

The NSDUH Report

May 20, 2010

Substance Use among Asian Adults

In Brief

- Rates of past month alcohol use, binge alcohol use, and illicit drug use were lower among Asian adults than the national averages (39.8 vs. 55.2 percent, 13.2 vs. 24.5 percent, and 3.4 vs. 7.9 percent, respectively)
- Among Asian adults, substance use varied greatly among Asian subgroups; past month binge alcohol use, for example, ranged from a high of 25.9 percent among Korean adults to a low of 8.4 percent among Chinese adults
- Among Asian adults, those who were born in the United States generally had higher rates of past month substance use than those who were not born in the United States, regardless of age
- The percentage who needed treatment for a substance use problem in the past year was lower among Asian adults than for the national average of adults (4.8 vs. 9.6 percent)

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 expand access to services for individuals who need them.

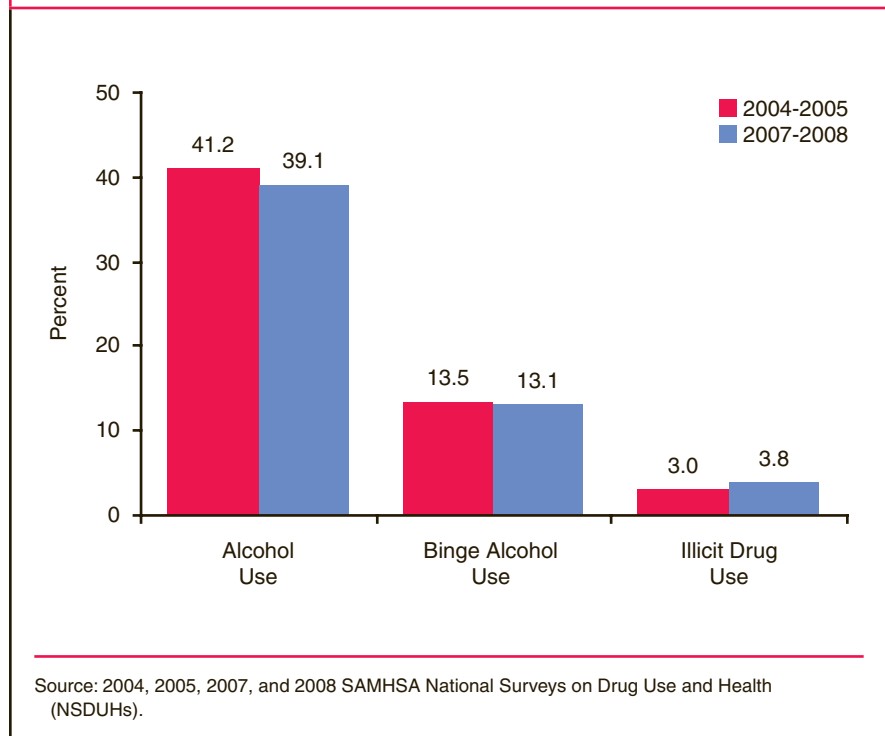
This report uses data from the National Survey on Drug Use and Health (NSDUH) to examine substance use and treatment need among non-Hispanic Asian (hereafter referred to as Asian) adults aged 18 or older.² Other reports in this series will examine similar issues among Asian adolescents and among adults and adolescents in other racial/ethnic groups. According to the U.S. Census Bureau, 13 million people—4.4 percent of the total U.S. resident population in 2008—identify themselves as non-Hispanic Asians of one race.³ This report is based on NSDUH data from 2004 to 2008.

Demographic Characteristics

Combined 2004 to 2008 data indicate that almost one in four (24.0 percent) Asians reported being Asian Indian, 23.1 percent were Chinese, 21.1 percent were Filipino, 8.9 percent were Japanese, 7.7 percent were Vietnamese, and 7.6 percent were Korean.

About one fifth of Asian adults (19.1 percent) were born in the United States.⁴ U.S.-born Asian adults tended to be younger than those born in other countries; for example, 35.1 percent of Asian adults born in the United States were aged 18 to 25 compared with 11.6 percent of Asian adults born abroad.

Figure 1. Past Month Substance Use among Asians Aged 18 or Older: 2004-2005 versus 2007-2008



Nearly one seventh of Asian adults (13.3 percent) were without health insurance, a percentage lower than the national average of 15.0 percent for adults.⁵

Combined 2005 through 2008 data indicate that the poverty rate among Asians did not differ significantly from the national average (11.5 and 10.9 percent, respectively).⁶

Trends in Substance Use

Among Asian adults, rates of past month alcohol use, binge alcohol use, and illicit drug use in combined 2007 and 2008 were not significantly different from rates in combined 2004 and 2005 (Figure 1).^{7,8}

Past Month Alcohol and Illicit Drug Use

Combined 2004 to 2008 data indicate that, in

the past month, 39.8 percent of Asian adults used alcohol, 13.2 percent engaged in binge alcohol use, and 3.4 percent used an illicit drug (Figure 2). Rates of past month alcohol use, binge alcohol use, and illicit drug use were lower among Asian adults than the national averages for adults.

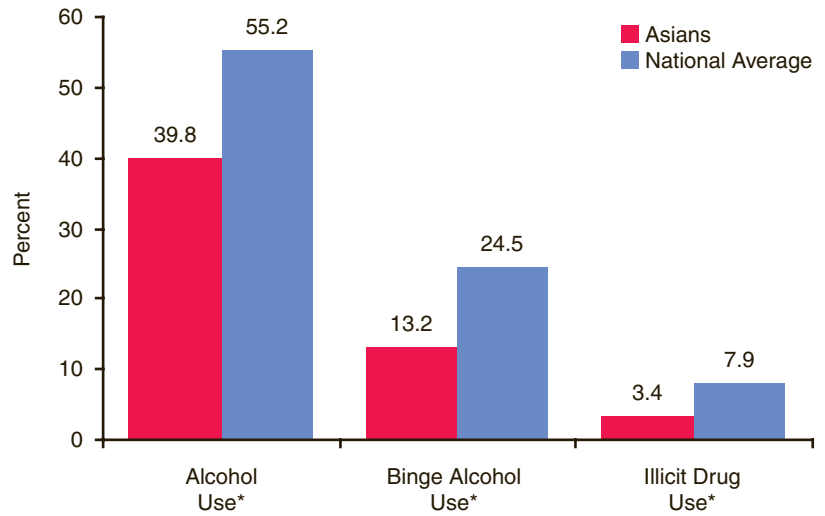
Substance Use among Asian Subgroups

Substance use varied greatly among Asian subgroups. Past month alcohol use ranged from a high of 51.9 percent among Korean adults to a low of 32.1 percent among Asian Indian adults (Figure 3). Past month binge alcohol use ranged from a high of 25.9 percent among Korean adults to a low of 8.4 percent among Chinese adults, and illicit drug use ranged from a high of 6.2 percent among Japanese adults to a low of 2.1 percent among Chinese and Asian Indian adults.

Substance Use by Nativity

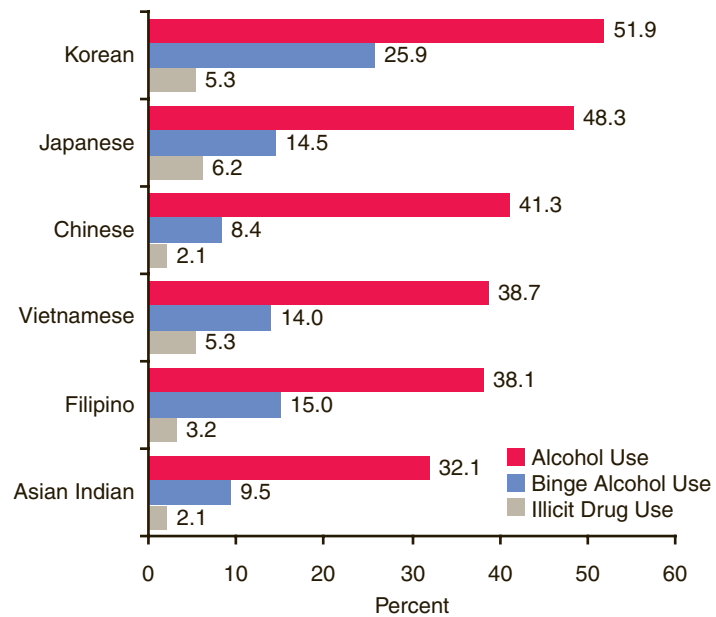
Among Asian adults, those who were born in the United States had higher rates of past month alcohol use, binge alcohol use, and illicit drug use than those who were not born in the United States (Table 1). These patterns held within each age group for which estimates could be generated, although not all

Figure 2. Past Month Substance Use among Asians Aged 18 or Older Compared with the National Average: 2004 to 2008



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

Figure 3. Past Month Substance Use among Asians Aged 18 or Older, by Asian Subgroup: 2004 to 2008



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

Table 1. Past Month Substance Use among Asians Aged 18 or Older, by Nativity: Percentages, 2004 to 2008

Age Group	Alcohol Use		Binge Alcohol Use		Illicit Drug Use	
	Born in the United States	Not Born in the United States	Born in the United States	Not Born in the United States	Born in the United States	Not Born in the United States
Total	56.0*	35.9	22.0*	11.1	7.3*	2.5
Aged 18 to 25	54.0*	44.6	31.4*	21.6	12.2*	7.0
Aged 26 to 49	68.0*	38.3	23.3*	10.9	5.0*	1.8
Aged 50 or Older	42.1*	28.0	8.3	7.4	**	2.0

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

** Estimate was suppressed because of low precision.

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

differences were statistically significant.

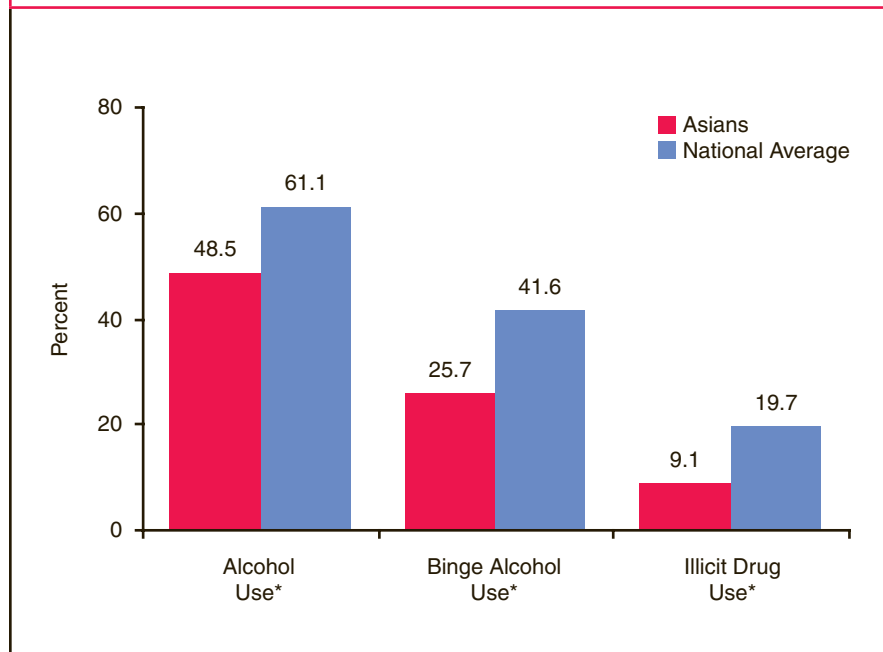
Substance Use among Young Adults (Aged 18 to 25)

Rates of past month alcohol use, binge alcohol use, and illicit drug use were considerably lower among young Asian adults than the national average for young adults (48.5 vs. 61.1 percent, 25.7 vs. 41.6 percent, and 9.1 vs. 19.7 percent, respectively) (Figure 4).

Substance Use among Women

Compared with the national averages for adult females, adult Asian females had lower rates of past month alcohol use, binge alcohol use, and illicit drug use

Figure 4. Past Month Substance Use among Young Asian Adults Aged 18 to 25 Compared with the National Average: 2004 to 2008



* The difference between Asians 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 2. Past Month Substance Use among Asian Females Aged 18 or Older Compared with the National Average, by Age Group: Percentages, 2004 to 2008

Age Group	Alcohol Use		Binge Alcohol Use		Illicit Drug Use	
	Asians	National Average	Asians	National Average	Asians	National Average
Total	29.6*	48.5	7.7*	15.9	2.9*	5.7
Aged 18 to 25	43.6*	56.9	19.6*	33.1	6.9*	15.7
Aged 26 to 49	32.0*	53.7	7.0*	18.9	1.4*	6.2
Aged 50 or Older	18.3*	40.1	3.1*	6.6	3.5	1.8

* The difference between Asians 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 3. Past Month Substance Use among Asian Males Aged 18 or Older Compared with the National Average, by Age Group: Percentages, 2004 to 2008

Age Group	Alcohol Use		Binge Alcohol Use		Illicit Drug Use	
	Asians	National Average	Asians	National Average	Asians	National Average
Total	51.1*	62.3	19.2*	33.8	3.9*	10.2
Aged 18 to 25	53.5*	65.3	31.8*	50.0	11.4*	23.8
Aged 26 to 49	53.6*	67.4	18.6*	39.2	3.1*	11.2
Aged 50 or Older	45.0*	54.8	12.8*	20.5	1.0*	3.4

* The difference between Asians 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 2). This pattern held within most age groups.

Substance Use among Men

Compared with the national averages for adult males, adult Asian males had lower rates of past month alcohol use, binge alcohol use, and illicit drug use (Table 3). This pattern held within most age groups, and most comparisons were statistically significant.

Substance Use among Uninsured Persons

Uninsured Asian adults were less likely than the national average for uninsured adults to have used alcohol in the past month (35.2 vs. 52.3 percent), to have binged on alcohol in the past month (18.6 vs. 33.1 percent), and to have used illicit drugs in the past month (6.6 vs. 15.1 percent) (Figure 5).

Substance Use among Persons Living in Poverty

The rates of past month binge alcohol use and illicit drug use among Asian adults living in poverty were lower than the national average for adults living in poverty (13.0 vs. 25.2 percent and 5.8 vs. 11.7 percent, respectively); the rate of past month alcohol use among Asian adults living in poverty, however, did not differ

Figure 5. Past Month Substance Use among Asians Aged 18 or Older Who Were Uninsured Compared with the National Average: 2004 to 2008

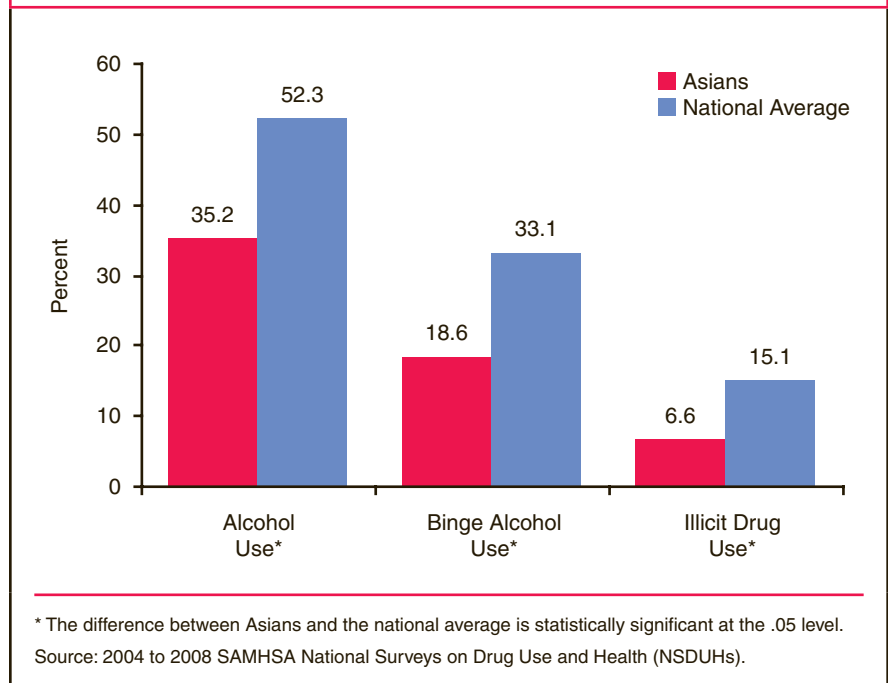
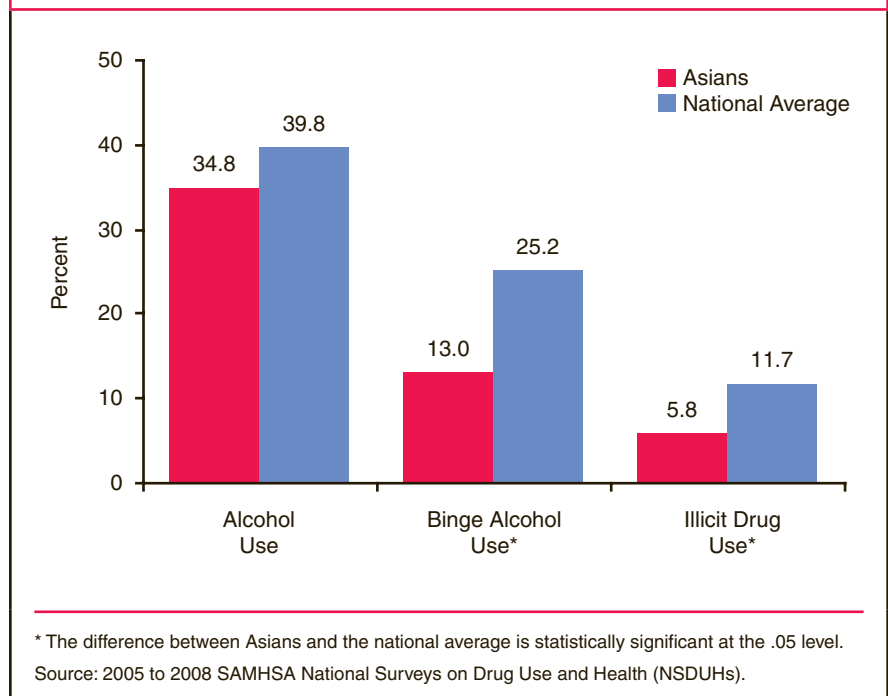


Figure 6. Past Month Substance Use among Asians Aged 18 or Older Living in Poverty Compared with the National Average: 2005 to 2008



significantly from the national average (Figure 6).

Treatment Need

Combined 2004 to 2008 data indicate that an estimated 451,000 Asian adults—4.8 percent—were classified as being in need of treatment for a substance use problem in the past year.⁹ This rate was lower than the national average of 9.6 percent for adults. Of Asian adults in need of substance use treatment in the past year (28,000 persons), 1 in 16 (6.1 percent) received it at a specialty facility.¹⁰ Although this rate appears lower than the national average (10.4 percent), the difference is not statistically significant.

Discussion

As the Federal Government and States move forward with the interrelated tasks of reducing 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 Asian 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(s) best describes them: white, black or African American, American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, Asian, or other. Individuals who identify themselves as Asian also are asked to name an Asian subgrouping that best describes them; response options include Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and other. Respondents may

select more than one race. For this report, "Asian" refers to persons identifying themselves as Asian only. Persons identifying as Asian and Hispanic or Asian and another racial group are not included.

- 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 Asians from foreign-born Asians. 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.
- 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 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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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Substance Use among Asian Adults

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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 7,629 Asian adults. 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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