

The NSDUH Report

May 27, 2010

In Brief

- Rates of past month alcohol use and illicit drug use were lower among Hispanic adults than the national averages for adults (46.1 vs. 55.2 percent and 6.6 vs. 7.9 percent, respectively); however, past month binge alcohol use was higher among Hispanics than the national average (26.3 vs. 24.5 percent)
- Among Hispanic adults, substance use varied greatly by subgroup; past month illicit drug use, for example, ranged from a high of 13.1 percent among adults of Spanish origin (from Spain) to a low of 3.9 percent among those of Dominican origin
- Hispanic adults who were born in the United States had higher rates of past month substance use than Hispanic adults who were not born in the United States, regardless of age
- Among Hispanics who needed treatment for an alcohol or illicit drug problem, the percentage who received such treatment did not differ significantly from the national average

Substance Use among Hispanic Adults

Over the past several decades, the population of the United States has become increasingly diverse. According to the U.S. Census Bureau, about one third of the population belongs to a racial/ethnic minority group; this percentage is projected to increase to 54 percent by 2050.¹ As the country becomes more diverse, it becomes increasingly important to address health and health care disparities related to race/ethnicity, as well as age and gender, socioeconomic status, geography, and disability. The Nation's success in reducing these disparities today, to a large extent, will determine the health of our Nation tomorrow.

One area of concern is assessing substance use and abuse and ensuring access to substance abuse treatment. Substance abuse affects millions of people every year and imposes untold health, social, and economic costs on individuals, families, and communities. Although it affects people in all racial/ethnic groups, research has shown that there is considerable variation among these groups. Gaining a better understanding of the behavioral health needs of particular racial/ethnic groups can help inform public health policy, build prevention and treatment programs that target the different needs of these populations, and ultimately expand access to services for individuals who need them.

This report uses data from the National Survey on Drug Use and Health (NSDUH) to examine substance use and treatment need among Hispanic adults aged 18 or older.² Other reports in this series will examine similar issues among Hispanic adolescents and among adults and adolescents in other racial/ethnic groups. According to the U.S. Census Bureau, 47 million people—15.4 percent of the total U.S. resident population in 2008—identify themselves as Hispanic.³ This report is based on NSDUH data from 2004 to 2008.

Demographic Characteristics

Combined 2004 to 2008 data indicate that more than three fifths of Hispanic adults (62.3 percent) were of Mexican origin, 14.1 percent were of Central or South American origin, 10.2 percent were of Puerto Rican origin, 4.7 percent were of Spanish origin (from Spain), 4.3 percent were of Cuban origin, 2.5 percent were of Dominican origin, 1.7 percent were of two or more Hispanic subgroups, and 0.3 percent were of some other Hispanic subgroup.

More than two fifths of Hispanic adults (43.3 percent) were born in the United States.⁴ U.S.-born Hispanic adults tended to be younger than those born in other countries; for example, 27.5 percent of Hispanic adults born in the United States and 14.5 percent of those born abroad were aged 18 to 25.

One third of Hispanic adults (33.9 percent) were without health insurance, a percentage higher than the national average of 15.0 percent for adults.⁵

Combined 2005 through 2008 data indicate that the poverty rate among Hispanics was twice as high as the national average for adults (22.3 vs. 11.5 percent).⁶

Trends in Substance Use

The rate of past month alcohol use increased among Hispanic adults between 2004 and 2008 (43.7 vs. 47.6 percent) (Figure 1). Rates of binge alcohol use and illicit drug use did not change significantly among Hispanic adults over the 5-year period.^{7,8}

Figure 1. Trends in Past Month Substance Use among Hispanic Adults: 2004 to 2008

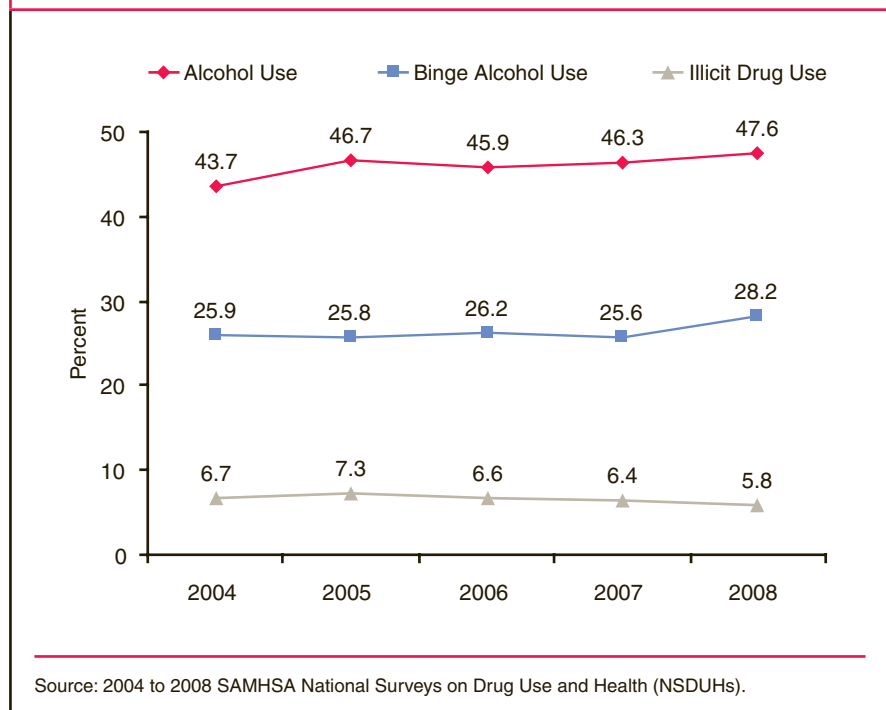
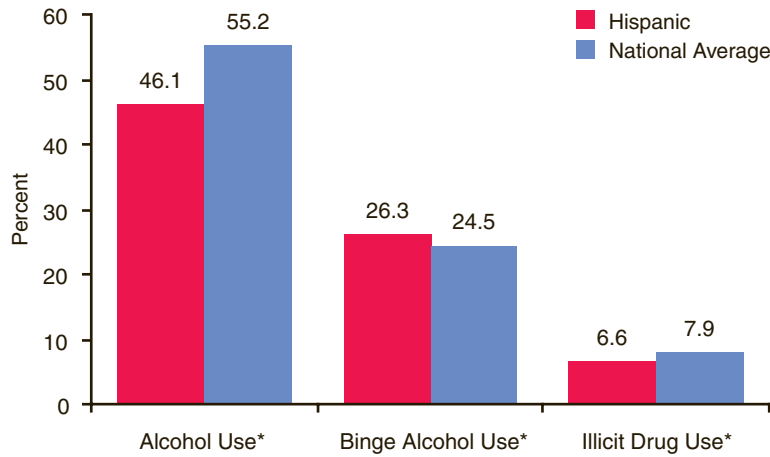


Figure 2. Past Month Substance Use among Hispanic Adults Compared with the National Average for Adults: 2004 to 2008

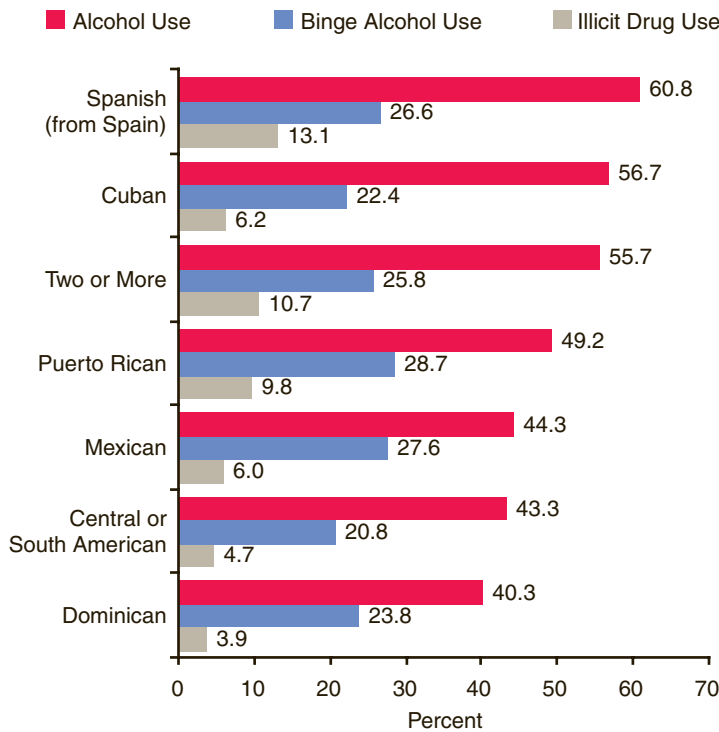


* The difference between Hispanics and the national average is statistically significant at the .05 level. Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Past Month Alcohol and Illicit Drug Use

Combined 2004 to 2008 data indicate that, in the past month, 46.1 percent of Hispanic adults used alcohol, 26.3 percent engaged in binge alcohol use, and 6.6 percent used an illicit drug (Figure 2). Rates of past month alcohol use and illicit drug use were lower among Hispanic adults than the national averages. The rate of past month binge alcohol use among Hispanic adults, however, was higher than the national average.

Figure 3. Past Month Substance Use among Hispanic Adults, by Hispanic Subgroup*: 2004 to 2008



* Estimates for the "Other, Hispanic" subgroup were suppressed due to low precision. Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Substance Use by Hispanic Subgroup

Among Hispanic adults, substance use varied greatly by subgroup. Past month alcohol use ranged from a high of 60.8 percent among adults of Spanish origin (from Spain) to a low of 40.3 percent among those of Dominican origin (Figure 3). Past month binge alcohol use ranged from a high of 28.7 percent among adults of Puerto Rican origin to a low of 20.8 percent among those of Central or South American origin, and illicit drug use ranged from a high of 13.1 percent among adults of Spanish origin to a low of 3.9 percent among those of Dominican origin.

Substance Use by Nativity

Among Hispanic adults, those who were born in the United States had higher rates of past month alcohol use, binge alcohol use, and illicit drug use than those who were not born in the United States (Figure 4). These findings generally held within each age group that was examined (data not shown).

Substance Use among Young Adults (Aged 18 to 25)

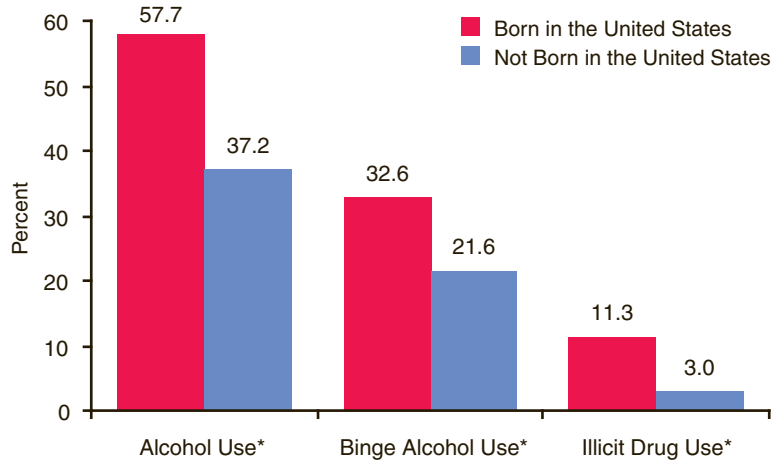
Rates of past month alcohol use, binge alcohol use, and illicit drug use were lower among young Hispanic adults than among young adults in the general population (50.5 vs. 61.1 percent, 35.8 vs. 41.6 percent, and 14.6 vs. 19.7 percent, respectively) (Figure 5).

Substance Use among Women

Compared with the national averages for women, adult Hispanic females had lower rates of past month alcohol use, binge alcohol use, and illicit drug use (Table 1). Patterns varied by age group.

Among women aged 18 to 44 who were pregnant at the time of the survey interview, Hispanics had lower rates of alcohol use and illicit drug use than the national average (5.9 vs. 11.2 percent and 2.5 vs. 4.0

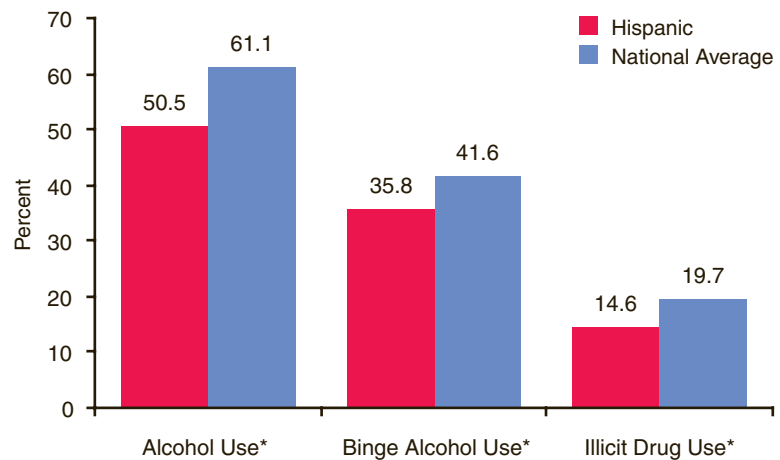
Figure 4. Past Month Substance Use among Hispanic Adults, by Nativity: 2004 to 2008



* The difference between those born in the United States and those not born in the United States is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 5. Past Month Substance Use among Hispanic Adults Aged 18 to 25 Compared with the National Average for Adults Aged 18 to 25: 2004 to 2008



* The difference between Hispanics and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Table 1. Past Month Substance Use among Hispanic Adult Females Compared with the National Average for Adult Females, by Age Group: Percentages, 2004 to 2008

Age Group	Alcohol Use		Binge Alcohol Use		Illicit Drug Use	
	Hispanics	National Average	Hispanics	National Average	Hispanics	National Average
Total	36.1*	48.5	15.0*	15.9	4.5*	5.7
Aged 18 to 25	43.8*	56.9	25.3*	33.1	11.1*	15.7
Aged 26 to 49	38.0*	53.7	15.5*	18.9	3.7*	6.2
Aged 50 or Older	26.5*	40.1	6.2	6.6	1.1*	1.8

* The difference between Hispanics and the national average is statistically significant at the .05 level.
 Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

percent, respectively) (Figure 6). The rate of past month binge alcohol use among pregnant Hispanic women did not differ significantly from the national average for pregnant women.

Substance Use among Men

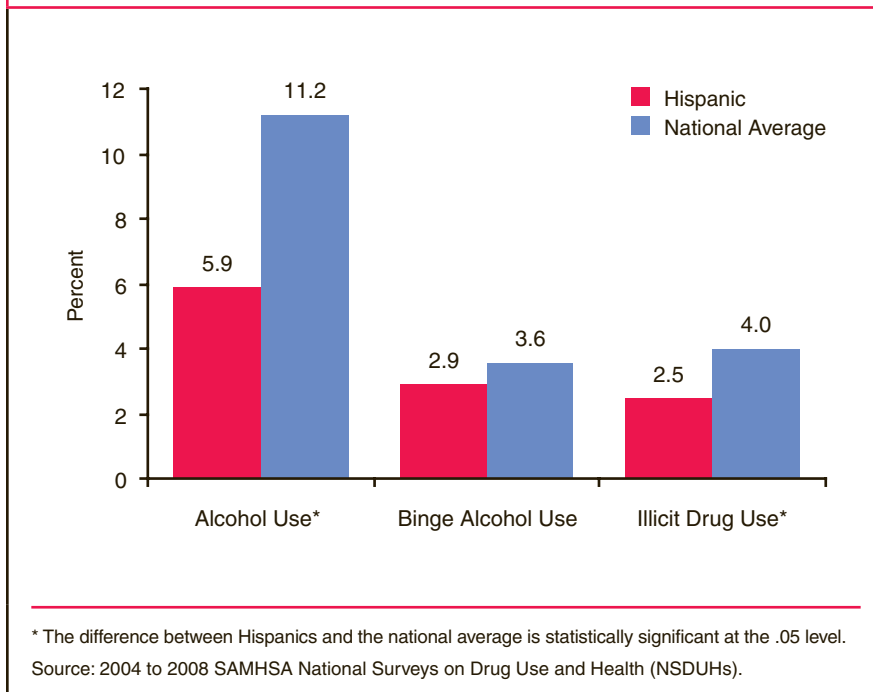
Compared with the national averages, adult Hispanic males had lower rates of past month

alcohol use and illicit drug use but a higher rate of binge alcohol use (Table 2). Patterns varied by age group.

Substance Use among Uninsured Persons

Compared with the national averages for uninsured adults, uninsured Hispanic adults were less likely to have used alcohol, binged on alcohol, or used an illicit drug in the past month (41.5 vs. 52.3 percent, 28.3 vs. 33.1 percent, and 7.3 vs. 15.1 percent, respectively) (Figure 7).

Figure 6. Past Month Substance Use among Hispanic Pregnant Women Aged 18 to 44 Compared with the National Average for Pregnant Women Aged 18 to 44: 2004 to 2008



Substance Use among Persons Living in Poverty

The rates of past month alcohol use, binge alcohol use, and illicit drug use among Hispanic adults living in poverty were lower than the national averages for adults living in poverty (Figure 8).

Table 2. Past Month Substance Use among Hispanic Adult Males Compared with the National Average for Adult Males, by Age Group: Percentages, 2004 to 2008

Age Group	Alcohol Use		Binge Alcohol Use		Illicit Drug Use	
	Hispanics	National Average	Hispanics	National Average	Hispanics	National Average
Total	55.5*	62.3	37.1*	33.8	8.5*	10.2
Aged 18 to 25	56.4*	65.3	45.2*	50.0	17.7*	23.8
Aged 26 to 49	59.3*	67.4	39.4	39.2	7.5*	11.2
Aged 50 or Older	44.9*	54.8	23.4	20.5	2.5	3.4

* The difference between Hispanics and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

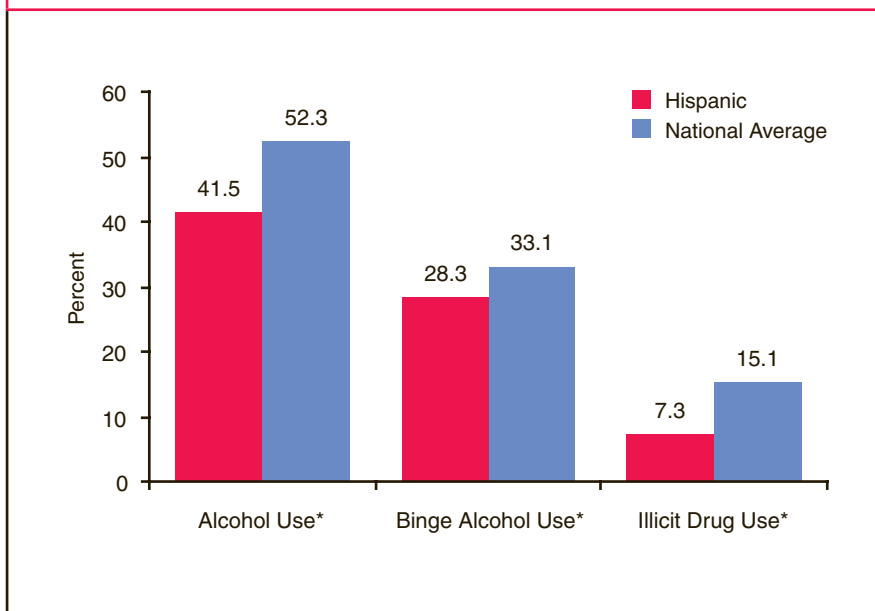
Alcohol Use Treatment

Combined 2004 to 2008 data indicate that an estimated 2.5 million Hispanic adults—8.7 percent—were classified as being in need of treatment for

an alcohol use problem in the past year.⁹ While the difference between the rate for Hispanics and the national average (8.7 versus 8.1 percent) was relatively small, it was statistically significant.

About 7.9 percent of Hispanic adults in need of alcohol treatment in the past year (195,000 persons) received it at a specialty facility.¹⁰ This rate was similar to the national average (8.2 percent).

Figure 7. Past Month Substance Use among Uninsured Hispanic Adults Compared with the National Average for Uninsured Adults: 2004 to 2008



* The difference between Hispanics and the national average is statistically significant at the .05 level.

Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Illicit Drug Use Treatment

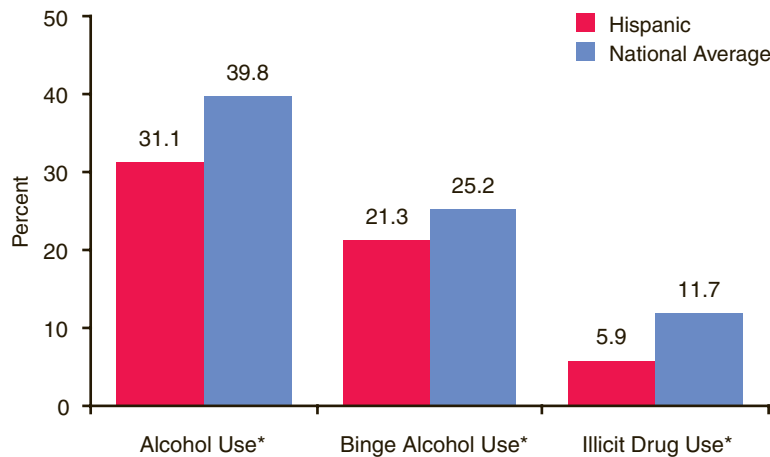
An estimated 843,000 Hispanic adults—or 2.9 percent—were classified as being in need of treatment for an illicit drug use problem in the past year. This rate was similar to the national average of 2.9 percent.

About 18.3 percent of Hispanic adults in need of illicit drug treatment in the past year (155,000 persons) received it at a specialty facility. This rate was also similar to the national average.

Discussion

As the Federal Government and States move forward with the interrelated tasks of reducing

Figure 8. Past Month Substance Use among Hispanic Adults Living in Poverty Compared with the National Average for Adults Living in Poverty: 2005 to 2008



* The difference between Hispanics and the national average is statistically significant at the .05 level.
 Source: 2005 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

disparities and reforming health care, it will be important to monitor data on substance use and treatment need among racial/ethnic minorities. The findings in this report highlight variations in substance use and treatment need between Hispanic adults and adults in the Nation as a whole and suggest subgroups that may benefit from increased attention from the prevention and treatment systems.

End Notes

- ¹ U.S. Census Bureau. (2008, August 14). *An older and more diverse Nation by midcentury* [U.S. Census Bureau News]. Retrieved January 11, 2010, from <http://www.census.gov/Press-Release/www/releases/archives/population/012496.html>
- ² NSDUH asks a series of questions about race/ethnicity. First, respondents are asked about their Hispanic origin; then they are asked to identify which racial grouping best describes

them: white, black/African American, American Indian or Alaska Native, Native Hawaiian, other Pacific Islander, Asian, or other. Respondents may select more than one race. For this report, respondents identifying themselves as Hispanic were assigned to the Hispanic group regardless of their racial identification. Individuals who identify themselves as Hispanic are asked to name a Hispanic subgroup that best describes them; response options include Mexican/Mexican American/Mexicano/Chicano, Puerto Rican, Central or South American, Cuban/Cuban American, Dominican (from the Dominican Republic), Spanish (from Spain), and other. Respondents may select more than one Hispanic subgroup.

- ³ Numbers were calculated from various census tables: U.S. Census Bureau. (2009, December 22). *National characteristics*. Retrieved January 11, 2010, from <http://www.census.gov/popest/national/asrh/natasrh.html>
- ⁴ Respondents were asked if they were born in the United States, and responses to this question were used to differentiate U.S.-born versus foreign-born Hispanics. All findings in this report pertain strictly to residents of the United States, not to persons living in other countries. No information is collected on citizenship; thus, no inferences can be made in this regard.

⁵ A respondent is classified as having health insurance coverage if he or she has private insurance, Medicare, Medicaid/Children's Health Insurance Program (CHIP), Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), TRICARE, Civilian Health and Medical Program of the Department of Veterans

Affairs (CHAMPVA), Veterans Affairs (VA), military health care, or any other type of health insurance. All other respondents were classified as without health insurance or uninsured.

⁶ NSDUH gathers data on family income, size, and composition (i.e., number of children) and respondent's age. This information is used to determine the respondent's poverty level. The poverty level is calculated as a percentage of the U.S. Census Bureau's poverty threshold by dividing the respondent's reported total family income by the appropriate poverty threshold amount. If a family's total income is less than the family's poverty threshold, then that family and every individual in it is considered to be living in poverty (i.e., less than 100 percent of the U.S. Census Bureau's poverty threshold). Persons aged 18 to 22 living in college dormitories were excluded from this analysis because poverty status is not determined for this group. The poverty variable is available for the years from 2005 to 2008; therefore, information for this estimate is restricted to combined data from these years.

⁷ Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

⁸ NSDUH defines illicit drugs as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs; nonmedical use of stimulants includes methamphetamine use.

⁹ NSDUH classifies persons as needing treatment for alcohol or illicit drug use if they meet the criteria for dependence or abuse or if they received specialty treatment in the past year. NSDUH defines substance dependence or abuse using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

¹⁰ Substance use treatment at a specialty facility is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers; it excludes treatment received in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.

Suggested Citation

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Findings from the SAMHSA 2004 to 2008 National Surveys on Drug Use and Health (NSDUHs)

Substance Use among Hispanic Adults

- Rates of past month alcohol use and illicit drug use were lower among Hispanic adults than the national averages for adults (46.1 vs. 55.2 percent and 6.6 vs. 7.9 percent, respectively); however, past month binge alcohol use was higher among Hispanics than the national average (26.3 vs. 24.5 percent)
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- Hispanic adults who were born in the United States had higher rates of past month substance use than Hispanic adults who were not born in the United States, regardless of age
- Among Hispanics who needed treatment for an alcohol or illicit drug problem, the percentage who received such treatment did not differ significantly from the national average

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2004 to 2008 data used in this report are based on information obtained from 227,791 persons aged 18 or older, including 31,848 Hispanics. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://oas.samhsa.gov>.



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