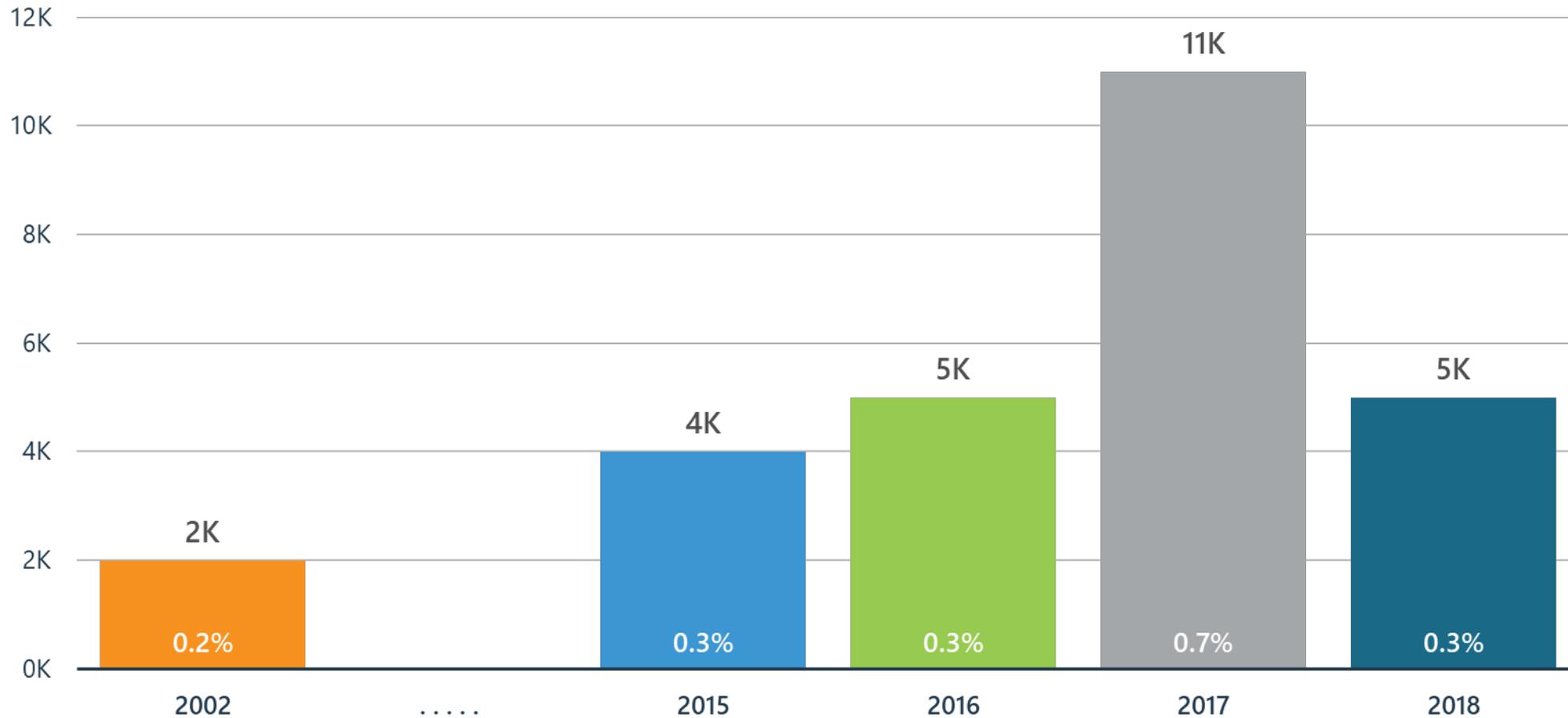


\* Estimate not shown due to low precision.

Note: This table shows misuse among users. For example, 14.1 percent of AI/AN hydrocodone past year users have misused hydrocodone in the past year.

# Heroin Use among AI/ANs

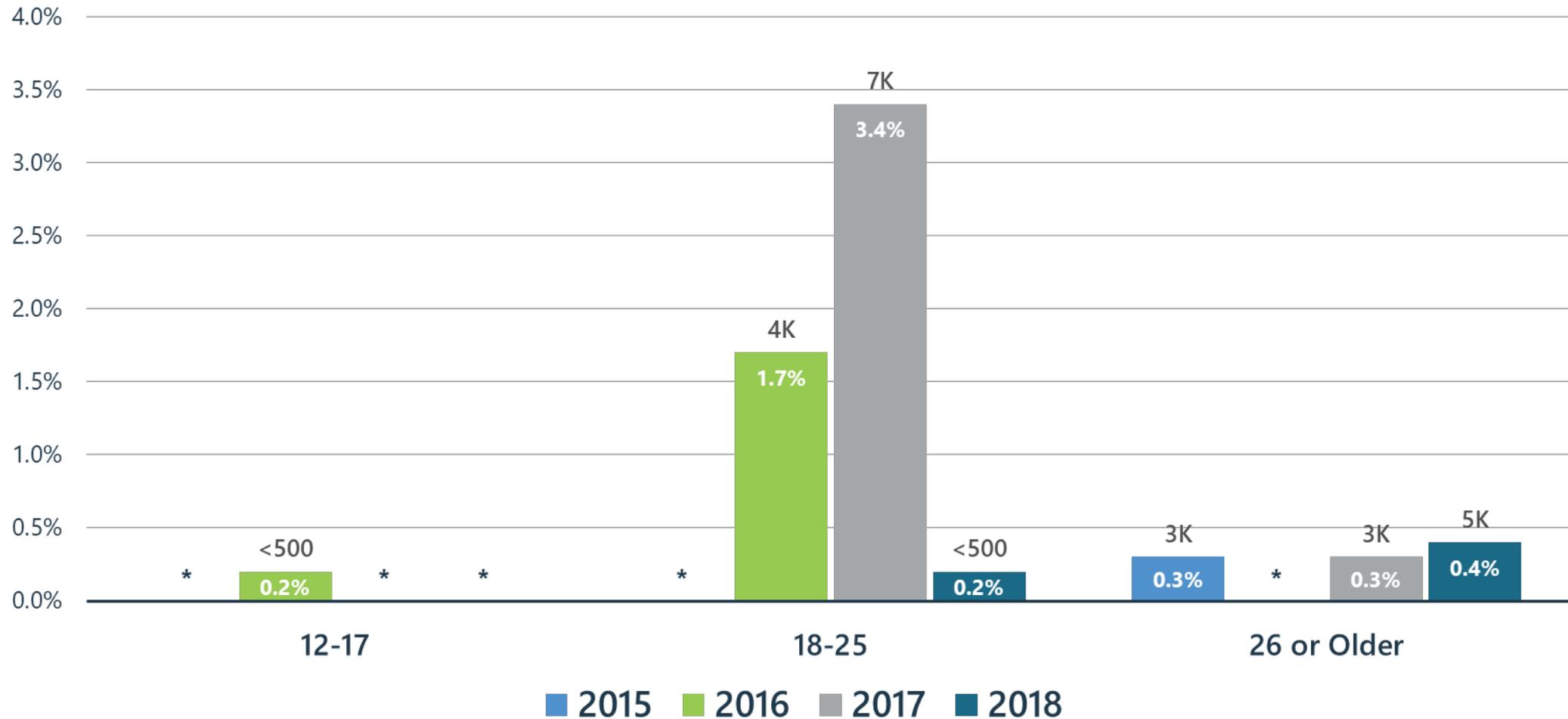
PAST YEAR, 2002 AND 2015-2018 NSDUH, AI/AN 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Heroin Use among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

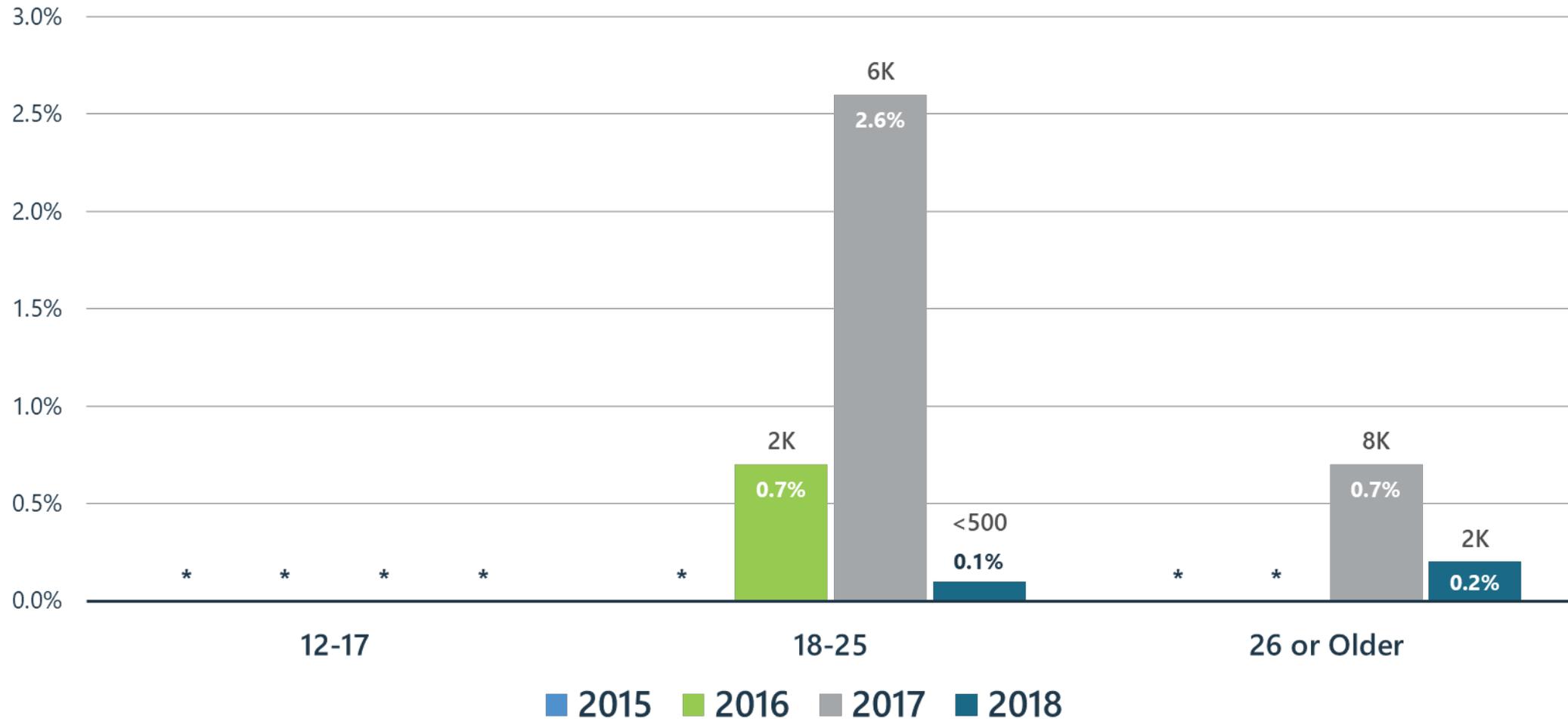


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Heroin-Related Opioid Use Disorder among AI/ANs

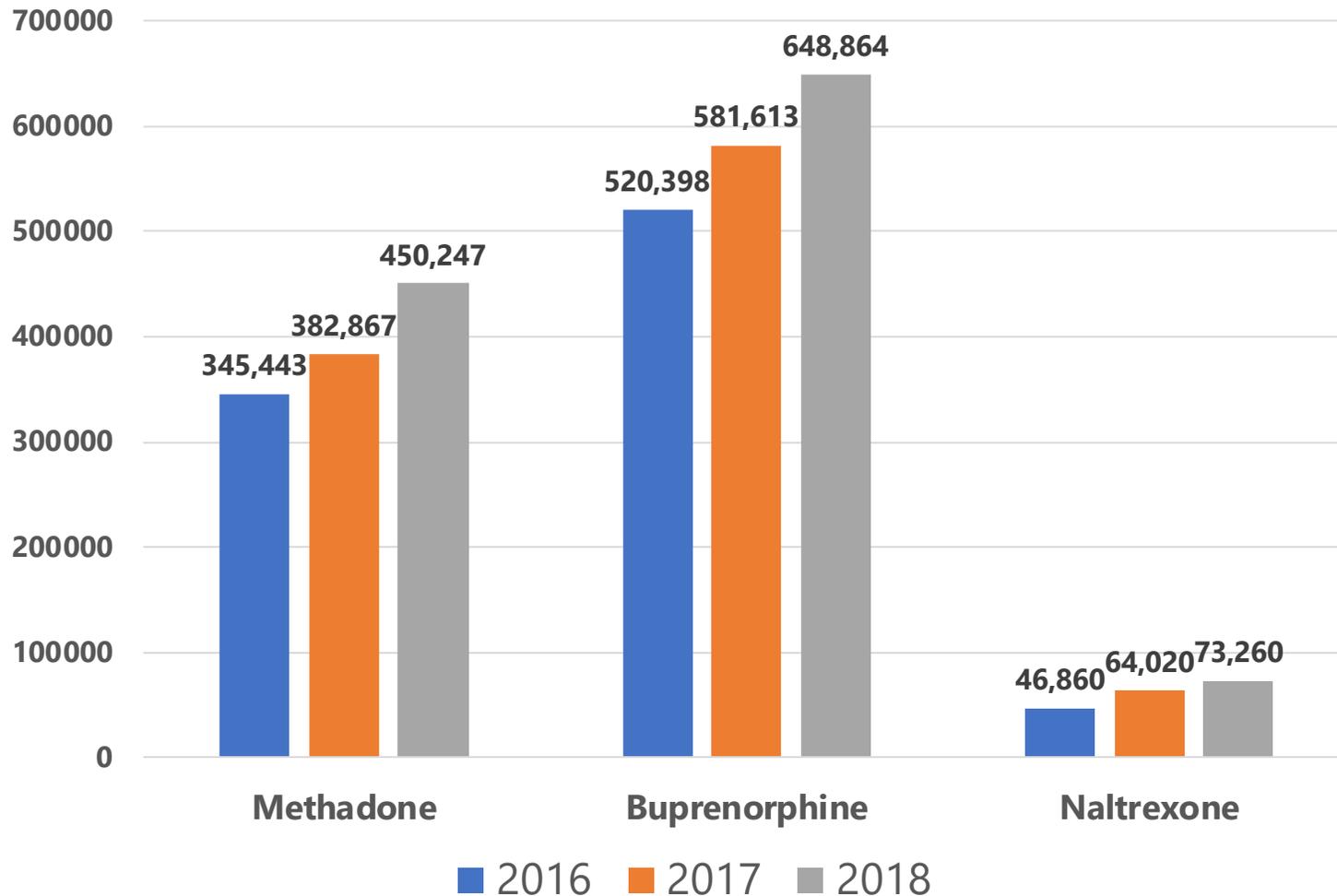
PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



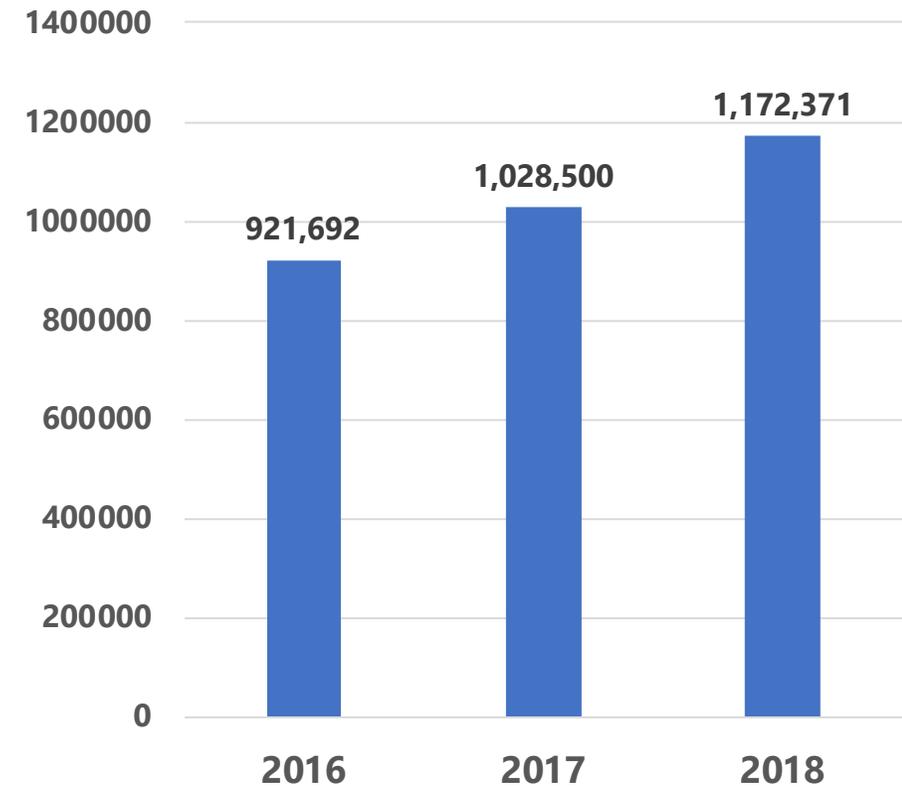
\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)



Total Number receiving MAT (all types)



Note: Estimates do not represent AI/ANs and are not based on NSDUH.

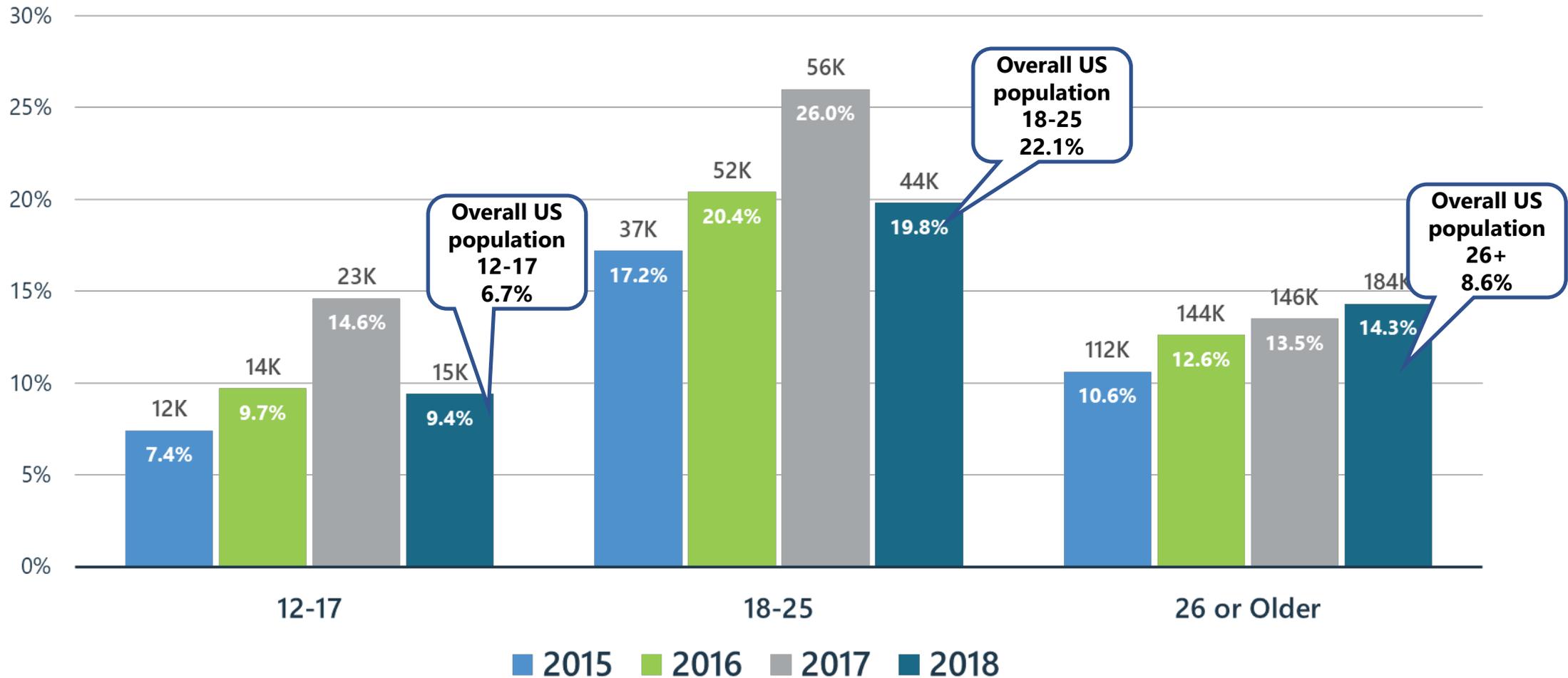
# Summary: Opioid Misuse and Use Disorder in the United States in 2018

- Across all AIAN age groups, no significant changes in prescription opioid misuse, initiation of misuse, and use disorders during 2015-2018
- No significant changes in heroin use initiation, use, and use disorder among AIANs during 2015-2018

# Other Illicit Substances

# Marijuana Use among AI/ANs

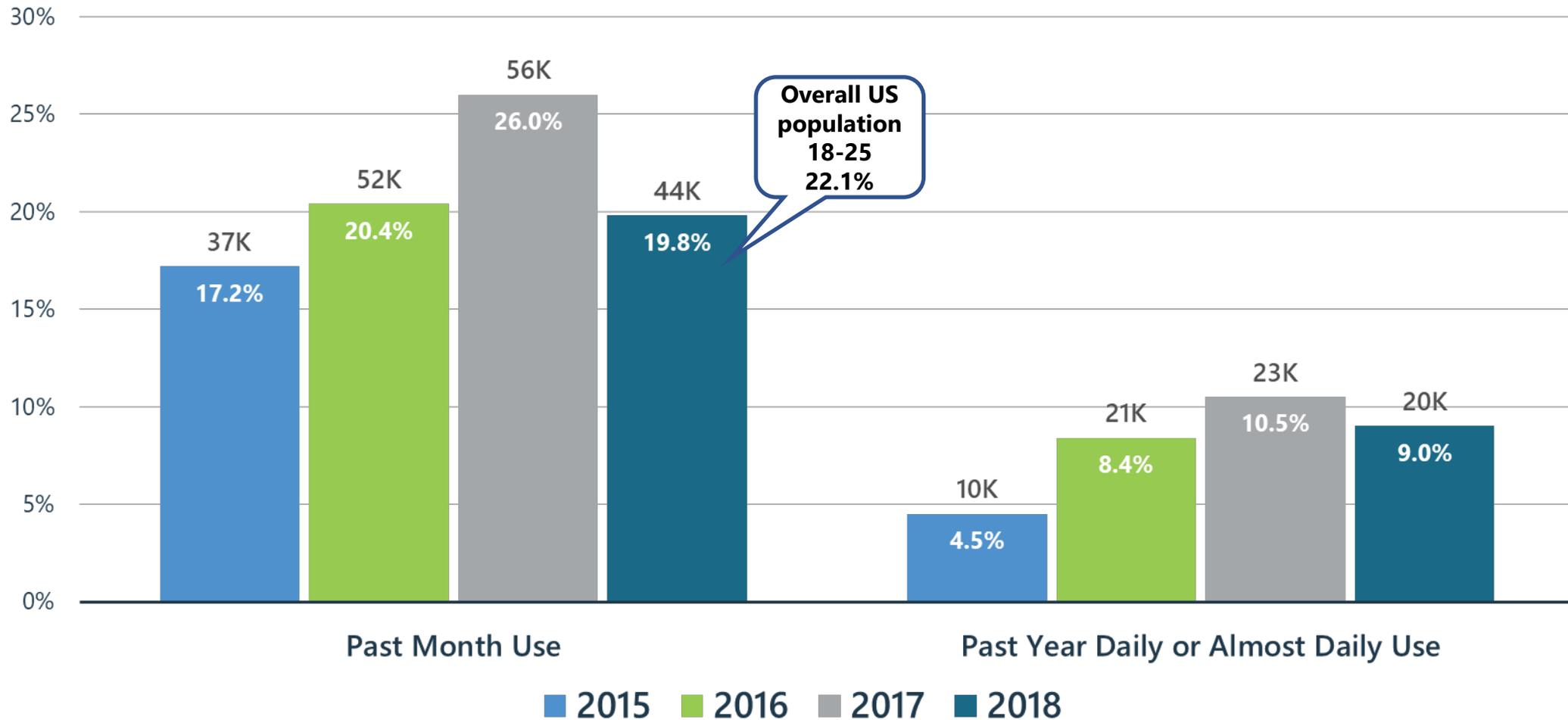
PAST MONTH, 2015-2018 NSDUH, AI/AN 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Marijuana Use among AI/AN Young Adults (18-25 y.o.)

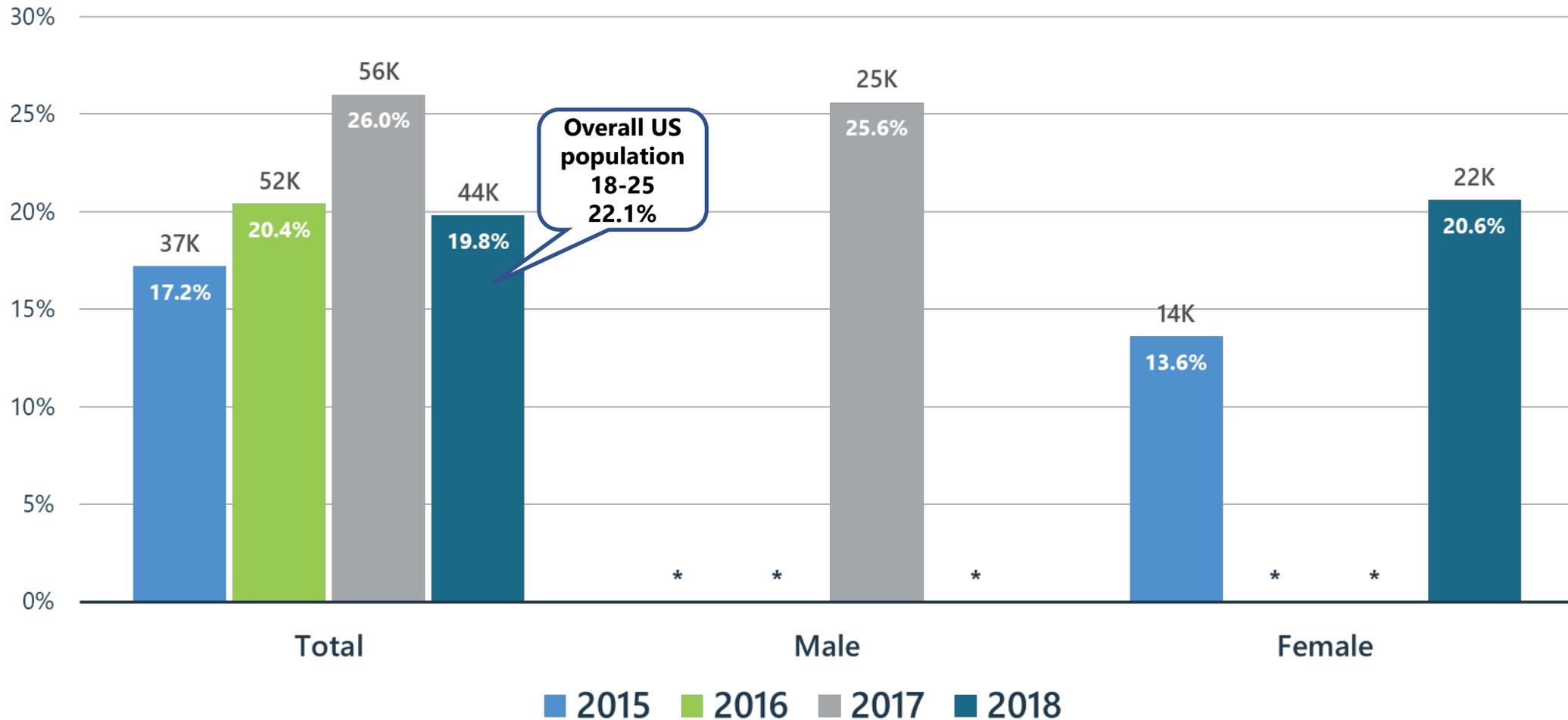
PAST MONTH/YEAR, 2015-2018 NSDUH, AI/AN 18-25



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Marijuana Use among AI/AN Young Adult Men and Women (18-25 y.o.)

PAST MONTH, 2015-2018 NSDUH, AI/AN 18-25

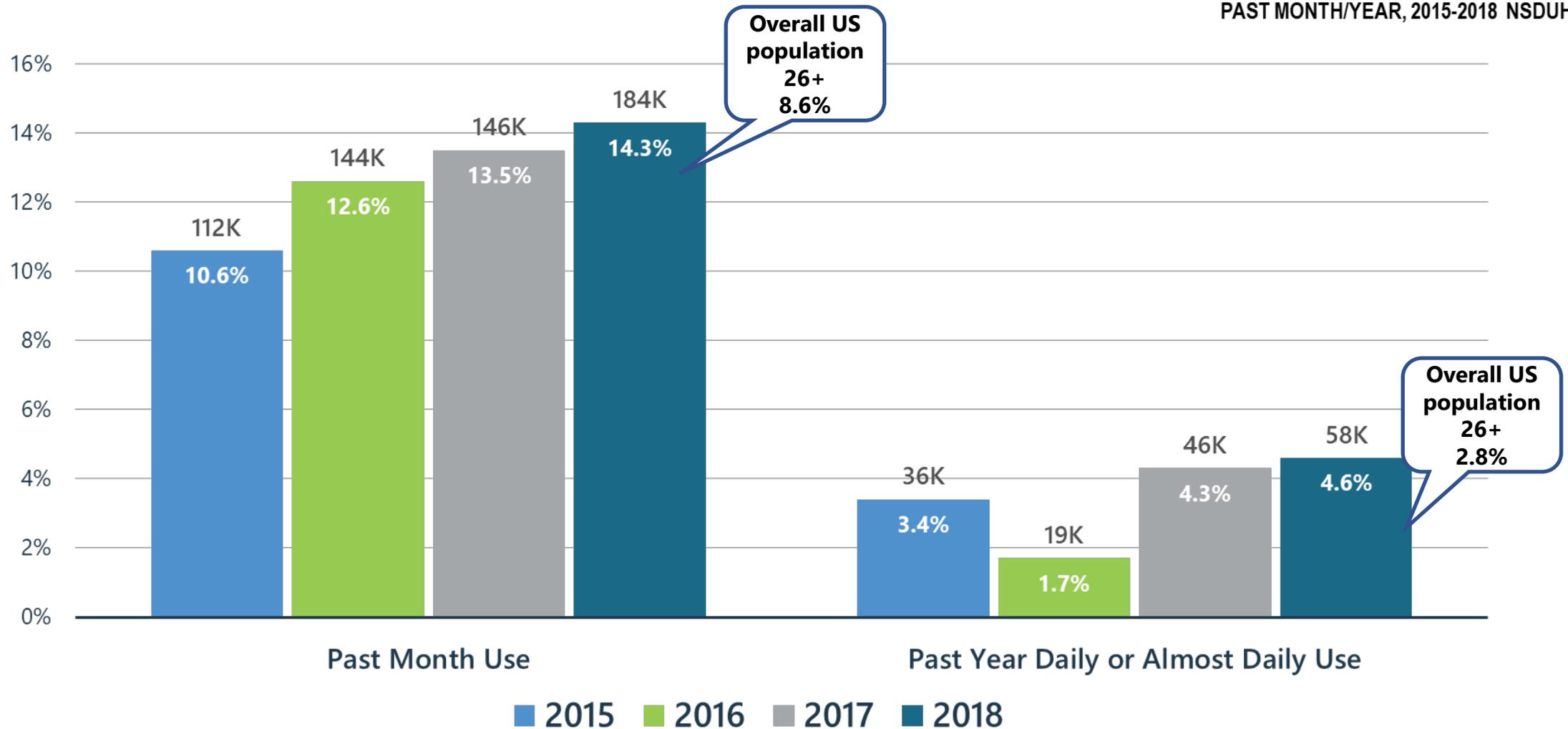


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Marijuana Use among AI/AN Adults 26+

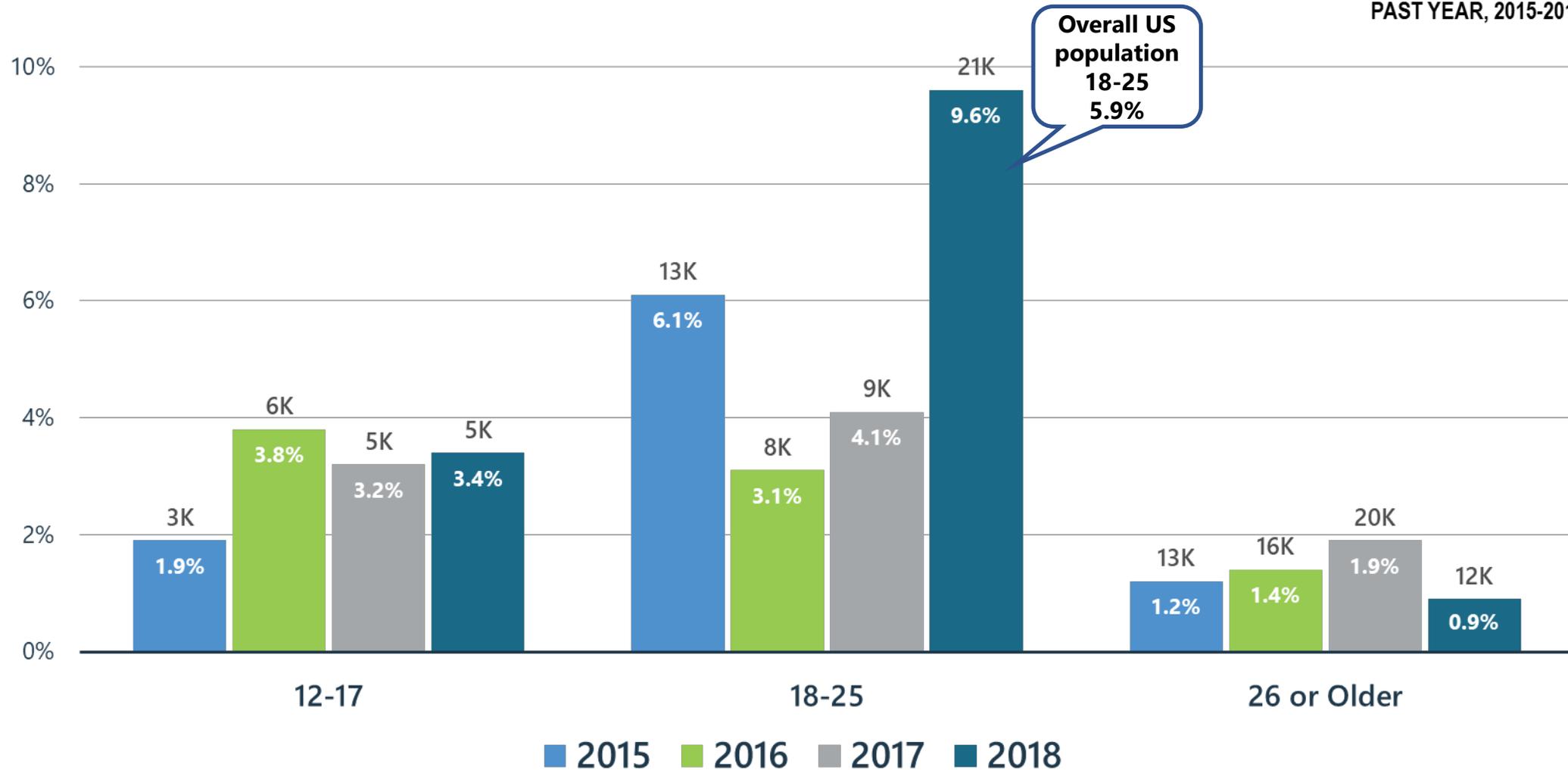
PAST MONTH/YEAR, 2015-2018 NSDUH, AI/AN 26+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Marijuana Use Disorder among AI/ANs

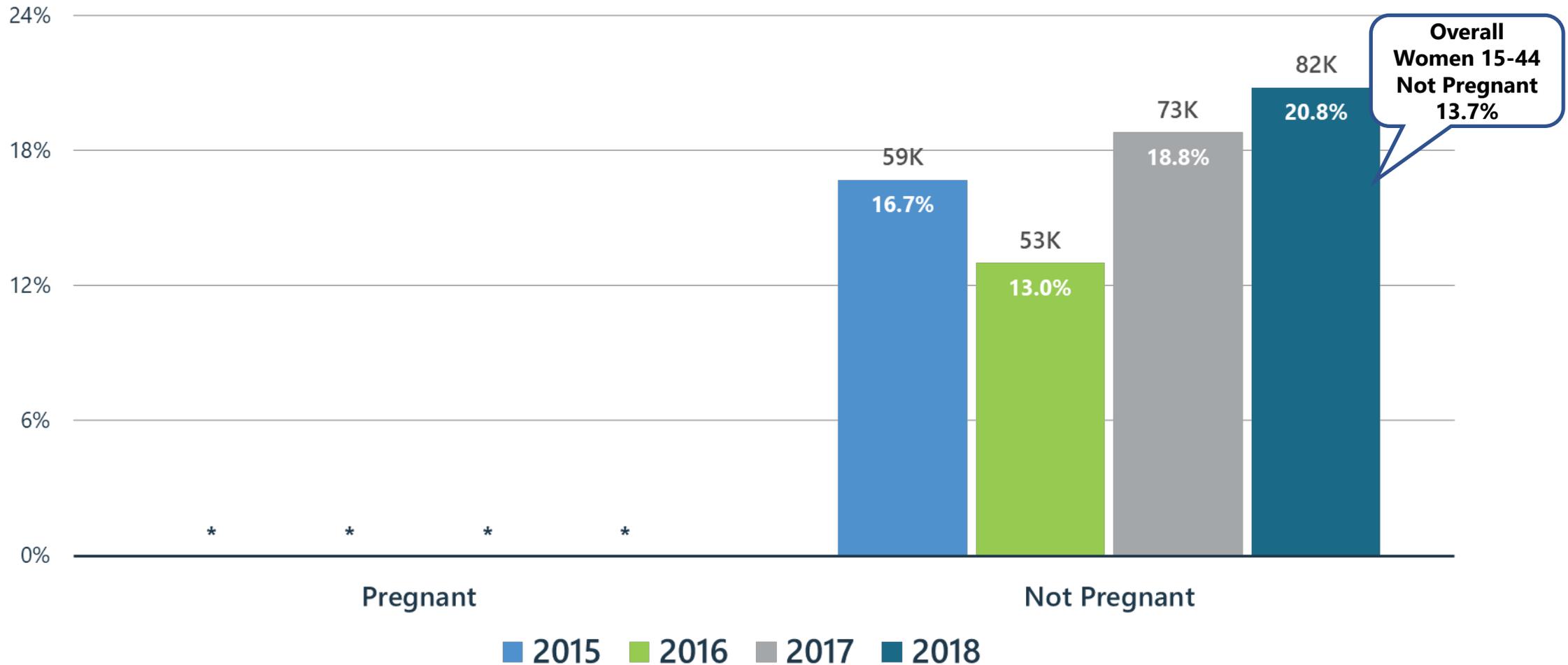
PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Marijuana Use among AI/AN Women by Pregnancy Status

PAST MONTH, 2015-2018 NSDUH, AI/AN 15-44

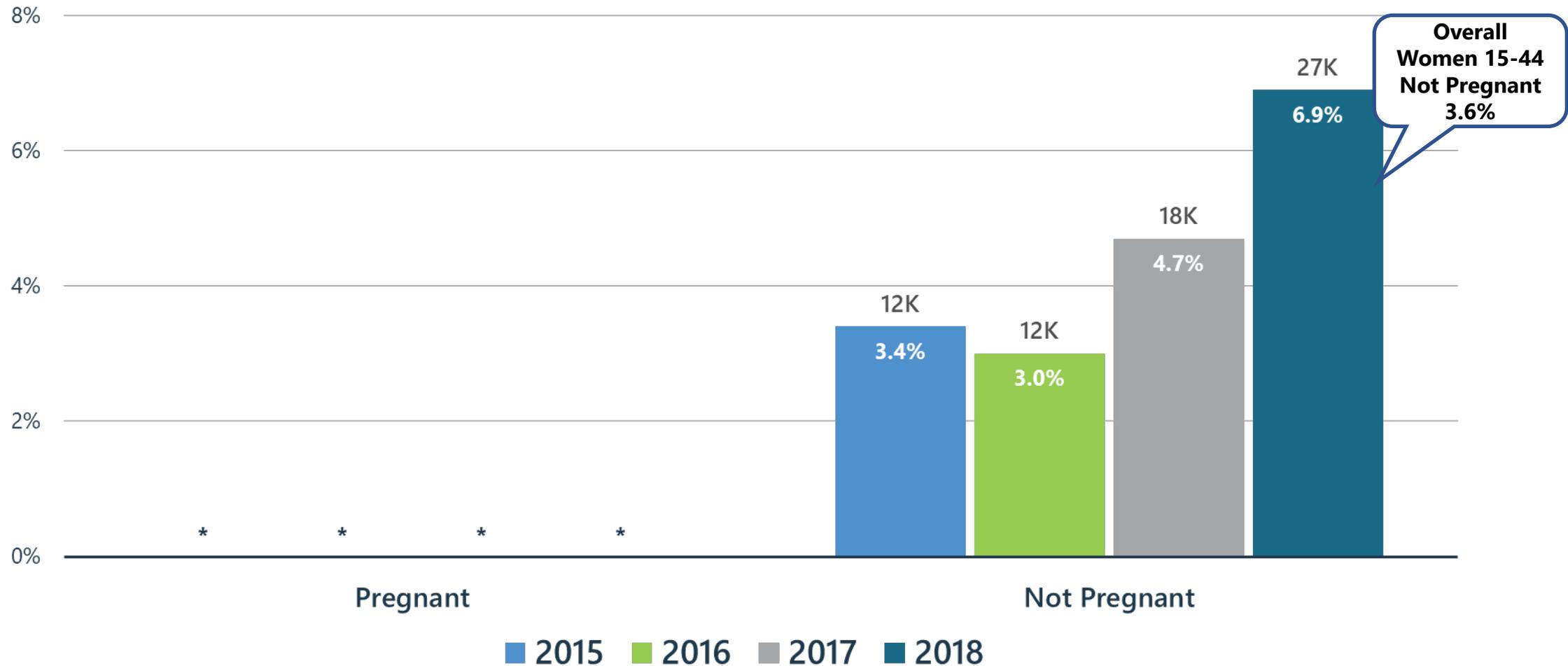


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Daily or Almost Daily Marijuana Use among AI/AN Women by Pregnancy Status

PAST YEAR, 2015-2018 NSDUH, AI/AN 15-44



\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

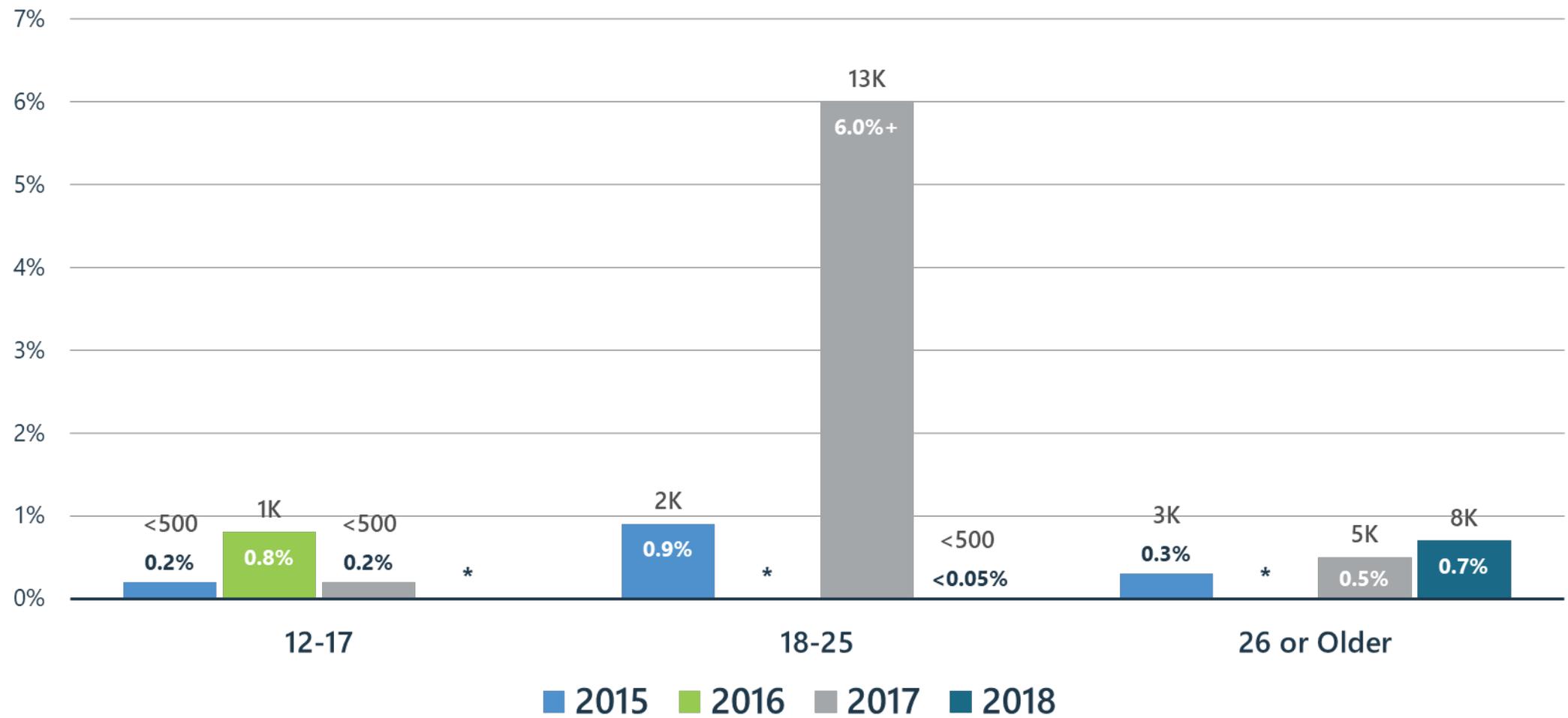
# Substance Use in Pregnancy: Trends in the Right Direction

**Overall U.S. women in 2017: Showed a startling increase in substance use and particularly marijuana use in pregnancy:** may be associated with fetal growth restriction, stillbirth, and preterm birth; may cause problems with neurological development, resulting in hyperactivity, poor cognitive function *(Metz TD and Stickrath EH, 2015)*

- SAMHSA/HHS made strong efforts to address this situation in an effort to improve the health and mothers and their babies:
- Public awareness efforts: information sharing with stakeholders and the public
- Launch of SAMHSA.gov/marijuana
- Launch of Substance Abuse Prevention Technology Transfer Centers with a focus on marijuana and other substance use in pregnancy
- Expansion of treatment programs for pregnant/post partum parenting women: both residential and outpatient through CARA
- Publication of Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder
- Publication of Healthy Pregnancy/Healthy Baby Factsheets for women and their families
- Use of STR and SOR funding for opioid use disorder in pregnancy and prevention interventions
- Joint article from Assistant Secretary for Mental Health and Substance Use and Surgeon General addressing treatment of opioid use disorder in pregnancy

# Cocaine Use among AI/ANs: Significant Decline among Young Adults (18-25 y.o.)

PAST MONTH, 2015-2018 NSDUH, AI/AN 12+



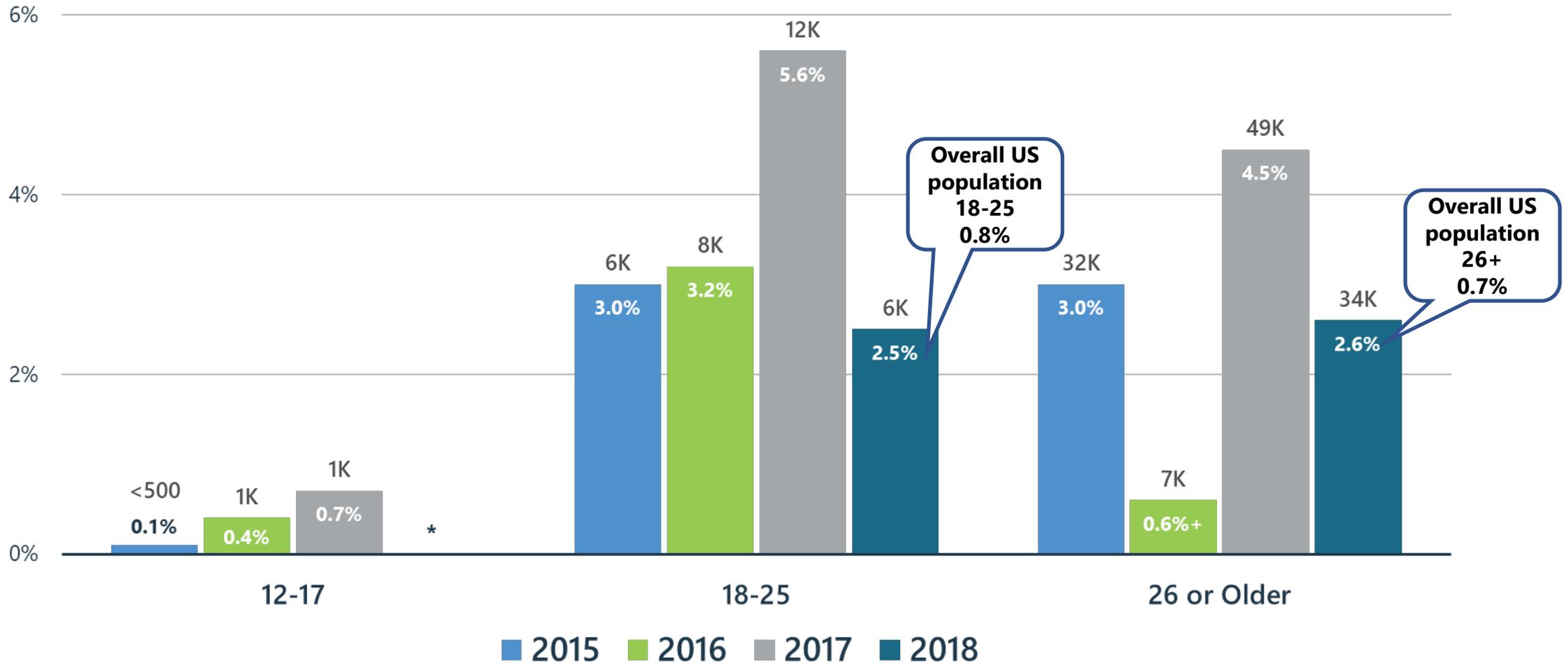
\* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.



# Methamphetamine Use among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

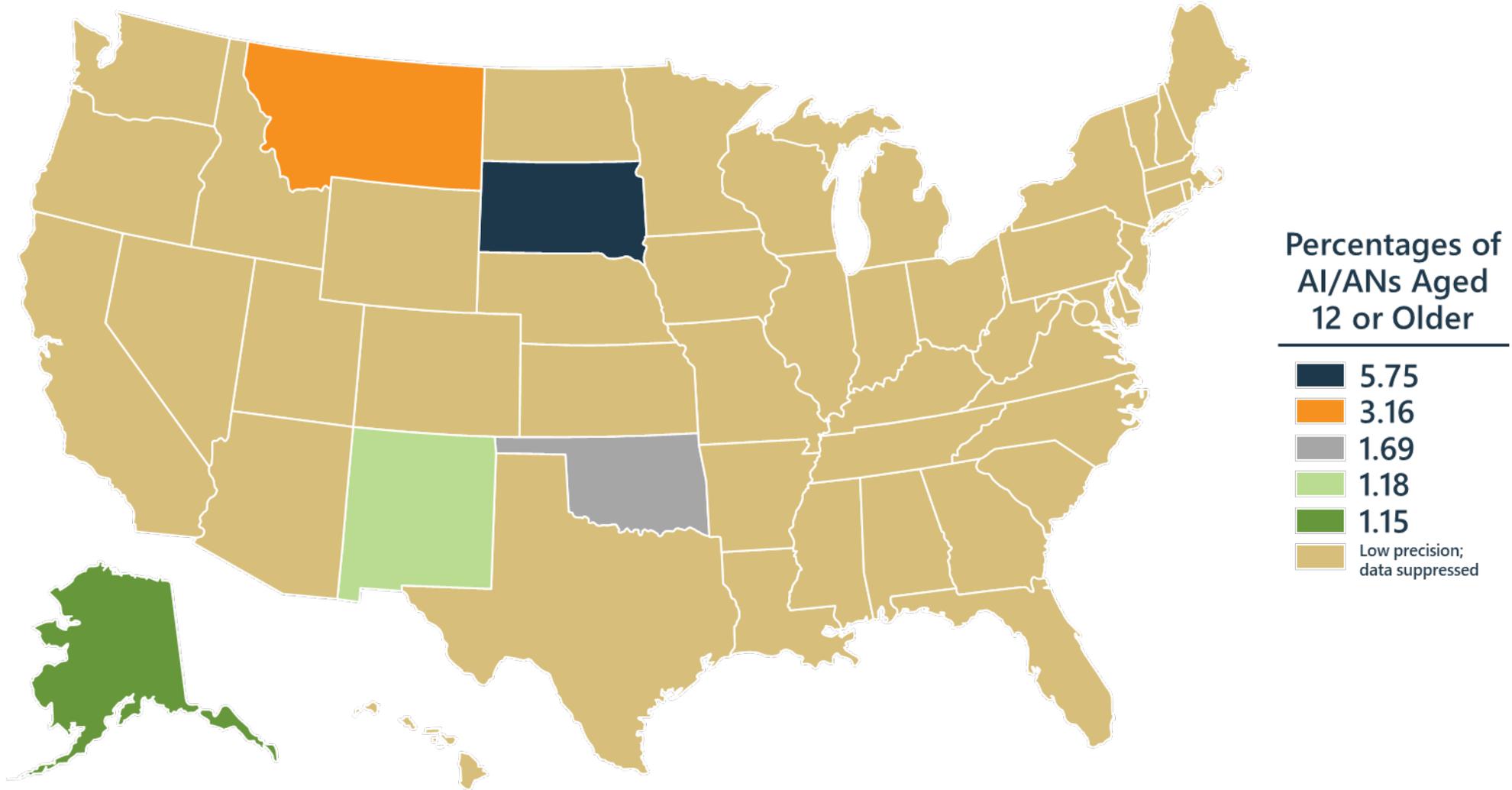


\* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Methamphetamine Use among AI/ANs by State

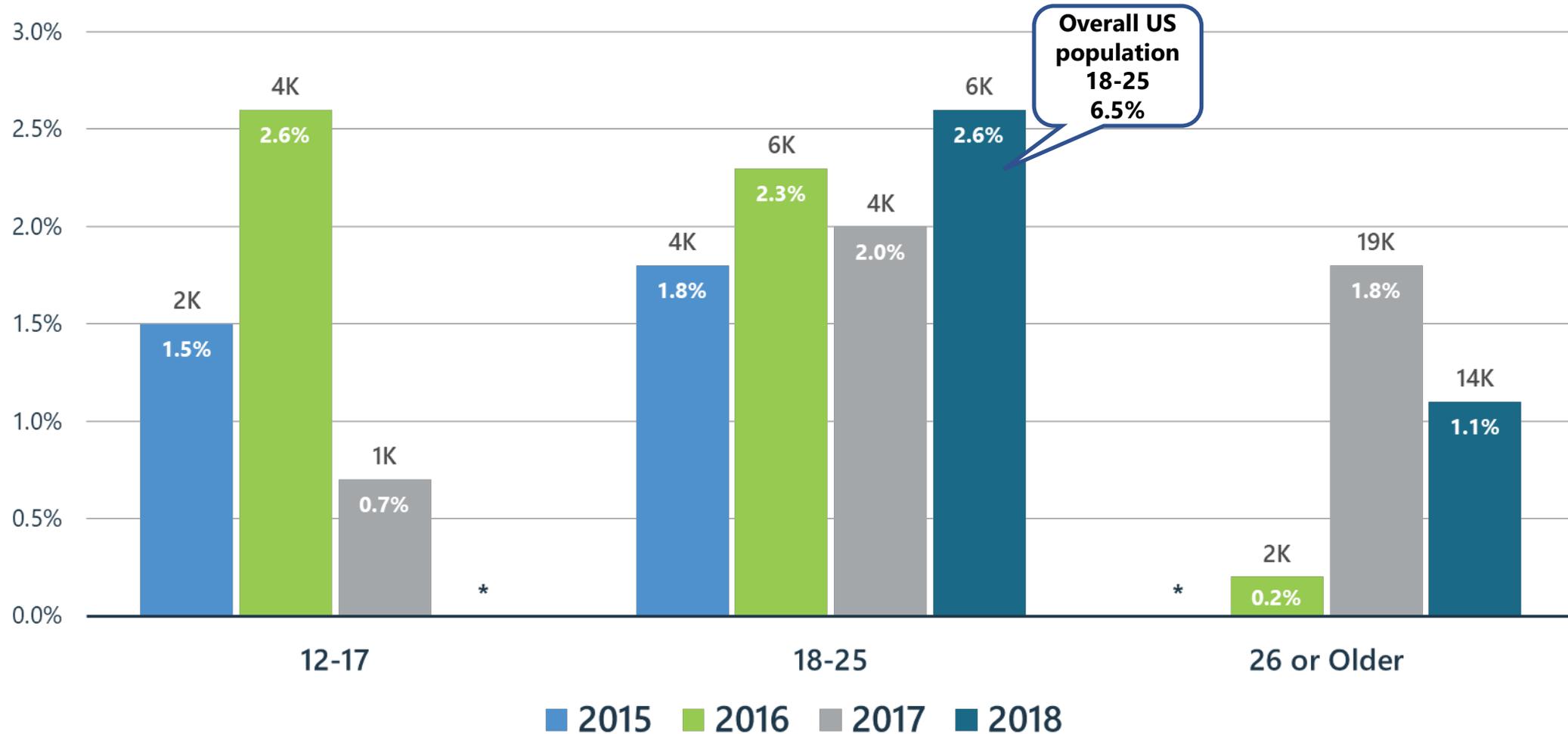
PAST YEAR, 2016-2017 NSDUH, AIAN 12+



Differences in colors across states do not indicate significant differences in estimates.

# Misuse of Prescription Stimulants among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

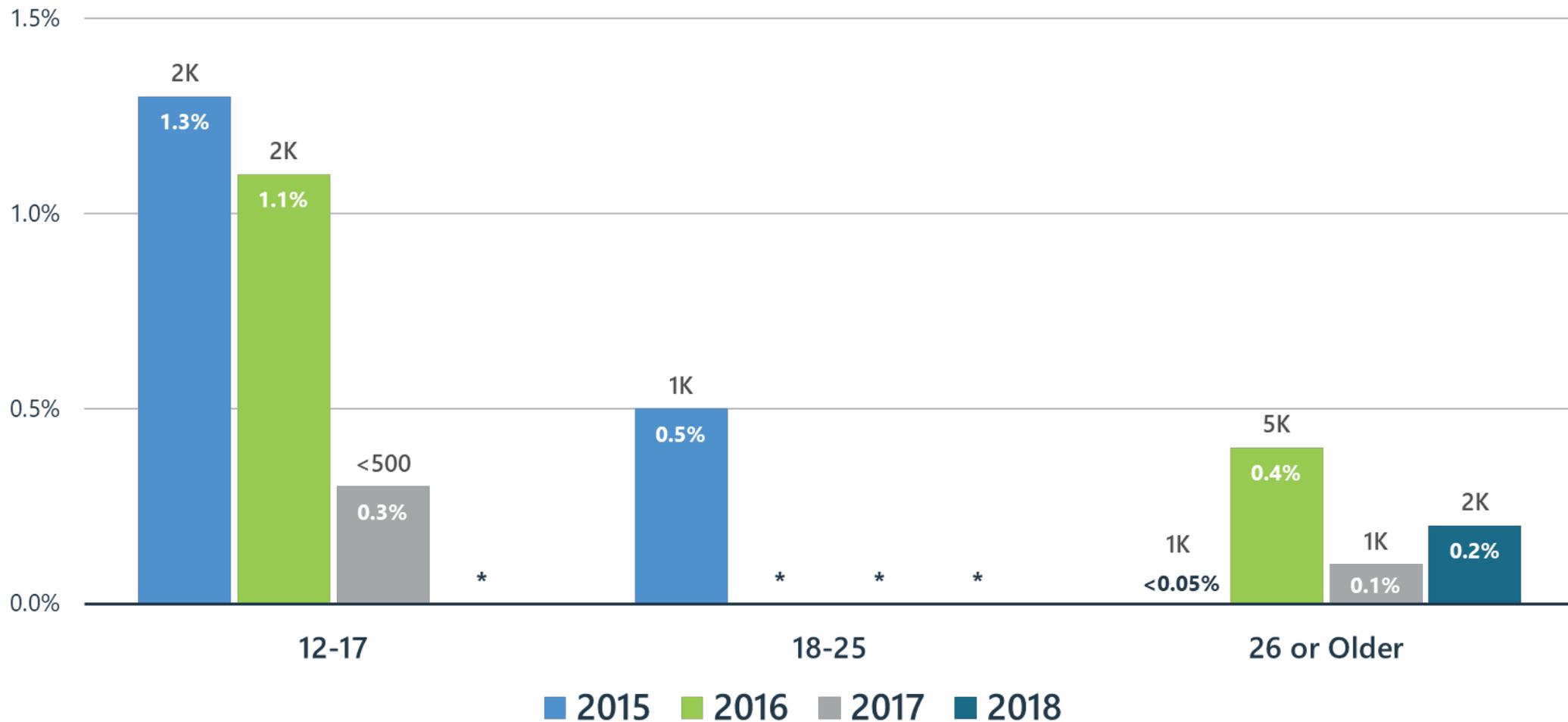


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# AI/AN Hallucinogen Use: LSD

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



\* Estimate not shown due to low precision.  
 Estimates represent past year use of LSD (lysergic acid diethylamide),  
 a type of hallucinogen.

No differences between prior year estimates and the 2018  
 estimates are statistically significant at the .05 level.

# Summary: Other Substance Use in the United States in 2018

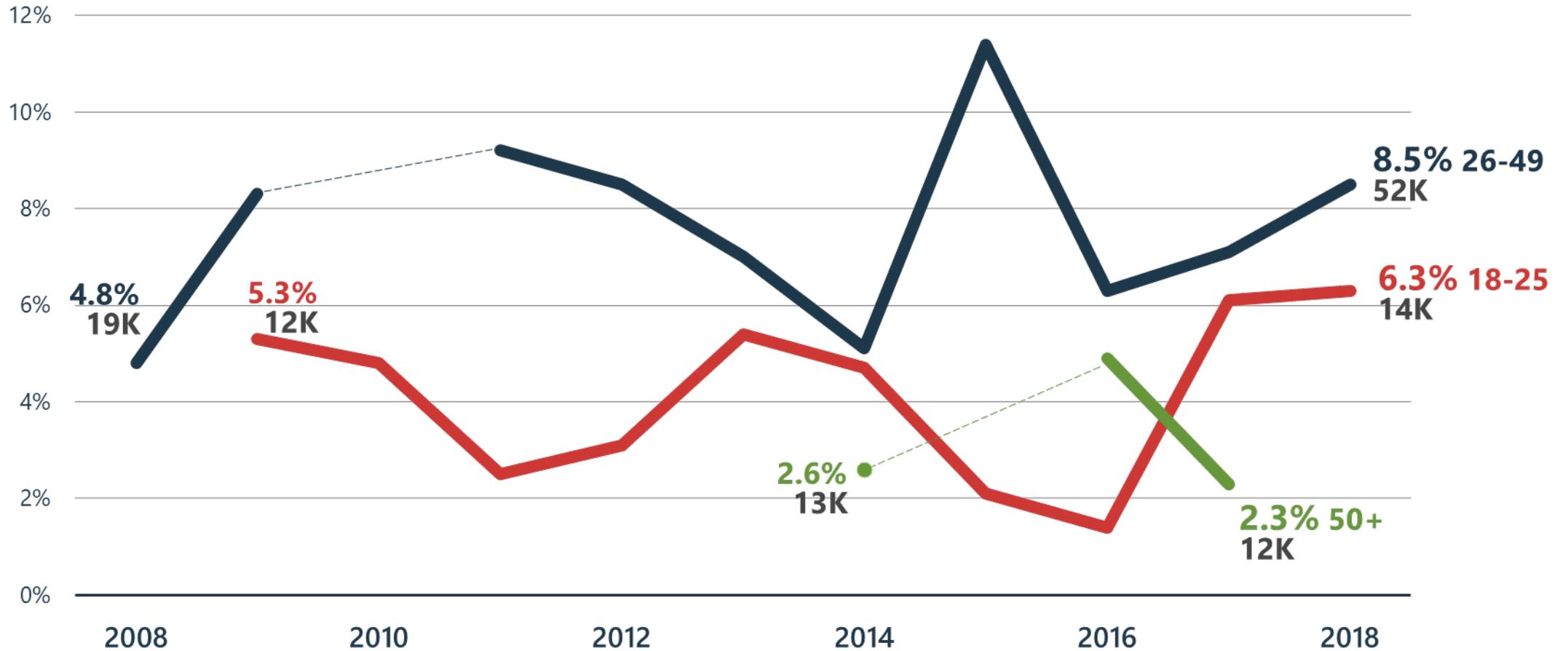
- No significant changes in marijuana use and use disorder among AI/ANs across all age groups
- Significant decline in cocaine use in AI/AN aged 18-25 from 2017 to 2018
- Significant increase in methamphetamine use in AI/ANs aged 26+ during 2016-2018
- No significant changes in prescription stimulant misuse and LSD use among AI/ANs across all age groups

**PREVENTION WORKS!**

# Mental Health

# Serious Mental Illness (SMI) among AI/ANs

PAST YEAR, 2008-2018 NSDUH, AI/AN 18+

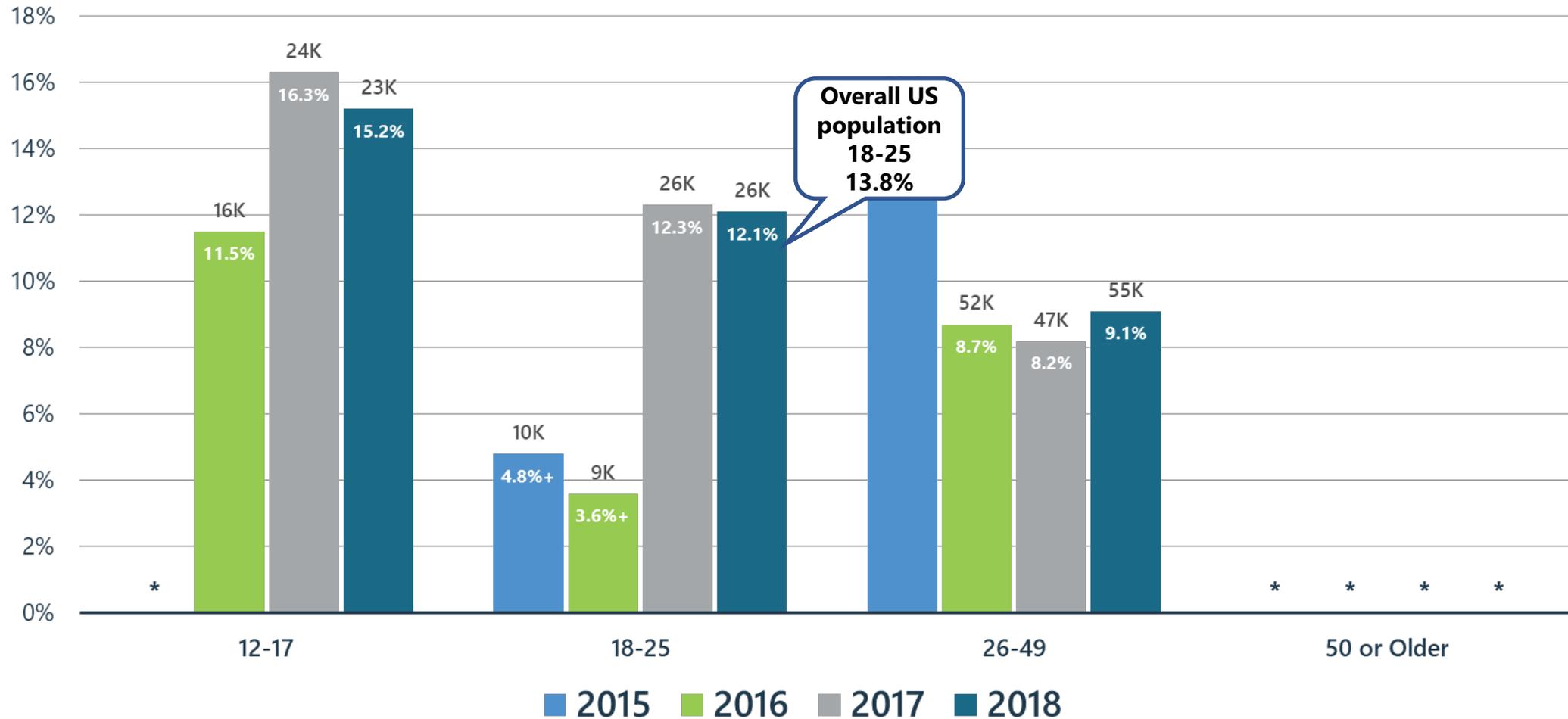


Estimates are not shown for certain years due to suppression.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Major Depressive Episodes among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+



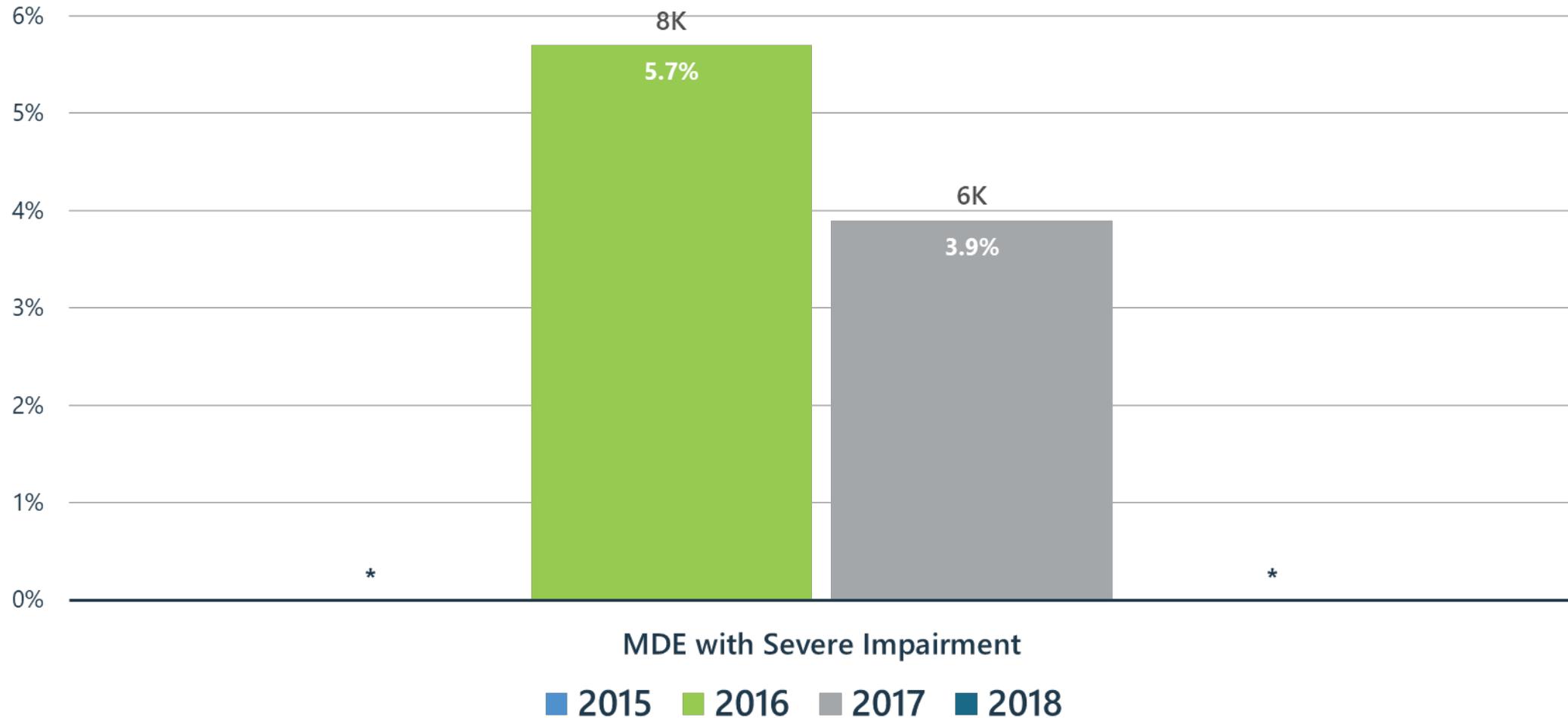
\* Estimate not shown due to low precision.

Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Major Depressive Episodes with Severe Impairment among AI/AN Adolescents

PAST YEAR, 2015-2018 NSDUH, AI/AN 12-17

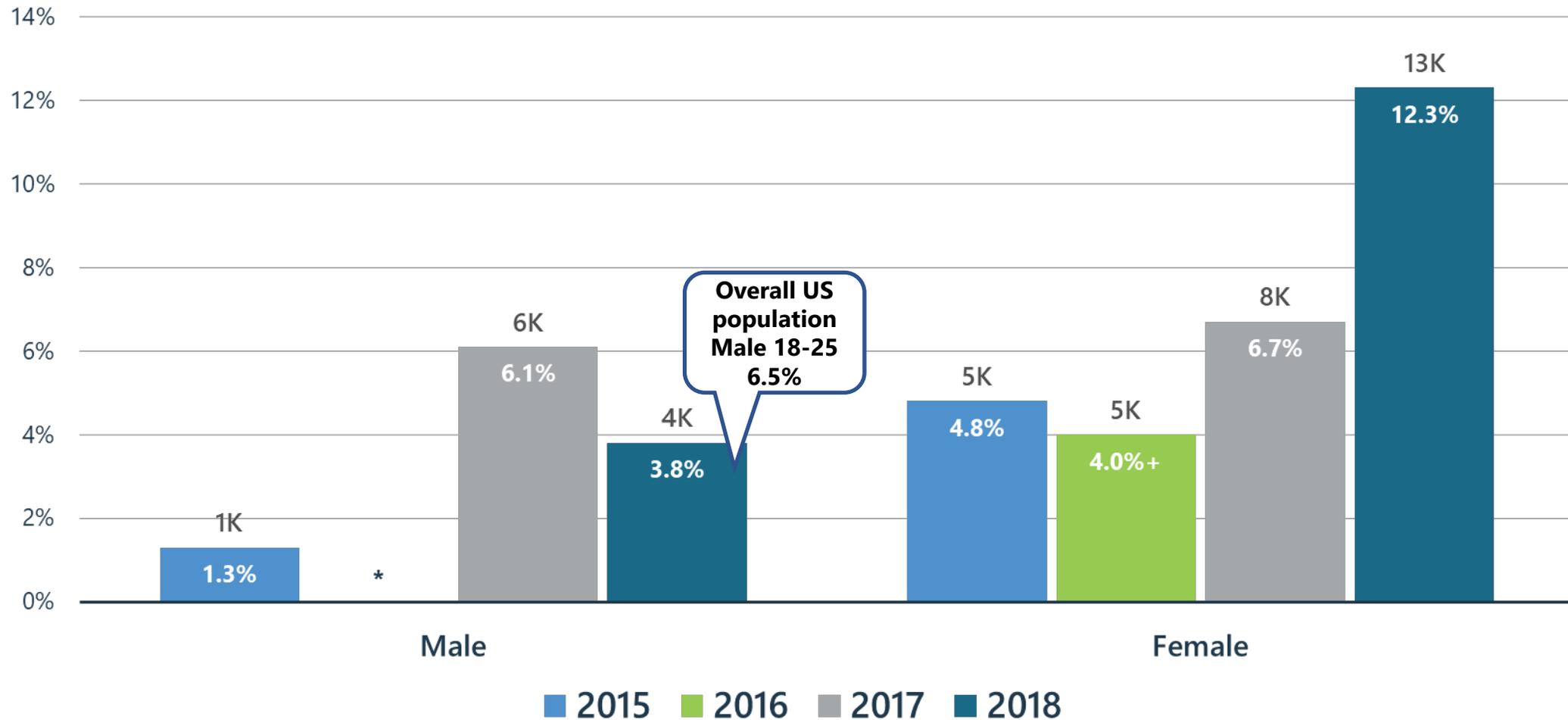


\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Major Depressive Episodes with Severe Impairment among AI/AN Young Adults (18-25 y.o.)

PAST YEAR, 2015-2018 NSDUH, AI/AN 18-25

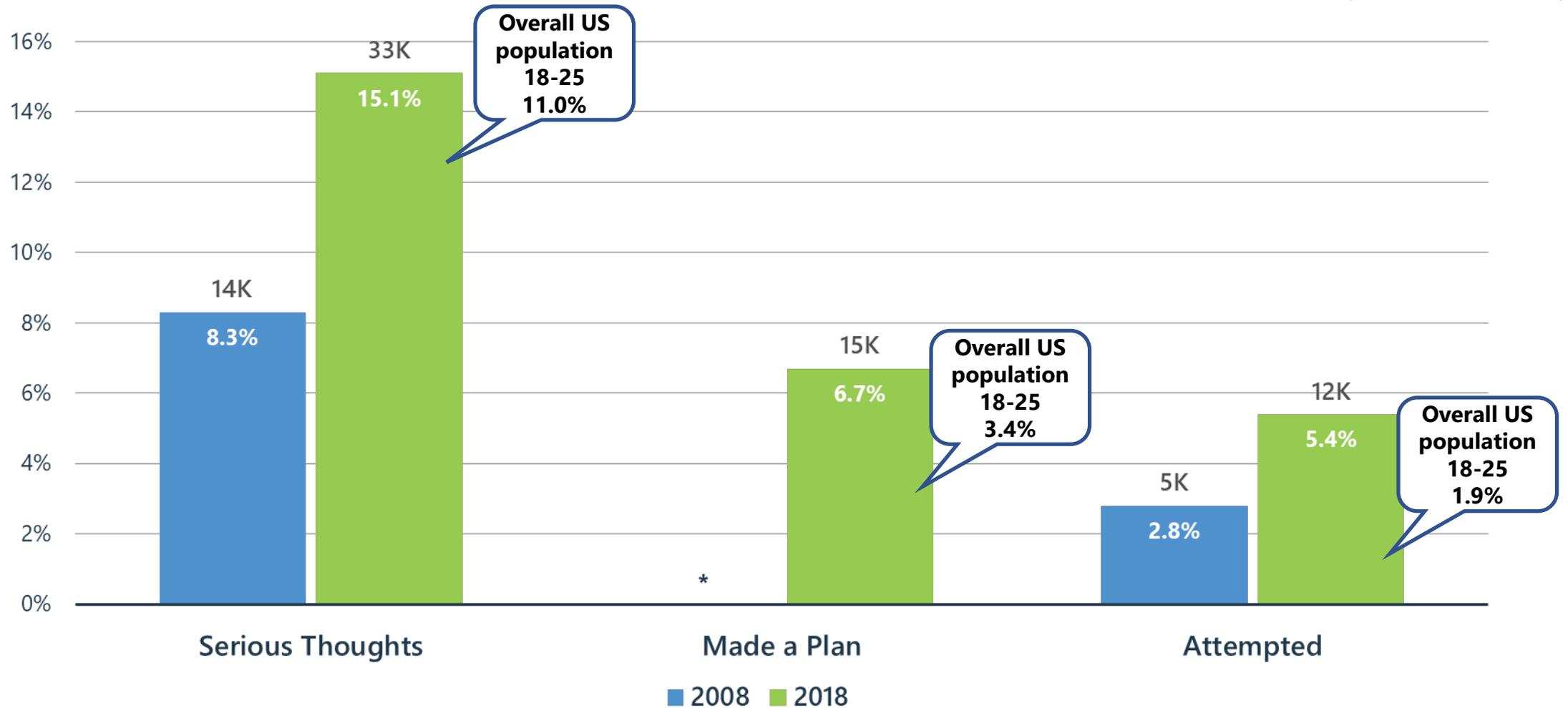


\* Estimate not shown due to low precision.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

# Suicidal Thoughts, Plans, and Attempts among AI/AN Young Adults (18-25 y.o.)

PAST YEAR, 2008 and 2018 NSDUH, AI/AN 18-25



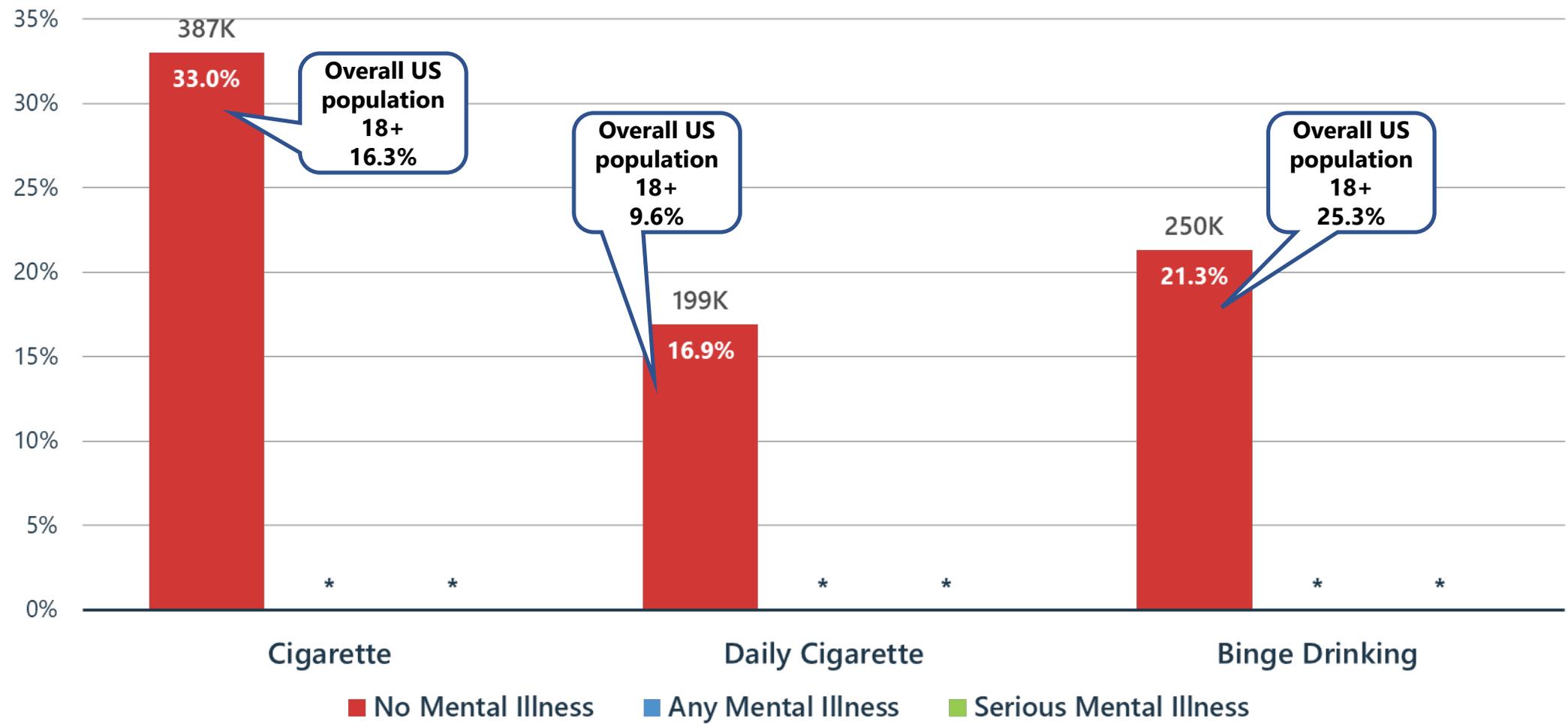
\* Estimate not shown due to low precision.

No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

# Co-Occurring Disorders

# Co-Occurring Issues: Substance Use among AI/AN Adults, by Mental Illness

PAST MONTH, 2018 NSDUH, AI/AN 18+

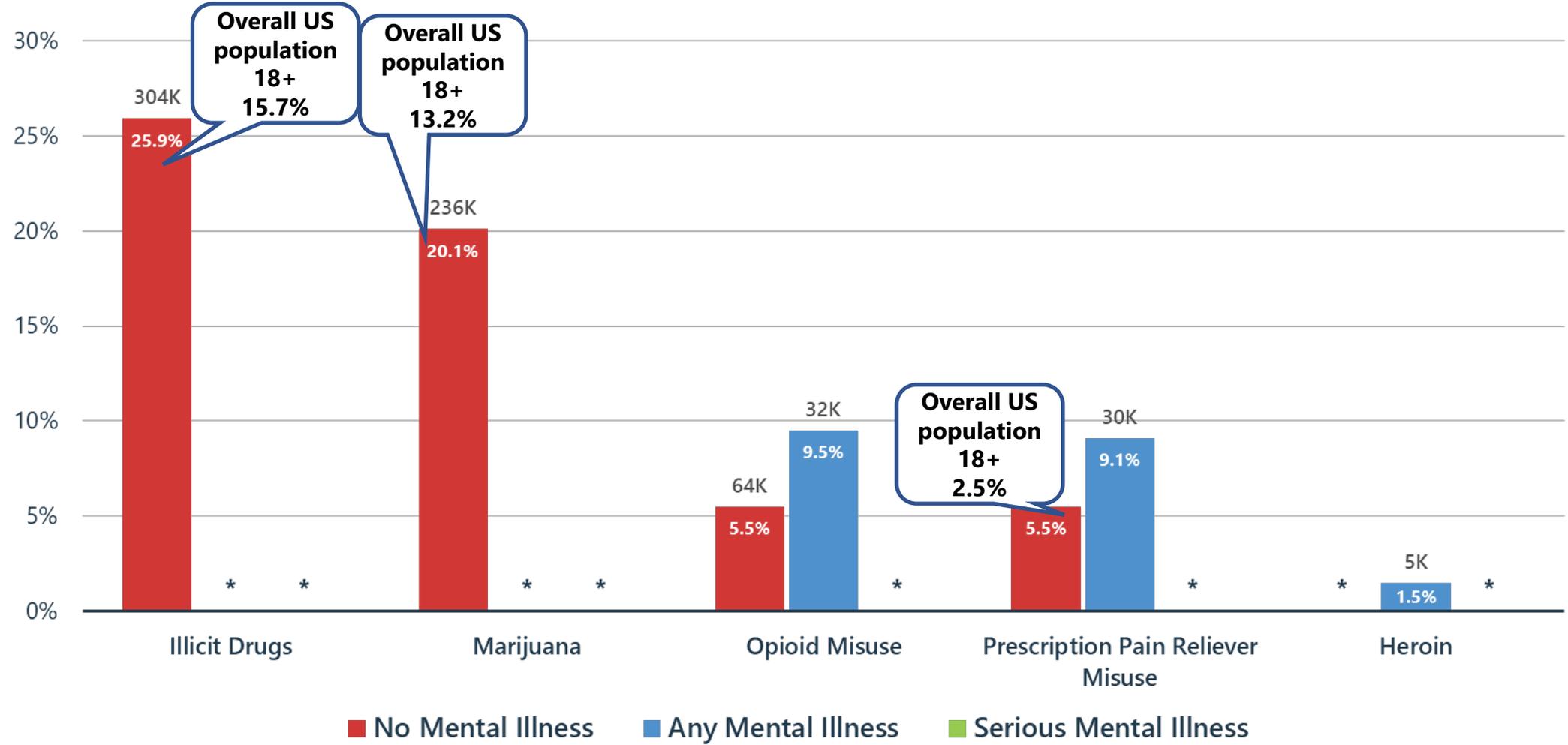


\* Estimate not shown due to low precision.

No differences between mental illness estimates and the no mental illness estimates are statistically significant at the .05 level.

# Co-Occurring Issues: Substance Use among AI/AN Adults, by Mental Illness

PAST YEAR, 2018 NSDUH, AI/AN 18+



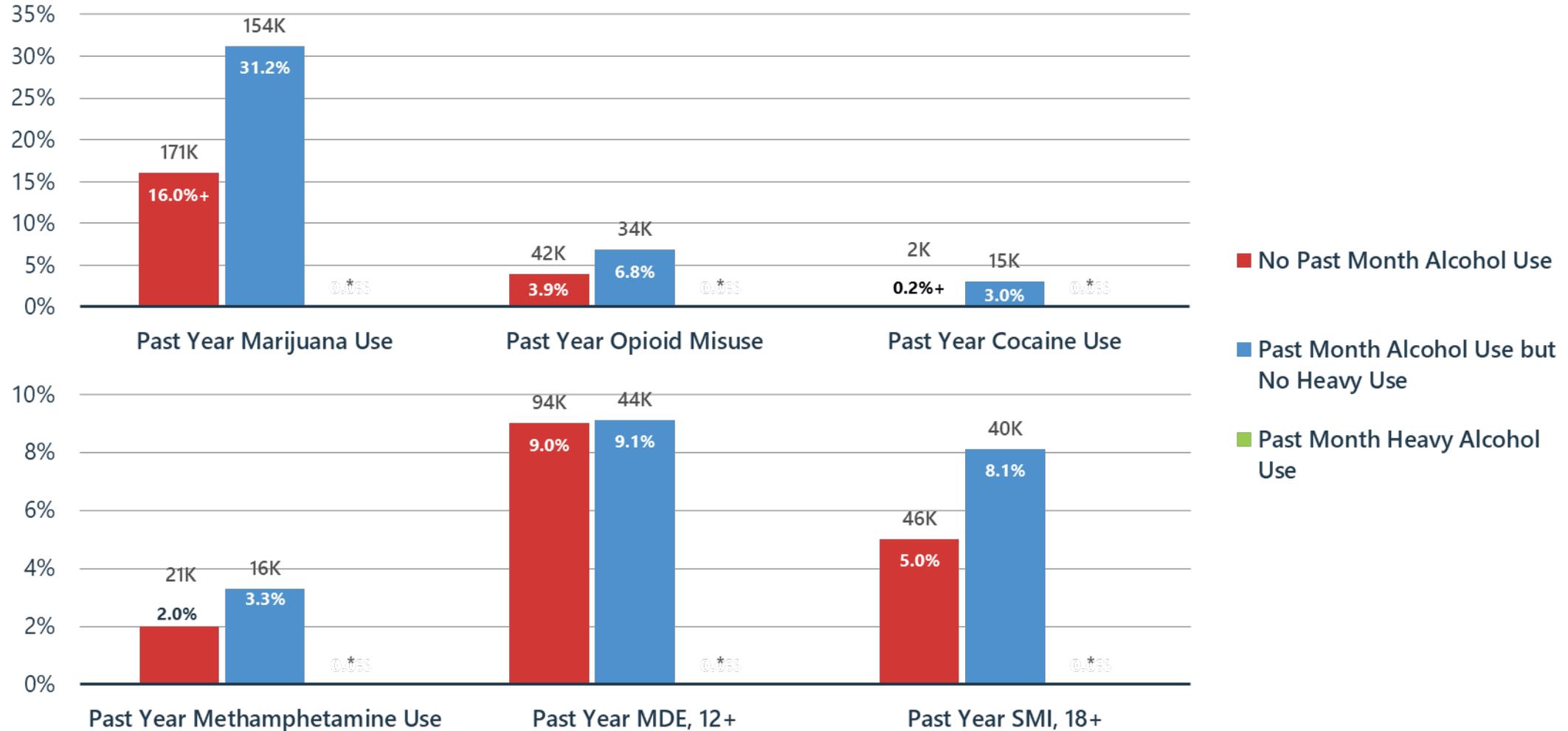
\* Estimate not shown due to low precision.

No differences between mental illness estimates and the no mental illness estimates are statistically significant at the .05 level.



# Alcohol Use Related to Other Substance Use, MDE and SMI among AI/ANs

PAST YEAR/MONTH, 2018 NSDUH, AI/AN 12+

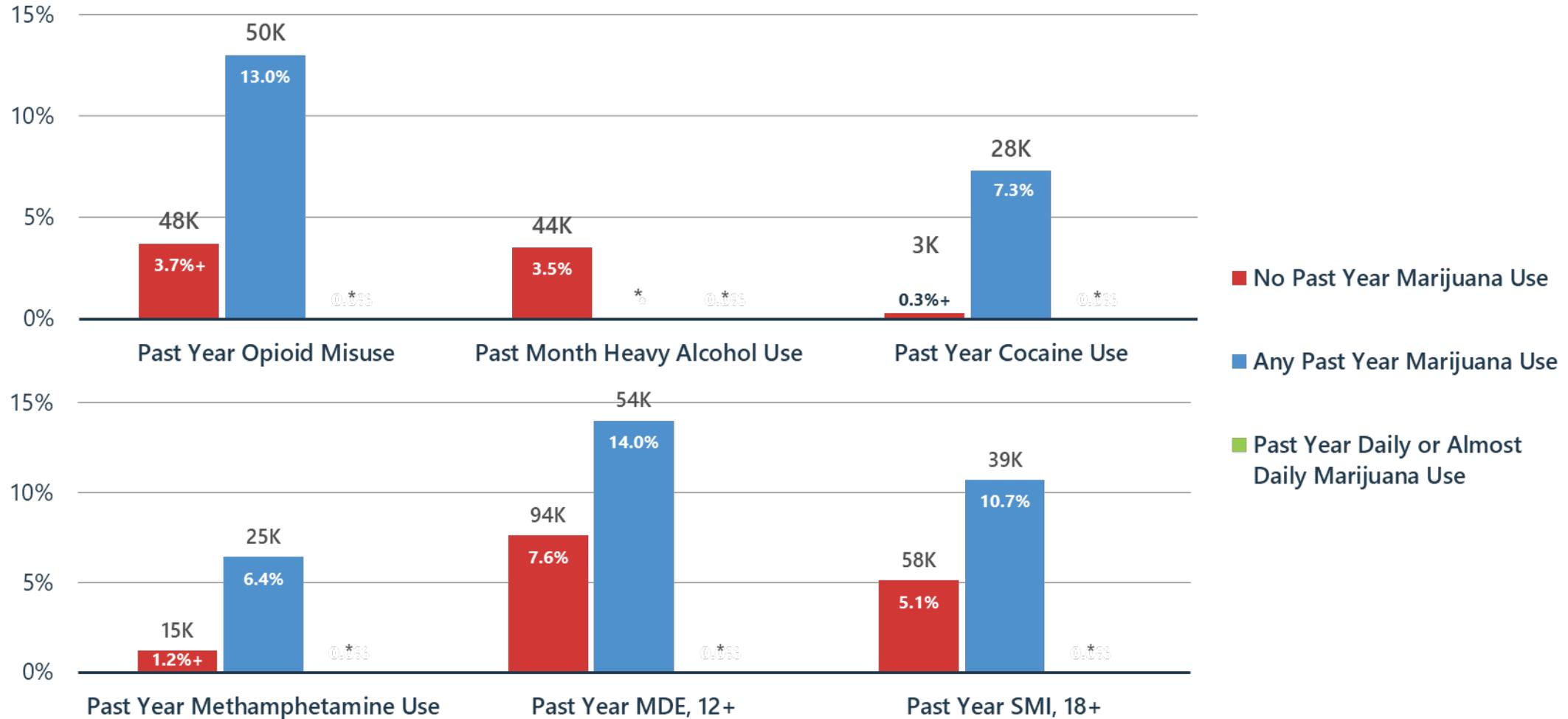


\* Estimate not shown due to low precision.

+ Difference between this estimate and the estimate for people with past month use but not heavy alcohol use is statistically significant at the .05 level.

# Marijuana Use Related to Other Substance Use, MDE and SMI among AI/ANs

PAST YEAR/MONTH, 2018 NSDUH, AI/AN 12+

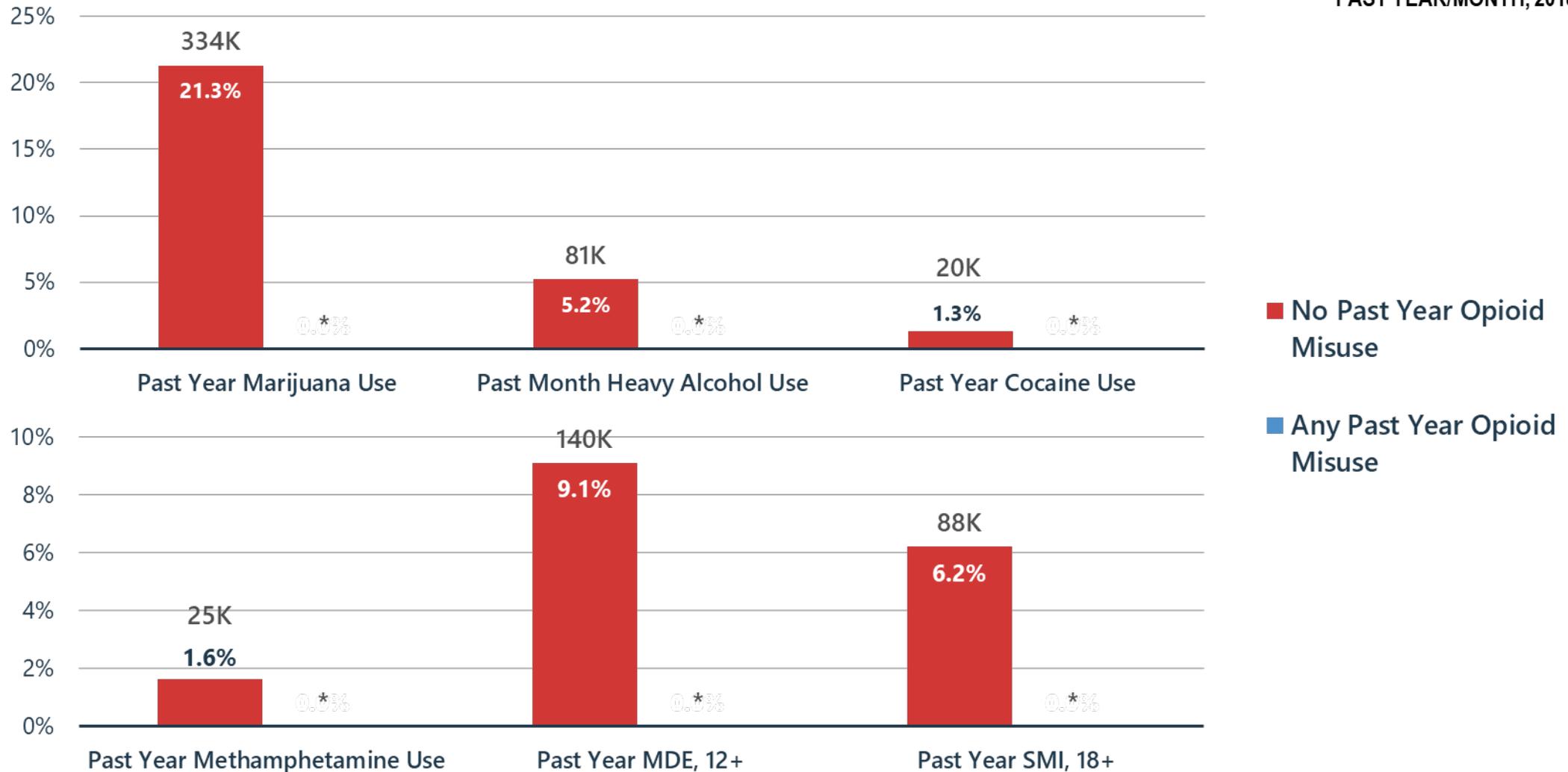


\* Estimate not shown due to low precision.

+ Difference between this estimate and the estimate for people with past year marijuana use is statistically significant at the .05 level.

# Opioid Misuse Related to Other Substance Use, MDE and SMI among AI/ANs

PAST YEAR/MONTH, 2018 NSDUH, AI/AN 12+

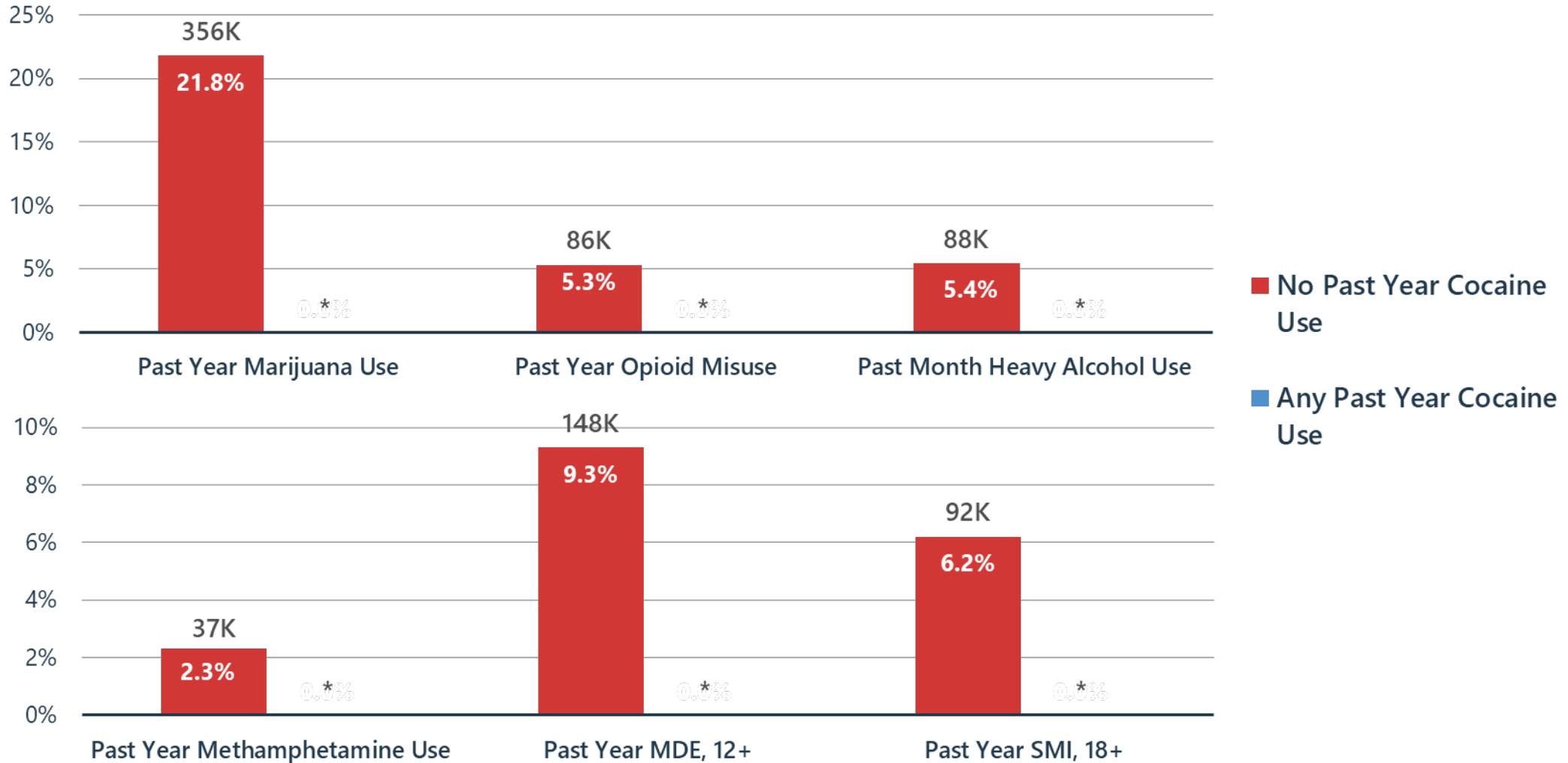


\* Estimate not shown due to low precision.

No differences between estimates for people with no past year misuse and the estimates for people with past year misuse are statistically significant at the .05 level.

# Cocaine Use Related to Other Substance Use, MDE and SMI among AI/ANs

PAST YEAR/MONTH, 2018 NSDUH, AI/AN 12+

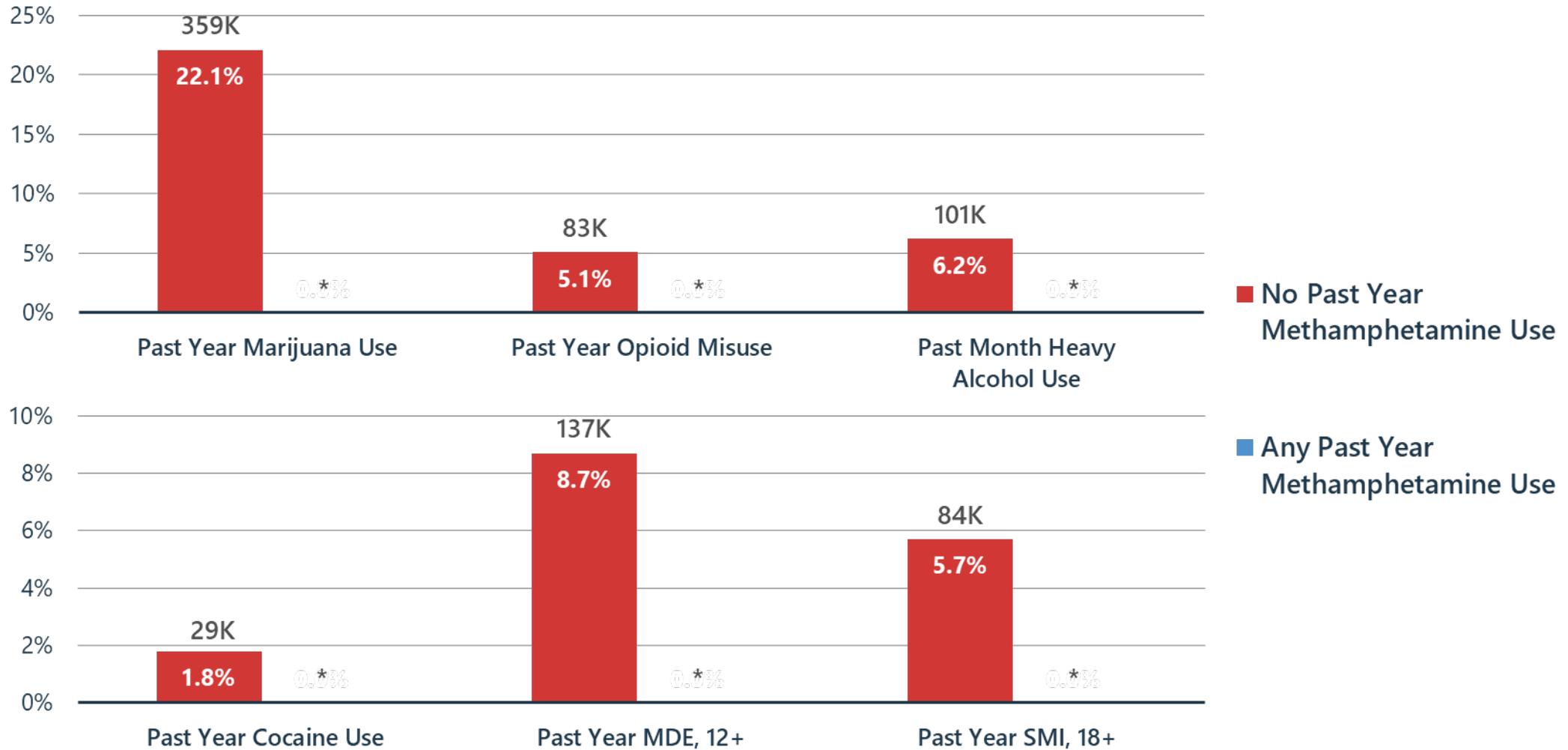


\* Estimate not shown due to low precision.

No differences between estimates for people with no past year use and the estimates for people with past year use are statistically significant at the .05 level.

# Methamphetamine Use Related to Other Substance Use, MDE and SMI among AI/ANs

PAST YEAR/MONTH, 2018 NSDUH, AI/AN 12+

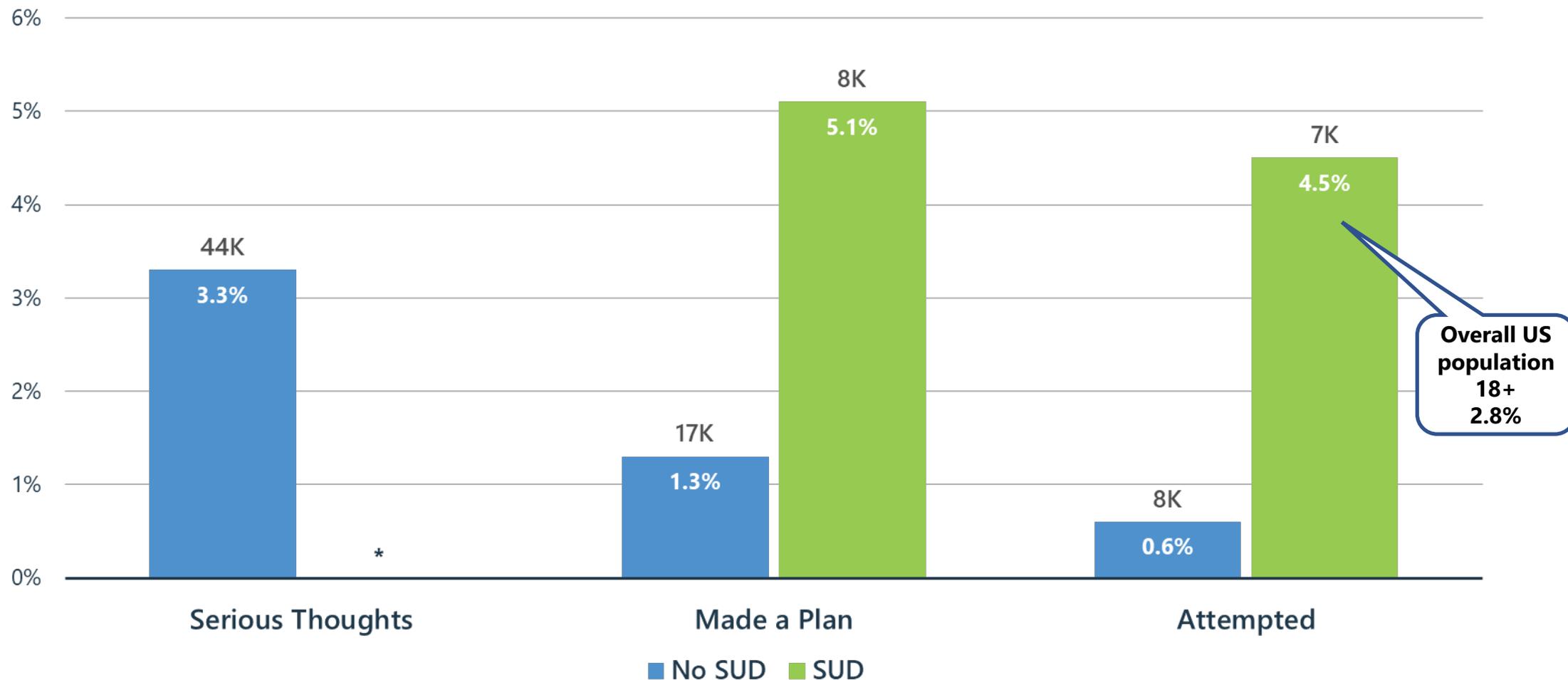


\* Estimate not shown due to low precision.

No differences between estimates for people with no past year use and the estimates for people with past year use are statistically significant at the .05 level.

# Co-Occurring Substance Use Disorder (SUD) and Suicidal Thoughts, Plans, and Attempts among AI/AN Adults

PAST YEAR, 2018 NSDUH, AI/AN 18+



\* Estimate not shown due to low precision.

No differences between the estimates for adults without SUD and estimates for adults with SUD are statistically significant at the .05 level.

# Summary: Mental Health Issues in the United States in 2018

- No significant change in serious mental illness in AI/ANs aged 18+ during 2008-2018
- Significant increase in major depressive episode in AI/ANs aged 18-25 between 2015 and 2018
- Significant increase in major depressive episode with severe impairment among AI/AN women aged 18-25 during 2016-2018

# 2018: A Year of Some Progress, but Ongoing Need for Americans Living with Substance Use and Mental Health Issues Continues

## **NSDUH reveals areas where we need to focus resources:**

- Continuing need to address the ongoing opioid epidemic
- Significant increase in methamphetamine in AI/AN adults aged 26+
- Significant decrease in cocaine use in AI/AN aged 18-25
- Significant increase in major depressive episode in AI/ANs aged 18-25

# SAMHSA's Response

- **Workforce: Continue to address the need for clinicians to be prepared to assess and treat mental health issues and substance issues with national training and technical assistance programs**
- **Opioids**
- Continue work with states to address opioids crisis needs in terms of prevention, treatment, and community recovery resources
  - STR/SOR/TOR grants
  - Discretionary grants: pregnant/post partum parenting women/children/families, drug courts, first responder/prevention grants
  - Collaboration with HHS partners and other federal departments to expand resources to communities
- **Other substances:**
- Encourage use of block grant funds to address prevention/treatment needs
- Provide training and technical assistance on evidence-based psychosocial therapies
- **Connecting with the public: Importance of Prevention, Treatment, Community Supports**
- Public service messaging on substance use and mental health issues with focus on prevention
- <https://www.samhsa.gov/technology-transfer-centers-ttc>
- **Monitoring outcomes:**
- Through continuation of NSDUH, DAWN, and SAMHSA grant program evaluation
- **Making policy modifications as indicated**