

Native Americans, Substance Abuse, and Mental Health:  
An Analysis of Risk Factors and Treatment Methods Through the Lens of Cultural Competence

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HPRB 5010

Spring 2020

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## RESEARCH QUESTIONS

[1) What are the risk factors contributing to disproportionately high rates of mental health and substance use issues in Native American/Alaska Natives residing on or near reservations in the United States?

[2) What are effective treatment strategies in addressing the mental health and substance abuse issues in Native American/Alaska Native communities in the United States?

## INTRODUCTION

### *American Indian/Alaska Native Background*

More than 5.2 million people, about 2%, of the United States population identify as American Indian or Alaska Natives (AI/AN), making up 567 federally recognized tribes and more than 100 state-recognized tribes. Many tribal lands are remote and cover large geographic areas that typically have limited access to behavioral health services (Substance Abuse and Mental Health Services Administration, 2018). Although AI/ANs were the first inhabitants of North America, they are often overlooked in this country today. They are overall younger, less educated, and more likely to experience poverty when compared to other Americans (U.S. Department of Health and Human Services, 2011). Native American individuals are the least educated, have the lowest annual income, and highest poverty rates of any minority group in the United States (Denny, Holtzman, Goins, & Croft, 2005), and the lowest life expectancy of any other population in America (Center for Disease Control and Prevention, 2020).

### *History*

Over the last 500 years, Native American populations have endured systematic destruction of their culture by dominant Europeans, resulting in loss of land, family, and culture

(Plous, 2003). From 1492, when Christopher Columbus arrived in North America, to 1776, when the United States was established, the population of Native Americans in North America decreased by 95% due to the intentional killing of Native Americans and exposure to European diseases (Trusty, Looby, & Sandhu, 2002). These mass deaths were not acknowledged by the dominant European culture, leaving Native American people unable to properly mourn their losses and process grief in a healthy way. Traditional mourning practices were prohibited in 1883 along with all other traditional ceremonies, leaving feelings of shame, powerlessness and unworthiness with generations to follow (Brave Heart & DeBruyn, 1998).

President Andrew Jackson approved the Indian Removal Act of 1830, forcing the relocation of over 100,000 Native Americans east of the Mississippi River (Plous, 2003). By 1876, the government had taken nearly all of the Native American land, giving Native people the option of moving to reservations or urban areas, both of which were not practical for agriculture or hunting (Brave Heart & DeBruyn, 1998). They were grossly unprepared to live on unfamiliar lands and faced vast challenges trying to provide for their families. This instigated their socioeconomic decline, and many Native American families became dependent on goods provided by the government (Trusty et al., 2002). This led to a second wave of death and disruption in Native families that further intensified the wounds of generations past.

The primary intent of United States government during this time was to force Native American people to fully assimilate to the dominant European-American culture, paying no mind to their own culture and completely disregarding its existence. In 1871, the U.S. congress declared Native Americans wards of the U.S. government, and the U.S. government created church-run boarding schools that would remove Native American children from their families at the age of four or five and not allow them any contact with their Native American relations for a

minimum of eight years (Brave Heart & DeBruyn, 1998). In boarding schools, Native American children were forced to dress, act, and become as similar to European American children as possible, forbidding the use of sacred items, traditional practices, and Native language use. Many children were physically and sexually abused, and developed a variety of problematic coping strategies such as helplessness, manipulation, gambling, alcohol and drug use, suicide, denial, among many others. (Trusty et al., 2002). These circumstances led many Native Americans to not engage in traditional ways and practices, which led to loss of ethnic identity, disruption of the family structure, forced assimilation of children, and betrayal of the Native American community (Brave Heart & DeBruyn, 1998). These events are considered the crucial precursor to many of the existing problems for many Native American communities.

### *Native American Health Disparities*

Survey-based and epidemiological studies have shown that alcoholism continues to be a major public health problem for many Native American tribes, and lifetime rates of alcohol dependence range between 1% and 66% for men and 2% and 53% for women (Beals et al., 2005). According to the Indian Health Services, 39.4% of Native Americans aged 26-49 reported binge drinking in the past month compared to the national average of 28.9% (U.S. Department of Health and Human Services, 2011). Compared with all other racial groups, non-Hispanic Native American adults are at greater risk of having overall poorer physical and mental health, experiencing feelings of psychological distress, and have unmet medical and psychological needs (Barnes, Adams, & Powell-Griner, 2010). The second leading cause of death for Native Americans ages 10-34 years old is suicide, and the suicide rates for Native American adults and youth are significantly higher than the national average (Center for Disease Control and

Prevention, 2020). Research has consistently found that AI/Ans experience higher rates of substance use and some mental health issues, and these disparities have been linked with social determinants of health, including poverty, lack of opportunity, violence and victimization, chronic stress, and barriers to culturally competent behavioral health care (Substance Abuse and Mental Health Services Administration, 2018).

It is clear that the disparities in the Native American population are vast, but there has been little research on what risk factors are responsible for the inequities, especially regarding mental illness and substance abuse. This literature review is aimed at examining the risk factors contributing to the disproportionate rates of mental illness and substance abuse in Native American populations and to identify effective treatment options to combat the rising numbers.

## **METHODS**

A literature search was conducted to explore the risk factors and treatment options for substance use and mental health issues in Native American populations residing on or near reservations in the United States. Because substance use disorders occur for a plethora of reasons throughout life and affect many people of both genders, age range and gender were not specified. The UGA Multi-Search tool was used to conduct 6 searches, producing 11 of the 20 articles reviewed. One search was conducted using the database PsychINFO, producing 3 articles. The database PubMed was used to conduct 2 searches, and 6 articles were found.

Each search conducted was limited to articles published from 2004-2020 to ensure the data was relevant. Ideally, only articles published within the last 10 years would have been included, but due to limited funding for Native American research in the mid 2000's, many of the most informative articles were published before 2010. The articles chosen were available

online, scholarly (peer-reviewed), published in academic journals, written in English, and were geographically restricted to the United States.

A total of 9 different searches were conducted using different combinations of search terms based on what information the search was targeted towards. For example, when investigating the risk factors, the terms “risk factors OR predictors OR demographics” and “Native American or American Indian” and “substance abuse OR alcoholism OR drug abuse OR addiction” were used, but different terms focused on the treatment methods were used in searches geared towards effective program options. Terms were used in conjunction with others using the OR feature to expand results to articles with a variety of key words that refer to the same thing. Some searches were conducted using key words while others pulled search terms from just the subject or abstract. These strategies allowed for precision in the search process, greatly limiting the number of irrelevant articles pulled up by each search.

Most of the articles were found and selected within the first five pages of results, but 7 of the articles used were found through the reference section of articles found through the searches. Secondary inclusion criteria was applied while reading the abstracts of each article. The article had to be relevant, pertaining to Native American populations, and addressed either risk factors or treatment options for substance abuse or mental health. Any article that did not meet this criteria was not used. The search process is outlined in greater detail in *Figure 1, 2, 3 and 4*, and the boxes highlighted in yellow indicate the articles selected for this review. Any article directly stemming off of an article above indicates that the article was found from the reference section of the article above.

Figure 1: Outlined Search Process

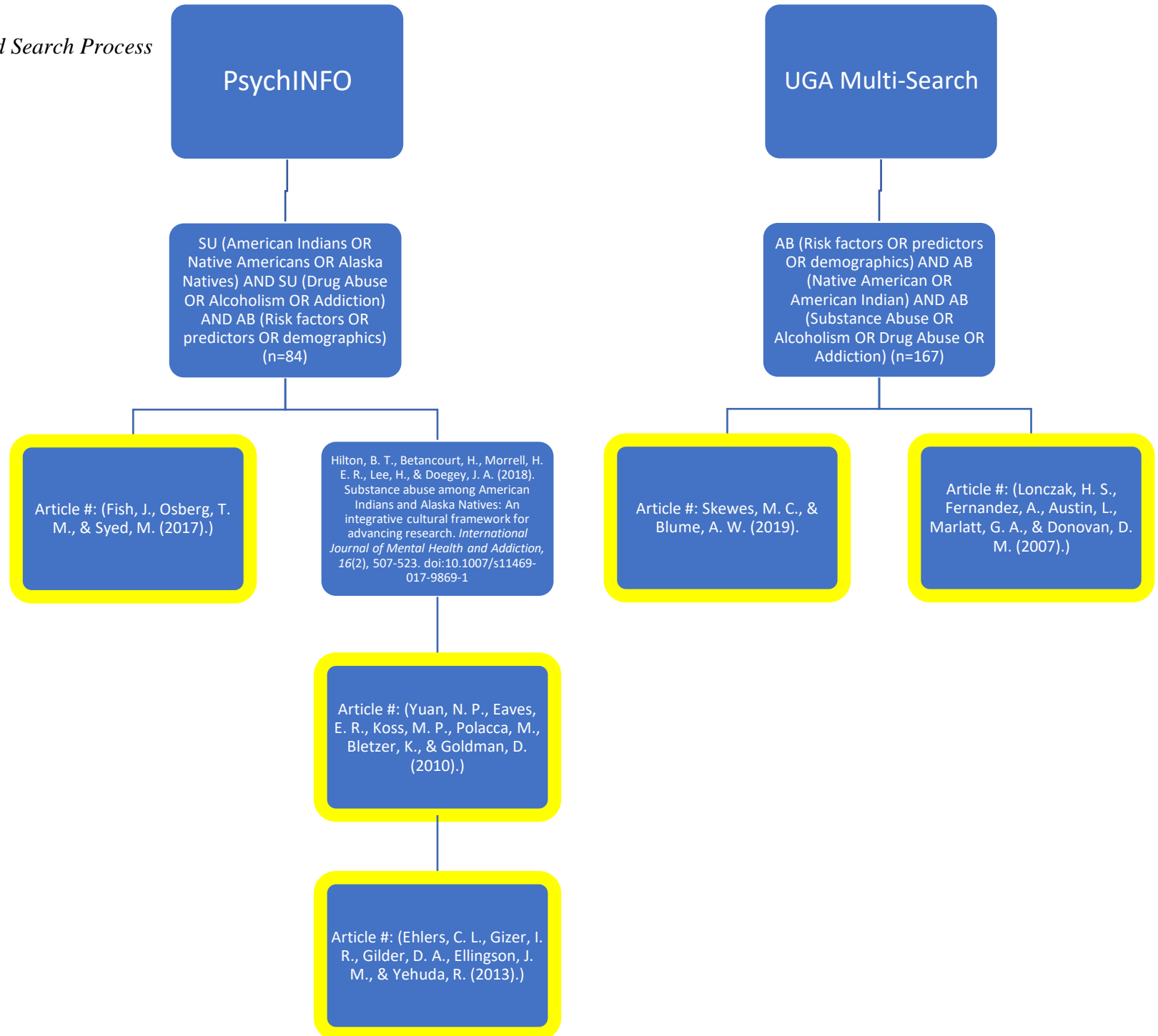




Figure 2: PubMed Search Process

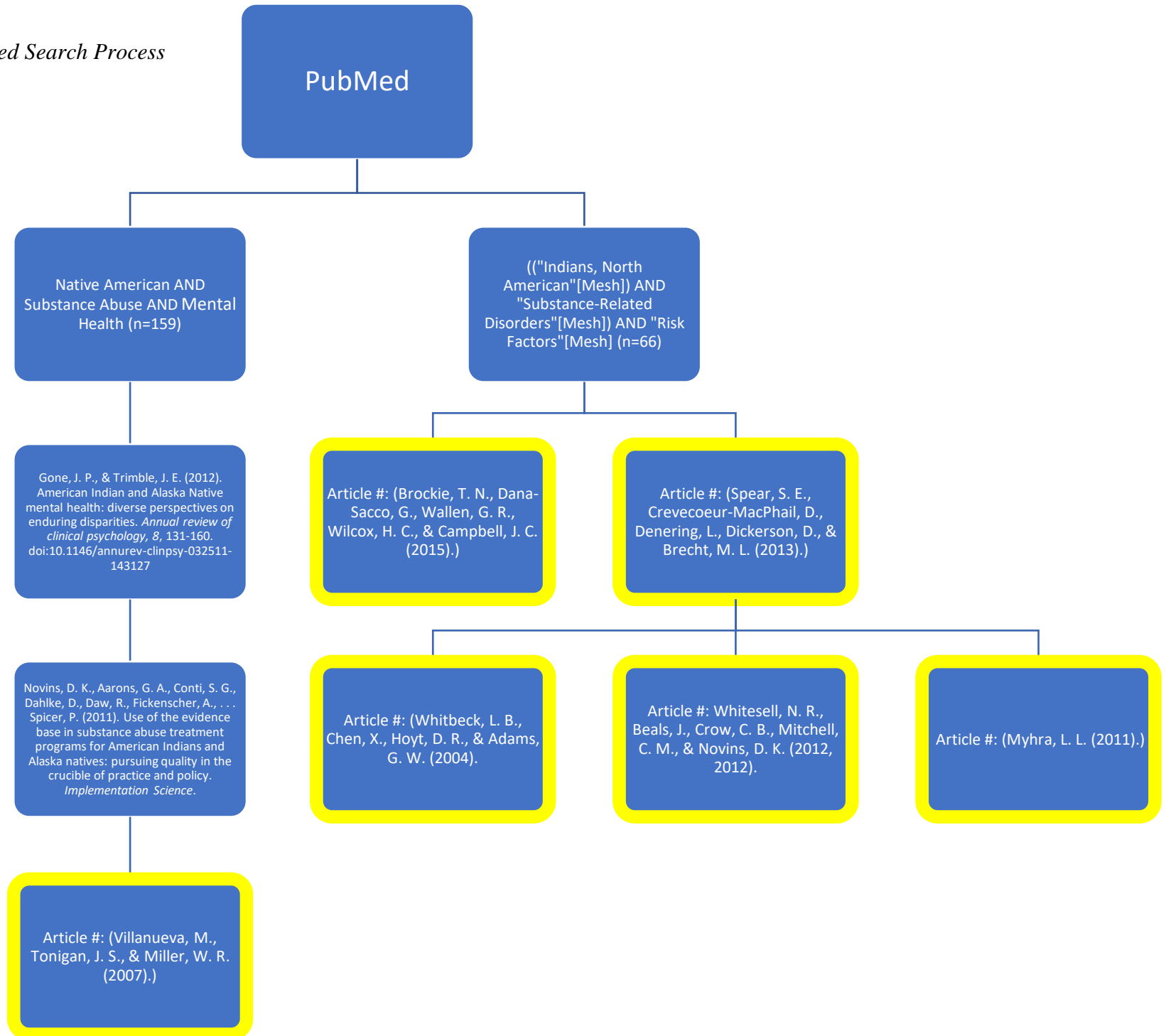


Figure 3: Multi-Search Tool Search Process

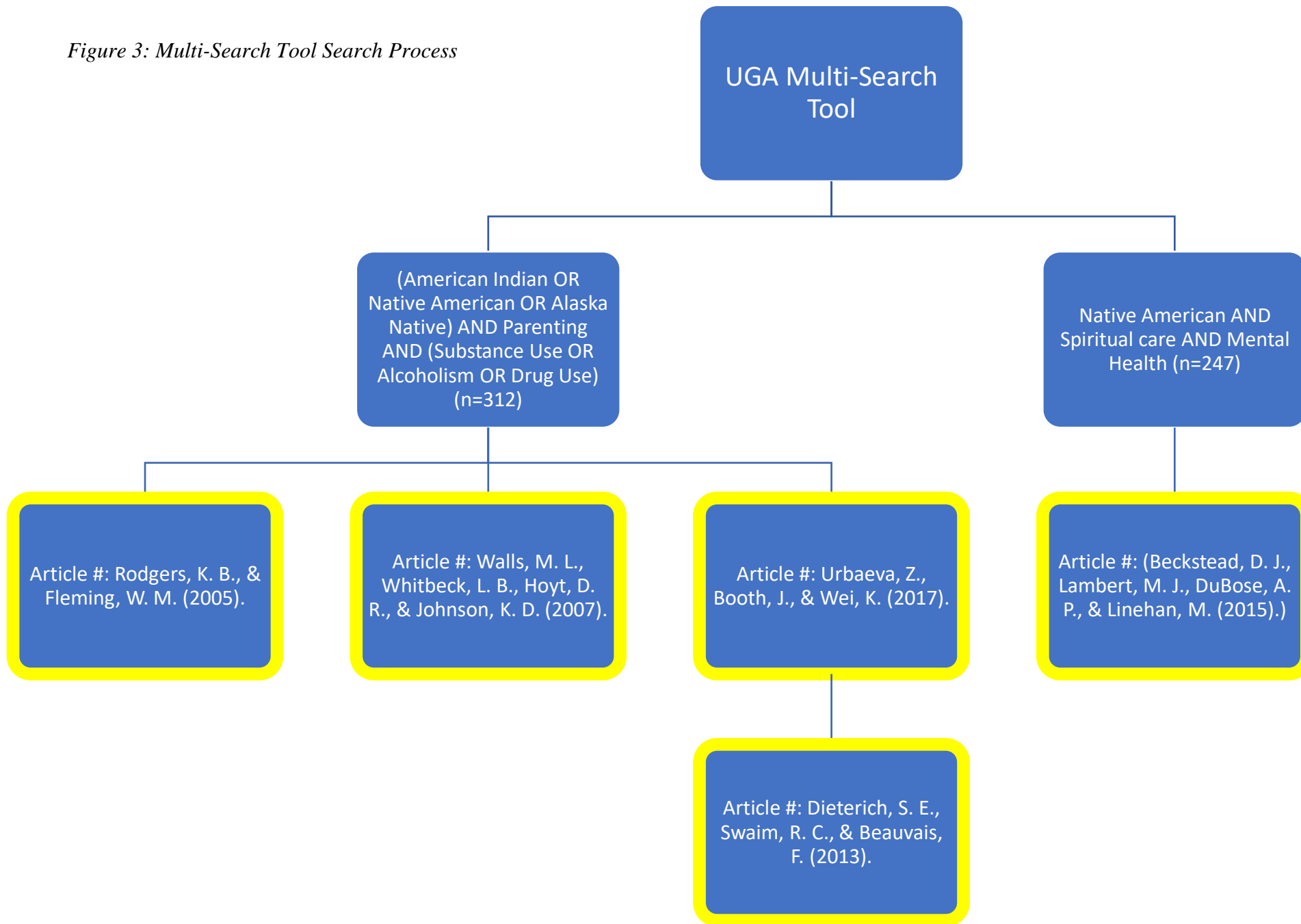
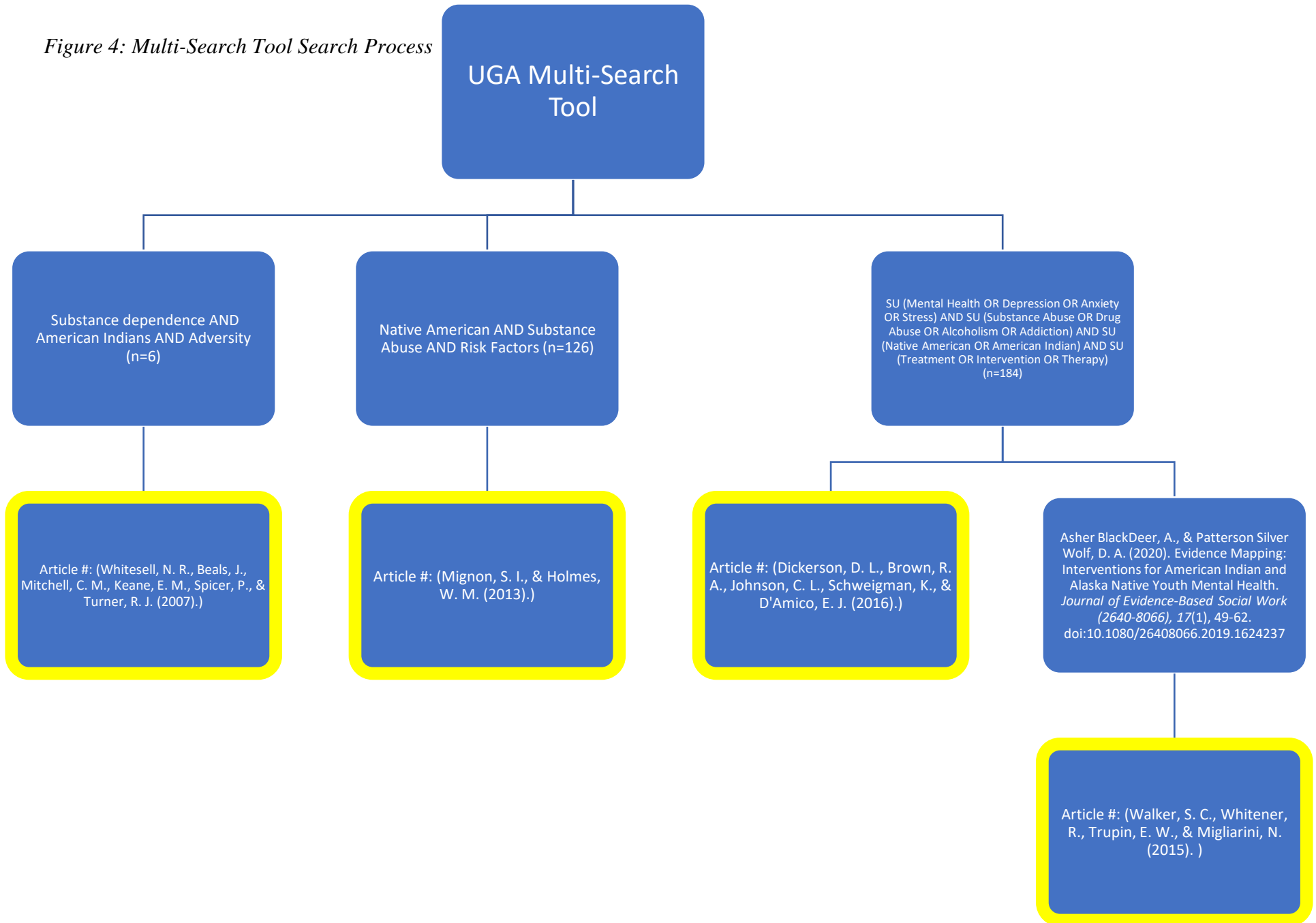


Figure 4: Multi-Search Tool Search Process



## **RESULTS**

After reviewing the literature, three common themes were identified to contribute to high levels of mental illness and substance abuse in Native American Populations: historical trauma, childhood exposure to adversity, and reservation lifestyle. Lack of culturally-appropriate treatment programs was also identified as a contributing factor, and a few programs were found to be successful in integrating tradition with treatment.

### **Risk Factors**

#### *Historical Trauma*

A common theme found throughout the literature was the lasting effects of historical trauma and its relationship to the disproportionate prevalence of Substance Use Disorders (SUD) and mental health disorders experienced in Native American populations. Historical trauma is difficult to measure due to the invisible nature of the legacy and is often best understood by the words of affected tribal members. Tribal members reported continually carrying the hurt of their people from four or five generations ago and perceive excessive substance use as an attempt to ease the pain (Myhra, 2011; Skewes & Blume, 2019). Tribal members identify historical factors, specifically colonialism and forced assimilation, as strong attributing factors to dire socioeconomic conditions and poor community health found in most Native American Reservations, often resulting in high levels of SUD and mental health issues within the communities (Skewes & Blume, 2019). Tribal members believe that their ancestors suffered with depression, posttraumatic stress disorder, and grief following the Indian genocide, making them more likely to turn to alcohol or drugs to cope with the trauma (Whitbeck, Chen, Hoyt, & Adams, 2004). This, in turn, resulted in a continuous cycle from generation to generation where the children were raised with absent, addicted parents, and then turned to alcohol and drugs to

cope for themselves (Brockie, Dana-Sacco, Wallen, Wilcox, & Campbell, 2015) A Southwest man recalled that “Alcohol has been around for thousands of years, from generation to generation it affects people...In most cases we were raised in that kind of environment. Our parents drink, make home brews, stuff like that...Alcohol is something that been with us like a common cold” (Yuan et al., 2010).

In addition to lack of effective parenting, the PTSD-like symptoms associated with surviving the Indian genocide may be passed on to the survivors offspring, resulting in generations suffering from “secondary” or “vicarious” trauma (Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013). Those who suffer from PTSD are more likely to develop SUD, so the survivor’s children may have had a genetically predisposed increase risk of turning to drugs and alcohol for comfort (Fish, Osberg, & Syed, 2017).

Higher levels of perceived historical trauma and historical loss was positively associated with higher rates of drug and alcohol abuse (Whitbeck et al., 2004). This may be explained by the ongoing oppression of Native American culture by whites, resulting in feelings of discrimination, institutional racism, and microaggression (Skewes & Blume, 2019). Stereotypes like the “drunken Indian” and stories from elders explaining historical trauma and being treated as “less than” were identified as major contributing factors to internalizing racism and developing low self-esteem (Myhra, 2011). Native Americans reported high levels of being insulted, treated disrespectfully, hassled by police, ignored, recipient of a racial slur, suspected of doing something wrong, treated unfairly, and expected not to do well by Whites as a result of their American-Indian minority status (Whitbeck et al., 2004) Tribal members reported eventually succumbing to the stereotypes and discrimination, thinking of themselves as less-than and less-deserving than whites, eventually turning to alcohol to cope with lack of self-respect

(Dickerson, Brown, Johnson, Schweigman, & D'Amico, 2016; Yuan et al., 2010). Perceived discrimination was significantly associated with hopelessness, increased anger, and personal distress, all of which are linked to higher rates of alcohol use (Skewes & Blume, 2019). Even the Native American children raised in healthy, substance-free homes still endure the devastating effects of historical trauma in the form of present-day racism.

Loss of language, culture, and land over many years has left many Native Americans feeling confused with their identity, often struggling to find their place in society (Whitesell, Beals, Crow, Mitchell, & Novins, 2012).

### *Childhood Exposure to Adversity*

Adverse childhood experiences are associated with developing depression symptoms, PTSD, suicidal thoughts, and other mental and behavioral issues that often lead to substance use (Brockie et al., 2015). Adverse childhood experiences include a wide array of traumatic experiences endured in the first 17 years of life that may impact a child's development and ability to cope with life-stressors (Whitesell et al., 2007). Unfortunately, individuals residing on Native American reservations are at an increased risk of being exposed to childhood adversity which often increases their risk of developing mental health and substance use disorders (Lonczak, Fernandez, Austin, Marlatt, & Donovan, 2007). Traumas such as rape or sexual assault, physical abuse or attack, and being in a serious natural disaster or accident as a child were strongly associated with higher risk of substance dependence symptoms (Whitesell et al., 2007).

Broken family units are a large contributor to childhood adversity exposure in Native American populations (Lonczak et al., 2007). Many Native American youth often times do not

live in a standard two-parent household, often as a result of parental mental health or substance abuse problems, leaving the child to live with one parent or with extended family (Mignon & Holmes, 2013). A study found that alcohol initiation, tobacco use, and marijuana initiation all increased among single parent homes when compared to two-parent homes, and that individuals living with non-parent family members were the most likely to have tried marijuana (Lonczak et al., 2007). It is common for children to reside with their grandparents as a result of their parent's substance abuse problems which increases their likelihood of early onset substance initiation (Mignon & Holmes, 2013). In the circumstance that the grandparent is unable to care for the child, likely due to substance use of their own, the child is placed into foster care (Myhra, 2011). Disproportionate amounts of Native American children spend some time in foster care system, exposing them to feelings of rejection, loneliness, isolation, and inability to create a meaningful relationship with their biological parents (Whitesell et al., 2007).

A study of female caretakers on Native American youth found that children whose female caretaker had their heaviest episodes of drinking in the past 5 years were significantly more likely to initiate early-substance use, indicating their behavior may mimic that of their female caretaker (Walls, Whitbeck, Hoyt, & Johnson, 2007). Another study found that Native American parents report lower parental disapproval of substance use than White parents which may be a contributing factor to the higher rates of substance use in Native American youths (Dieterich, Swaim, & Beauvais, 2013).

### *Reservation Lifestyle*

Reservations are often ill equipped with resources, resulting in poverty, limited education, and low employment rates (Whitesell et al., 2012). Native American youth reported

feeling less safe in their neighborhoods than White youth, reporting high levels of crime or drug selling, fights, abandoned buildings, and graffiti in Native American neighborhoods (Rodgers & Fleming, 2005). Native American youth reported the presence of gangs, violence, harassment, financial difficulties, shortages of resources, and prevalence of homicides and suicides as large stressors for their communities (Dickerson et al., 2016). The dangerous environments on reservations contribute to higher rates of substance abuse due to social norms, increased exposure, and increased stress experienced with daily activities. Native American familial socialization processes are less likely to impose restrictive parenting and typically give more autonomy to the children, so youth are more likely to be influenced by their peers without parental intervention (Urbaeva, Booth, & Wei, 2017).

## **Treatments**

### *Culturally Sensitive Programs*

A large contributing factor to the large disparities of substance abuse and mental health are lack of effective treatment options for Native Americans on their reservations. The Indian Health Service (IHS) was created to provide health care to Native Americans, however the HIS is extremely underfunded, leaving Native Americans with very few options for treatment and recovery programs (Whitesell et al., 2012). Tribal members have identified the current programs as culturally insensitive, leading to low treatment success and high rates of relapse (Yuan et al., 2010).

Respected tribal leaders have identified the importance of respecting culture and tradition in planning programs, and emphasis was placed on aligning programs with community values, cultural awareness, and incorporating traditional spiritual and healing into treatment programs to



ensure higher success rates and sustainability of treated patients (Walker, Whitener, Trupin, & Migliarini, 2015). Researchers have attempted to integrate cultural competency into treatment programs and found promising results. One study used Dialectical Behavior Therapy (DBT) to teach mindfulness, which is a large component in many traditional spiritual practices, and it was found to be effective with Native American youth recovery. At the time of discharge, 96% of the youth were either recovering or improving with no individuals deteriorating during the treatment period (Beckstead, Lambert, DuBose, & Linehan, 2015). Another program integrated high recovery-oriented social support within the community and was effective in 80% of individuals at treatment discharge (Spear, Crevecoeur-MacPhail, Denering, Dickerson, & Brecht, 2013). Motivational Enhancement Therapy (MET) was found to be significantly more effective in treating substance abuse disorder than Cognitive Behavioral Therapy (CBT) and Twelve-step Facilitation (TSF), with Native Americans in the MET treatment group reporting the highest proportion of abstinent days and lowest drinking intensity at both proximal and distal follow-ups (Villanueva, Tonigan, & Miller, 2007). There are still significant gaps in the research of effective treatment options, but the current data suggests that integrating traditional and culturally appropriate methods into treatment programs may be a successful strategy in treating Native Americans struggling with substance use disorder.

## **DISCUSSION**

The purpose of this literature review was to analyze the many risk factors contributing to the high levels of substance use and mental illness in Native Americans in the United States, as well as identify more effective treatment programs than what is currently offered today. The literature identified 3 main factors contributing to the disproportionate rates of mental health and

substance abuse issues in Native American populations: historical trauma, childhood exposure to adversity, and reservation lifestyle. A need for more culturally appropriate mental health and substance treatment programs was also identified, and evidence supporting the integration of Dialectal Behavior Therapy, Motivational Enhancement Therapy, and recovery-oriented social therapy was found throughout the literature.

The most frequently identified contributing factor to the high prevalence of mental health and substance abuse in Native American populations was lasting effects of historical trauma. Historical trauma is not a single contributing factor, but instead it is diverse, intertwined explanation for many of the hardships faced by Native American's today. Historical trauma is largely responsibly for the other two major themes identified in the literature, both exposure to childhood adversity and reservation lifestyle, and is therefore the central explanation for the disproportionate rates of mental health and substance use issues seen on Native American reservations today. It's lasting effects have created a vicious cycle that continues to impact Native American individuals from generation to generation, and its toxicity will likely remain until extreme governmental and societal changes are made.

The historical trauma all stems from the intentional killing of Native Americans, forced removal from Native lands, and mandatory assimilation to European culture beginning in 1492, with devastating effects still visible today (Whitbeck et al., 2004). The first generation of Native Americans to encounter the destruction of culture from Europeans were left with feelings of intense loss, grief, shame, powerlessness, and subordination, and were unable to deal with their emotions in traditional healing ceremonies, further intensifying the pain. Past and present discrimination towards Native Americans has resulted in self-hatred and loss of cultural identity, leaving many of them feeling that they are not wanted in society (Ehlers et al., 2013; Fish et al.,

2017; Skewes & Blume, 2019; Whitbeck et al., 2004). Many of these individuals turn to alcohol and drugs to numb the pain, and often could not properly raise their children, leaving them with similar holes of neglect and abuse for them to fill with drugs and alcohol. The cycle has continued for hundreds of years, creating a vicious cycle of cross-generational transmission of mental health and substance abuse problems at a magnitude untouched by their current lack of resources.

High rates of exposure to childhood adversity can be attributed to the extreme and consistent trauma experienced by many generations before. Exposure to childhood adversity is not only a predicting factor for increased substance use and mental health issues, but it is also a strongly related to parental substance use and emotional neglect (Brockie et al., 2015; Lonczak et al., 2007; Mignon & Holmes, 2013; Whitesell et al., 2007). If parents grew up with absent, addicted parents, they are much more likely to develop mental health issues like depression, anxiety, and PTSD, all of which are strongly associated with the onset of substance use (Brockie et al., 2015). Adverse childhood experiences like physical abuse, emotional abuse, sexual abuse, neglect, witnessing violence, poverty, in addition to many other adverse experiences are occurring at higher rates on Native American reservations than any other subgroup in the United States, so it is not surprising that these individuals are much more likely to develop mental health issues, often leading to substance abuse, and likely exposing their own children to dangerous levels of adversity in their developmental years. The disturbing rates of trauma placed on Native Americans 500 years ago has influenced parenting styles in every generation that followed, making each generation continually susceptible to mental health problems and substance abuse disorder.

The reservation lifestyle was identified as a large contributing factor to high rates of substance abuse, but this too, is largely influenced by the legacy of trauma and forced removal from Native lands. Many reservations were identified as having extreme rates of poverty, unemployment, abandoned buildings, and few opportunities and resources for the community, leading to high levels of stress, lower quality-of life, and increased risk for developing mental health issues. Many Native Americans felt that they had to drink or partake in drug use to cope with the extreme environmental stressors and numb the pain (Dickerson, Venner, & Duran, 2014; Dieterich et al., 2013; Whitesell et al., 2012; Yuan et al., 2010). It is also common for family structure to be disrupted on reservations from lack of adequate parenting, resulting in either the child being raised by another family member or being placed into foster care. This alone may cause significant trauma in a child's life, putting them at increased risk for early onset substance use (Lonczak et al., 2007; Mignon & Holmes, 2013; Rodgers & Fleming, 2005; Walls et al., 2007). The established-norm of alcohol use on reservations was identified as a large reason for alcohol use, and lack of opportunity and boredom on reservations were identified as main reasons for drinking (Yuan et al., 2010). Even the schools on reservations have significantly less opportunities for involvement when compared to neighboring non-Native schools, leaving children with excess time and lack of entertainment, leading to experimenting with substances at a younger age than their white counterparts (Dieterich et al., 2013; Rodgers & Fleming, 2005; Urbaeva et al., 2017). Strategic placement of liquor stores around reservations was also identified as a contributing factor to alcohol use, and tribal leaders believe that it is an attempt from Whites to disempower Native Americans, gain monetary power, and further strengthen the "drunken Indian" stereotype (Yuan et al., 2010). Reservations are infected with extreme poverty, poor education, unemployment, and lack of opportunity that is largely ignored by the United States

government, creating more reasons for Native Americans to turn to substances to numb the extreme stressors endured in their everyday lives.

The effects of historical trauma not only affect the onset of substance use, but has also contributed to the lack of treatment options for Native Americans struggling with mental health or substance abuse issues. The legacy of mistreatment of Native Americans has normalized systematic discrimination, leading to severe underfunding of the Indian Health Services (IHS) and lack of programs and opportunities for those residing on reservations. The IHS is the primary healthcare for Native Americans living on reservations, meaning they are unable to receive affordable healthcare elsewhere. The lack of funding has resulted in a severe shortage of treatment options for mental health and substance abuse, so individuals struggling with these issues have very few options for seeking help and working towards recovery. The few programs that the IHS does offer have been shown to be vastly ineffective, failing to include any culturally specific strategies and disregarding their traditions and heritage all together. Tribal leaders throughout the United States have identified an urgent need to culturally specific treatment and prevention programs to increase success rates and better cater to the culture of the reservation (Beckstead et al., 2015; Mignon & Holmes, 2013; Myhra, 2011; Spear et al., 2013; Walker et al., 2015). A desire for treatment programs that align with community values including traditional sweats, healing practices, knowledge of Native culture, and a focus on spirituality was strongly expressed by many Native Americans.

There is little research on effective culturally-specific treatment programs, but a few programs have been conducted with great success. Motivational Enhancement Therapy (MET) in combination with spiritual ceremonies was found to significantly increase the recovery rate by teaching addicts how to deal with their emotions in a healthy way that aligns with their

traditional community values (Villanueva et al., 2007). Dialectal Behavior Therapy (DBT), which focuses on spirituality and mindfulness, in combination with traditional healing ceremonies was very helpful in the recovery of alcoholic individuals (Beckstead et al., 2015). A treatment program focused on creating high recovery-oriented social support within the community, allowing community members more autonomy in integrating traditional Native American ceremonies was found to increase abstinence at treatment discharge significantly (Spear et al., 2013). These few programs provide evidence that integrating traditional values into treatment programs is essential for lasting recovery that is sustainable in the community. The IHS urgently needs increased funding to create affordable, culturally-specific programs to reservations. Without the opportunity for culturally-specific programs, Native American individuals struggling with mental health and substance abuse issues have a very small chance of getting the help they need to recover and will be unable to put a stop to the detrimental cycle of use and abuse.

Historical trauma is the central contributing factor to the disproportionate rates of mental illness and substance abuse in Native American populations, leading to inadequate parenting and exposure to adversity in childhood, generational transmission, feelings of worthlessness, and stressful community environments, and lack of effective treatment programs all of which are associated with high levels of mental illness and substance abuse. Historical trauma cannot be traced back to one singular instance or demonstrated by one problem seen today, but instead it has become a fundamental defining feature of Native American communities over the last 500 years. Until the government implements policies to increase funding for the IHS and create equal opportunity schools, work places, and living wages for Native American communities, the problem will not stop. As citizens, it is our duty to help diminish any discrimination felt by

Native Americans to work towards a more equal United States where this magnitude of inequity cannot exist.

### *Limitations*

A number of limitations exist within this literature review. The primary limitation is the cross-sectional nature of the majority of these studies, leading to potential self-report bias and lack of conclusion in the direction of the association. Some studies were descriptive, ethnographic research conducted through open-ended, face-to-face interviews, so the data collected was tribal member's opinions on various topics and not scientific evidence. However, this data is still relevant and useful because an issue like this is best understood by those living it. Some studies had very small sample sizes, as small as 13 participants in one of the ethnographic studies. With sample sizes this small, it is difficult to accurately generalize the data to Native American populations as a whole. Also, many studies were conducted on one reservation alone, and cannot be generalized to other tribes because of cultural differences between them.

### **CONCLUSION**

Through a review of the literature, many risk factors for substance use and mental health issues among Native American populations were identified. Historical trauma was found to be the main contributing factor for high rates of substance abuse and mental health issues, as many of the other identified risk factors also stem from its lasting effects. Cultural loss, generational transmission, and reservation lifestyle have all been heavily influenced by historical trauma, and each of these risk factors would not be as apparent if the history of abuse and suppression did not precede them. The immense trauma endured by Native American people 500 years ago created

gaping wounds that were not healed from generation to generation, leaving each generation with emotional wounds they long to numb with substances. Parents who struggle with substance abuse are often absent, creating childhood trauma for their children that follows them into adulthood where the cycle is often repeated. Cultural loss from years of White oppression and forced enculturation has left millions of Native people feeling lost, yearning for a place to fit in, and often filling this hole with the comfort of alcohol or drugs. The historical discrimination has left its footprints in society today through stereotypes, microaggressions, and racism that affects Native American's lives daily. The stress from constant discrimination can often become internalized, leaving affected individuals with extremely low self-esteem and self-respect. Emotional turmoil like so can lead to higher rates of substance abuse, providing fuel to the flame of generational transmission and toxic cycles. Action must be taken to prevent the cycle from worsening, and policies should be implemented to provide equal opportunity to Native American populations and finally put a stop to the 500 years of trauma they have endured.



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