

About Native American Students and Substance Abuse

According to the U.S. Census Bureau, the current total population of Native Americans in the United States is 6.79 million, which is about 2.09% of the entire population. There are about 574 federally recognized Native American tribes in the U.S. Fifteen states have Native American populations of over 100,000. Additionally, 15 states have relative Native American populations below 1.00%.

<https://worldpopulationreview.com/state-rankings/native-american-tribes-by-state>

Whitesell and Kaufman (2017) describe North America's Indigenous populations as follows (based on studies in by Greenfield et al. and Copeland, et al.):

In addition to the federally recognized American Indian (AI) tribes, there are 634 Canadian First (FN) tribes, and more than 220 federally recognized Alaska Native (AN) villages and corporations, each with a unique culture and socio-historical context. The majority are urban (in the US and Canada, more than 70% and 50%, respectively). Others are located on remote rural reservations, removed from daily interaction with mainstream culture ...; 3 reside near urban centers; or live in integrated rural communities. Some face inordinately high rates of poverty and unemployment; others are relatively rich in resources and economic opportunity. A wide variety of governance structures, kinship networks, and spiritual traditions are evident within and across indigenous communities. These communities are robust. Over centuries, they have endured varying levels of federal intervention intended to strip them of rich cultural traditions, tribal languages, and land, even as many continue to strengthen cultural resources and honor their heritage within and across their communities. This diversity is consequential for understanding substance use patterns... and it defies stereotyping that suggests rampant substance abuse in all indigenous communities.

Among Native Americans, prevalent problems often are attributed to historical and generational trauma (see below).

Some of the Historical Low Points

Population figures for the Indigenous peoples of the Americas before European colonization have been difficult to establish (Denevan, 1976). Estimates have varied widely from as low as 8 million to as many as 100 million, though by the end of the 20th Century, many scholars gravitated toward an estimate of around 50 million people (Wikipedia, 2025).

There are numerous reasons for the population decline, including exposure to Eurasian diseases such as influenza, pneumonic plagues, and smallpox; direct violence by settlers and their allies through war and forced removal; and the general disruption of societies. Scholarly disputes remain over the degree to which each factor contributed.

A frequently cited U.S. policy that contributed to discrimination and harm to Indigenous populations was the Indian Removal Act of 1830. The act was used to force tribes out of their homeland into unfamiliar areas that were unfarmable. Poverty, suffering, and population loss ensued (Jackson, 1830). Indian Boarding Schools with forced removal from families and an agenda of re-education and re-culturalization using English are another example of how the Indigenous population was disrupted, displaced, and even killed (Brave Heart, 2003).

*The material in this document builds on work done by Brooke Kundert as a participant with the national Center for MH in Schools & Student/Learning Supports at UCLA in 2025.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA. Website: <https://smhp.psych.ucla.edu>

Substance Misuse is a Prevalent Problem

Self-report data gathered in 2023 indicate that 11.6% of Native Americans misuse alcohol and 25.3% misuse substances, including illicit drugs (Kaliszewski, 2025). These figures are higher than for the U.S. population as a whole.

And for Native American youth, reports suggest they drink in heavier amounts and experience more negative consequences of drinking than non-Indigenous peers (Brockie et al., 2022; SAMHSA, 2019). The problem is especially acute on reservations with high rates of poverty and unemployment.

Our focus here is on how substance misuse among Native American youth can be reduced by minimizing risk factors and maximizing protective factors.

Risk and Protective Factors

The exhibit below provides examples of risk factors and protective buffers. The examples come from an extensive literature review.

Examples of Risk Factors and Protective Buffers

ENVIRONMENTAL CONDITIONS

PERSON FACTORS

Risk Producing Conditions

Neighborhood

- >extreme economic deprivation
- >community disorganization, including high levels of mobility
- >violence, drugs, etc.
- >minority and/or immigrant status

Family*

- >chronic poverty
- >conflict/disruptions/violence
- >substance abuse
- >models problem behavior
- >abusive caretaking
- >inadequate provision for quality child care

School and Peers

- >poor quality school
- >negative encounters with teachers
- >negative encounters with peers &/or inappropriate peer models

Individual

- >medical problems
- >low birth weight/neurodevelopmental delay
- >psychophysiological problems
- >difficult temperament & adjustment problems

Protective Buffers (Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations)

Neighborhood

- >strong economic conditions/emerging economic opportunities
- >safe and stable communities
- >available & accessible services
- >strong bond with positive other(s)
- >appropriate expectations and standards
- >opportunities to successfully participate, contribute, and be recognized

Family

- >adequate financial resources
- >nurturing supportive family members who are positive models
- >safe and stable (organized and predictable) home environment
- >family literacy
- >provision of high quality child care
- >secure attachments – early and ongoing

School and Peers

- >success at school
- >positive relationships with one or more teachers
- >positive relationships with peers and appropriate peer models
- >strong bond with positive other(s)

Individual

- >higher cognitive functioning
- >psychophysiological health
- >easy temperament, outgoing personality, and positive behavior
- >strong abilities for involvement and problem solving
- >sense of purpose and future
- >gender (girls less apt to develop certain problems)

*Historical and intergenerational trauma, socioeconomic challenges, and loss of culture experienced by Native American families are widely discussed as major risks for substance and other addictions. Parents who experience trauma or were neglected at a young age may abuse or neglect their children (Brave Heart, 2003). Young adults may feel alienated from their heritage; Indigenous elders may express upset because next generations speak only English and do not honor dearly held traditions (Brown et al., 2022).

When I cut my hair to my shoulders, my Grandma was so appalled that she looked as if she had just smelled something very foul. I can only imagine the distaste grows as generational gaps widen. Brooke Kundert

Note that the exhibit adopts a reciprocal determinist perspective of development. Such a perspective ensures awareness of the full range of reasons for substance misuse (and other risky behaviors), including the experimentation and risk taking that is so much a part of the developmental processes of moving toward individuation and independence. Also note that the majority of risk factors are external impediments to healthy development and well-being. What is clear from available literature on substance misuse and mental health concerns related to Indigenous youngsters is that too many are growing up in conditions that not only fail to promote healthy development, but are antithetical to the process.

What is being done?

One major effort to counter risks, enhance protective buffer, and build resilience focuses on fostering and holding on to cultural values and practices. Examples of what is advocated include:

- >developing intertribal community to share cultures between tribes, particularly in densely populated, urban areas (Brown et al., 2022; McDaid Barry et al., 2023).
- >practicing ceremonies, pursuing traditions, sharing origin stories (Brockie, 2022; Nuno, 2022; McDaid Barry et al., 2023)
- >connecting to a place and to others to enhance feelings of being rooted to both the Earth and others (Ignacio et al., 2024).

Brockie and colleagues (2022) report that youth with stronger tribal identity had significantly reduced odds of polysubstance use and stress that

enhancing and supporting tribal identity is a crucial factor for preventing high-risk substance use. Tribal identity measures the extent of individual and familial involvement in tribal culture and degree of success in following tribal culture. Contextually, tribal identity encompasses more than just identity; it includes a sense of belonging, shared values, traditions, spiritual practices, and language. Language gives meaning and understanding of tribal culture; it provides a pathway to spirituality, traditional knowledge, and worldview.

Soto and colleagues (2022) stress that

Developing a strong ethnic identity, and holding and passing on knowledge of the culture, traditions, and languages through generations has been particularly protective among this population. Engaging in culturally healing practices (e.g., sweats) and utilizing medicines (e.g., sage, sweet grass) support recovery and promote well-being. Reconnecting with the Native culture, building internal strengths, coping resources, and relying on extended social networks and multi-generational relationships assist AIANs with navigating the historical and every day hardships experienced

Others have indicated a range of programs for prevention, early intervention, and treatment of substance abuse among Native American youth. Examples include:

- the ***Alcohol and Substance Abuse Branch*** (ASAB) of the federal Indian Health Service. It focuses on reducing “the incidence and prevalence of alcohol and substance abuse among American Indians and Alaska Natives (AI/AN) to a level at or below the general U.S. population. The ASAB strives to meet this goal through the implementation of alcohol and substance abuse programs within Tribal communities including outpatient treatment and youth regional treatment centers in rural and urban settings.”

- The [*National American Indian & Alaska Native Prevention Technology Transfer Center*](#) (National AI/AN PTTC). It develops and disseminates tools and strategies to improve the quality of substance misuse prevention efforts (see National AI/AN PTTC, 2019).
- [*National Academy for State Health Policy*](#) (2024). It reports on “State Strategies for Preventing Substance Use and Overdose Among Youth and Adolescents.”

Researchers have reviewed the literature and indicated the following:

- In 2014, the *Washington State Institute for Public Policy* reviewed 13 programs and reported that “nine can be expected to have favorable benefit-to-cost results, although the risk varies widely.”
- Liddell and colleagues (2017) and Soto and colleagues (2022) highlight promising culturally appropriate addiction treatment programs that incorporate AIAN healing practices and traditions, allowing for methodologies that fit AIAN ideologies rather than being confined to Westernized frameworks in SUD services
- Maina and colleagues (2020) provide a scoping review of school-based indigenous substance use prevention in preteens.

School's Role

The prevailing policy pressure on schools is to identify specific types of problems (e.g., substance abuse) and target subgroups (e.g., Indigenous youth) and develop discrete programs for each. This has led to ad hoc and piecemeal approaches and a marginalized, fragmented, and quite limited set of intervention approaches. Initiatives to make things better have focused on coordinating existing activity, calling for more hiring of student support staff, and looking to community services for help with students’ problems. Such initiatives are insufficient.

Our research emphasizes that, rather than treating each concern as a discrete problem, schools can embed their efforts to deal with substance use, mental health concerns, learning problems into a unified, comprehensive, and equitable system for preventing problems and providing student/learning supports. Such a system is rooted in practices that engage students in activities that enhance resilience and classroom learning and address risk factors (see the discussion in the resources listed below).

Examples of Center Resources for Embedding Substance Interventions into a Unified, Comprehensive, and Equitable System

Recent guides

- >[*Student/Learning Supports: A Brief Guide for Moving in New Directions*](#)
- >[*Transforming Student and Learning Supports: Starting the Process*](#)
- >[*Building on MTSS to Enhance How Schools Address Barriers to Learning*](#)

and

Indepth discussions

- >[*Improving School Improvement*](#)
- >[*Addressing Barriers to Learning: In the Classroom and Schoolwide*](#)
- >[*Embedding Mental Health as Schools Change*](#)

Concluding Comments

Those who are trying to ameliorate substance abuse know how difficult it is to make significant headway. The problem is widespread; causes are diverse; interventions are often controversial. Biases, segregation, and disparities remain widespread.

Clearly, the topic of human diversity is complex and yet fundamental to any discussion of addressing human problems. Examples of diversity concerns identified in research include: age, gender, race, ethnicity, national origin, migration and refugee status and experiences, religion, spirituality, sexual orientation, disability, language, socioeconomic status, education, historical marginalization, group identity, position in the social hierarchy, communication modality, level of acculturation/assimilation, developmental stages, stages of ethnic development, level of acculturation/assimilation, individual preferences, popular culture, family and lifestyle, and more.

Intervention concerns arise about matters such as how to establish a good match for helping those in need and the balance between focusing on helping and socialization. And with respect to socialization, there is the matter of a society's changing interests in accommodating and promoting diversity. Thus, policy, politics, social philosophy, and practice converge in ways that make it difficult to address substance misuse among Indigenous youth and others who continue to be marginalized in policy and practice.

References and Resources Used in Preparing this Information Resource

- Adelman, H. S., & Taylor, L. (2003). **Creating school and community partnerships for substance abuse prevention programs**. *Journal of Primary Prevention*, 23, 331-369.
- Adelman, H.S., & Taylor, L. (2017). **Addressing barriers to learning: In the classroom and schoolwide**. Los Angeles: Center for MH in Schools & Student/Learning Supports at UCLA.
- Biermen, K.L., Brown, C.H., Clayton, R.R., et al. (2003). **Preventing drug use among children and adolescents: A research-based guide for parents, educators, and community leaders**. National Institute on Drug Abuse.
- Brave Heart, M.Y.H. (2003). **The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration**. *Journal of Psychoactive Drugs*, 35, 7-13.
- Brookie, T.N., Campbell, J.C., Dana-Sacco, G. et al. (2022). **Cultural protection from polysubstance use among Native American adolescents and young adults**. *Prevention Science*, 23, 1287-1298.
- Center for Mental Health in Schools (2020). **Neglect experienced by children of substance abusing parents: Implications for schools**. Author at UCLA.
- Copeland, W.E., Hill, S., Costello, E.J., & Shanahan, L. (2016). **Cannabis use and disorder from childhood to adulthood in a longitudinal community sample with American Indians**. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56, 124-132.
- Costello, J.E., Erkanli, A., Copeland, W., & Angold, A. (2010). **Association of family income supplements in adolescence with development of psychiatric and substance use disorders in adulthood among an American Indian population**. *Journal of the American Medicine Association*, 303, 1954-1960.
- Deneven, W. M. (1976). *The native population of the Americas in 1492*. University of Wisconsin, Madison Press.
- Dunbar-Ortiz, R. (2014). **An Indigenous Peoples history of the United States**. Beacon Press.
- Greenfield, B.L., Sittner, K.J., Forbes, M.K., Walls, M.L., & Whitbeck, L.B. (2017). **Conduct disorder and alcohol use disorder trajectories, predictors, and outcomes for Indigenous Youth**. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56, 133-139.
- Ignacio, M., Sense-Wilson, S., Lucero, D., et al. (2024). **Assessing alcohol and other drug prevention needs among Indigenous youth ages 13-17: Developing a culturally grounded Indigenous youth harm reduction intervention**. *Journal of Ethnicity in Substance Abuse*, 23, 716-736.

- Jackson, A. (1830). *President Andrew Jackson's message to Congress "On Indian Removal"* (1830) [Government]. National Archives.
- Kaliszewski, M. (2025). *Alcohol and drug use among Native Americans*. American Addiction Centers.
- Liddell, J., & Burnette, C.E. (2017). **Culturally-informed interventions for substance abuse among Indigenous Youth in the United States: A review**. *Journal of Evidence-Informed Social Work*, 14, 329–359.
- Maina, G., Mclean, M., Mcharo, S. et al. (2020). **A scoping review of school-based indigenous substance use prevention in preteens (7–13 years)**. *Substance Abuse Treatment, Prevention, and Policy* 15, 74
- McDaid Barry, N. (2025). *Personal conversation about cultural connections in education*.
- McDaid Barry, N., Bang, M., Bruce, F., & Barajas-Lopez, F. (2023). **"Then the Nettle People Won't Be Lonely": recognizing the personhood of plants in an indigenous STEAM summer program**. *Cognition and Instruction*, 41, 381-404.
- National American Indian and Alaska Native Prevention Technology Transfer Center (2019). **Prevention in Our Native American Communities**. Spring Newsletter V. 1 Issue 1.
- Nuno, L., & Herrera, V.M. (2022). **Risk and protective factors related to alcohol and drug use amongst American Indian youth: An application of the social development model**. *Journal of Ethnicity in Substance Abuse*, 21, 939-958.
- SAMHSA (2019). **2019 National Survey on Drug Use and Health (NSDUH) Releases [Survey]**.
- Soto, C., West, A.E., Ramos, G.G., & Unger, J.B.. (2022). **Substance and behavioral addictions among American Indian and Alaska Native populations**. *International Journal of Environment Research and Public Health*.19, 2974.
- Washington State Institute for Public Policy. (2014). **Preventing youth substance use: A review of thirteen programs**. Author.
- Whitesell, N.R., & Kaufman, C.E. (2017). **Substance use disorders among Indigenous Youth in developmental perspective: Diversity, diagnostic tools, and resilience**. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56, 103-104.
- Wikipedia (2025). **Population history of the Indigenous peoples of the Americas**.

For more, see our Center's Quick Finds on:

>[Native American Students](#)

>[Resilience/Protective Factors](#)