

# Need for Substance Abuse Treatment on Montana Native American Reservations

Addictive and Mental Disorders  
Division of the Montana Department  
of Public Health and Human Services

Montana Tribes  
August 19, 2001

## Substance Abuse Study Completed: Results

The Native American population in Montana has received extensive publicity about the use of alcohol and drugs on Montana's reservations. This publicity has often been based on unfounded perceptions and unreliable information. A recent research study of Native American adults (18 to 65 years old) living on Montana's Native American Reservations completed by the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services examined the use of alcohol and illicit drugs, the abuse of and dependence on these substances, the need for treatment and the constraints and pressures faced by those seeking treatment services.

A previous study of this population in 1996/1997 (Montana Adult Household Survey) utilized telephone interviews. The wide variance in telephone coverage rates across the reservations introduced non-coverage bias into the study. This recent study utilized face-to-face interviews conducted by individuals from the local reservation to address this non-coverage bias. In general, prevalence estimates of abuse and dependence and need for substance abuse treatment are substantially higher in this study than the previous Montana Adult Household Survey and 1999 National Household Survey

on Drug Abuse.

The most important use of the data will be to establish baselines, assist the tribes in planning and enable them to access grants and contracts for addressing their substance abuse treatment needs. The twelve most important conclusions drawn from this study are as follows:

- (1) Lifetime and recent (past year) alcohol use prevalence estimates for Native American adults living on Montana Reservations are very similar to those reported for the national (1999 National Household Study on Drug Abuse) and Montana (1997 Montana Adults Household Study) populations;
- (2) The prevalence of illicit drug use on Montana Reservations is substantially higher than illicit drug use reported in other national (NHSDA) or Montana (MAHS) studies;
- (3) The prevalence of alcohol dependence is more than three times higher for Native American adults living on Montana Reservations (12.8 percent) than other adults reported in the NHSDA study (3.7 percent);
- (4) The prevalence of drug dependence is over four times higher for the Montana Reservation's adult population (5.9 percent) than for the U.S. population (1.4 percent);
- (5) Over one in every four adults (about 5,400 people) needs substance abuse treatment;
- (6) About one in every thirty adults (about 700 people) is actually seeking or receiving substance abuse treatment.
- (7) One out of every eight individuals needing treatment is seeking any treatment;
- (8) Low income Native American adults are twice as likely to need treatment as higher income Native American adults;
- (9) Young men have the highest treatment need prevalence (48 percent) and they are much less likely than other adults to seek treatment;
- (10) About one out of every four pregnant women on Montana reservations needs treatment for alcohol abuse or an alcohol dependency;
- (11) The need for treatment services greatly exceeds the supply of services; and
- (12) The most important constraints facing those seeking treatment were capacity and transportation concerns.



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### Special points of interest:

- Nearly 13 percent of adults are dependent on alcohol
- Nearly 6 percent of adults are dependent on drugs
- Over 28 percent of the adults need substance abuse treatment
- Individuals living below the poverty line comprise about 80 percent of the treatment need.
- Capacity (full programs) and transportation (access to public or private transportation) are the most important constraints facing those seeking treatment.



**Tribal Affiliations**

*Blackfoot Reservation  
Blackfoot Tribe*

*Crow Reservation  
Crow Tribe*

*Flathead Reservation  
Salish Tribe  
Kootenai Tribe*

*Ft. Belknap Reservation  
Assiniboine Tribe  
Gros Ventre Tribe*

*Ft. Peck Reservation  
Assiniboine Tribe  
Souix Tribe*

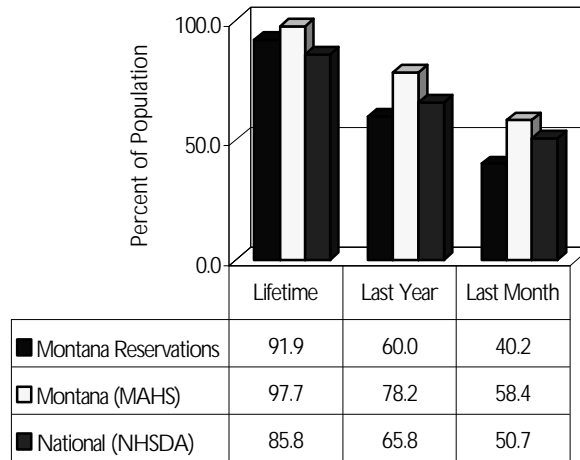
*N. Cheyenne  
Reservation  
N. Cheyenne Tribe*

## Alcohol Use Similar to Other U.S. Adults

Prevalence estimates for the national adult population were obtained from the 1999 National Household Survey on Drug Abuse (NHSDA) of 66,706 adults; prevalence estimates for the total Montana adult population were obtained from the 1997 Montana Adult Household Survey (MAHS) of 5,501 adults; and prevalence estimates for the Montana Reservation adult population were obtained from the 2001 Montana Native American Survey (MNAS) of 1,821 adults on six reservations. Interestingly, the prevalence of alcohol use in the last year and last month for Native Americans living on Montana's Reservations is lower than for the general population of adults in Montana and the U.S.

Adults living on Montana's Reservations have over a 90 percent chance of ever using alcohol, a 60 percent

Lifetime, Last Year and Last Month Alcohol Use



chance of using alcohol in the past year and a 40 percent chance of using alcohol in the past month. Based on an earlier telephone survey, adults in Montana have nearly a 98 percent chance of ever using alcohol, a 78 percent chance of using alcohol in the last year and a

58 percent chance of using alcohol in the past month. Results from a face-to-face survey (1999 NHSDA) suggests that lifetime alcohol use exceeds 85 percent, use in the last year is nearly 66 percent and use in the past month is just over 50 percent for adults in the U.S.

## Nearly 60 % of Young Men Currently Use Alcohol

This study suggests that recent and current alcohol use prevalence estimates are somewhat higher for men than women. Current alcohol use prevalence estimates are substantially higher for young adults aged 18 to 24 than for older adults. Over five out of every 10 young adults aged 18 to 24 and over four out of 10 adults aged 25 to 34 have used alcohol in the past month. Current alcohol use prevalence estimates are somewhat lower

for adults aged 35 and older (33.5 percent).

Most importantly, young men are more likely to have used alcohol in the past month (59 percent) than young women (45 percent) on Montana Reservations.

These prevalence estimates of alcohol use for young men and women are very similar to prevalence estimates for the population of adults in Montana. In the Montana population, 73.2 percent of young men

and 56.4 percent of young women used alcohol in the past month.

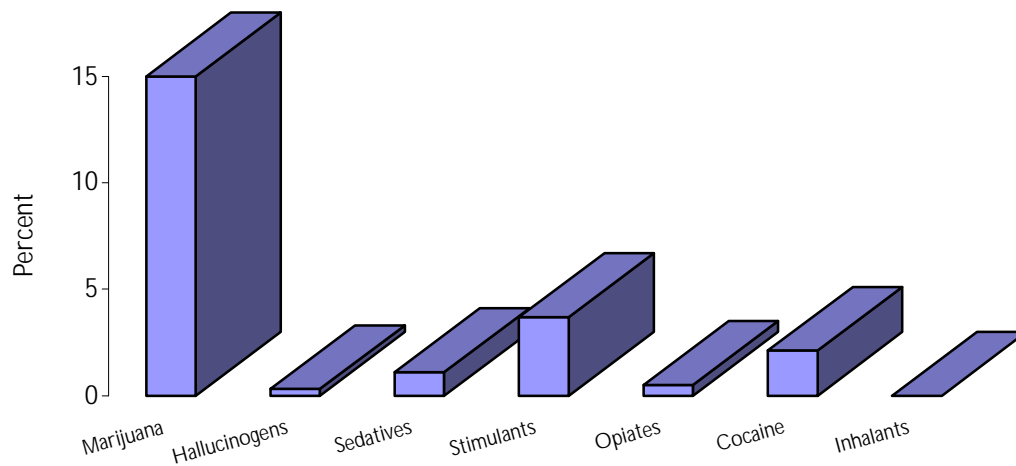
The relatively high prevalence of current alcohol use among young women of childbearing age raises concern about the implications for the future extent of fetal alcohol syndrome (and fetal alcohol effects) for children born to these women. Further discussion of this concern is included on page 10 of this executive summary.

## Alcohol "facts"

*"Over 50 percent of young adults have used alcohol in the past month"*

*"Young men (59 percent) are significantly more likely to have used alcohol in the past month than young women (45 percent)"*

Illicit Drug Use in the Past Month



## Lifetime, Past Year and Past Month Drug Use

### Marijuana

In the Montana Reservation adult population as a whole the estimated prevalence for lifetime use of marijuana is 58.6 percent, the prevalence estimate for recent use in the past year is 25.1 percent, and the prevalence estimate for current use in the past month is 15 percent. Thus, on Montana Native American reservations, almost four out of every 10 young men and more than two out of every 10 young women have used marijuana in the past month. These are substantially higher marijuana use rates than for the Montana adult population (3.3 percent in the past month).

### Hallucinogens

The estimated prevalence for lifetime use of hallucinogens is 17.1 percent, the prevalence for recent use in the past year is 3.6 percent, and the prevalence for cur-

rent use in the past month is 0.3 percent. Just under one out of every 10 young adults aged 18 to 24 has used hallucinogens in the past year and less than one out of every 100 young adults has used hallucinogens in the past month.

### Sedatives

The estimated prevalence for lifetime use of sedatives is 4.4 percent, the prevalence for recent use in the past year is 2 percent, and the prevalence for current use in the past month is 1.1 percent. Over one out of every 25 adults aged 25 to 34 has used sedatives in the past year.

### Stimulants (*meth*)

The estimated prevalence for lifetime use of stimulants is 21.8 percent, the prevalence for recent use in the past year is 10.4 percent, and the prevalence for current use in the past

month is 3.7 percent. Almost one of every 13 young adults aged 18 to 24 has used stimulants in the past month. These findings suggest that relatively widespread stimulant use is a fairly recent phenomenon and concentrated most heavily among younger adults. Current use of stimulants is slightly more prevalent among young women than young men.

### Opiates

The estimated prevalence for lifetime use of opiates is 4.8 percent, the prevalence for recent use in the past year is 1.9 percent, and the prevalence for current use in the past month is 0.5 percent. More than one of every 30 adults aged 25 to 34 has used opiates in the past year. Use of opiates in the past month is negligible for young adults.

### Cocaine (*crank, too*)

The estimated prevalence

for lifetime use of cocaine is 17.6 percent, the prevalence for recent use in the past year is 7.4 percent, and the prevalence for current use in the past month is 2.1 percent. A particularly disturbing finding is that about one of every seven young adults aged 18 to 24 have used cocaine in the past year and over one out of every 20 young men aged 18 to 24 have used cocaine in the past month.

### Inhalants

The estimated prevalence for lifetime use of inhalants is 11.4 percent, the prevalence for recent use in the past year is 0.3 percent, and the prevalence for current use in the past month is less than 0.05 percent. The data indicate that prevalence of recent use of inhalants is highest for young adult men aged 18 to 24 (1.1 percent) but negligible among young women in the same age group.



## Drug Use Exceeds State and National Benchmarks

The prevalence of illicit drug use in the past year on Montana Reservations is over 28 percent. Illicit drug use in the past month is nearly 17 percent. When compared to National statistics, where illicit drug use in the past year is nearly 11 percent and in the past month is less than 7 percent, these drug use rates are substantially higher.

Drug use rates are substantially higher than National and State prevalence estimates on Montana Reservations. Lifetime illicit drug use is somewhat higher for Montana Reservations (60.9 percent) than for the Montana (44.2 percent) or U.S. (41.1 percent) populations. However, illicit drug use in the past year and past month are dramatically higher. Illicit drug use in the past year is over 28 percent on the

Montana Reservations and less than 11 percent for the Montana and U.S. populations.

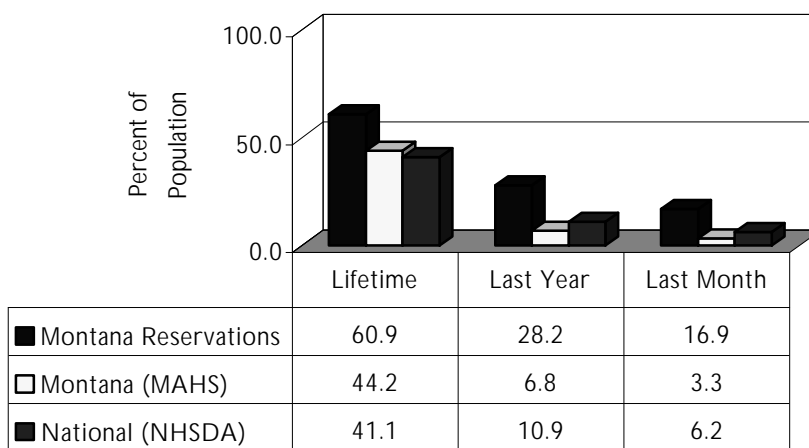
Illicit drug use in the past month is nearly 17 percent on Montana Reservations and less than 7 percent in the Montana and U.S. populations. Over four out of every 10 young men have used some illicit drug in the past month.

The most frequently used drug in the past month is

marijuana (15 percent) followed by stimulants (3.7 percent), and cocaine (2.1 percent). Hallucinogen, opiate, sedatives and inhalant use is less prevalent among adults on the Montana Reservations.

These comparisons should be used cautiously because they are comparing the results of a face-to-face survey on the reservations with a previous telephone survey of the Montana population.

Lifetime, Last Year and Last Month Drug Use



### Drug Reference List

#### Marijuana

- pot, grass

#### Hallucinogens

- LSD, PCP, acid, angel dust, ecstasy

#### Sedatives

- sleeping pills, ludes, downers, barbs, blues.

#### Stimulants

- meth, speed, ice, crystal, crank, diet pills

#### Opiates

- heroin, morphine, Percocet, Percodan, Dilaudid

#### Cocaine

- coke, crack

#### Inhalants

- gas, lighter fluid, glue, paint solvent, poppers

## Marijuana-Related Disorders Most Prevalent

Illicit drug disorders impact the lives of one in every 10 adults on Montana Reservations. Marijuana, stimulant and cocaine disorders (abuse or dependence) are the most prevalent.

Marijuana related disorders are the most prevalent among young adults aged 18 to 24 with one in seven young adults addicted to it.

About one out of every six young men and one out of every eight young women has a marijuana disorder.

Stimulant disorders are the second most prevalent among young adults with nearly one in every 10 young adults addicted to one or more stimulants. About one out every 10 young men and one out

every 12 young women have stimulant disorders.

Cocaine disorders are the third most prevalent. About one out every 30 younger adults (18 to 34) has a cocaine disorder. Young men (4.2 percent) aged 18 to 24 are more likely to have a cocaine disorder than young women (2.5 percent).

## Alcohol and Drug Dependence is High

Dependence on either alcohol or drugs is significantly higher for the Montana Reservations (over 15 percent) than for the Montana (5.2 percent) or U.S. (4.5 percent) adult population. Over one out of every ten adults is dependent on alcohol, drugs or both alcohol and drugs.

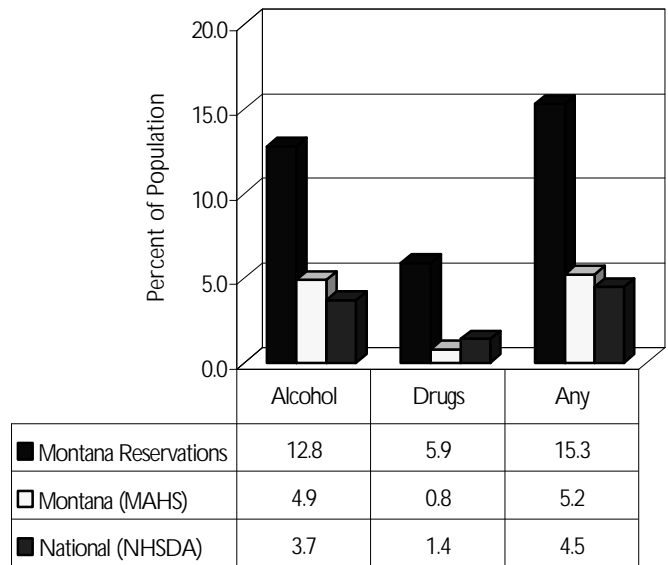
The prevalence of alcohol dependence is over three times higher on the Montana Reservations than for the U.S. adult population (NHSDA study); and over two times higher than for the Montana adult (MAHS) population. Alcohol dependence rates are somewhat higher in Montana (4.9 percent) than National estimates (3.7 percent). However, alcohol dependence rates are much higher on

the Montana Reservations (12.8 percent).

The prevalence of drug dependence is nearly eight times higher on the Montana Reservations than for Montana adults (MAHS) and about four times higher than for the adult population in the U.S. (NHSDA). Drug dependency rates for the Montana Reservations are 5.9 percent, while drug dependency rates are 0.8 percent and 1.4 percent for the Montana and U.S. adult populations, respectively

Once again, alcohol and drug dependency rates are much higher for young adults than older adults. Young men aged 18 to 24 have high alcohol (17.2 percent) and drug (11.4 percent) dependency rates.

Alcohol, Drug and Any Dependence



## Alcohol is the Number One Dependency

Among the total Montana Reservation adult population the estimated prevalence for current alcohol abuse is 13.2 percent, the estimated prevalence for current alcohol dependency is 12.8 percent, and the estimated prevalence for current total alcohol disorders (abuse or dependency) is 26 percent. Thus about one out of every four adults in the Montana Reservation population has a current alcohol disorder.

Disturbingly, current alcohol disorder prevalence estimates are even higher for adults aged 18 to 24 (nearly 35 percent) and adults aged 25 to 34 (over 32 percent). The current prevalence of alcohol abuse

or dependence for adults aged 35 and older is somewhat lower (nearly 20 percent), but still higher than the prevalence for current alcohol disorders among the Montana adult population (8.6 percent). In addition, current alcohol abuse and dependency prevalence estimates are higher for men (31.1 percent) than for women (21.3 percent). Disturbingly, nearly one in every four women of child-bearing age has a current alcohol disorder.

Among the total adult population the estimated prevalence for current abuse of any drugs is 4.8 percent, the estimated prevalence for current dependency on any drugs is

5.9 percent, and the estimated prevalence for total current disorders for any drugs (dependency or abuse) is 9.0 percent. Thus about one out of every ten adults on Montana Reservations has a current drug-related disorder.

Total current disorder prevalence estimates for any illicit drugs is higher for adults aged 18 to 24 (17.9 percent) than for adults aged 25 to 34 (11.6 percent) and older adults (4.1 percent).

Using these estimates, about 5,000 adults have an alcohol dependency and 1,700 have a drug dependency on Montana Reservations.

*“Over one of every three **young** adults has an alcohol disorder”*

*“One of every six **young** adults has an illicit drug disorder”*





“Nearly one out of every three adults on Montana Reservations needs treatment for a current alcohol disorder, drug disorder, or both alcohol and drug disorders. The prevalence of need is greatest among young men aged 18 to 24 where nearly one out of every two individuals has a current treatment need.”

## Treatment Need is Extensive

The prevalence of treatment need is substantially higher than National (NHSDA) and State estimates (MAHS). Prevalence estimates of treatment need for the general Montana and Montana Native Americans living on- and off-reservations are 8.8 percent and 13.7 percent, respectively. The prevalence of treatment need for all Native Americans on Montana Reservations is 28.4 percent (about two times higher than the Montana Native American estimate). The

prevalence of treatment need estimates for both populations are substantially higher than for Montana’s general or low-income population.

The prevalence of current alcohol disorders among the adult population on Montana Reservations is 19.4 percent and the prevalence of current drug disorders is 2.3 percent. The prevalence of joint alcohol and drug disorders for the adult population is 6.6 percent; that is, about one out of every fifteen adults has

an alcohol disorder and at least one drug disorder. It is disturbing that nearly one out of every three adults has a need for substance abuse treatment. Low income (income below the poverty line) individuals are over two times more likely to need treatment than higher income individuals living on Montana Reservations.

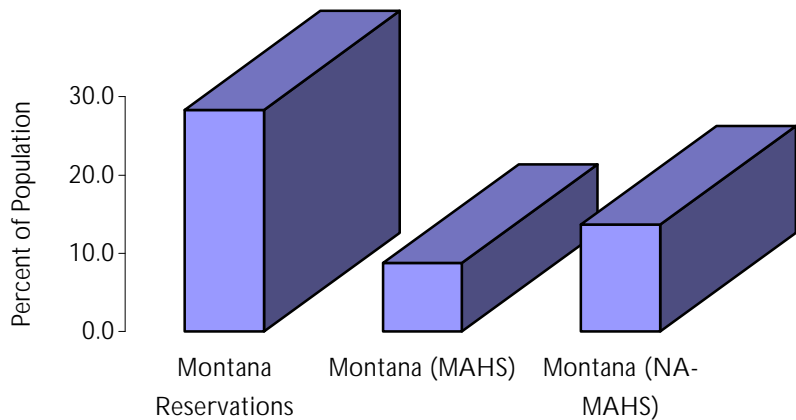
Among drug disorders, addiction problems with marijuana (6.8%), stimulants (4.5%) and cocaine (2.3%) are the most signifi-

### Treatment Needs Ranking

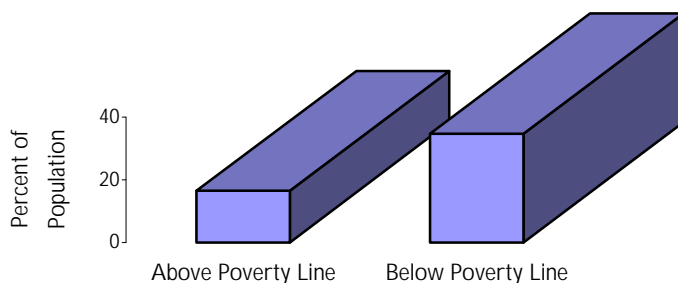
1. Alcohol
2. Marijuana
3. Stimulants
4. Cocaine
5. Hallucinogens
6. Opiates
7. Sedatives
8. Inhalants

**“Lower income individuals are two times more likely to need substance abuse treatment than higher income individuals living on Montana Reservation”**

Treatment Need Comparison (Montana Reservations, Montana (MAHS) and Native Americans Living On- and Off-Reservations in Montana (NA-MAHS))



Treatment Need for People Living Above or Below the Poverty Line on Montana Reservations



## Younger Men are Most Likely to Need Treatment

Over one of every three young adults living on Montana Reservations aged 18 to 24 (40.4 percent) need treatment for a current alcohol or drug disorder and over one out of every three adults aged 25 to 34 (34.9 percent) also need treatment for a current alcohol or drug disorder. The prevalence of any current alcohol or drug disorder treatment need is lower for adults aged 35 and older (20.5 percent) but still much higher than for the Montana adult population. Prevalence estimates of treatment needs for any alcohol or drug disorder are somewhat higher for men (33.3 percent) than for women (23.8 percent).

Prevalence estimates for treatment needs for individuals with only alcohol disorders are substantially higher for young adults aged 18 to 24 (22.5 percent) and adults aged 25 to 34 (23.3 percent). Prevalence estimates of only alcohol disorders for adults aged 35 and older (16.3 percent) are lower.

Prevalence estimates for treatment need for individuals with only drug disorders is 2.3 percent for the adult population. Adults aged 18 to 24 are much more likely to have a drug disorder (5.8 percent) than other adults (2.4 percent for adults aged 25 to 34 and 1 percent for adults aged 35 and older). Men

(2.2 percent) and women (2.5 percent) have similar drug disorder rates. However, young men (6.2 percent) have somewhat higher drug disorder prevalence estimates than young women (5.4 percent).

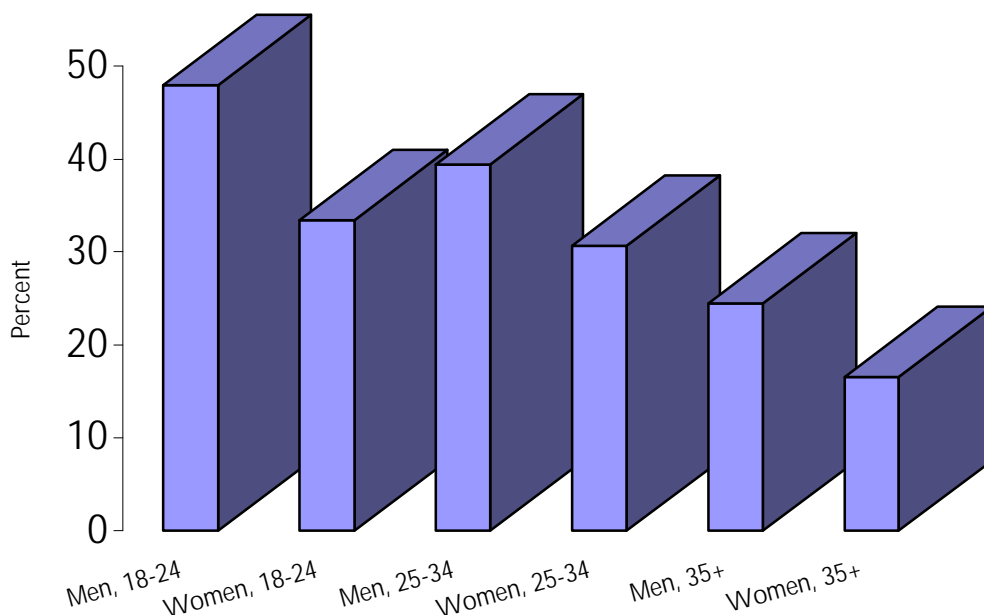
Prevalence estimates for treatment need for individuals with joint alcohol and drug disorders are substantially higher for adults aged 18 to 24 (12.2 percent) and adults aged 25 to 34 (9.2 percent) than for adults aged 35 and older (3.2 percent). In general, joint alcohol and drug disorders are somewhat more prevalent among men (7.5 percent) than among women (5.8 percent).



“Young adults are at risk of needing substance abuse treatment. One out of every two young men and one out of every three young women need treatment for alcohol or drug addiction”

**“Estimates derived from this study suggest that between 5,000 and 5,800 adults on Montana Reservations need treatment. Unfortunately, those needing substance abuse treatment are often reluctant to seek treatment. In this study only about 13 percent of those needing treatment are actually receiving or seeking any help”**

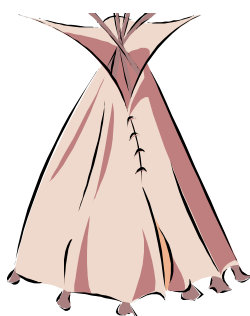
Treatment Need by Age and Gender on Montana Reservations



**Percentage of Households in each Income Category**

Income	Montana Reservations	'98 US
< 5k	20.0	2.6
5-9.9k	17.3	4.7
10-14.9k	16.7	5.9
15-19.9k	11.5	5.9
20-29.9k	18.3	12.4
30-39.9k	10.0	11.9
40 or more	6.2	56.6

*“Individuals experiencing domestic abuse in their lifetime comprise over half of those needing substance abuse treatment”*



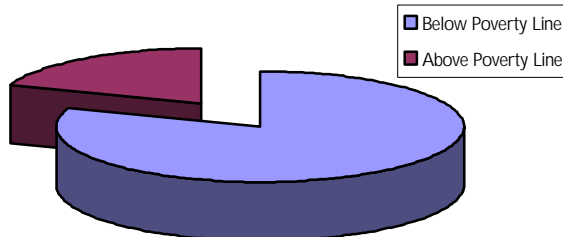
**Use of Inpatient Services**

Public	60 %
- Montana CDC	
- Blackfeet CDC	
- Thunderchild	
Private	40 %

**Low Income People Need the Most Help**

Previous studies have indicated that the prevalence of treatment need may differ with respect to household income and poverty status. Individuals living in households with incomes below the poverty line constitute over 65 percent of the population but account for a much larger share (80 percent) of total treatment need. In contrast, individuals living in households with incomes above the poverty line constitute nearly 35 percent of the population but account for a much smaller share, about 20 per-

Need for Treatment by People Above and Below the Poverty Line



cent of total treatment need. This finding is consistent with results reported in previous studies that indi-

cate that treatment need is much more prevalent among low-income households.

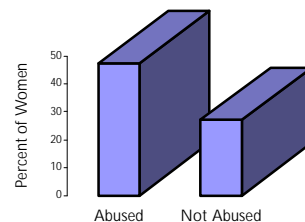
**Domestic Abuse is a Concern for Women**

Domestic abuse may also be associated with treatment need. Women who have experienced domestic abuse in their lifetime constitute about 30 percent of the population of women. These women are much more likely to need substance abuse treatment than women who are not abused (47 percent for

abused women and 27 percent for women not abused).

Women who have been in an abusive relationship in the last year comprise about 10 percent of the population of women. These women have over a 54 percent chance of needing substance abuse treatment.

Need for Treatment and Lifetime Domestic Abuse Women Only



**Who's Getting Treatment**

Four hundred twenty-six respondents received treatment for substance disorders in the past 12 months. Over 32 percent received detoxification services, 60 percent received residential services, 14 percent received halfway house services and 48 percent received outpatient services. In addition, 67 percent at-

tended self-help meetings and 51 percent received services from a minister, priest, counselor or tribal healer.

Of those using residential treatment, 60 percent in used public services and 40 percent used private services.

Treatment	%
Detoxification	32
Residential	60
Halfway house	14
Outpatient	48
Self-help meetings	67
Minister, Priest, Counselor or Tribal Healer	51



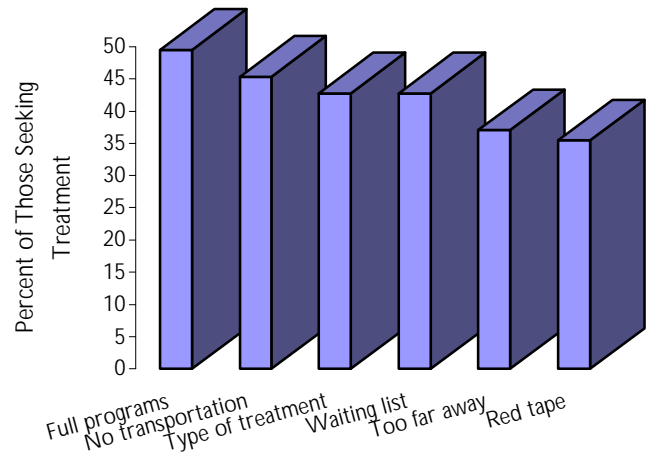
## Constraints Facing Those Wanting Treatment

Among the 114 individuals with a demand for treatment who were not receiving treatment, 49.5 percent indicated that treatment facilities were full, 45.3 percent could not access treatment because of lack of public and/or private transportation, 42.7 percent indicated that they could not get the treatment they wanted, 42.7 percent were placed on waiting list and subsequently changed their mind, 37 percent indicated that treatment facilities were too far away, and 35.4 percent perceived that there was too much red tape.

In addition, 31.2 percent

of these individuals had no insurance to pay for treatment, 29.9 percent were constrained because facility services were open only when they had to work, 29.5 percent faced constraints because facilities lacked special services needed, 20 percent indicated that access was constrained because of language or lack of counselors of similar ethnicity and 3.6 percent had a physical handicap or disability that made treatment facilities inaccessible. Moreover, 29.8 percent of the women in this group indicated that facilities were not sensitive to the needs of women.

Treatment Constraints



## Pressures at Home are Critical

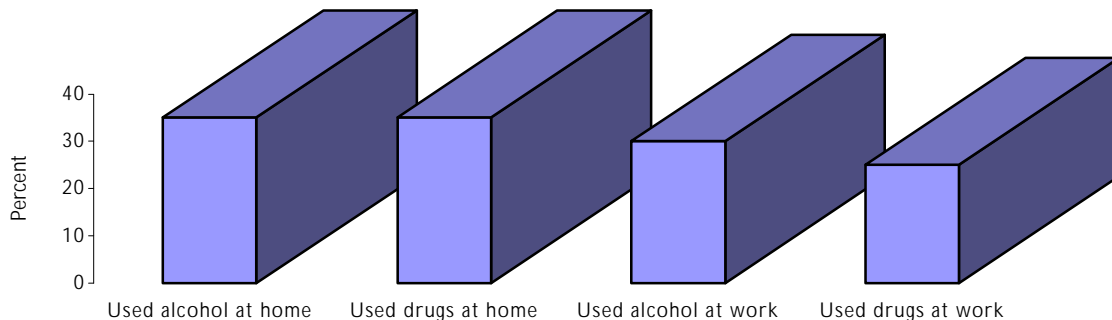
The same 114 respondents were also surveyed about the pressures they faced that affected their willingness to receive treatment. Among these 114 individuals, 37.5 percent lived with people who often used alcohol and 23.7 percent lived with people who often

used drugs. In addition, 24 percent worked with people who often used alcohol and 22.3 percent worked with people who often used drugs. Eleven percent indicated that they lived with people who are emotionally or sexually abusive. Further, over 22 percent indicated that if they had con-

tinued to use substances or relapsed into use, their job performance would have affected the health or safety of others. Over 22 percent lived or worked with people who would not have been supportive of their treatment.

***“The most serious constraints are that treatment facilities or programs are full and individuals didn’t have access to public or private transportation”***

Pressures to Remain "Clean"





*“Among young adults, only one out of every ten people needing treatment is actually seeking treatment”*

***“27 percent of women of child bearing age need substance abuse treatment”***

***“One out of every four pregnant women needs treatment for an alcohol disorder”***

## Marketing Challenge: Need versus Demand

Nearly six out of every 20 adults needs treatment for substance abuse, however only about seven out of every 200 (12.7 percent of those needing treatment) are actually seeking substance abuse treatment. This finding is similar to results reported in other studies. For instance, about 9 percent of Montana adults needing treatment actually seek treatment. Clearly, a significant marketing challenge faces substance abuse treatment providers.

Proportionally, the gap between treatment need and demand (seeking treatment) is quite similar among

age groups although a little higher among younger adults. Among young adults aged 18 to 24, 40.4 percent need treatment, but only 4.2 percent (about 10.4 percent of those needing treatment) seek treatment. In contrast, among adults aged 25 to 34, 34.9 percent have a treatment need, but only 4.4 percent (about 12.6 percent of those with treatment needs) seek treatment. Among adults aged 35 and over, 20.5 percent have a treatment need, but only 3 percent (about 15 percent of those with treatment needs seeks treatment. In addition, the

proportion of women with treatment needs who seek treatment (14.7 percent) is somewhat higher than the proportion of men who seek treatment (8.4 percent). Nevertheless, regardless of age or gender, there is a disturbingly large gap between the number of individuals needing treatment (approximately 5,400) and the number of individuals actually seeking treatment (approximately 700). Hence, about 4,700 individuals (2,700 men and 2,000 women) have unmet substance abuse treatment needs.

## Women of Childbearing Age: Fear of FAS/FAE

Alcohol and other substance use, abuse and dependency among women of child bearing age are of particular concern because of their potential effects on the health of unborn children through fetal alcohol syndrome/fetal alcohol effect and other illnesses. In general, Native American women ages 18 to 55 are less likely to use alcohol and more likely to use illicit drugs than other women in Montana. However, these Native American women are substantially more likely to need treatment for alcohol (24 percent versus 7 percent) and illicit drugs (9 percent to less than 0.05 percent). Most importantly, Native American women who have been pregnant in the past year are more likely to need treatment for alcohol (23 percent versus 5

percent) and drug (13 percent versus 1 percent) related disorders than other pregnant women in Montana.

The prevalence of alcohol treatment need among all women of child bearing age is 24 percent and very similar for non-pregnant women (24 percent) and pregnant women (23 percent). However, almost one out of every 4 pregnant women in the Montana Reservation adult population has a treatment need for an alcohol disorder.

The prevalence of illicit drug disorder treatment need among all women of child bearing age is 9.5 percent. However, the need for illicit drug disorder treatment is more prevalent for pregnant women (13.2 percent)

than for non-pregnant women (9 percent).

The estimated prevalence of treatment need for any disorder for women of child bearing age is 26.7 percent. Moreover, the need for any substance disorder treatment is higher for pregnant women (28.8 percent) than for non-pregnant women (26.4 percent). Thus more than one out of every 4 pregnant women on Montana reservations has a substance disorder treatment need.

The disturbing picture with respect to alcohol and other substance disorder treatment need is not mitigated by prevalence estimates for those demanding treatment. The gap between treatment need and treatment demand is larger for pregnant women than for non-pregnant women.

## Conclusions: Research and Policy Issues

This study has used a survey instrument developed by the New Mexico Department of Health. The survey instrument was graciously given to the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services by the New Mexico Department of Health for use in this study. The Survey Research Unit of the University of Montana Bureau of Business and Economic Research implemented the questionnaire. The survey utilized personal interviews to examine the prevalence of alcohol and drug use and substance abuse treatment need for the population of adults aged 18 to 65 on the six Montana Reservations, relying on interviewers who were tribal members to interview other tribal members from the reservation itself. The survey provided a sufficiently large sample to permit the generation of reliable prevalence estimates for the total population, by gender and for some age groups (but not age groups by gender). In general, many of the drug use and substance disorders prevalence estimates reported in this study are much higher than those reported in other studies for either Native American populations, low income populations, or state-wide and national populations.

The conclusions discussed on page 1 of this executive summary follow from the detailed analysis of the survey data presented in the main body of this report. However, these findings are substantially different from those reported in other studies of the prevalence of substance use, substance disorders, and treatment needs among national and state-wide general adult populations and National and Native American populations. The findings in this report therefore raise several important research and policy issues.

First, the survey on which the findings reported in this study are based was implemented through personal interviews of tribal members by other tribal members. The tribal members who served as interviewers received training that is typically provided to all new interviewers just prior to the implementation of a survey but generally had no previous experience as survey interviewers. This approach had the important advantage of providing an interviewer pool that was culturally appropriate for each reservation. Thus it is quite possible that individuals surveyed provided more honest and accurate answers than would have been provided if the survey had been implemented by non-tribal members. It is also conceivable, however, that close ties between interviewers and the community being surveyed may have resulted in other forms of bias. Further research is therefore needed on the impact of alternative survey implementation strategies on findings with respect to substance disorders among Native American communities.

Second, a major objective of the survey design used in this study was to obtain more accurate estimates of the prevalence of substance use and disorders among populations which could not be surveyed adequately through computer assisted telephone interviews (CATIs) because of lack of telephones in many households. The concern was that alcohol and drug disorders are likely to be more prevalent among individuals in poverty living in settings where there is no telephone access. Among the reservations included in this study, between 47 percent and 90 percent of households were estimated to have telephones (as compared to over 98 percent of households in the general population). This study's findings indicate that the alcohol and drug disorders prevalence estimates are much higher among individuals living in poverty on the reservations. These are also the individuals least likely to be reached in CATI based surveys. Thus part of the differences between the prevalence estimates reported for Native Americans in this study and those reported in previous CATI based studies of Native American households in Montana and the nation can be attributed to improved coverage resulting from person-to-person interviews implemented in the interviewee's household.

Thus the findings of this study have an important implication for future studies of the need for substance abuse treatment. While CATI based surveys are relatively inexpensive, they may well result in substantial underestimates of the prevalence of alcohol and drug disorders among individuals in poverty, regardless of ethnicity. This implies that researchers should implement surveys based on personal interviews for low-income populations for whom CATI coverage is almost surely inadequate. The issue is particularly important because individuals in poverty are eligible for Medicaid funded substance disorder treatment in Montana.

Third, if the findings in this study are accurate, they indicate that substance disorders are far more prevalent among Native Americans living on reservations than other studies of Native American populations have indicated. Many of these previous studies have not delineated alcohol and drug disorder prevalence among Native Americans by residence; that is, by whether the individual lives on a reservation or in other communities. In addition, this is one of the first studies to examine substance use and disorder prevalence rates among Native Americans in poverty and Native Americans not in poverty. **The findings of this study indicate that substance disorders are far more prevalent among Native Americans in poverty than among Native Americans not in poverty.** When combined the findings of previous studies for Montana adult populations, they also suggest that substance disorders are more prevalent among Native Americans living on reservations than among Native Americans living in other communities. These are important issues for further research that will have significant implications for public policy.

## Background

### Introduction

The purpose of this study is to estimate the need for substance abuse treatment services among the adult Native American population living on Native American Reservations in Montana. This study examines the use of alcohol and illicit drugs by adults, their abuse or dependence on these substances, their need and demand for substance abuse treatment services and the constraints they face in receiving substance abuse treatment services. Native Americans living on the Montana Reservations represent about 3.5 percent of the adult (18 to 65 year old) population of Montana (Table A).

Table A Population Estimates for Montana Adults and Native American Adults Living on Montana Reservations by Age and Gender

Gender and Age	Montana Adults		Montana Reservations	
	Number	%	Number	%
Total	551,184	100.0	19,050	100.0
Age				
18 - 24	85,757	15.6	4,404	23.1
25 - 34	103,279	18.7	4,695	24.6
35 - 64	362,148	65.7	9,952	52.2
Gender				
Men	278,293	50.5	9,264	48.6
Women	272,891	49.5	9,786	51.4

Sources: U.S. Census Bureau, Census 2000 Redistricting Data Summary file (matrices PL1 and PL2) and Profile of the Montana Native American (1994). This table uses total population estimates from the 2000 Census, age by gender distributions from the 1990 Census and Current Population Survey, 1998.

The first formal study of alcohol and drug prevalence, outpatient and inpatient treatment needs and demand and an assessment of the constraints facing those demanding substance abuse treatment services in Montana was conducted using telephone interviews in 1996. The Native American population was over-sampled in this earlier study, however the wide variance of telephone coverage on the Native American Reservation limited the reliability of the study. Telephone coverage rates ranged from 47 percent on the Northern Cheyenne Reservation to nearly 90 percent on the Flathead Reservation. These figures suggest that a telephone survey would miss a substantial portion of the population on some reservations. Moreover, Native American households without telephones are also likely to be lower income households, who may have higher needs and demands for substance abuse treatment and qualify for access to public treatment facilities. This notion was supported by previous work by Pearson, et al (1994), which suggested that Native Americans without telephones had significantly higher rates of binge drinking, chronic drinking and marijuana use than Native Americans with telephones. The non-coverage bias resulting from the telephone interviews may result in a substantial underestimate of the need and demand for substance abuse treatment. The study by Pearson, et al (1994) study suggested that face-to-face interviews were more appropriate for this population because of the low telephone coverage rates.

Based on the previous experience of this study team and the work by Pearson, a study was designed to examine three objectives:

- (1) To determine the prevalence of alcohol and drug use, abuse and dependence;
- (2) To assess the need and demand for substance abuse treatment services; and
- (3) To describe the constraints and barriers to accessing treatment services for those who need treatment.

The most important use of the data will be to establish a baseline, assist the tribe in planning and enable them to access grants and contracts for meeting their substance abuse treatment needs on Montana Reservations.

## Research Design

This project required working relationships among Tribal Council members on each of the participating reservations, officials from the Montana Department of Public Health and Human Services, data collection personnel from the Bureau of Business and Economic Research at the University of Montana and research team members at Montana State University.

### *Memorandums of Agreement*

The first major task of this data collection effort was to inform the tribal officials about the project, establish relationships with each of the Tribal Councils and sign memorandums of agreement with them. Phyllis MacMillan of the Addictive and Mental Disorders Division (AMDD) played a pivotal role in initiating a process to discuss the need for these studies and successfully negotiating memorandums of agreements. Over the first several months of this project memorandums of agreement were signed with six Tribal Councils (Crow, Flathead, Northern Cheyenne, Ft. Peck, Ft. Belknap and Blackfeet).

The process to gain tribal approval for the study required working with the seven sovereign nations in Montana. All tribes have separate and independent governing entities, and each must be negotiated with in order to conduct any research on a reservation. In most cases, tribal substance abuse treatment program staff members were consulted to determine the appropriate way to approach tribal councils. In some cases, the directors of the tribal health departments and/or other department heads within tribal governments were contacted. In most cases, the support of various human service agencies was obtained before proceeding to meet with a member of the tribal council.

The tribal governments are organized by various committees with one tribal council member serving as the committee chairperson of a particular area, such as health or human services. The chairperson of the health committee was an important contact in most instances. It is necessary to gain the support of this particular council member before being permitted to present a proposal to the full health committee, which generally consisted of four to six council members.

Following a vote to approve the study by the health committee, the proposal was scheduled of a full tribal council meeting. In some instances, the proposal was presented to the full council by members of the study team; in others, members of the study team simply attended the meeting to answer questions. Following the recommendation of approval from the health committee the proposal was passed by vote of the council members present, if a quorum was present. If a quorum was not present at the meeting, the meeting was rescheduled for the next tribal council meeting (usually a month later). The chairperson of the health committee usually served as an important and continuing contact with the tribal council governments throughout the project. The project staff were directed to work through one of the tribal department heads to work out all the details for the study, which varied with respect to the involvement of directors of the health departments, social services or the substance abuse treatment programs.

Through each tribal contact the study team received input on how to proceed in a number of areas that required decisions to be made by the councils. The primary issues to be resolved were:

- a. Accessing lists of Native Americans living on the reservation: The study team needed to determine what lists would be available for a random selection of Native Americans living on the reservation. Tribal enrollment records were available for the Blackfeet, Ft. Belknap, Crow and Northern Cheyenne Reservations that included only the tribe's enrolled members. Tribal health eligibility records were provided by the Ft. Peck and Flathead Reservations. Printed records were kept by the all of the reservations, except the Ft. Peck Reservation, which provided electronic data files of tribal health eligibility records.
- b. Notifying tribal members about this project: To gain the trust and participation of individuals living on each reservation, a "Notice" of the tribal council's approval was developed, which was signed by either the chairman or officer of the tribe(s).
- c. Disseminating public information about the survey project: The tribal council notice was posted in all public areas of the reservation to inform as many people as possible about the purpose of the survey and how it would be conducted. In most instances, the study team also informed the various participating department heads about the council's approval of the project.
- d. Recruiting and hiring of interviewers: An important issue for all the tribes was to provide direction to the study team about recruitment for the supervisor and interviewer positions. Most tribal councils directed that recruitment and hiring to be done through the tribal personnel or employment offices. Some wanted it advertised in the tribal newspaper.

- e. Selecting merchants to redeem gift certificates given to individuals agreeing to be respondents in the survey: The study team requested input from tribal councils about which merchants should be asked to redeem \$10 gift certificate that would be provided to individuals who were selected and agree to participate in the survey. This was an important decision because the gift certificates would result in approximately \$20,000 in additional retail sales for the merchants serving a participating reservation. The tribal council generally recommended that businesses owned by tribal members be selected. There were no businesses owned by Native Americans on two reservations. Following these decisions, the study team visited the selected merchants throughout the reservation to obtain signed agreements with them.

In order to conduct this research project on Montana Indian Reservations, it was imperative that approval be granted by each of the governments of these nations. The process of gaining approval from the tribal governments for this project took a little over a year and required many trips to the reservations.

The memorandum of agreement for each of the Montana Reservations invited local Tribes to participate in a survey project that would provide an estimate of the need for substance abuse treatment services on the reservation. Copies of the memorandums of agreement are included in Appendix C in the Technical Report. More specifically, the memorandum indicated that the survey results would:

- (1) provide estimates of the need for a variety of treatment services and programs;
- (2) estimate the extent to which alcohol and other drug users are aware of, interested in, and able to access substance abuse treatment services; and
- (3) include an assessment of the barriers to care and unmet services.

#### *Survey Instrument, Pilot Study and Data Collection*

The Bureau of Business and Economic Research (BBER) of the University of Montana was hired to implement a survey previously utilized by the New Mexico Department of Health for a similar study conducted on reservations. The BBER pilot tested the survey on the Flathead Reservation in December 1999 and initiated the formal interview process one month later. The entire data collection was completed one year later and consisted of 1,821 observations from the six participating reservations.

This survey provided data to generate estimates of the need and demand for substance abuse treatment for Native American adults (18 to 65 years of age), non-military (living in military barracks) and non-institutionalized population living on six of Montana's Native American Reservations. The sample of adults was selected from available records provided by the tribal officials on each of the Reservations. The number of observations and percentage of all observations from each reservation are summarized in Table B.

Table B Number of Observations from Each Participating Reservation

Reservation	Completed Interviews	%
Total	1,821	100.0
Flathead	334	18.3
Crow	309	17.0
Northern Cheyenne	211	11.6
Ft. Peck	358	19.7
Ft. Belknap	270	14.8
Blackfeet	339	18.6

While the overall sample size is relatively large (1,821 observations), the sample sizes for even relatively important sub-categories (such as age and gender) of the population for a single reservation are relatively small. Relatively small samples create substantial problems for planners because the resulting prevalence estimates are imprecise. To compensate for the small sample problem, some synthetic estimates were computed for each Reservation using estimates obtained from the entire sample. The synthetic estimates combine the statewide Native American prevalence estimates based on the entire sample with independent Census data on the age and gender distribution of the population on a particular reservation to estimate the number of Native American adults between 18 and 65 years of age needing and demanding substance abuse treatment. This process yields reliable estimates for the number of adults needing and demanding substance abuse treatment on each reservation.

#### *Data Collection Standards and Quality Control*

Useful results require high quality data collection. Given the sensitivity of this information and importance of obtaining a high response rate, the data collection contractor was required to achieve a high response rate, select interviewers from the Native American reservations where the interviews are being conducted, provide extensive training for all interviewers and supervisors and follow a prescribed data collection process.

#### *Response rate*

The BBER response rate, computed using the CASRO method, exceeded 68 percent on the entire sample. The highest response rate for an individual reservation was achieved on the Flathead Reservation (82.7 %) and the lowest response rate was achieved on the Northern Cheyenne Reservation (56.3 %). Response rates for each reservation are summarized in Table C.

Table C Response Rates for Each Reservation

Reservation	Number of Refusals	Number of Other Non-Response	Percent Response Rate
Total	122	724	68.3
Flathead	25	45	82.7
Crow	22	107	70.5
Northern Cheyenne	40	124	56.3
Ft. Peck	27	97	74.3
Ft. Belknap	8	145	63.8
Blackfeet	14	192	62.2

#### *Selection and Training of Interviewers*

Interviewers were hired in each of the Native American communities. The data contractor was responsible for recruiting and hiring 10 to 20 interviewers and one supervisor on each Reservation. The interviewers and supervisors were recruited from each Reservation to work on that particular Reservation. The supervisor and interviewer positions were advertised on the reservations in local newspapers and other sources of employment information. Individuals interested in participating in this study as a supervisor or interviewer were asked to complete written applications and oral interviews. The interviewers selected for the study were from this pool of applicants. The data collection process required substantially more time to complete because hiring and retaining trained interviewers was more difficult than originally anticipated.

Interviewers working on this project were given a minimum of 12 hours of training on general research interviewing techniques (paper and pencil) and specific training on the survey instrument employed for this study. They were responsible for completing productivity reports each day outlining the number of completed interviews, refusals and other incomplete interviews. In addition, they were required to attend regular staff meetings and were carefully monitored by supervisors.

#### *Data Collection Process*

Given the remoteness of the Native American Reservations, the BBER utilized a paper and pencil data collection method. Interviews began the day after training had been completed and continued for about four to six months. BBER mailed each sampled respondent a pre-survey notification letter prior to first contact by the interviewer when mailing addresses were available. This letter helped to establish the legitimacy of the project and included letters endorsing the project.

When administering the questionnaires, interviewers entered data from the face-to-face interviews on the questionnaire. These questionnaires were field edited by the interviewer, where the interviewer checked for errors in the skip patterns and missing data. The interviewer supervisor checked each questionnaire for completeness. Completed questionnaires were forwarded to the BBER by the supervisors via a receipt mail method (i.e. certified mail, Fed Ex). BBER field directors edited each questionnaire and randomly selected twenty percent for verification. Verification means that respondents were contacted and asked if they participated in the interview. The Missoula office of the BBER conducted the verification if the respondent had a telephone. Interviewer supervisors verified those without a telephone.

Questions regarding alcohol and drug use and domestic abuse were answered by responding to questions from the interviewer or using a self-administered questionnaire. About 50 percent of the respondents chose to use the self-administered questionnaire. The questionnaire was answered by the respondent, placed in a self-addressed stamped envelope and mailed to the BBER in Missoula.

Once a questionnaire was completed and verified, the data was entered into a secure database. The entry screens further checked and alerted the data clerk to any data entry problems. Ten percent of the records entered were randomly selected and checked for accuracy of the data entry. Once entered and verified, all locating and respondent identification was stripped from the data and the questionnaire shredded in accordance with Montana law. The BBER stored the data on a secure server and back-up the data daily. Data were sent to the data analysis team via electronic media.

## Results

This section compares national and statewide information on substance abuse with this study and evaluates the need for substance abuse treatment on the Montana Reservations. Tables 1a and 1d provide comparisons of alcohol and illicit drug use, dependence and treatment need prevalence estimates for adults aged 18 to 65 obtained from the National Household Survey on Drug Abuse (NHSDA), Montana Adult Household Survey (MAHS) and the sub-sample of all Native Americans living in Montana in the Montana Adult Household Survey (MAHS—N.A. Adults Only) with the prevalence estimates obtained from the 2001 survey of the Montana Reservation adult population (MNAS).

Lifetime, recent (past year), and current (past month) use rates for alcohol are quite similar among these three samples. Results presented in table 1a from the 2001 Montana Native American Survey (MNAS), indicate that 91.9 percent of Native American adults living on Montana Reservations used alcohol during their lifetimes, 60 percent used alcohol in the past year, and 40.2 percent used alcohol in the past month. A telephone survey of Native Americans living on- and off-reservations suggested that 96.2 percent used alcohol in their lifetimes, 61.4 using alcohol in the past year and 38.7 using alcohol in the past month. In comparison, 97.7 percent of all Montana adults used alcohol in their lifetime, 78.2 percent used alcohol in the past year, and 58.4 percent used alcohol in the past month. Similarly, 85.8 percent of all adults in the United States used alcohol in their lifetime, 65.8 percent used alcohol in the past year, and 50.7 percent used alcohol in the past month.

The use of illicit drugs by Native Americans living on the Montana reservations is substantially higher than other populations. The data presented in Table 1b indicate that the prevalence estimates of lifetime, recent, and current use of illicit drugs for the Montana Reservation adult population (MNAS) are 60.9 percent, 28.2 percent, and 16.9 percent, respectively. Lifetime, recent and current use of illicit drugs for all Native American adults in Montana (MAHS—N.A. Adults Only) are 61.9 percent, 16.2 percent and 8.9 percent, respectively. In contrast, prevalence estimates of lifetime, recent, and current illicit drug use by the national adult population are much lower (41.1 percent, 10.9 percent, and 6.2 percent) as are prevalence estimates of lifetime, recent, and current use by the total Montana adult population (44.2 percent, 6.8 percent, and 3.3 percent).

Tables 1c and 1d provide comparisons of the prevalence of current substance dependencies and treatment needs for the national, state of Montana, Montana Native American and Montana Reservations Native American adult populations. Substance dependencies for alcohol, illicit drugs, and for all any dependencies are much more prevalent for the Montana Reservation Native American adult population (12.8 percent, 5.9 percent, and 15.3 percent) than for the total national adult population (3.7 percent, 1.4 percent, and 4.5 percent). They are also more prevalent for the Montana Reservation adult population than for the total Montana adult population (4.9 percent, 0.8 percent, and 5.2 percent), and higher than the prevalence estimates for Native Americans obtained from the 1997 MAHS (10.3 percent, 3 percent, and 11.5 percent). The prevalence of treatment need for any alcohol or illicit drug substance disorder is more than three times higher for the Montana Reservations adult population (28.4 percent) than for the total Montana adult population (8.8 percent) and more than two times higher than for all Native American Adults in Montana (MAHS—N.A. Adults Only). The prevalence of need for alcohol disorder treatment is much greater for the Montana Reservation adult population (19.4 percent) than for the total Montana (7.8 percent) or Montana Native American (10.5 percent) adult populations. The prevalence of need for drug treatment is substantially higher than earlier Montana estimates, but similar to National estimates. The prevalence of need for both alcohol and drug treatment is substantially higher for the Montana Reservation adults population (6.6 percent) than for the total Montana (0.8 percent) or Montana Native American (2.9 percent) adults populations.



Table 1a Comparison of Alcohol Use Prevalence Estimates from the National Household Survey on Drug Abuse (NHSDA) Montana Adult Household Survey (MAHS) and Montana Native American Survey (MNAS)

Substance/Category	NHSDA National	MAHS Montana Adults	MAHS N.A. Adults Only	MNAS All Reservations
<b>Alcohol Use in Lifetime</b>	85.8	97.7	96.2	91.9
All Men	90.0	98.6	97.5	91.4
All Women	82.0	96.8	95.2	92.3
18 - 25 year olds				
Men	85.5	96.9	94.0	88.8
Women	82.3	95.4	97.8	91.8
26 and older				
Men	90.8	99.0	98.9	92.3
Women	82.0	97.1	94.3	92.4
<b>Alcohol Use in Past Year</b>	65.8	78.2	61.4	60.0
All Men	70.7	81.4	64.9	63.6
All Women	61.4	75.2	58.5	55.9
18 - 25 year olds				
Men	78.5	86.5	69.8	77.4
Women	71.5	83.5	77.3	72.2
26 and older				
Men	69.3	80.4	62.8	59.2
Women	59.8	73.6	51.7	50.7
<b>Alcohol Use in Past Month</b>	50.7	58.4	38.7	40.2
All Men	58.4	65.2	45.5	44.4
All Women	43.6	51.7	33.2	36.2
18 - 25 year olds				
Men	64.6	73.8	53.3	58.2
Women	51.5	58.0	52.5	44.8
26 and older				
Men	57.3	63.6	42.2	40.0
Women	42.4	50.5	26.2	33.5
Number of Observations	66,706	5,501	1,167	1,821

Sources: 1999 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (Office of Applied Studies, 5600 Fishers Lane, Rockville, Maryland), Tables 2.47b – 2.49b; 1997 Montana Adult Household Survey and 2000 Montana Native American Study, Addictive and Mental Disorders Division, Montana Department of Public Health and Human Services.

Table 1b Comparison of Illicit Drug Use Prevalence Estimates from the National Household Survey on Drug Abuse (NHSDA), Montana Adult Household Survey (MAHS) and Montana Native American Survey (MNAS)

Substance/Category	NHSDA National	MAHS Montana Adults	MAHS N.A. Adults Only	MNAS All Reservations
<b>Lifetime</b>	41.1	44.2	61.9	60.9
All Men	45.6	49.1	66.8	61.6
All Women	37.0	39.6	57.8	60.2
18 - 25 year olds				
Men	56.2	55.9	82.3	80.1
Women	49.0	47.0	74.7	76.0
26 and older				
Men	43.7	47.7	60.4	55.8
Women	35.1	38.1	51.7	55.2
<b>Past Year</b>	10.9	6.8	16.2	28.2
All Men	13.5	8.7	19.4	31.0
All Women	8.4	4.9	13.6	25.6
18 - 25 year olds				
Men	34.1	26.0	33.9	58.5
Women	25.0	16.0	39.7	48.2
26 and older				
Men	9.9	5.4	13.4	22.4
Women	5.8	2.8	4.2	18.5
<b>Past Month</b>	6.2	3.3	8.9	16.9
All Men	8.3	4.4	10.4	19.4
All Women	4.3	2.2	7.6	14.6
18 - 25 year olds				
Men	21.2	17.0	19.2	39.2
Women	13.1	7.3	25.5	27.1
26 and older				
Men	6.1	2.0	6.7	13.2
Women	2.9	1.2	1.2	10.6
Number of Observations	66,706	5,501	1,167	1,821

Sources: 1999 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (Office of Applied Studies, 5600 Fishers Lane, Rockville, Maryland), Tables 1.28b – 1.30b; 1997 Montana Adult Household Survey and 2000 Montana Native American Study, Addictive and Mental Disorders Division, Montana Department of Public Health and Human Services..

Table 1c: Comparison of Substance Abuse Dependence Prevalence Estimates from the National Household Survey on Drug Abuse (NHSDA), Montana Adult Household Survey (MAHS) and Montana Native America Survey (MNAS)

Substance/Category	NHSDA National	MAHS Montana Adults	MAHS N.A. Adults Only	MNAS All Reservations
<b>Alcohol Dependence Only</b>	3.7	4.9	10.3	12.8
All Men	5.1	6.6	11.3	16.6
All Women	2.5	3.2	9.5	9.2
18 - 25 year olds				
Men	11.2	16.6	19.7	19.1
Women	7.1	9.5	27.0	12.4
26 and older				
Men	4.0	4.7	7.8	15.9
Women	1.7	1.9	3.2	8.2
<b>Illicit Drug Dependence Only</b>	1.4	0.8	3.0	5.9
All Men	1.8	1.1	3.1	6.3
All Women	1.0	0.5	2.9	5.6
18 - 25 year olds				
Men	6.1	3.6	4.9	10.9
Women	3.4	1.7	10.4	10.0
26 and older				
Men	1.1	0.6	2.3	4.8
Women	0.7	0.3	0.2	4.2
<b>Any Alcohol or Illicit Drug Dependence</b>	4.5	5.2	11.5	15.3
All Men	6.1	7.1	13.9	19.1
All Women	3.1	3.4	9.6	11.9
18 - 25 year olds				
Men	14.7	19.0	23.9	26.0
Women	9.1	9.7	27.0	17.3
26 and older				
Men	4.6	5.9	9.7	16.9
Women	2.2	2.2	3.3	10.1
Number of Observations	66,706	5,501	1,167	1,821

Sources: 1999 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (Office of Applied Studies, 5600 Fishers Lane, Rockville, Maryland), Tables 5.5b – 5.7b; 1997 Montana Adult Household Survey and 2000 Montana Native American Study, Addictive and Mental Disorders Division, Montana Department of Public Health and Human Services.

Table 1d Comparison of Treatment Need Prevalence Estimates from the National Household Survey on Drug Abuse (NHSDA), Montana Adult Household Survey (MAHS) and Montana Native American Survey (MNAS)

Substance/Category	NHSDA National	MAHS Montana Adults	MAHS N.A. Adults Only	MNAS All Reservations
<b>Alcohol Treatment Need</b>	n.a.	7.8	10.5	19.4
All Men	n.a.	9.9	11.8	23.6
All Women	n.a.	5.9	9.6	15.5
18 - 25 year olds				
Men	n.a.	22.2	21.1	30.4
Women	n.a.	15.7	27.2	15.8
26 and older				
Men	n.a.	7.6	7.8	21.4
Women	n.a.	3.9	3.3	15.4
<b>Drug Treatment Need</b>	3.1	0.2	0.2	2.3
All Men	4.1	0.3	0.4	2.2
All Women	2.2	0.2	0.0	2.5
18 - 25 year olds				
Men	11.0	1.1	4.0	5.6
Women	6.1	0.4	0.0	4.8
26 and older				
Men	2.9	0.1	0.3	1.1
Women	1.5	0.1	0.0	1.8
<b>Alcohol and Drug Treatment Need</b>	n.a.	0.8	2.9	6.6
All Men	n.a.	1.1	2.9	7.5
All Women	n.a.	0.4	3.0	5.8
18 - 25 year olds				
Men	n.a.	4.4	4.4	11.6
Women	n.a.	1.7	10.7	11.2
26 and older				
Men	n.a.	0.5	2.2	6.2
Women	n.a.	0.2	0.2	4.1
<b>Any Treatment Need</b>	n.a.	8.8	13.7	28.4
All Men	n.a.	11.3	15.0	33.3
All Women	n.a.	6.4	12.7	23.8
18 - 25 year olds				
Men	n.a.	27.7	26.0	47.6
Women	n.a.	17.8	37.9	31.8
26 and older				
Men	n.a.	8.2	10.4	28.8
Women	n.a.	4.2	3.6	21.3

Sources: 1999 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (Office of Applied Studies, 5600 Fishers Lane, Rockville, Maryland), Tables 5.29b – 5.31b; 1997 Montana Adult Household Survey and 2000 Montana Native American Study, Addictive and Mental Disorders Division, Montana Department of Public Health and Human Services.

Addictive and Mental Disorders Division  
Montana Department of Public Health and  
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# CSAT

Center for Substance  
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*The Project Director for this study was Phyllis MacMillan in the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services. She played a pivotal role in initiating a process for discussing the need for this study with each of the reservation communities and successfully negotiating memorandums of agreement with them.*

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The purpose of this study was to estimate the need for substance abuse treatment services among the adult Native American population living on Montana Reservations. This study examines the individual's use of alcohol and illicit drugs, their abuse or dependence on these substances, their need and demand for substance abuse treatment services and the constraints they face in receiving substance abuse treatment services.

The survey was implemented by the Bureau of Business and Economic Research (BBER) at the University of Montana. The BBER achieved a response rate of 68 percent in collecting the 1,821 complete interviews. The highest response rates were achieved on the Flathead Reservation (82.7 %) and the lowest response rate was achieved on the Northern Cheyenne Reservation (56.3 %).

The survey utilized personal interviews to examine the prevalence of alcohol and drug use and substance abuse treatment need for the population of adults aged 18 to 65 on Montana Reservations, relying on interviewers who were tribal members to interview other tribal members from the reservations. The survey provided a sufficiently large sample to permit the generation of reliable prevalence estimates for the total population, by gender and for some age groups (but not age groups by gender). In general, many of the drug use and substance disorders prevalence estimates reported in this study are much higher than those reported in other studies for either Native American populations, low income populations, or state-wide and national populations.