THE CONSEQUENCES OF DRUG AND ALCOHOL USE FOR INDIAN YOUTH

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Abstract: Indian youth have higher rates of using alcohol and drugs in ways that increase their risk — getting very drunk, drinking while driving, and using drugs and alcohol together. The highest rate is found among reservation youth, a lower rate among non-reservation Indians, and the lowest rate among non-Indian youth. Frequency of self-reported consequences from alcohol and drug use follow the same order, with 15% of reservation seniors involved in an alcohol-related accident. The most frequent consequences involve relationship problems. Drug injection is rare in all groups.

It is not possible to know all of the problems that result from the drug use of Indian youth, who have many problems that are simply part of being a minority in a world where other groups are dominant and problems that are related to poverty and disadvantagement. Drugs and alcohol must exacerbate some of these problems and cause new ones. As only one example, Native Americans have the highest rate of sexually transmitted diseases found in any ethnic group. The use of alcohol and drugs undoubtedly has an influence on this problem: it affects judgment and impulse control, increases the chances of precocious sexual activity, and lowers the chances of using methods that will protect against infection. There is no direct evidence at this time, however, of this secondary influence of alcohol and drug use.

One known consequence is economic. In 1984 the Center estimated the direct out-of-pocket cost of alcohol and drugs for reservation Indian youth. The total at that time was $8.3 million (Loretto, Beauvais, & Oetting, 1988). This amount of money is being wasted from an economy that is already impoverished. The additional economic costs of substance use resulting from accidents, lowered productivity, holding poorer jobs because of school dropouts, and so forth have not been estimated but must add greatly to this amount.

There are also direct risks from using alcohol and drugs. Our surveys include questions asking about drug use behaviors that would increase direct risk from the use of drugs and about problems that young people feel they have encountered from drug and alcohol use. The responses show that the young people taking the survey recognize that alcohol and drugs cause problems for them.

High-Risk Drug-Using Behaviors

The use of any psychoactive substance involves inherent risks ranging from minor errors made because of poor judgment to death from overdose or hypersensitivity. There are some ways of using drugs, however, that increase those risks. Table 3–1 lists some of the high-risk drug-using behaviors and shows the percent of young people who have taken those risks.

It is clear from this table that Indian youth not only use drugs more than other youth do but also engage in some of the risky ways of using drugs more frequently. Daily alcohol use is relatively infrequent in all groups, and Indian youth are not more likely than others to be daily users. The lower access to alcohol on reservations essentially prevents a pattern of daily use. Indian youth are, however, much more likely to engage in the high-risk extremes of alcohol use. Earlier data reported a much higher frequency of getting drunk among Indian youth. The findings presented in Tabel 3–1 show the same pattern. Indian youth are much more likely to have passed out while drinking or to not remember what happened when drinking, both signs of very excessive alcohol use, and reservation youth show even higher rates of these behaviors.

Daily use of marijuana is found much more often among Indian youth. One in every 20 Indian seniors, on or off the reservation, used marijuana daily. Marijuana is stored in the body fat and is only slowly released, which means that a daily user of marijuana has some of it in his or her system all the time. Marijuana affects the ability to concentrate, reduces motivation, and slows reaction time. Daily users are therefore going through life in low gear, and their drug use is likely to influence their school work and their personal development.

A very large number of youth have used marijuana and alcohol together, but the rate is twice as high for Indian seniors living on reservations, half of whom have used marijuana and alcohol together. Each of these drugs is likely to enhance the effect of the other, combining to produce more problems and greater risks than does either taken alone.

The number of youth who have taken two other drugs together is much lower, but this behavior is even riskier, as drugs can act in concert to create serious danger for the user. Youth who are combining drugs are also showing a pattern of willingness to take risks and of seeking to increase the effects of the drugs; these youth are likely to continue to

Table 3–1
High-Risk Behaviors Among Students

	8th Graders			12 Graders		
	RI %	NRI %	Ang %	RI %	NRI %	Ang %
Daily alcohol use	1	<1	<1	2	4	2
Daily marijuana use	2	2	<1	5	5	2
Passed out while drinking	29	18	10	54	46	37
Couldn't remember what happened	29	19	13	58	45	41
Used marijuana and alcohol together	26	17	6	50	35	26
Took two drugs at the same time	9	8	4	14	16	10
Used a needle to inject a drug	2	2	1	2	2	1
Shared a needle	<1	<1	<1	<1	<1	<1
Used a designer drug	3	5	2	5	6	3

engage in more serious forms of drug use. Indian youth are also more likely to have engaged in this risky behavior.

Although not many youth have used a designer drug, again the rate is twice as high for Indian youth. Designer drugs are often highly potent; they can be more powerful by hundreds of times than the drugs they simulate, greatly increasing the danger of overdose. In addition, there is always a question of what is really being taken. The youth willing to take a pill produced by a street chemist is showing a willingness to engage in behaviors that are not only risky but also stupid. It was a street chemist who produced a "bad" batch of a designer drug that caused Parkinson's disease in a number of young people. It took only one or two doses to give these 20- and 30-year olds a form of brain damage that appears naturally only in a few 50- and 60-year-old patients.

There is one positive sign in this list of hazards: very few young people have used a needle to inject a drug and hardly any of them have shared a needle. Although AIDS is likely to become a serious problem among American Indian populations because sexually transmitted diseases are prevalent in this group and are implicated in the spread of AIDS, the risk to Indian youth from needle sharing — the other major AIDS vector — is fortunately minimal.

Problems From Drug and Alcohol Use

A series of questions on the survey asked students to report problems they have experienced as a consequence of drug and alcohol use. The results are provided in Tables 3–2 and 3–3. Because their rates

of drug use are higher, it might be expected that Indian youth would experience more problems and that, indeed, is what these tables show. Non-reservation Indian adolescents have considerably higher rates of experiencing all of these problems than do Anglo youth, and the rates for reservation youth are even higher. The results are consistent for both 8th- and 12th-grade students.

Drinking and driving is clearly a serious problem for reservation youth. Drinking or using drugs and driving are exceptionally dangerous combinations. The heavy drinking that shows up in other items is obviously also combined with driving all too often, particularly among reservation youth. They are more than three times more likely to have gotten a traffic ticket because of alcohol use and more than three times as likely to have been in a car accident because of alcohol or drug use.

This problem may occur sometimes because of the difficulty of getting to a bootlegger or liquor store. It is a long drive to get anywhere on many reservations, and young people who manage to make that drive and get beer or liquor are not going to wait until they get back home to use it. They are going to drink on the way. Also, young reservation Indians may have nowhere to drink and take drugs except in a car. There is no place on most reservations where they can "hang out" together.

The combination of drugs or alcohol and driving is clearly a serious health problem for Indian youth, who drive and drink and drive and use drugs. They have accidents, and there are plenty of reports of adolescent deaths from car accidents on the reservation. A prevention program is needed, but it may have to involve alternative activities for reservation youth, something that will be hard to provide with the limited funds available.

Getting traffic tickets and being in accidents are not the only legal problems being caused by alcohol and drugs. Nearly one-fourth of reservation seniors have been arrested because of alcohol use, and 6% have been arrested because of their use of drugs. Some of these arrests may relate to driving offenses and overlap with the accidents and traffic tickets previously discussed, but one of four is an incredibly high proportion of youth to have been in trouble with the law.

The rates are also very high for students who have been in trouble in school or have had their school work hurt because of drug use, but the high rates reported here may actually be underestimates of the real problem. It is to be expected that students would be at least somewhat defensive about reporting that substance use had caused problems for them, so these rates may be minimum estimates of the true level of school problems resulting from drug use.

The number of young people who broke something because of their use of substances is also very large. It is high for all groups, but more than one of every three reservation youth have experienced this problem.

Table 3–2
Admitted Problems From Drug Use

	8th Graders			12th Graders		
	RI %	NRI %	Ang %	RI %	NRI %	Ang %
Got a traffic ticket	<1	1	<1	2	2	1
Had a car accident	3	2	<1	5	2	1
Got arrested	5	3	1	6	5	2
Had money problems	9	5	2	18	13	7
Got you in trouble at school	12	4	2	9	7	3
Hurt your school work	14	7	3	13	11	6
Fought with other kids	14	10	4	12	12	6
Fought with your parents	9	8	4	14	12	6
Damaged a friendship	13	6	3	13	10	5
Made you break something	12	8	4	11	12	7
Had a "bad" trip	11	7	3	14	12	7

Table 3–3
Admitted Problems From Alcohol Use

	8th Graders			12th Graders		
	RI %	NRI %	Ang %	RI %	NRI %	Ang %
Got a traffic ticket	1	<1	<1	10	5	3
Had a car accident	5	2	<1	15	7	4
Got arrested	9	4	1	24	12	7
Had money problems	14	6	3	28	19	14
Got you in trouble in school	15	6	3	19	8	6
Hurt your school work	20	10	5	27	15	9
Fought with other kids	22	16	9	42	31	22
Fought with your parents	14	13	7	35	26	17
Damaged a friendship	18	10	5	35	19	12
Made you break something	18	16	9	35	31	28

The highest rates of all are reported for relationship problems. Alcohol and drugs have caused fights with their parents for large numbers of these adolescents, but the most crucial finding may be that about one in five 8th graders and one in three seniors has had a friendship damaged by alcohol use. Peer relationships are incredibly important to young people, and increasing the recognition among them that drugs and alcohol can do serious damage to their friendships may be one of the better ways of trying to prevent use.

It is apparent not only that alcohol and drugs are being used heavily by Indian youth but that they are causing problems. The lists presented in this chapter are not exhaustive and cover only a small range of the possible problems. Not included, for example, are emotional problems caused by substance use; a listing of those problems would only add to this sad story. The most difficult problems to assess may be the most important of all — problems in development. If alcohol and drugs are having as much admitted and direct influence on the lives of these children as we have reported, how much subtle damage are these substances causing to the development of their physical, emotional, social, and spiritual potential?

Reference

Loretto, G., Beauvais, F., & Oetting, E. R. (1988). The primary cost of drug abuse: What Indian youth pay for drugs. *American Indian and Alaska Native Mental Health Research, 2*(1), 21–32.