

The NSDUH Report

October 4, 2011

Substance Use among Asian Adolescents

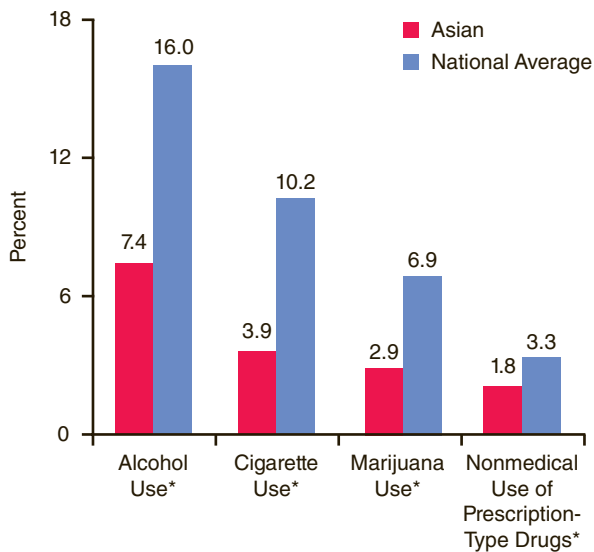
In Brief

- Asian adolescents aged 12 to 17 had lower rates compared with the national average of past month cigarette use (3.9 vs. 10.2 percent), alcohol use (7.4 vs. 16.0 percent), marijuana use (2.9 vs. 6.9 percent), and nonmedical use of prescription-type drugs (1.8 vs. 3.3 percent)
- Among Asian adolescents, substance use varied by Asian subgroup; past month alcohol use, for example, ranged from a high of 9.7 percent among Filipino adolescents to a low of 5.1 percent among Asian Indian adolescents
- Asian adolescents who were born in the United States had a higher rate of past month alcohol use than Asian adolescents who were not born in the United States (8.7 vs. 4.7 percent), while the rate of nonmedical use of prescription-type drugs was higher among Asian adolescents not born in the United States than among those born in the United States (2.7 vs. 1.4 percent)

According to the U.S. Census Bureau, the Asian adolescent population is projected to increase by 50 percent between 2011 and 2050 (1.0 vs. 2.2 million), making them one of the fastest-growing segments of the adolescent population in the United States.¹ Furthermore, the Asian-American adolescent population consists of many different ethnic subgroups, each having its own cultural norms. As the Asian adolescent population grows, monitoring substance use and other behavioral health problems among these youth as a whole and also by ethnic subgroup becomes increasingly important. Gaining a better understanding of substance use among Asian adolescents can help inform public health policy, build prevention and treatment programs that target the specific needs of these young people, and ultimately expand access to services.

This report uses data from the National Survey on Drug Use and Health (NSDUH) to examine substance use

Figure 1. Past Month Substance Use among Asians Aged 12 to 17 Compared with the National Average: 2004 to 2009



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

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

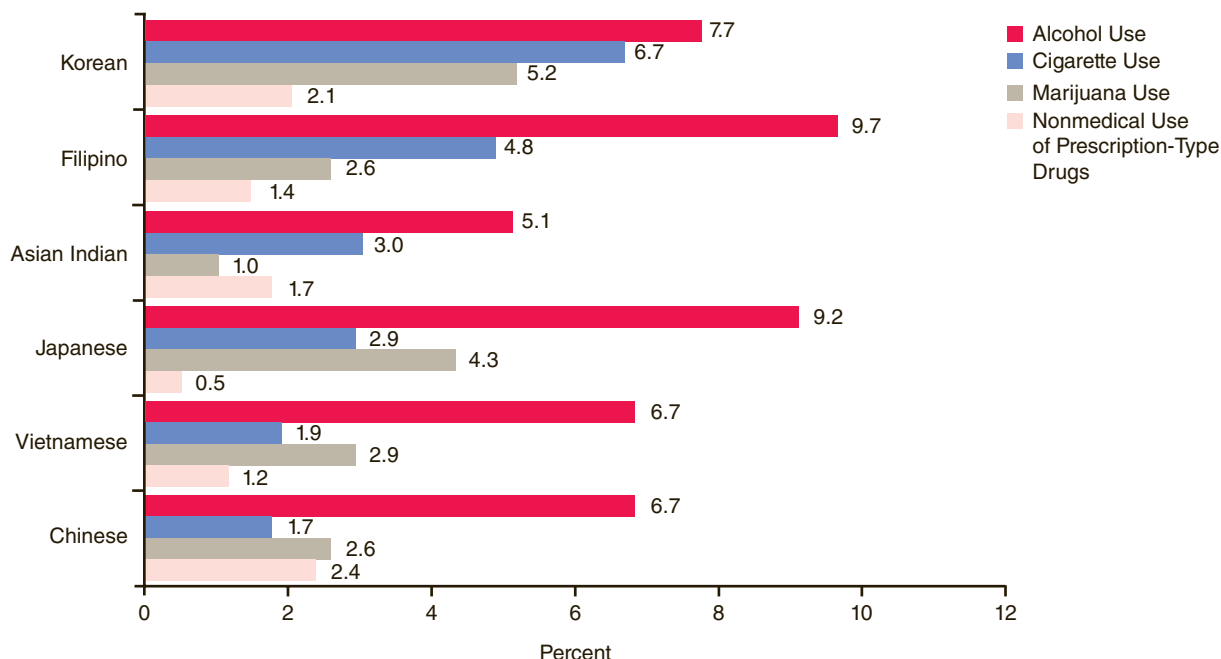
among non-Hispanic Asian adolescents (hereafter referred to as “Asian adolescents”) between the ages of 12 and 17.² Findings in the report are annual averages based on combined 2004 to 2009 NSDUH data.

Demographic Characteristics

Combined 2004 to 2009 NSDUH data indicate that an annual average of 1.0 million persons aged 12 to 17—4.0 percent of the total population in this age—identified themselves as Asian. About one quarter (24.2 percent) of Asian adolescents reported being Asian Indian, 19.8 percent were Chinese, 16.8 percent were Filipino, 10.7 percent were Korean, 9.9 percent were Vietnamese, 3.7 percent were Japanese, and 15.0 percent were from other Asian subgroups. About two thirds (66.7 percent) of Asian adolescents were born in the United States.³

Asian adolescents were similar to the national average in terms of age and gender distributions, as well as the percentage living in poverty.⁴ Asian adolescents were more likely to live in large metropolitan areas than the national average of adolescents (75.7 vs. 53.5 percent) and less likely to live in non-metropolitan areas (3.1 vs. 16.5 percent).

Figure 2. Past Month Substance Use among Asians Aged 12 to 17, by Subgroup: 2004 to 2009



Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Past Month Substance Use

Rates of past month substance use were lower among Asian adolescents compared with national averages (Figure 1). For example, the rate of alcohol use among Asian adolescents was about half that of the national rate (7.4 vs. 16.0 percent). Cigarette use (3.9 vs. 10.2 percent) and marijuana use (2.9 vs. 6.9 percent) followed a similar pattern. The rate of nonmedical use of prescription-type drugs⁵ also was lower among Asian adolescents than the national average for adolescents (1.8 vs. 3.3 percent).

Substance Use by Asian Subgroup and Nativity

Among Asian adolescents, past month cigarette and alcohol use varied by Asian subgroup (Figure 2). For example, past month cigarette use ranged from a high of 6.7 percent among Korean adolescents to a low of 1.7 percent among Chinese adolescents. Past month alcohol use ranged from a high of 9.7 percent among Filipino adolescents to a low of 5.1 percent among Asian Indian adolescents.

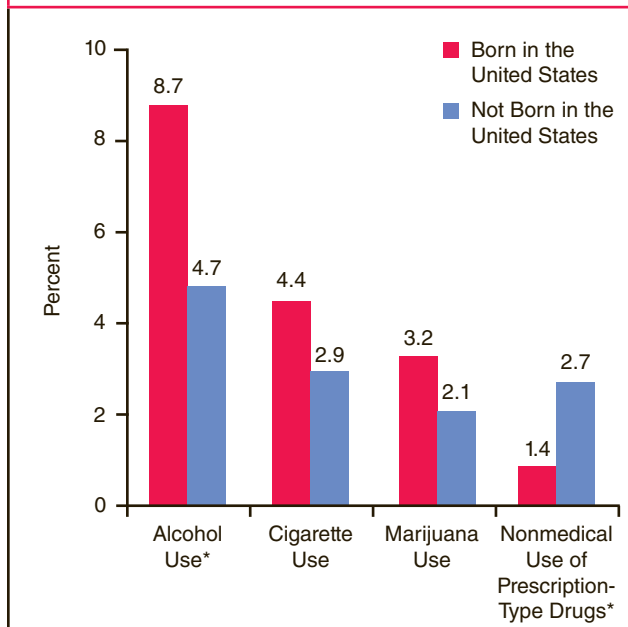
Past month marijuana use and nonmedical use of prescription-type drugs also varied across Asian subgroups. Marijuana use ranged from 5.2 percent among Korean adolescents to 1.0 percent among Asian Indian adolescents, and nonmedical use of prescription-type drugs ranged from 2.4 percent among Chinese adolescents to 0.5 percent among Japanese adolescents.

Asian adolescents who were born in the United States had a higher rate of past month alcohol use than Asian adolescents who were not born in the United States (8.7 vs. 4.7 percent) and a lower rate of nonmedical use of prescription-type drugs (1.4 vs. 2.7 percent) (Figure 3). Rates of cigarette use and marijuana use did not differ significantly between these two groups.

Substance Use by Age Group and Gender

For adolescents aged 12 to 14 and 15 to 17, rates of past month cigarette use, alcohol use, and marijuana use among Asians were lower than national averages (Table 1). Among adolescents aged 15 to 17, the rate

Figure 3. Past Month Substance Use among Asians Aged 12 to 17, by Nativity: 2004 to 2009



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

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

of past month nonmedical use of prescription-type drugs among Asians was lower than the national average (2.0 vs. 4.4 percent), but the difference for those aged 12 to 14 was not statistically significant. For both genders, rates of past month alcohol use, cigarette use, marijuana use, and nonmedical use of prescription-type drugs were lower among Asian adolescents than among adolescents in the Nation as a whole (Figure 4).

Substance Use among Adolescents Living in Poverty

The rates of past month alcohol use, cigarette use, and marijuana use among Asian adolescents living in poverty were lower than the national averages for adolescents living in poverty (Figure 5). The rate of nonmedical use of prescription-type drugs among Asian adolescents living in poverty was not statistically different from the national average for adolescents living in poverty.

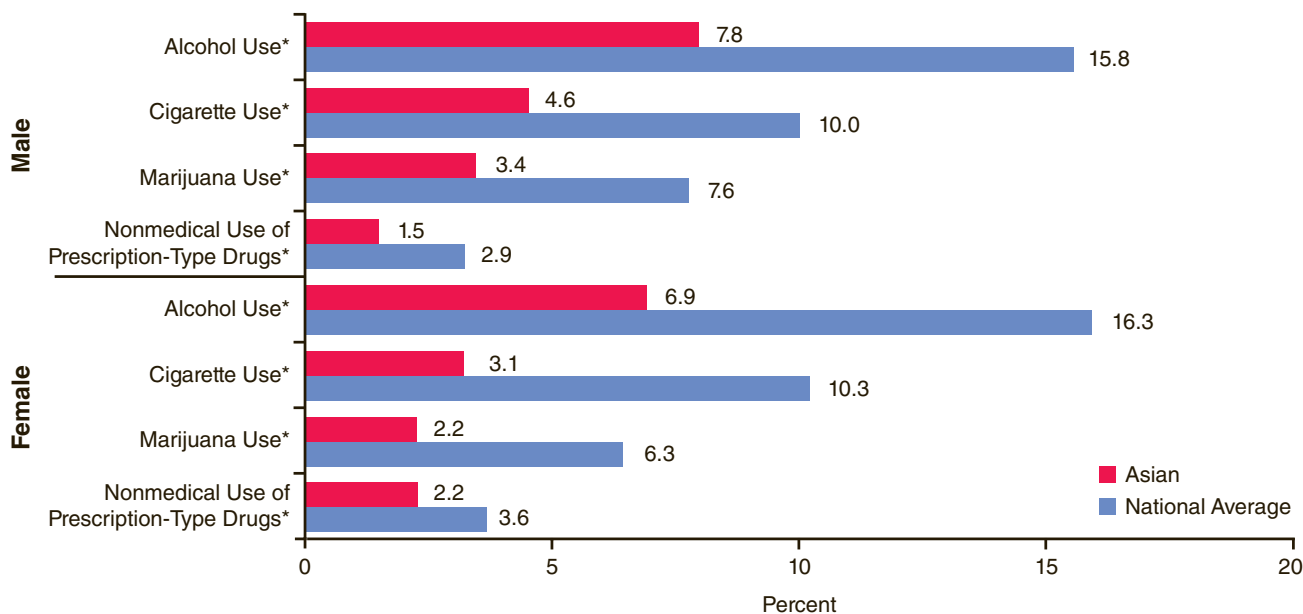
Table 1. Past Month Substance Use among Asians Aged 12 to 17 Compared with the National Average, by Age Group: 2004 to 2009

Age Group	Alcohol Use		Cigarette Use		Marijuana Use		Nonmedical Use of Prescription-Type Drugs	
	Asians (%)	National Average (%)	Asians (%)	National Average (%)	Asians (%)	National Average (%)	Asians (%)	National Average (%)
Aged 12-14	2.7*	6.2	0.8*	3.5	0.5*	2.0	1.6	2.0
Aged 15-17	11.5*	25.4	6.6*	16.5	4.9*	11.6	2.0*	4.4

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

Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Figure 4. Past Month Substance Use among Asians Aged 12 to 17 Compared with the National Average, by Gender: 2004 to 2009



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

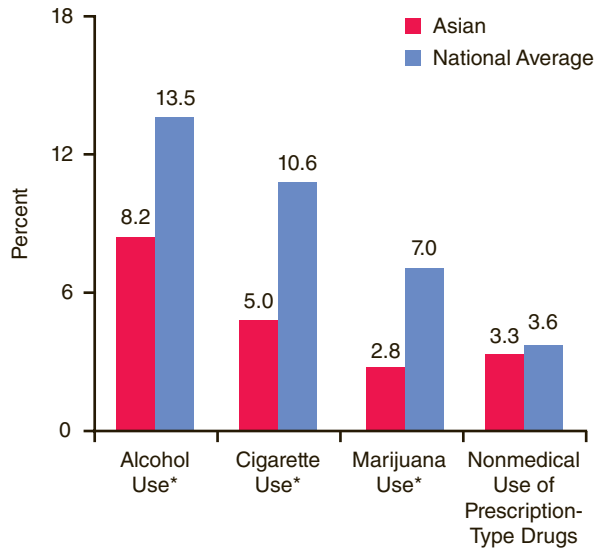
Source: 2004 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Discussion

The data in this report show that certain segments of the Asian population may be at greater risk for substance use than others. For example, the rate of past month cigarette use among Korean adolescents was 3 times higher than among Chinese or Vietnamese adolescents. Although Asian adolescents generally had lower rates of substance use than adolescents in the Nation as a whole, these data

highlight the importance of monitoring substance use data among the diverse populations of Asian adolescents in the United States and being cognizant not only of gender and age differences but also of cultural differences. The data also suggest specific subgroups within the Asian adolescent community that may benefit from increased attention from prevention and treatment systems. These systems will need to account for differences among and between Asian ethnic groups and level of acculturation.

Figure 5. Past Month Substance Use among Asians Aged 12 to 17 Living in Poverty Compared with the National Average Living in Poverty: 2005 to 2009



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

Source: 2005 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

End Notes

- 1 U.S. Census Bureau. (2010, September 16). *National characteristics*. Retrieved from <http://www.census.gov/population/www/projections/usinterimproj/>
- 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 subgroup 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 Respondents were asked if they were born in the United States, and responses to this question were used to differentiate Asians born in the United States and those not born in the United States. All findings in the 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.
- 4 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). The poverty variable is available for the years from 2005 to 2009; therefore, information for this estimate is restricted to combined data from these years.
- 5 Nonmedical use of prescription-type drugs 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.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (October 4, 2011). *The NSDUH Report: Substance Use among Asian Adolescents*. Rockville, MD.

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Findings from SAMHSA's 2004 to 2009 National Surveys on Drug Use and Health (NSDUHs)

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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 2009 data used in this report are based on information obtained from 135,311 persons aged 12 to 17, including 3,763 Asian adolescents. 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 Center for Behavioral Health Statistics and Quality (CBHSQ), 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 two-volume publication:

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of national findings* (HHS Publication No. SMA 10-4586Findings, NSDUH Series H-38A). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume II. Technical appendices and selected prevalence tables* (HHS Publication No. SMA 10-4586Appendices, NSDUH Series H-38B). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://oas.samhsa.gov>.



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