

# The NHSDA Report

January 25, 2002

## Cigarette Use Among American Indian/Alaska Native Youths

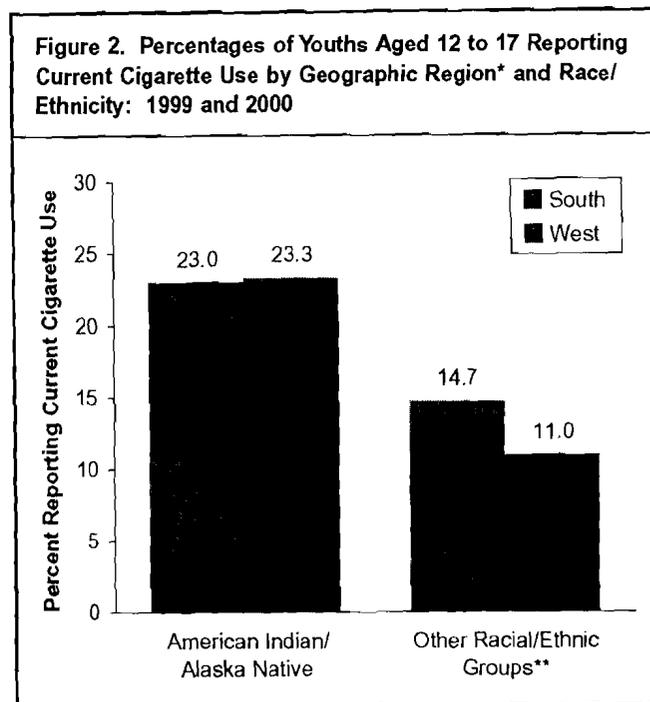
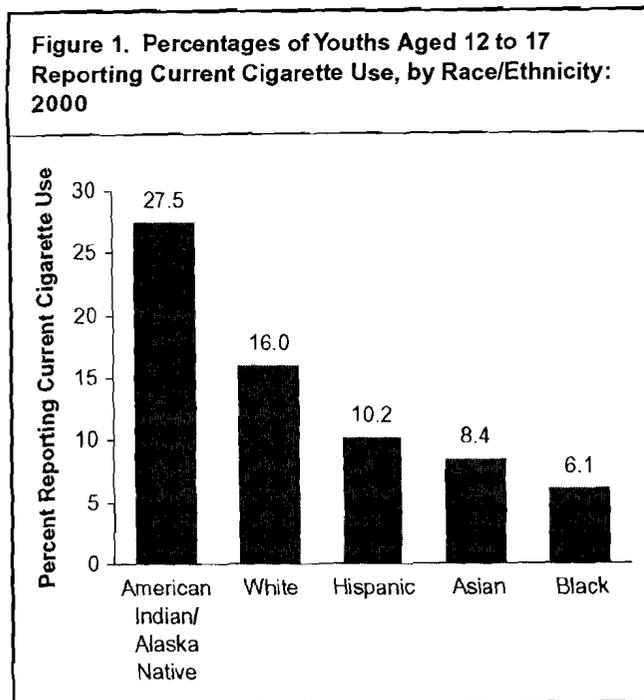
### In Brief

- American Indian/Alaska Native youths aged 12 to 17 were more likely than youths from other racial/ethnic groups to smoke cigarettes during the past month
- American Indian/Alaska Native youths were less likely than youths from other racial/ethnic groups to believe that their parents would strongly disapprove of their smoking one or more packs of cigarettes per day
- American Indian/Alaska Native youths were also less likely than youths from other racial/ethnic groups to strongly or somewhat disapprove of their peers' smoking one or more packs of cigarettes per day

The 1999 and 2000 National Household Surveys on Drug Abuse (NHSDAs) asked respondents aged 12 or older to report cigarette use during the month prior to the survey (i.e., current use). Respondents were analyzed by race and ethnic subgroups and by geographic regions for comparative purposes.<sup>1</sup> Youths aged 12 to 17 were also asked to report how they thought their parents would feel about their smoking one or more packs of cigarettes per day and how they felt about someone their own age smoking one or more packs of cigarettes per day. The three response categories were (a) strongly disapprove, (b) somewhat disapprove, and (c) neither approve nor disapprove.

### Prevalence of Cigarette Use

According to the 2000 NHSDA, approximately 144,000 youths aged 12 to 17 in the United States were American Indians/Alaska Natives. Among youths, 28 percent of American Indians/Alaska Natives were current smokers compared with 16 percent of whites, 10 percent of Hispanics, 8 percent of Asians, and 6 percent of blacks (Figure 1).



Combined data from the 1999 and 2000 surveys indicated no significant differences between males and females in rates of current smoking among American Indian/Alaska Native youths. However, among youths from other racial ethnic groups, smoking rates were higher among females (15 percent) than males (14 percent). Furthermore, rates of current cigarette use were similar among American Indian/Alaska Native youths who lived in the South and West but youths from other racial/ethnic groups who lived in the South (15 percent) were more likely to be current cigarette smokers compared with those who resided in the West (11 percent) (Figure 2).<sup>2</sup> Likewise, rates of current cigarette use were similar among American Indians/Alaska Native youths who lived in small and non-metropolitan counties, but among youths from other racial/ethnic groups, those who lived in non-metropol-

itan counties (16 percent) were more likely to be current cigarette smokers than youths who lived in small metropolitan counties (15 percent).<sup>3</sup>

### Perceptions of Parental Attitudes Regarding Cigarette Use

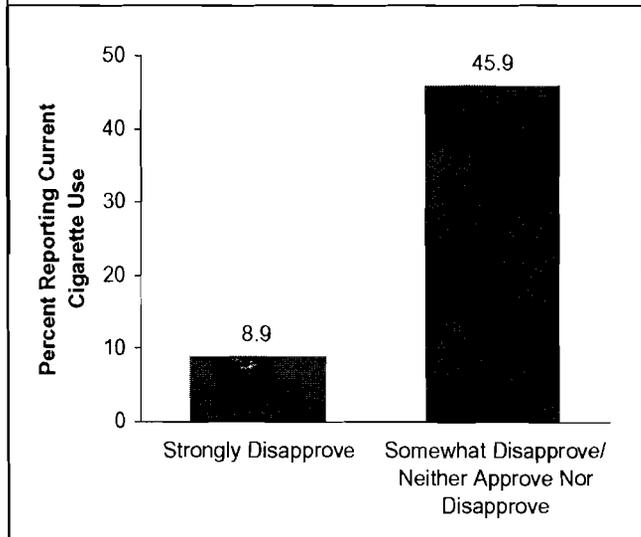
American Indian/Alaska Native youths (80 percent) were significantly less likely to report that they thought their parents would strongly disapprove of their smoking one or more packs of cigarettes per day compared with youths from other racial/ethnic groups (80 vs. 88 percent). Previous research has shown that rates of substance use are lower among youths whose parents disapproved of such use than among youths whose parents did not disapprove.<sup>4</sup> The 2000 NHSDA showed that 9 percent of youths who felt their parents would strongly disapprove of

their smoking one or more packs of cigarettes per day reported past month cigarette use compared with 46 percent of youths who felt their parents would somewhat disapprove or neither approve nor disapprove (Figure 3).

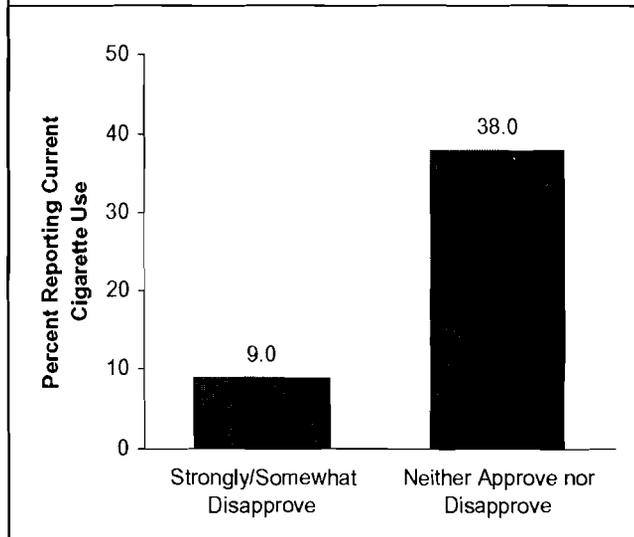
### Youths' Attitudes Regarding Peer Cigarette Use

American Indian/Alaska Native youths (77 percent) were less likely to report that they strongly or somewhat disapproved of someone their own age smoking one or more packs of cigarettes per day than youths from other racial/ethnic groups (85 percent). Prior research has demonstrated that youths who disapproved of their peers' cigarette use are less likely to use cigarettes themselves than youths who did not disapprove of such use.<sup>5</sup> Results from the 2000 NHSDA indicated that 9 percent of youths who strongly

**Figure 3. Percentages of Youths Aged 12 to 17 Reporting Current Cigarette Use, by Parents' Feelings About Youths Smoking One or More Packs of Cigarettes Per Day: 2000**



**Figure 4. Percentages of Youths Aged 12 to 17 Reporting Current Cigarette Use, by Youths' Feelings About Peers Smoking One or More Packs of Cigarettes Per Day: 2000**



or somewhat disapproved of someone their own age smoking one or more packs of cigarettes per day reported current cigarette use compared with 38 percent of youths who neither approved nor disapproved (Figure 4).

**Figure Notes**

- \* Small sample sizes prevented analyses of American Indian/Alaska Native youths from the Northeast and Midwest geographic regions.
- \*\* Includes white, black, Hispanic, and Asian
- Source (figs. 1, 3 & 4): SAMHSA, 2000 NHSDA.
- Source (fig. 2): SAMHSA, 1999 and 2000 NHSDAs.

**End Notes**

1. Regions include the following groups of States:
  - Northeast Region:** Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania.
  - Midwest Region:** Wisconsin, Illinois, Michigan, Indiana, Ohio, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri.
  - South Region:** West Virginia, Virginia, Maryland, Delaware, District of Columbia, North Carolina, South Carolina, Georgia, Florida, Texas, Oklahoma, Arkansas, Louisiana.
  - West Region:** Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana, California, Oregon, Washington, Hawaii, Alaska.

2. Small sample sizes prevented analyses of American Indian/Alaska Native youths from the Northeast and Midwest regions.
3. Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of less than 1 million. Non-metropolitan areas are outside of Metropolitan Statistical Areas (MSAs), as defined by the Office of Management and Budget. Completely rural counties have fewer than 2,500 population in urbanized areas. Small sample sizes prevented analyses of American Indian/Alaska Native youths living in large metropolitan counties.
4. Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105.
5. Simons-Morton, B., Haynie, D.L., Crump, A.D., Eitel, S.P., & Saylor, K.E. (2001). Peer and parent influences on smoking and drinking among early adolescents. *Health Education & Behavior*, 28(1), 95-107.

The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 1999 and 2000 data are based on information obtained from nearly 142,000 persons aged 12 or older (about 70,000 each year). 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 NHSDA Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina.

Information and data for this issue are based on the following publications and statistics:

Substance Abuse and Mental Health Services Administration. (2000) *Summary of findings from the 1999 National Household Survey on Drug Abuse* (National Household Survey on Drug Abuse Series: H-12, DHHS Publication No. SMA 00-3466). Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (National Household Survey on Drug Abuse Series: H-13, DHHS Publication No. SMA 01-3549). Rockville, MD: Author.

Also available on-line from <http://www.DrugAbuseStatistics.samhsa.gov>.

Additional Table 2.31B from [http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol\\_1\\_Part\\_2/V1P2.htm](http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_2/V1P2.htm) and

Tables 3.28B and 3.37B from [http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol\\_1\\_Part\\_3/V1P3.htm](http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_3/V1P3.htm).

Additional tables available upon request.