

9. Substance Abuse

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Substance abuse has continued to be a major cause of illness and death for Northwest AI/AN. It is a complex social problem in AI/AN communities, associated with multiple underlying issues. For example, childhood physical and sexual abuse, generational trauma, perceived discrimination, and cultural disruption have all been linked to the development of substance abuse.^{1,2}

The abuse of alcohol and prescription medications, use of illicit drugs, and commercial tobacco use are all linked to serious health conditions such as heart disease, cancer, and liver disease. The use of intoxicants also contributes significantly to the incidence of fatal motor vehicle crashes, homicides, suicides, and sexually transmitted diseases. The impact of substance abuse on communities and families can be seen in high rates of homelessness, children in foster care or living with relatives other than parents, incarceration, unemployment, low educational achievement, domestic violence and premature death.

According to national data on drug and alcohol use, AI/AN have the highest rates of substance dependence or abuse of all ethnic groups at 14.9%, compared to 8.4% for whites.³ AI/AN communities report high rates of alcohol,

tobacco and marijuana use, and AI/AN have the highest estimated Years of Potential Life Lost resulting from alcohol abuse compared to any other race.⁴ Methamphetamine abuse has become a significant problem for Northwest tribes and the abuse of prescription medications has also been on the rise and is causing devastating consequences within AI/AN communities.

Idaho AI/AN were similar to the NHW population in level of self-reported drinking; however, binge drinking was more common with 33% of females and 43% of males reporting at least one episode of binge drinking in the past month. Drug overdose was a concern particularly among AI/AN females who were 75% more likely to die from an overdose than AI/AN males, and nearly twice as likely compared to NHW females. Almost one third of all AI/AN deaths in the state had alcohol or drugs as a contributing or underlying factor.

Effective prevention depends on increased community awareness, screening for substance abuse at clinics and ultimately referral for treatment of substance abuse disorders. Successful programs include community involvement, skills training, leadership commitment and program evaluation.⁵

1. Adverse childhood exposures and alcohol dependence among seven Native American tribes. Koss, M., N. Yuan, D. Dightman, R. Prince, M. Polacca, B. Sanderson, D. Goldman. *Am. J. Prev. Med* 2003; 25(3): 238-2443.

2. Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. Hawkins, E., L. Cummins, G. Marlatt. *Psych Bull.* 2004;130(2): 304-323.

3. Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

4. *MMWR Morbidity & Mortality Weekly Report.* 2014 Mar 14;63(10):213-6. Alcohol-attributable deaths and years of potential life lost--11 States, 2006-2010.

5. Hawkins, E., L. Cummins, G. Marlatt. *Psych Bull.* 2004

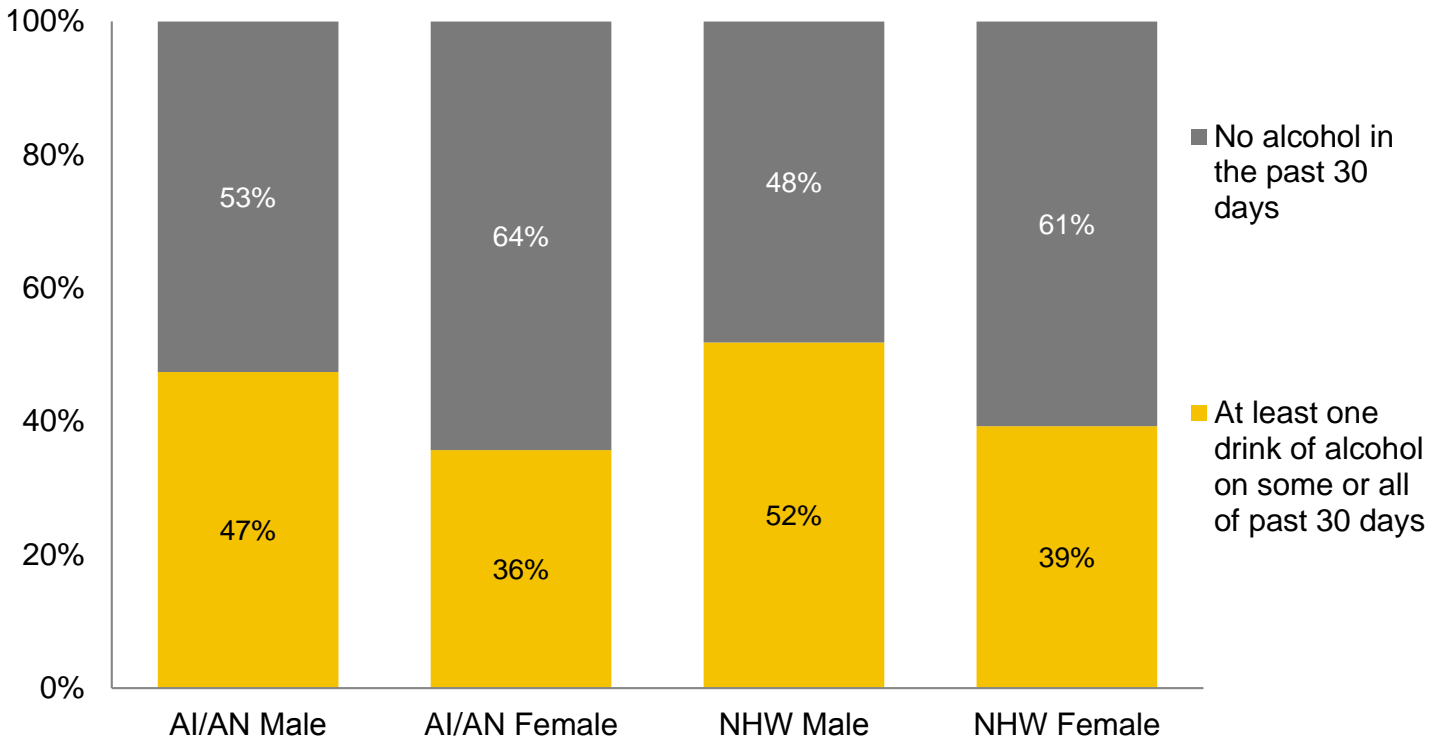
Self-Reported Alcohol Consumption

From 2006-2012, 47% of AI/AN males and 36% of AI/AN females in Idaho reported having at least one alcoholic drink in the past 30 days (Figure 9.1). Over half of AI/AN adults in the state reported no alcohol consumption in the past 30 days, and while males were more likely to report drinking the past 30 days for both races, the proportion was similar between AI/AN and NHW.

Data Source: 2006 – 2012 CDC BRFSS

Data Notes: The BRFSS prevalence estimates (shown as a percentage) are weighted to make the survey responses representative of the Idaho population. The sample sizes presented below the figures are the unweighted number of people who answered this question for the indicated years.

Figure 9.1: Prevalence of self-reported alcohol consumption by race and sex, Idaho, 2006-2012.



Sample sizes (n): AI/AN males=173; AI/AN females=294; NHW males=13,179; NHW females=20,029.

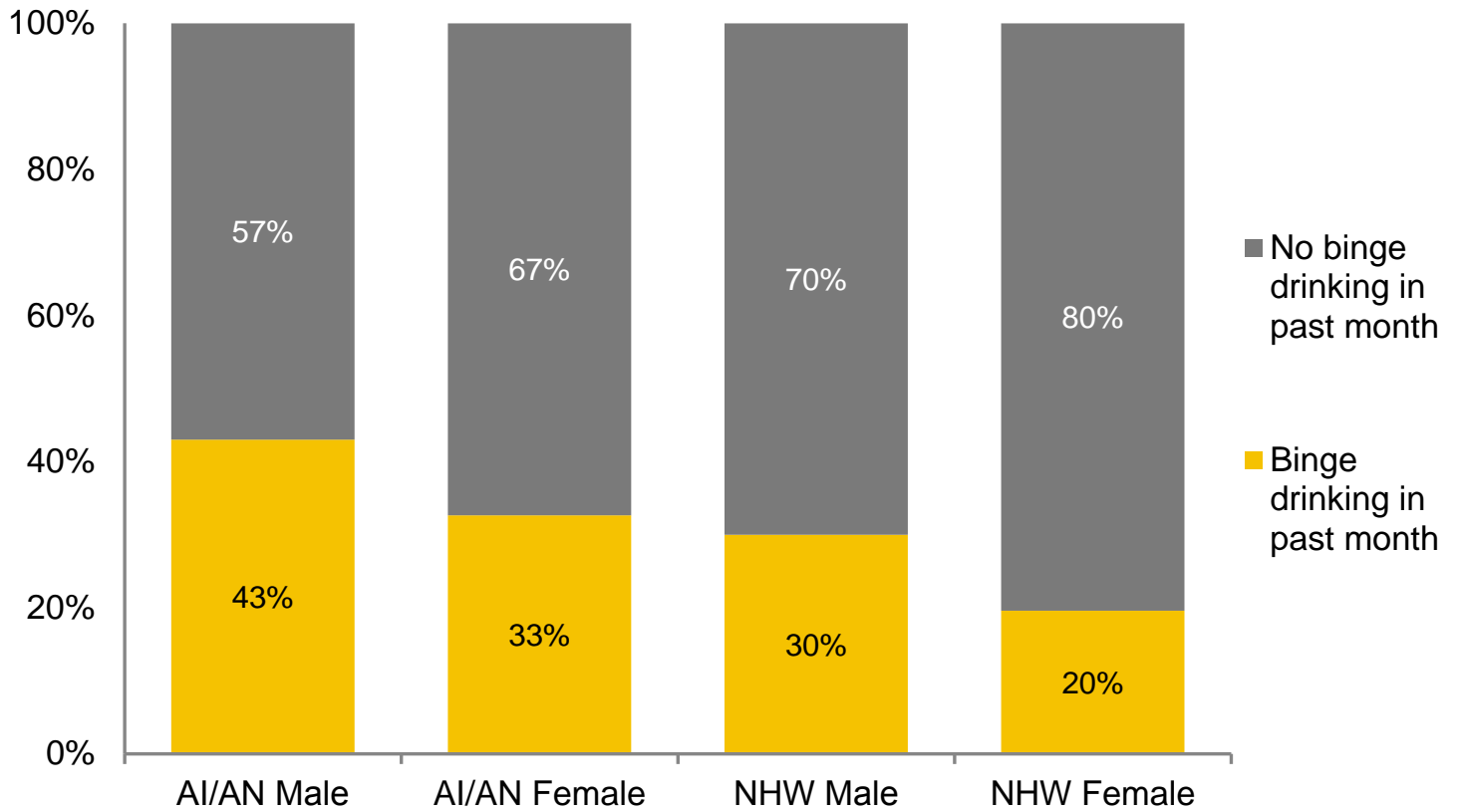
Self-Reported Binge Drinking

Figure 9.2 shows the percentage who reported binge drinking in the past month (defined as four or more drinks for women and five or more drinks for men on an occasion). While non-binge drinking was similar between the races as seen in the previous measure, a difference is clearly seen when considering binge drinking. Compared to 30% of NHW males, 43% of AI/AN males reported binge drinking in the past month. AI/AN females were also more likely to binge drink than their NHW counterparts (33% vs. 20%).

Data Source: 2006 – 2012 CDC BRFSS

Data Notes: The BRFSS prevalence estimates (shown as a percentage) are weighted to make the survey responses representative of the Idaho population. The sample sizes presented below the figures are the unweighted number of people who answered this question for the indicated years.

Figure 9.2: Prevalence of self-reported binge drinking by race and sex, Idaho, 2006-2012.



Sample sizes (n): AI/AN males=221; AI/AN females=265; NHW males=17,868; NHW females=21,232.

Accidental Poisoning & Overdose Mortality

Accidental poisoning was the second leading cause of AI/AN unintentional injury death in Idaho (following motor vehicle crashes). By far the leading contributor to poisoning deaths was accidental drug and alcohol overdoses. Poisonings due to substances such as gas and vapors, pesticides, household chemicals, and other noxious substances made up less than 2% of poisoning deaths in both AI/AN and NHW.

Figure 9.3 shows the age-adjusted death rates for accidental poisoning among AI/AN and NHW in Idaho. Female AI/AN are 76% more likely to suffer an accidental poisoning death than males. Compared to NHW, female AI/AN are twice as likely to suffer an accidental poisoning death, which was a statistically significant disparity. Combining both sexes, the AI/AN rate was 42% higher than the NHW rate; however, with very small numbers to compare, statistical significance was not seen. Compared to the rest of the AI/AN in the Northwest region, Idaho AI/AN had the lowest rates of accidental poisoning deaths.

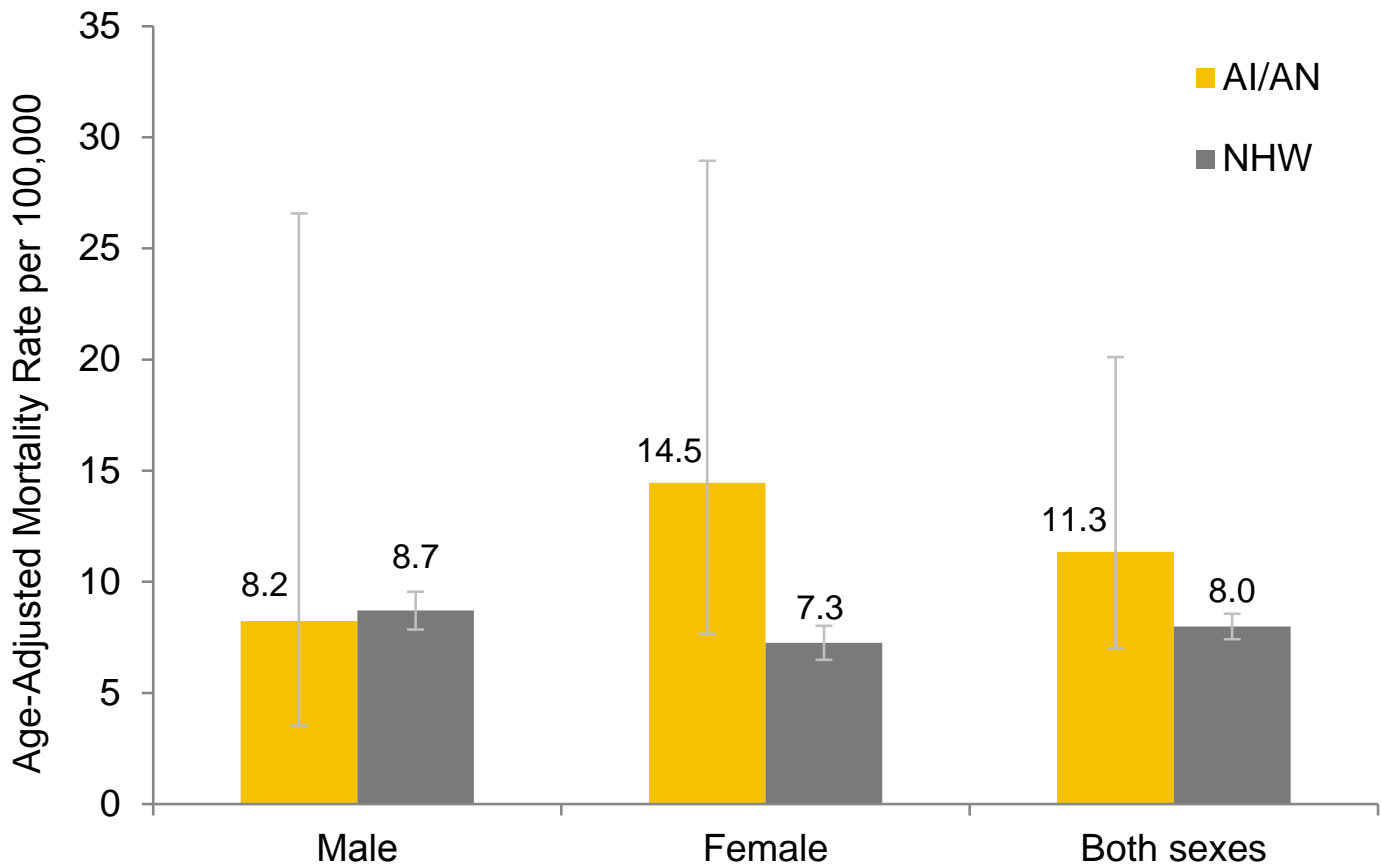
Table 9.1: Age-adjusted accidental poisoning mortality rates by race and sex, Idaho, 2006-2012.

Sex	AI/AN Rate (95% CI)	NHW Rate (95% CI)	AI/AN vs. NHW Rate Ratio (95% CI)
Male	8.2 (3.5, 26.6)	8.7 (7.9, 9.6)	0.95 (0.47, 1.90)
Female	14.5 (7.7, 28.9)	7.3 (6.5, 8.0)	1.99 (1.14, 3.47) [‡]
Both Sexes	11.4 (7.0, 20.1)	8.0 (7.4, 8.6)	1.42 (0.92, 2.19)

CI = confidence interval

‡ Indicates a statistically significant difference (p<.05)

Figure 9.3: Age-adjusted accidental poisoning mortality rates by race and sex, Idaho, 2006-2012.



Data Source: Idaho Death Certificate File (Idaho Dept. of Health and Welfare), 2006-2012, corrected for misclassified AI/AN race

Types of Drug and Alcohol Overdose Deaths

Table 9.2 summarizes the types of drug and alcohol overdose deaths seen among Idaho AI/AN and NHW. This includes both deaths with underlying cause of drug or alcohol, and those with contributing cause of drug or alcohol. For example, a death with an underlying cause of motor vehicle crash may have had alcohol as a contributing factor - this would be included in the row “alcohol associated deaths”. Note that “drug associated” and “alcohol associated” include deaths from both short term and long term substance use, but exclude drug deaths that are not related to substance abuse such as medical errors or allergic reactions.

For Idaho AI/AN, drugs and alcohol played a role in 29% of all deaths. Nearly 3% of all AI/AN deaths in Idaho had drug overdose as the underlying cause. There were no deaths recorded as being due to illicit drug overdoses, and the majority of the drug associated deaths had prescription drugs identified as a contributing or underlying cause. Alcohol was a factor in 27% of all Idaho AI/AN deaths.

Data Source: Idaho Death Certificate File (Idaho Dept. of Health and Welfare), 2006-2012, corrected for misclassified AI/AN race

Table 9.2: Types of drug and alcohol overdose deaths by race, Idaho, 2006-2012.

	AI/AN		NHW	
	N	% of all deaths	N	% of all deaths
Drug OD deaths (underlying only)¹	28	2.7%	1,043	1.4%
Drug associated deaths²	29	2.8%	1,130	1.5%
Prescription drugs contributing ³	10	1.0%	566	0.8%
Prescription OPR contributing ⁴	6	0.6%	403	0.5%
Illicit drugs contributing ⁵	0	0.0%	98	0.1%
Alcohol associated deaths⁶	274	26.6%	15,812	21.2%
Total drug & alcohol associated	300	29.1%	16,665	22.4%
Total deaths	1,030	100.0%	74,542	

1 Underlying COD X40--X44, X60--X64, X85, or Y10--Y14

2 Underlying or Contributing COD X40--X44, X60--X64, X85, Y10--Y14. F11.0-F19.9, R78.1-R78.5, T36- T39, T40.1 -T40.9, T41.0-T43.9, T44.0-T50.9

3 Contributing COD T36--T39, T40.2--T40.4, T41--T43.5, and T43.7--T50.8, any underlying COD

4 Contributing COD T40.2--T40.4, any underlying COD

5 Contributing COD T40.1, T40.5, T40.7--T40.9, and T43.6, any underlying COD

6 Underlying or Contributing COD—F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, R78.0, X45, X65, E24.4, Y15

N = number, OD = Overdose, OPR = Opioid Pain Reliever, COD = Cause of Death

Note that columns do not add up due to multiple drugs contributing to a single death and crossover in the definitions.



Program Spotlight: *THRIVE*

NPAIHB's THRIVE project (Tribal Health: Reaching Out InVolves Everyone) works with Northwest Tribes to prevent drug and alcohol abuse. In 2010 the project hosted meetings with regional partners to develop a 5-year strategic plan: the Northwest Tribal Substance Abuse Action Plan. The plan is now being used to guide program planning, catalyze community outreach efforts, and foster a coordinated response to substance abuse in our Northwest Tribes.

increase knowledge and awareness about substance abuse"- the THRIVE project developed a national media campaign focusing on alcohol and drug prevention for AI/AN teens and young adults. The campaign, Strengthen My Nation, was funded by the Indian Health Service's Meth & Suicide Prevention Initiative, and was developed with feedback from hundreds of teens, parents, and health educators throughout the U.S. The campaign includes posters, brochures, fact sheets, and public service announcements on television and radio.

Acting upon one of the goals of the plan - to

All of the campaign materials are available on the NPAIHB website:

http://www.npaihb.org/epicenter/project/mspi_prevention_media_resources/

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