

Alcohol Trends Among Native American Youth: A Look At a Reservation in Nevada

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American Indian Youth living on Reservations are at greater risk to be involved with alcohol and drugs at an early age and are more likely to dropout of school as a result than White, Hispanic and African American Youth.¹ The purpose of the study is to identify and compare the current trends in alcohol use among American Indian adolescents in order to understand which services will better serve this population. The review of the literature examines the alcohol trends among the general population of adolescents in living in the United States, as well as the contributing factors and distinct characteristics of abuse that researchers have associated with American Indians youth. The survey results from a 2005 Needs Assessment on a reservation in Nevada and the Nevada Youth Risk Behavior Survey (YRBS) for the county surrounding the reservation are used to analyze trends in adolescent substance abuse, primarily alcohol. This study facilitates a greater understanding of what is necessary to create effective treatment and prevention programs for the youth population on reservations.

Introduction

The purpose of the present literature review is to identify and compare national alcohol statistics for adolescents to the current trends among adolescents living on a reservation in Nevada. National statistics through several prominent studies concerning age of onset, amount of use and risk-behaviors associated with adolescent drinking for both American Indian and non-Indian adolescents is presented first. The national statistics serve as a baseline to compare the current trends among American Indian youth living on a reservation in Nevada. It is hoped that the results will facilitate a better understanding of the services needed to confront the issues surrounding American Indian youth and alcohol.

Alcohol trends within US youth

Alcohol affects all people of varying ages, but the adolescents are the age group most vulnerable to the negative consequences of alcohol. The consequences of alcohol impact their physical and emotional well-being, social relationships, as well as school attendance and academic performance. It is also important to note that alcohol is the leading cause of death for young people (e.g., ages 12-17) and the most prominent substance for US youth to abuse.² A 2005 survey by Monitoring the Future (MTF) found that 17 percent of eighth graders, 33 percent of tenth graders and 47 percent of twelfth graders (i.e. general population) stated they drank alcoholic beverages within the 30-day period previous to the survey. Another survey indicated that adolescents in general reported their first use of alcohol is around 15.7 years.³

Why is alcohol so influential in adolescence? Two reasons seem apparent: acceptability and access. First, the social acceptability of alcohol through the media, peers and family members may support the idea that alcohol is a rite of passage for many youth and that drinking alcohol causes many positive and rewarding experiences.⁴ Second, despite legal drinking ages and restriction on alcohol sales, the availability of alcohol is easily accessible. In 2005, 93 percent of twelfth graders reported that access to alcohol as either fairly or very easy to obtain.⁵ As a result, by the end of high school, 75 percent of students will have consumed alcohol in quantities greater than a few sips.⁶

The most common practice for many youth is the heavy consumption of alcohol known as “binge-drinking.” This is defined as consuming five or more consecutive drinks at least once in the two weeks prior to the survey.⁷ Binge drinking among teens reached an all time high in the late 1970s and then began a rapid decline in the 1990s.⁸ In 1983, 41 percent of twelfth grade students reported binge drinking; this pattern remained constant for a few years until it dropped considerably to 28 percent in 1992.⁹ However, in 1996-98 there was a rise in usage between eighth, tenth, and twelfth graders to 16, 26 and 32 percent respectively, which has held relatively constant

to date.¹⁰ Although it is uncertain as to why the numbers of students engaging in binge drinking dropped in the 1990s, some researchers have suggest that increased public awareness and the publicity of anti-drinking and driving campaigns may have contributed to the decline.¹¹

Alcohol trends within American Indian youth

American Indians are not an intact group; therefore, current national statistics concerning the onset of drinking is limited and may not be applicable to every tribal population. One reason is that the small number of American Indians represented in surveys cause them to be grouped with other underrepresented groups. For example, the National Household Survey on Drug Abuse (NHSDA) indicates the four race/ethnic categories for adolescents as the following: 1) White; 2) Black; 3) Hispanic, and 4) Others. The category “Other” includes two populations that represent the opposite extremes in alcohol and substance use/abuse, where traditionally Asian American adolescents have the lowest prevalence of use/abuse, and American Indians have the highest.¹² When these two categories are combined together it becomes difficult to determine exactly how American Indian youth are behaving in comparison to other US youth.

However, some research does provide insight into the behaviors of American Indian youth, both in general and in specific regions, including the MTF survey, the National Institute on Drug Abuse (NIDA), and a number of studies on specific tribal populations. Research findings, focused on adolescents (i.e., ages 12 to 17) indicates that American Indian youth are two or more times more likely to use alcohol than Hispanic, non-Hispanic Whites and Blacks.¹³ Furthermore, American Indian youth begin using cigarettes and alcohol at earlier ages than White youth.¹⁴ One survey administered by Barnes, Welte, and Hoffman to seventh through twelfth grade students in New York State indicated the average age for first time use of alcohol was 14.2 years of age. When onset was separated by race/ethnicity, American Indians students’ onset of first time use was the youngest at 13.2 years of age.¹⁵

When comparing American Indian youth to other ethnic groups, American Indian youth living on reservations are at greater risk for involvement with alcohol and drugs at an early age and are more likely to drop out of school as result.¹⁶ In 1998, the estimated prevalence of American Indian youth using alcohol was 65 percent for eighth graders, 84 percent for tenth graders and 83 percent for twelfth graders.¹⁷ American Indian students in the eighth and tenth grade had a higher propensity to drink alcohol as well as become intoxicated when compared to other US students.¹⁸ However, American Indian and non-Indian twelfth graders had extremely similar prevalence rates.

Although research indicates the high risk for American Indian youth to use alcohol, it is also evident that American Indian youth follow alcohol and drugs trends similar to other adolescent groups in the US, but at slower rates. For example, the percent of American Indian seventh through twelfth grade students living on the reservation who reported the lifetime use of alcohol declined from 76 percent in 1975 to 68 percent in 1998.¹⁹ Also, American Indian fourth and sixth grade students who had tried alcohol had declined from 33 percent in 1981 to 17 percent in 1994.²⁰ Although percentages of use are higher for American Indian youth the trends decline in alcohol usage are similar to the trends in decline for US youth in general.²¹

The Goals of the Present Study

The purpose of the present study was to compare the adult perceptions of alcohol trends for youth living on a reservation in Nevada with the actual alcohol use patterns of youth from the county surrounding that reservation. We expected that tribal adults would report higher alcohol use for Native American youth living on the reservation than the actual alcohol consumption patterns of the non-Native youth living off the reservation.

Method

The research reported here utilizes the results of a Community Health Needs Assessment administered to adults living on a reservation in northeastern Nevada and the Nevada Youth Risk Behavior Survey (YRBS) for the local County surrounding the reservation. Although the studies contain a myriad of health issues (e.g., pregnancy, diet, self esteem), researchers focused on alcohol abuse.

A Community Needs Assessment intended to identify a number of health concerns of Native Americans living on a reservation in Nevada was administered (at the request of the tribe, the specific location of the reservation and tribe will not be named). The authors worked with tribal health officials to develop the survey to fit the reservations needs. Approval from the Institutional Review Board as well as tribal council was obtained prior to data collection. Survey questions addressed patterns and perceptions concerning residents’ health care access,

physical and mental health problems and concerns, as well as substance use and abuse issues.²² For the purpose of the present study, only the alcohol findings will be discussed. The surveys were distributed to adult heads of household on the reservation via mail, with additional surveys available at various locations on the reservation. The respondents that received survey packets through the mail were provided with a self-addressed, self-stamped envelope or they could drop the surveys in any number of secure drop boxes located throughout the reservation. The surveys were anonymous and voluntary and out of the 398 households contacted, a total of 138 completed surveys were returned.

The Nevada YRBS for the local County School District surrounding the reservation was administered to middle school students, ages eleven to sixteen and high school students, ages thirteen to eighteen in 2001, 2003, and 2005.²³ The YRBS assessed the risk-behaviors associated with a student’s health such as diet and exercise; alcohol use, tobacco use and other drug use; violence and suicidal behaviors; and sexual behaviors that can contribute to accidental pregnancies and sexually transmitted diseases. For the purpose of the present study, only the alcohol findings will be discussed.

Results

YRBS Data

Table 1 displays the alcohol consumption trends for youth in the county surrounding the reservation. In general, the trends seem quite positive. For example, the number of juveniles who have engaged in recent binge drinking has declined over the past 6 years. In addition, the percentage of high school students who have used alcohol in their lifetime is declining, although middle school students have shown a slight increase. On another positive note, the age at which high school students have their first drink is getting older. Unfortunately, the same cannot be said of middle school students, who have shown a gradual increase in the number of students having their first drink at age 13 or younger.

Table 1

YRBS Data for Students in Middle and High School for the Years 2001, 2003, and 2005

	2001	2003	2005
Binge Drinking in the Past Month			
High School	43.1%	38.7%	35.3%
Middle School	19.5%	21.0%	19.0%
Lifetime Use of Alcohol			
High School	85.9%	80.8%	76.3%
Middle School	57.5%	57.7%	59.3%
First Drink 13 or younger			
High School	43.4%	34.6%	34.6%
Middle School	38.1%	42.5%	44.9%

Although the number of high school students who have *not* had alcohol in the past 30 days has increased (from 43.6% in 2001 to 50.2% in 2005), so has the number who have had alcohol every day (from 1.7% in 2001 to 3.4% in 2005; see Table 2). In addition, in 2005 10.5% of high school and 4.7% of middle school students had used alcohol on school property in the past month, and 12.2% of all disciplinary actions involved possession or use of alcohol.

Table 2

During the past 30 days, on how many days did you have at least one drink of alcohol? (High School data only)

	2001	2003	2005
0 days	43.6%	50.8%	50.2%
1 or 2 days	19.8%	20.1%	19.2%
3 to 5 days	15.8%	12.5%	10.7%
6 to 9 days	10.6%	6.8%	8.0%
10 to 19 days	6.3%	7.2%	7.7%
20 to 29 days	2.3%	0.8%	0.8%
All 30 days	1.7%	1.9%	3.4%

Alcohol consumption patterns are important to examine as adolescent alcohol use increases the tendency to engage in other substances and suffer from behavioral disorders.²⁴ For example, according to the 2003 Nevada YRBS, sixth, seventh, and eighth graders living in the local County who engage in heavy drinking also have high co-occurrences with regular smoking (76 percent), frequent marijuana use (69 percent), and drop out plans (62 percent). In addition, the 2003 YRBS reports that heavy drinking between ninth through twelfth grade students has a high co-occurrence with frequent marijuana use (73 percent) and regular smoking (60 percent). This age group also engages in other risk behaviors such as driving under the influence (73 percent), riding with someone under the influence (55 percent), belonging to a gang (50 percent) and plans to drop out of high school (44.5 percent).²⁵

The need for education about the harmful consequences of alcohol use is apparent. For example, the number of high school students reporting “no” risk with binge drinking has nearly doubled since 2001 (5.9% in 2001, 10.2% in 2005; see Table 3).

Table 3

How much do people harm themselves by binge drinking? (High School only)

	2001	2003	2005
No risk	5.9%	8.3%	10.2%
Slight risk	20.6%	18.2%	17.8%
Moderate risk	34.9%	33.0%	29.9%
Great risk	33.0%	30.3%	33.7%
Not sure	5.6%	10.2%	8.3%

To alleviate this problem, education needs to focus on the children and their families, as the most common place that middle school students get alcohol is at home (with their parents consent), and that number is rising (from 16.2% in 2003 to 19.4% in 2005; see Table 4). Thus, clearly prevention efforts need to target the home.

Table 4

How do you usually get the alcohol you drink (Middle School only)?

	2001	2003	2005
"I don't drink alcohol"	58.0%	56.5%	54.4%
From home w/ parental knowledge	17.3%	16.2%	19.4%
From home w/out parental knowledge	5.9%	6.0%	8.1%
From Friends	15.3%	18.4%	14.7%
Ask Adults to Purchase	3.1%	2.5%	1.9%
Buy them myself	0.5%	0.3%	1.4%

Reservation Data

The Community Needs assessment asked adult respondents to report on personal health information as well as their perceptions of health concerns for their family and community.

The average age of initial drinking seemed a bit older on the reservation than in the surrounding county (although adults were being asked to reflect back upon their youth in the reservation survey). Adult residents of the reservation reported a mean age at first experimentation with alcohol was 16.43 years, with a median of 16 years and a range of ages from five to 77 years. 21.9% of adults on the reservation reported have their first drink at age 13 or younger. Reservation respondents reported significant rates of family members suffering from alcohol-related problems. For instance, 39.2 percent had an immediate family or household member that had a problem caused by alcohol and 70.5 percent reported alcohol-related problems for family members not living with them.²⁶ In addition, as seen below in Table 5, the group most commonly identified as being most influenced by alcohol use was teenagers 14-18 years of age.

Table 5

Age Group Most Influenced by the Use of Alcohol

Age Group	Percent
8 years and under	4.0%
9-13 years	17.5%
14-18 years	39.7%
19 to 54 years	38.1%
55 years and older	0.8%

The respondents were asked to rank the five most serious substance abuse issues for themselves, their family, and their community from a list of psychoactive substances (e.g., alcohol, marijuana, cocaine, methamphetamines). Not surprisingly, alcohol was the psychoactive substance perceived as the greatest issue for the respondents themselves, their families, and the community. Given the widespread concern about alcohol use and abuse, especially in the teenage population, the respondents were asked to report what factors prevent someone in their household or family from getting help for an alcohol and/or drug problem if they need it. 31.9% reported distrusting the system/tribal leaders/behavioral health staff, 27.5% reported lack of availability of services, and 25.3% reported that their household or family member did not want help for their substance abuse problem. The respondents who reported being recovering drug addicts or alcoholics were asked to report up to three experiences that were most helpful to them in their recovery. 45.7% reported changing relationships/moving/growing up, 43.5% reported family and friends, and 32.6% reported prayer/church. The respondents were asked to report up to three locations that they would suggest if a person they cared about needed assistance for an alcohol and/or drug problem. 73.6% reported they suggest going to the community health facility, 18.9% reported they would suggest help lines/treatment off the reservation, and 17.0% reported they would suggest going to church. Finally, the respondents were asked to report up to three services or activities they believed would prevent drug and alcohol abuse among youth and teens. 70.2% reported recreational/after school programs, 31.7% reported education about substance abuse, and 21.2% reported cultural activities.

Discussion

The findings of the Youth Risk Behavior Survey and the Community Needs Assessment suggest that alcohol abuse is a concern for adolescents, their families, and health officials on the reservation in Nevada and in the surrounding county. However, our hypothesis that alcohol abuse would be worse on the reservation than in the surrounding county did not appear to be supported. Nevertheless, adults living on the reservation were clearly concerned about adolescent alcohol use and had several suggestions on how to improve tribal resources to address this issue.

To get an understanding of life on this particular reservation, it is important to examine the economic and geographic make-up of the surrounding area. Nevada is a rural state known primarily for its many casinos and resorts located throughout the state. The large quantity of low-wage service jobs, a 24-hour lifestyle (i.e. casino hours, alcohol availability) and a highly mobile population (i.e. moving to follow employment) are believed to contribute to a number of problems among adults and adolescents living in Nevada.²⁷ For instance, Nevada's high percentage of adults and youth that engage in binge drinking has been traditionally higher than the national average, where approximately 11 percent of youth ages twelve to seventeen reported past-month binge drinking.²⁸

Although there have been improvements in treatment programs, there are still many reservations that struggle with inadequate funding, lack of certified staff retention and client access to available facilities that govern the treatment programs. The American Indian population has also expressed concerns about whether they can trust government agencies. For example, the leading reason why reservation respondents reported why family members do not seek treatment is a distrust of the system/tribal leaders/behavioral health staff, followed by a lack of available services.²⁹ These limitations create frustration among individuals seeking help for themselves and others, which may aid in the continuation of alcohol and drug abuse.

Access to substance abuse treatment is limited for many living on the reservation. The small hospital on the reservation has a limited staff that is only able to provide Level I outpatient treatment. This level of treatment is non-residential treatment, where an adult suffering from substance abuse problems can meet with a certified addiction counselor approximately once or twice a week until nine hours of service are fulfilled. Currently, there are three available counselors certified to treat the adults living on the reservation. In addition, there is not a facility or certified staff available to treat adolescents suffering from substance abuse on the reservation; therefore, adolescents needing treatment must be sent to off-reservation treatment facilities in Arizona, Oregon and other states. The

process is difficult for families and hospital staff, as most individuals are placed on a waiting list until an opening is available. Many adolescents and their families become frustrated, give up, and simply do not seek treatment. To address this dilemma the hospital staff on the reservation has mentioned that until they can adequately provide treatment, they would like to emphasize youth prevention, directed at earlier age groups.

Both hospital staff and members of the reservation have expressed the need for alcohol and drug prevention. As presented above, in the recent needs assessment, respondents indicated that recreational activities, education about substance abuse and cultural activities were the top three services that would prevent youth substance abuse. According to national studies, prevention programs work best when they not only teach about the dangers of alcohol and drugs, but also instruct and provide youth with the necessary confidence and life skills to deal with real social and peer pressure situations.³⁰ The prevention specialists would facilitate the after-school and summer programs and activities would center on developing and strengthening social skills, promoting health and continuing cultural traditions.

Research also indicates that community-based substance abuse prevention programs effectively reduce alcohol and drug-related problems, but they also reduce the stigma of youth being negatively stereotyped as “problem” or “at-risk” kids.³¹ One idea that the reservation would like to try if appropriate funding can be secured is to create a Youth Council to help direct and create tribal-centric summer and after school programs. Furthermore, the proposed Youth Council is designed to serve as a liaison between Tribal Council and the Youth population on the reservation. The Youth Council has several purposes. The first is to provide a voice for the youth and give valuable insight concerning the attitudes, achievements and problems that teenagers are encountering to Tribal Council and other tribal elders. The second purpose is to create and reinforce an invested interest among the younger members of the reservation concerning current and future tribal issues. In addition to serving on the council, members would pledge to be alcohol and drug-free and work with the school and tribal Substance Abuse Prevention Specialists to coordinate substance abuse prevention programs and cultural activities. Another idea would be to have tribal elders actively engaged with the Youth Council to help instruct tribal youth in tribal lore, crafts, and language. Tribal elders seem to support this idea as it would get them more involved with tribal youth and allow them to pass on their heritage.

The results of this study suggest that alcohol use and abuse is clearly not more prevalent in Native Americans than in non-Native adolescents. Additional studies are needed to clarify which prevention programs are best suited to meet the needs of adolescents, both on and off reservations. It is strongly recommended that future research concerning alcohol and other substances issues focus on prevention rather than treatment.

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